Maastricht UMC+

PRO'S AND CONS OF LUNG UNITS

Lizza Hendriks, MD, PhD
Pulmonologist
March 29 2019

Maastricht UMC+

Conflicts of interest

- Personal financial interests:
- Advisory board BMS, travel support Roche, BMS
- Institutional financial interests:
  - Advisory board BMS, Boehringer Ingelheim; research grants Roche, Boehringer Ingelheim, AstraZeneca; payment for interview sessions with lung cancer specialists Roche
- Non-financial interests:
  - Participant in Preceptorship funded by AstraZeneca;
- Other:
  - Member Dutch guideline committees NSCLC, brain metastases and leptomeningeal metastases, recipient of a DUERTECC/EURONCO grant for 2017–2018

Content

What is a lung unit?

Requirements for lung cancer care

The Dutch model

Pros and cons

Summary - Conclusion

What is a lung unit?
No uniform definition

ALREADY DIAGNOSED
TREATMENT
PROBLEMS OUTSIDE
OF REGULAR APPOINTMENT – GP FIRST

The Lung Unit at The Royal Marsden comprises a team of clinical staff specialising in medicine, radiotherapy and diagnostic imaging.

Choosing a Lung Cancer Treatment Center

Your Choice of Treatment Center Can Affect Quality of Life and Outcome

By Lynne Eldridge, MD | Medically reviewed by a board-certified physician
Updated March 19, 2019

PRINT

QUALITY
COMPREHENSIVE CARE
VOLUME
TREATMENT OPTIONS
LOCATION

ALL STAGES
PERSONALIZED MEDICINE
SUPPORT TEAM

DANA-FARBER
CANCER INSTITUTE

Selecteer een taal

FIND A DOCTOR | GIVE NOW

Thoracic (Lung) Cancer Treatment Center

Differences across Europe in lung cancer care
Who does what?

Literature search + interviews representatives EU countries

Systemic therapy	Radiation	Surgery	Palliative care
Oncologist Oncologist OR respiratory physician	Radiation oncologist	Thoracic surgeon General surgeon Cardio(thoracic) surgeon	Palliative care physician Respiratory physician Oncologist

Blum et al ERJ 2014

Requirements for lung cancer care
ERS

The European initiative for quality management in lung cancer care

Blum et al ERJ 2014

Population	Intervention	Comparison	Outcome

Lung cancer	Referral
	Diagnostics
	Therapy
	  Surgery
	  Systemic therapy
	  Radiotherapy
	  Radiochemotherapy
	  Palliative/supportive care
	Guidelines
	  Adherence
	  Implementation
	Quality management
	  Lung cancer centres
	  Pathways/fast track
	  Multidisciplinary team
	  Quality assurance
	  Cancer registry
	  Audit
	  Survey
	  Quality indicators
	Volumes/minimum quantities
	Disparities
		Other interventions or no intervention	Mortality
			Morbidity/complications
			Quality of life
			Satisfaction with care
			Timeliness/delay

Requirements for lung cancer care
What do patients want - LUCE

Close gaps in access
new drugs, clinical trials

Collect systematic data
identify unmet need, monitor, improve, harmonize

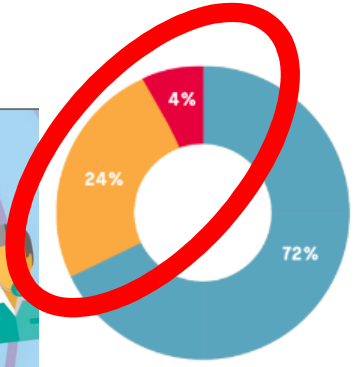
Common guidelines
harmonize, implement, specialized reference centers

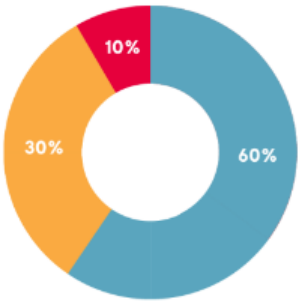
Financial sustainability

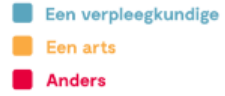
Patient involvement

Dutch Federation of Cancer Patients

Survey among cancer patients: contact person?





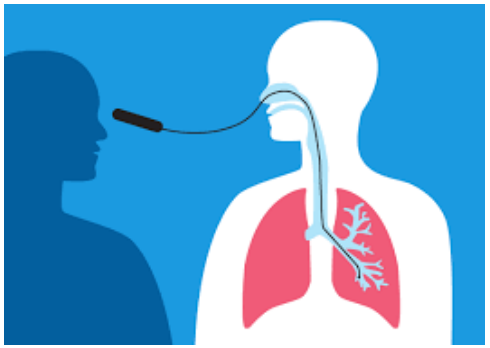


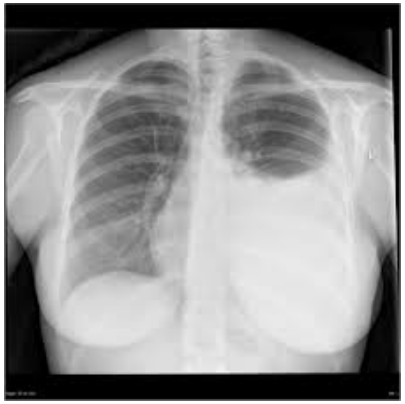
Prefer not too many different faces!

Maastricht UMC+

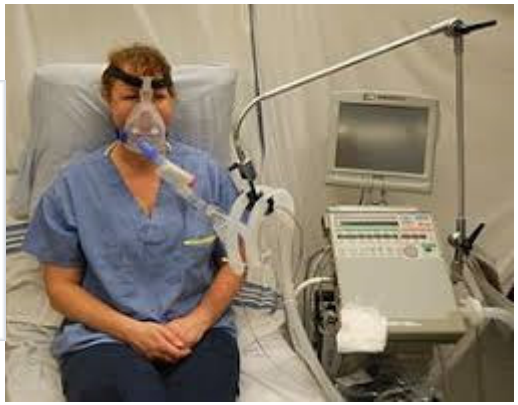
Lung cancer care in the Netherlands

respiratory physician from diagnosis to systemic treatment and complication / comorbidity management





COPD
Chronic Obstructive Pulmonary Disease



LUNG UNITS IN THE NETHERLANDS
REQUIREMENTS

SONCOS

Stichting Oncologische Samenwerking

Society for Oncological Collaboration

Dutch Association for physicians for pulmonary disease and tuberculosis

Maastricht UMC+

SONCOS

Stichting Oncologische Samenwerking

Situation in the Netherlands – SONCOS

Thoracic oncology requirements

Proven expertise in lung cancer

- At least 2 respiratory physicians, 2 surgeons, 1 radiation oncologist, 2 imaging experts, 1 pathologist

Weekly MDT:

- Physicians above + case manager +/- nurse, if not referral center: possibility for access

Endobronchial procedures

At least 100 /year, possibility for EUS

Access to

Emergency imaging (ultrasound, CT, angiography)

Nuclear medicine (SPECT-CT, V/Q, PET-CT)

Situation in the Netherlands – SONCOS
Thoracic oncology requirements

SONCOS
Stichting Oncologische Samenwerking

Access to (minimally invasive) mediastinal staging, Mediastinal staging < 5 weeks

Frozen section possibility

Access to molecular diagnostics

Neoadjuvant chemotherapy – chemoradiotherapy – SRT available

At least 50 new patients / year
- If surgery: at least 20 anatomical resections / year + access emergency thoracotomy + ICU

Participation in quality registrations

Specific requirements for checkpoint inhibitor therapy and targeted therapy

Situation in the Netherlands – SONCOS

SONCOS
Stichting Oncologische Samenwerking

Lung cancer systemic treatment requirements

5 centers for rare (<5%) driver mutations

Checkpoint inhibitors (NVALT):

- At least 20 patients/year
- Regular MDT with resp physician, immunologically oriented physician, dermatologist, gastro-enterologist
- Mandatory registration in NVALT expensive drugs registry
- Trial participation (min 3 trials/year, 15 patients/year)
- checkpoint inhibitor expertise

For new therapies: training + quality check

(access to) molecular tumor boards

Pro’s and cons of lung units (Dutch system)

Medical oncologist vs respiratory physician?

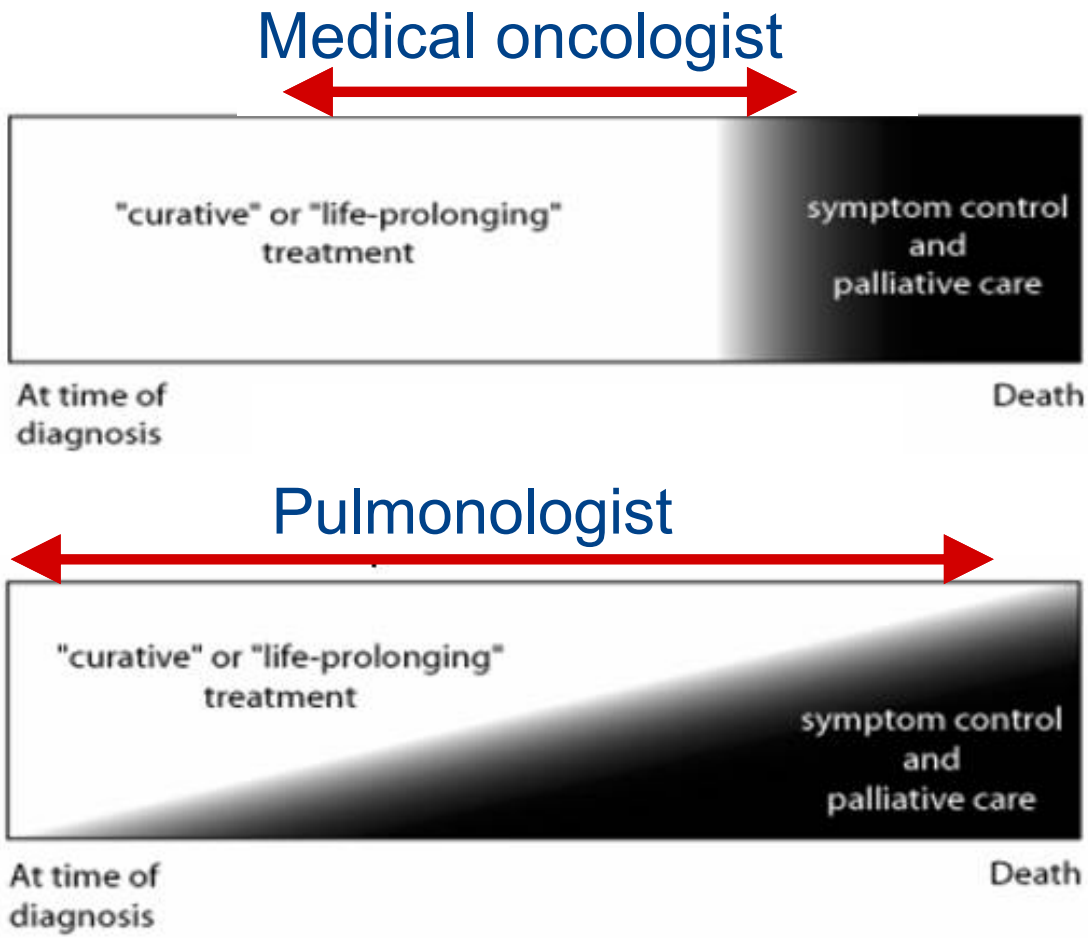
Medical oncologist vs respiratory physician

The battle

Requirement	Medical oncologist	Respiratory physician
Referral – diagnostics		
Surgery + after care		
Radiation oncology + after care		
Systemic treatment + complications		
Palliative care		
Guidelines		
Quality management		
Volumes		

THE NEXT PART WILL BE BIASED!

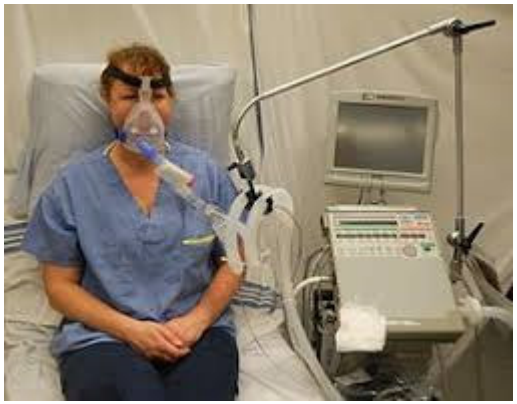
Medical oncologist vs respiratory physician
Referral - diagnostics



Medical oncologist vs respiratory physician
The battle

Requirement	Medical oncologist	Respiratory physician
Referral – diagnostics	X	+
Surgery + after care		
Radiation oncology + after care		
Systemic treatment + complications		
Palliative care		
Guidelines		
Quality management		
Volumes		

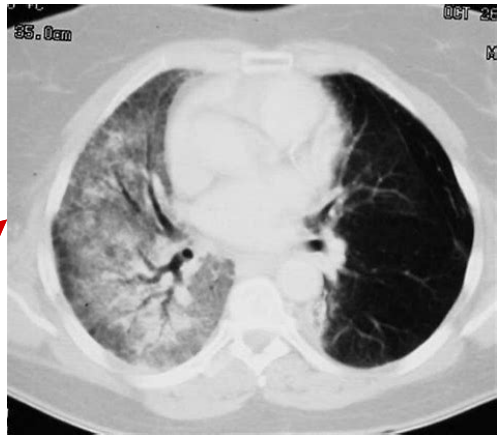
Medical oncologist vs respiratory physician
Surgery + aftercare

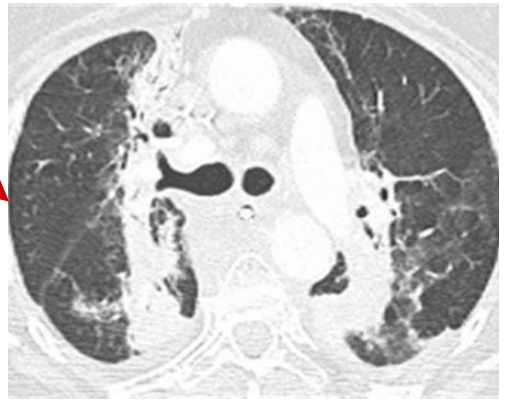


Medical oncologist vs respiratory physician
The battle

Requirement	Medical oncologist	Respiratory physician
Referral – diagnostics	X	+
Surgery + after care	X	+
Radiation oncology + after care		
Systemic treatment + complications		
Palliative care		
Guidelines		
Quality management		
Volumes		

Medical oncologist vs respiratory physician
Radiation oncology + after care



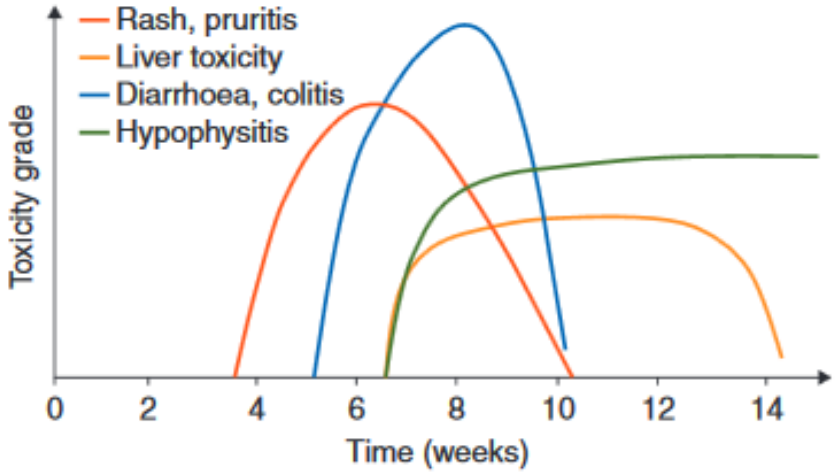


Differential diagnosis?

Medical oncologist vs respiratory physician
The battle

Requirement	Medical oncologist	Respiratory physician
Referral – diagnostics	X	+
Surgery + after care	X	+
Radiation oncology + after care	⟷	+
Systemic treatment + complications		
Palliative care		
Guidelines		
Quality management		
Volumes		

Medical oncologist vs respiratory physician
Systemic treatment + complications



Maastricht UMC+

Gustave roussy website
ESMO guideline, Haanen Annals Oncology 2017

Medical oncologist vs respiratory physician
The battle

Requirement	Medical oncologist	Respiratory physician
Referral – diagnostics	X	+
Surgery + after care	X	+
Radiation oncology + after care	⟷	+
Systemic tx + complications	+	⟷
Palliative care		
Guidelines		
Quality management		
Volumes		

Medical oncologist vs respiratory physician
Palliative care

- Patient Guides
- Personalised Medicine Explained
- Getting the Most out of Your Oncologist
- » **Designated Centres of Integrated Oncology and Palliative Care**
- 2018 ESMO Designated Centres
- Designated Centres Survey
- Patient Advocacy Track
- Advocacy in Action

Maastricht University Medical Centre (MUMC)

ESMO Designated Centre of Integrated Oncology and Palliative Care

Contact person	Annemie Courtens, PhD, Co-ordinator of the Palliative Care team
Country	Netherlands
Contact	Phone: +31 433877548 - **E-mail**
Web	**Maastricht University Medical Centre**

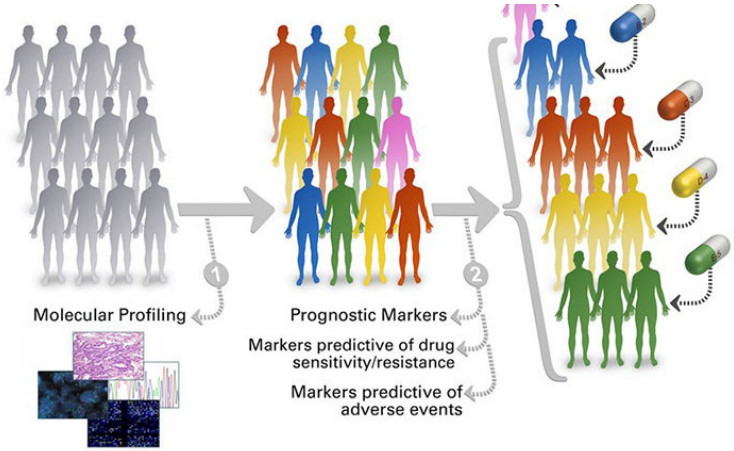
» Centre history

The Maastricht Oncology Centre at the Maastricht University Medical Centre (MUMC+) is a Comprehensive Cancer Centre in The Netherlands and the referral centre for the South-eastern part of the country. Besides the tertiary referral role, the hospital has maintained its role as a public hospital. A dedicated centre for palliative care was initiated in 1998. Activities are focused on patient care /treatment research and teaching

Medical oncologist vs respiratory physician
The battle

Requirement	Medical oncologist	Respiratory physician
Referral – diagnostics	X	+
Surgery + after care	X	+
Radiation oncology + after care	⟷	+
Systemic tx + complications	+	⟷
Palliative care	+	+
Guidelines		
Quality management		
Volumes		

Medical oncologist vs respiratory physician
Guidelines – quality management - volumes



est Tumours

ESMO Clinical Practice Guidelines: Lung and Chest Tumours

The ESMO **Clinical Practice Guidelines** (CPG) are intended to provide the user with a set of recommendations for the best standards of cancer care, based on the findings of **evidence-based medicine**.

Latest enhanced and revised set of guidelines

ESMO has Clinical Practice Guidelines on the following Lung and Chest Tumours: Early and locally advanced non-small-cell lung cancer, Metastatic non-small-cell lung cancer, Thymic epithelial tumours, Malignant pleural mesothelioma, Small-cell lung cancer.

Medical oncologist vs respiratory physician
The battle

Requirement	Medical oncologist	Respiratory physician
Referral – diagnostics	X	+
Surgery + after care	X	+
Radiation oncology + after care	⟷	+
Systemic tx + complications	+	⟷
Palliative care	+	+
Guidelines	+	+
Quality management	+	+
Volumes	+	+

Pro's and cons of lung units (Dutch system)
THE WINNER

Medical oncologist vs respiratory physician?

THANK YOU FROM THE MAASTRICHT TEAM

spiritual

Home support

Case manager

Rad onc

imaging

Pall care

Pain team

surgery

pulmonology

Nurse research

nurse

pathology

molecular

UMC+