Shared care is fair care:

Our national model for child cancer services delivers equitable and high quality care

Dr Scott Macfarlane
Paediatric Oncologist
National Clinical Leader, Child Cancer

1 February 2019

#CancerCrossroads
Five-year survival
1409 NZ children diagnosed with cancer from 2005-2014

Latest analysis:
764 NZ children diagnosed with cancer from 2010-2014 (with follow-up to 31 December 2017)

NZ childhood cancer by diagnostic group

- Leukaemias, 33%
- CNS tumours, 21%
- Lymphomas, 11%
- Retinoblastoma, 4%
- Neuroblastoma, 7%
- Bone tumours, 6%
- Hepatic tumours, 6%
- Renal tumours, 4%
- Soft tissue sarcomas, 3%
- Other epithelial tumours, 3%
- Germ cell tumours, 3%
Latest analysis (ctd):
764 children diagnosed with cancer from 2010-2014 (with follow-up to 31 December 2017)

Three-year survival by demographic indicators

<table>
<thead>
<tr>
<th>Demographic Indicator</th>
<th>Relative Survival (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children</td>
<td>85.5</td>
</tr>
<tr>
<td>Male</td>
<td>84.9</td>
</tr>
<tr>
<td>Female</td>
<td>86.1</td>
</tr>
<tr>
<td>Māori</td>
<td>82.3</td>
</tr>
<tr>
<td>Pacific</td>
<td>82.7</td>
</tr>
<tr>
<td>Non-Māori/Non-Pacific</td>
<td>87</td>
</tr>
<tr>
<td>Most deprived</td>
<td>83.2</td>
</tr>
<tr>
<td>Average deprivation</td>
<td>88.6</td>
</tr>
<tr>
<td>Least deprived</td>
<td>83.9</td>
</tr>
<tr>
<td>Akl/Chch domicile</td>
<td>86.4</td>
</tr>
<tr>
<td>Outside Akl/Chch domicile</td>
<td>84.6</td>
</tr>
</tbody>
</table>

Sex
Ethnicity
Socioeconomic status
Domicile

NB: All 95% confidence intervals overlap
How has this been achieved?

• National Child Cancer Plan (Ministry of Health, 2010)
• National Child Cancer Network
  • Dedicated National Clinical Lead, Programme Manager and Data Manager
  • Financially supported by Ministry of Health
• Governance
  • Reference Group of sector representatives and Ministry of Health Cancer Team
• Established working groups dealing with specific issues
• Collaborative activity with NGOs
  • Aspects of service delivery and research driven and partially funded by NGOs
• Data capture by NZCCR cross referenced with NZCR, regularly reported and available for research activity
How has this been achieved? (ctd)

• Nationally consistent protocols and guidelines
  • Evidence-based patient care which minimises variability

• Trials-driven care
  • Rigorously audited COG membership
  • Formal affiliations with other international trials organisations

• Shared care model
  • Two specialist cancer centres and 14 shared care centres with agreed responsibilities and standards of delivery
    • Who does what, to whom, when and where, and who pays
  • Monitored on a three-year cycle which results in agreed service agreements between the partners
Summary

• Child cancer survival in NZ is comparable with our usual benchmark health systems
• There is no difference in survival for the usually accepted differentiators of ethnicity, urban/rural, socioeconomic status
• Child cancer offers a potential model for other specialty services

“Treatment as close to home as safely possible”