



Submission from the National Breast Cancer Centre

National Safety and Quality Accreditation Standards Review

The Australian Commission on Safety and Quality in Health Care

5 October 2007

The National Breast Cancer Centre (NBCC) was established by the Australian Government in 1995, as a new model in breast cancer control and since then has demonstrated the value of a national, integrated approach to cancer control. Funded by the Australian Government, the NBCC is committed to collaboration, innovation and the translation of evidence into clinical practice, policy and health service delivery for breast cancer, and since September 2001, for ovarian cancer.

The work of the NBCC is guided by a number of key principles:

- **National** - reinforce the NBCC's national focus as an independent and authoritative body
- **Partnerships** - foster an integrated, collaborative approach through consultation and partnerships with clinical and consumer groups, cancer organisations and governments
- **Evidence-based** - all aspects of the NBCC's work are informed by, and based on, the best available evidence
- **Informed by consumers** - the NBCC's work is informed by consumers
- **Multidisciplinary** - uses a multidisciplinary approach, bringing together individuals with different expertise to achieve a common goal
- **Innovative and outcomes oriented** - new approaches to improving outcomes and care for women with breast and ovarian cancer are trialled, evaluated and fostered.

National Breast Cancer Centre - Development of standards for cancer care

The National Breast Cancer Centre (NBCC) has developed clinical practice guidelines and recommendations for breast and ovarian cancer that can inform the development of clinical standards in the area of active treatment. The NBCC has taken a leading role in reviewing the approach to standards development and implementation in Australia in *A core strategy for cancer care: Accreditation of cancer services- a discussion paper*,¹ which identified a number of principles that could inform the development of accreditation and standards for cancer services in Australia. The development of standards is the next step in that process.

Currently, there is a lack of national service level standards for cancer care in Australia. As part of its work in the area of quality assurance and standards of care, the NBCC has developed standards of care for diagnostic breast cancer services, and standards of care for facilities providing intraperitoneal (IP) chemotherapy for women with ovarian cancer.

This work was undertaken following the identification of a need for specific, assessable standards that address quality and safety issues, do not duplicate existing standards and could become part of an existing accreditation process. It was recognised that such standards would need to be evidence-based and developed according to sound principles.

Goals and principles

The goals of this project were:

- To develop standards that influence health care providers in the way they plan and deliver care
- To highlight areas for improvement and adoption of best-practice care in diagnosis of women with breast symptoms and treatment of women with ovarian cancer
- To impact on outcomes for women with breast and ovarian cancer through access to best -practice care

The key principles that guided the development of the standards for breast cancer diagnostic services and facilities providing IP chemotherapy were:

- Governance - ensuring transparency and impartiality
- Consultation - ensuring a balanced view and stakeholder involvement including public comment
- A rigorous process for development - ensuring an evidence-based approach, a planned and time-conscious process allowing for minimal duplication performed by personnel with appropriate expertise.

The importance of avoiding duplication of existing standards was acknowledged. It was confirmed that current standards and accreditation processes for services or hospitals are time consuming and for some facilities include multiple different processes. The standards developed will link into the existing standards and processes.

Diagnostic breast cancer services

Currently, Australian women and men are able to access diagnostic breast services or clinics either via self-referral or following referral by their General Practitioner. In February 2006, the NBCC published *The investigation of a new breast symptom: a guide for general practitioners*. The guide was developed following a review of the evidence, and where evidence was lacking, expert consensus opinion was incorporated. The guide outlines best practice recommendations for the Triple Test (medical history and clinical breast examination, medical imaging with mammography and/or ultrasound, and non-excision biopsy (fine needle aspiration or core biopsy)). The Triple Test is the evidence-based, recommended approach to maximise diagnostic accuracy in the investigation of breast symptoms, and appropriate use of the Triple Test provides a sensitivity of 99.6%.

While current standards apply to individual components of the Triple Test, and to many of the facilities that provide these components, there are currently no specific standards that apply to the complete recommended process provided by diagnostic breast services or clinics.

The NBCC project focused on developing service level standards of care for facilities providing diagnostic breast services or clinics that provide both screening and symptom investigation in Australia. The investigation processes provided at these services or clinics will include all three components of the Triple Test: This will avoid duplication of existing standards and ensure that those facilities offering the Triple Test are providing safe and quality care.

Intraperitoneal (IP) chemotherapy

Intraperitoneal (IP) chemotherapy is treatment in which anticancer drugs are given through a surgically implanted catheter into the woman's peritoneal cavity (abdomen), the most common site of spread or recurrence. The aim of IP chemotherapy for ovarian cancer is to remove cancer remaining in the abdomen following primary cytoreductive surgery.

New research evidence was published in January 2006 that showed an improvement in median overall survival for women who received IV and IP chemotherapy, compared to those who received intravenous (IV) chemotherapy alone. The National Cancer Institute (NCI) in the USA recommended that, for women who were assessed as suitable, strong consideration be given to a regimen consisting of IP cisplatin and a taxane.

IP chemotherapy is currently not recognised as standard treatment for women with ovarian cancer in Australia, however its use may be considered on an individual case- by- case

basis. The optimal drug and dose for IP therapy have not been determined. The introduction of IP chemotherapy as a standard treatment for women with advanced ovarian cancer will require the development of guidelines for practice and health service standards.

The Australian and New Zealand Gynaecological Oncology Group (ANZGOG) is currently undertaking a phase II trial of IP chemotherapy for primary ovarian, primary peritoneal cancer or primary fallopian tube cancers to determine the regimen's feasibility, tolerability, and effects on quality of life. The NBCC project focused on service level standards of care for facilities providing IP chemotherapy in Australia. This will avoid duplication of any work being done by ANZGOG in the area of clinical care. The development of service level standards of care will ensure that those facilities offering IP chemotherapy to women that meet the criteria established by ANZGOG and other agencies are providing safe and quality care.

Process

Multidisciplinary working groups were established to develop both the diagnostic breast cancer standards and the standards for facilities providing IP chemotherapy for women with ovarian cancer. To ensure that the process of standards development was transparent and addressed the needs of relevant stakeholders, input from stakeholders, including breast and ovarian cancer consumers, was sought through membership in a working group, through review and comment processes or through consultation mechanisms.

A Steering Committee was established to provide a governance role in overseeing both aspects of the project. The Steering Committee provided the framework and principles for standards development to be used by two Working Groups. The Steering Committee also reviewed and commented on the specific standards developed by each Working Group.

Implementation of the standards was considered as an important and integral issue for the Steering Committee. Integration with existing practice and the correct bodies is essential to ensure uptake of the standards. Appropriate consultation and buy-in from relevant stakeholder groups will promote the acceptance and uptake of the standards as best practice, with uptake of the standards developed by the NBCC project facilitated through 'non-legislative' means.

Conclusion

In developing the standards of care for diagnostic breast cancer services and facilities providing IP chemotherapy, the NBCC acknowledged the importance of safety and quality improvement in the standard setting process, and sought to develop standards that would be integrated into rather than replace existing safety standards. If national minimum safety standards are developed, any quality improvement standards developed to address specific clinical needs would need to incorporate those minimum national safety standards.

References

1. The Cancer Council Australia, Australian Cancer Network and National Breast Cancer Centre. *A core strategy for cancer care: accreditation of cancer services – a discussion paper*. 2005 National Breast Cancer Centre, Camperdown, NSW.