

Optimal care pathway for people with multiple myeloma
FIRST EDITION

Optimal care pathway for people with Hodgkin and diffuse large B-cell lymphomas
SECOND EDITION

Diagnosis

- Timely access to diagnosis**
- 91.89% Diagnostic test to result within 4 weeks
- Diagnostic imaging and biopsy**
- 64.86% had imaging studies (CT, X-Ray, MRI or PET)
 - 94.59% had blood tests
 - 43.24% had urine tests
 - 86.49% had biopsies

Decision making

- Health professionals are responsible for enabling patients to make informed choices according to their preferences, needs and values.**
- 63.64% were offered only one treatment or approach
- Treating specialists and practitioners should clearly explain the costs or how to find out the costs of services, tests and treatment options upfront**
- 58.82% were asked if they wanted to be treated as a public or private patient
 - 79.41% were asked if they had private health insurance

Treatment

- Treatment options: surgery, chemotherapy/systemic therapy, radiotherapy**
- 97.22% had chemotherapy or systemic therapy
 - 71.43% had stem cell transplants
 - 37.14 % had radiotherapy

Allied health

- Supportive care is a vital part of any cancer treatment program. It is made up of all the services, information and resources patients may need to meet their physical, psychological, social, information and spiritual needs from the time of diagnosis.**
- 38.89% had a physiotherapist
 - 30.56% had a dietitian
 - 30.56 % had a psychologist
 - 19.44% had a social worker
 - 5.88% had an occupational therapist
 - 5.56% had an exercise physiologist
 - 0.00% had a speech therapist

Multidisciplinary teams

- Multidisciplinary care involves all relevant health professionals discussing all relevant treatment options and making joint recommendations about treatment and supportive care plans, taking into account the personal preferences of patients.**
- 100.00% Haematologist or medical oncologist
 - 94.44% General practitioner
 - 30.56% Radiation oncologist
 - 16.67% Haematology nurse

Clinical trials

- Patients should be encouraged to participate in research or clinical trials where available and appropriate**
- 50.00% discussed clinical trials with their doctor
 - 70.59% were willing to take part in a clinical trial
 - 20.59% participated in a clinical trial

Information

- GPs and clinicians have responsibility for providing information to meet the physical, psychological, social, information and spiritual needs of patient**
- 67.57 % enough information about blood cancer at diagnosis
 - 78.79% were given information about treatment options
 - 72.73 % were given information about managing their condition
 - 63.64% were given information about diet
 - 45.45 % were given information about physical activity
 - 15.15 % were given information about psychological/social support
 - 48.48% doctor, 12.12% nurses as a significant source of blood cancer information
 - 36.36% described information from their GP or specialist as being helpful

Communication

- When anyone involved in treatment communicates with patients, they should be truthful and transparent but aware of cultural and psychological sensitivities.**
- 75.76% had an overall positive experience of communication with healthcare professionals
 - 18.18% described expected future treatment to be have more transparency and discussions in relation to treatment options
 - 21.21% expected future communication to be more transparent and forthcoming
 - 9.09% expected future communication to be more understandable

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Care coordination

Care coordination is the responsibility of every professional, both clinical and non-clinical, who works with patients, their families and carers.

The **Care coordination: communication** scale measures communication with healthcare professionals, measuring knowledge about all aspects of care including treatment, services available for their condition, emotional aspects, practical considerations, and financial entitlements. The average score indicates that participants had good communication with healthcare professionals.

CCDR would like to thank each and every participant in this study


PEEK CAR-T treatable blood cancers study 2023

Optimal care pathway for people with multiple myeloma

FIRST EDITION

Optimal care pathway for people with Hodgkin and diffuse large B-cell lymphomas

SECOND EDITION



CAR-T treatable blood cancers AUSTRALIAN STUDY 2023

The optimal care pathway for people with blood cancer

Optimal care pathway for people with multiple myeloma

FIRST EDITION

Optimal care pathway for people with Hodgkin and diffuse large B-cell lymphomas

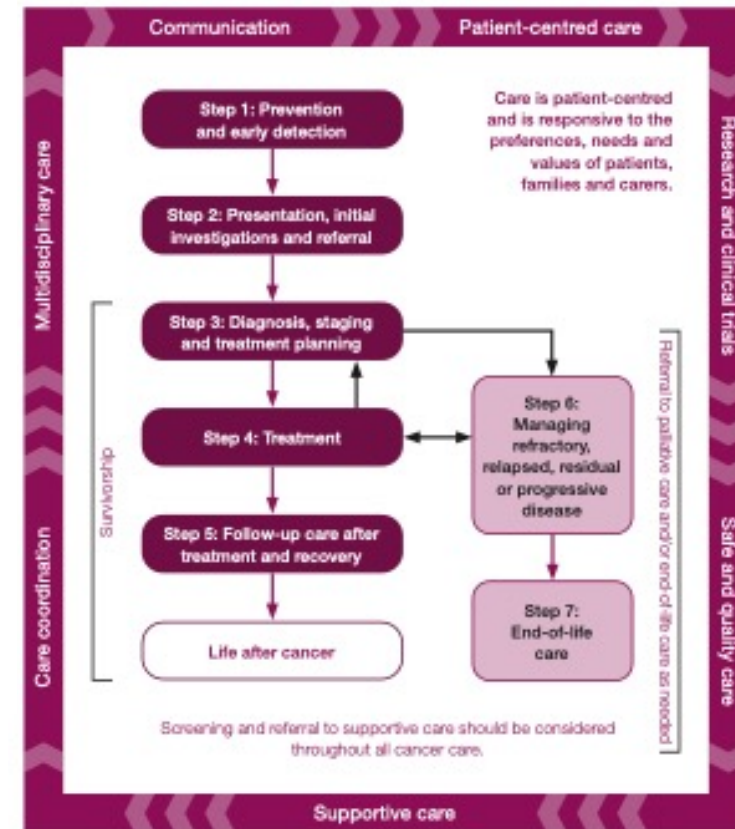
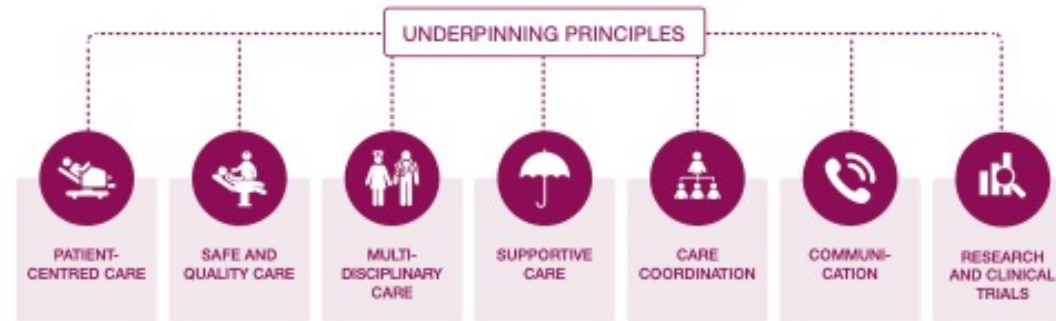
SECOND EDITION



Principles of the optimal care pathway

The seven principles of care define appropriate and supportive cancer care that is the right of all patients and the right of those caring for and connected with them.

Figure 2: The seven principles underpinning the optimal care pathway



The optimal care pathway for people with blood cancer

Optimal care pathway for people with multiple myeloma

FIRST EDITION

Optimal care pathway for people with Hodgkin and diffuse large B-cell lymphomas

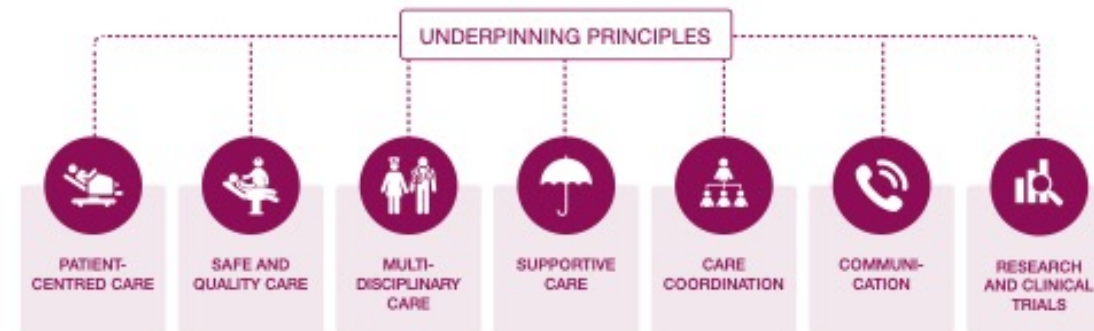
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Principles of the optimal care pathway

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The optimal care pathway is based on 7 principles:

1. Patient centred care
2. Safe and quality care
3. Multi-disciplinary care
4. Supportive care
5. Care coordination
6. Communication
7. Research and clinical trials



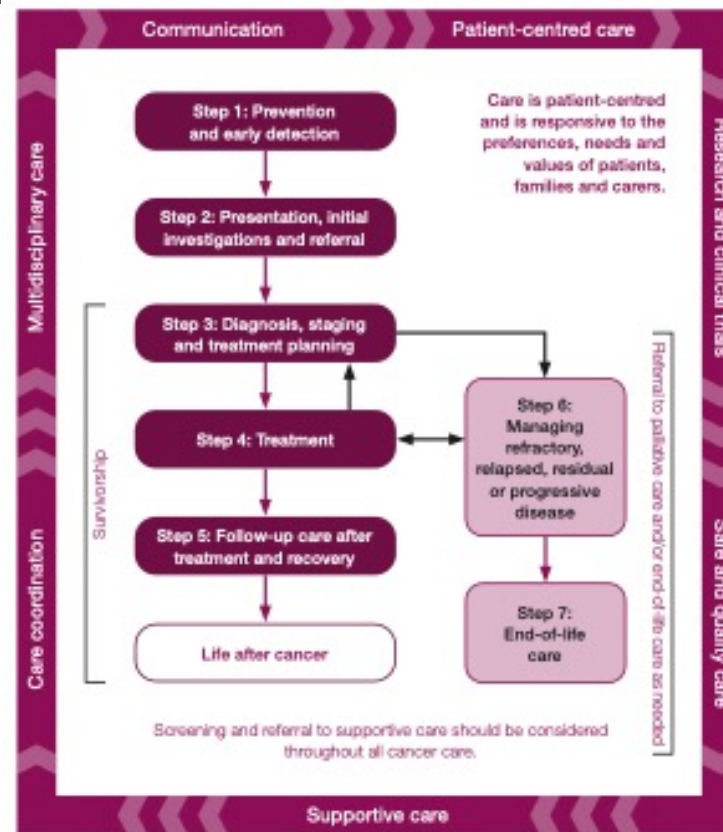
The optimal care pathway for people with blood cancer

Optimal care pathway for people with multiple myeloma

FIRST EDITION

Optimal care pathway for people with Hodgkin and diffuse large B-cell lymphomas

SECOND EDITION



There are 7 steps in the optimal care pathway:

Step 1: Prevention and early detection

Step 2: Presentation, initial investigations, and referral of patients

Step 3: Diagnosis, staging and treatment planning

Step 4: Treatment

Step 5: Follow up care after treatment and recovery

Step 6: Managing refractory, relapsed, residual or progressive disease

Step 7: End of life care



The optimal care pathway for people with blood cancer

Optimal care pathway for people with multiple myeloma

FIRST EDITION

How aligned to the optimal care pathway for people with blood cancer were the participants in the PEEK CAR-T treatable blood cancers 2023?

- **Clinical trials**
- **Information**
- **Access to allied health and support for lifestyle changes**
- **Care coordination**
- **Communication and decision making**

Optimal care pathway for people with Hodgkin and diffuse large B-cell lymphomas

SECOND EDITION



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Clinical trials

Research and clinical trials play an important role in establishing the efficacy and safety of diagnostic, prognostic and therapeutic interventions, as well as establishing the role of psychological, supportive care and palliative care interventions¹

¹Sjoquist and Zalcborg, 2013 'Clinical trials – advancing cancer care', Cancer Forum, vol. 37, no. 1, 80-88.

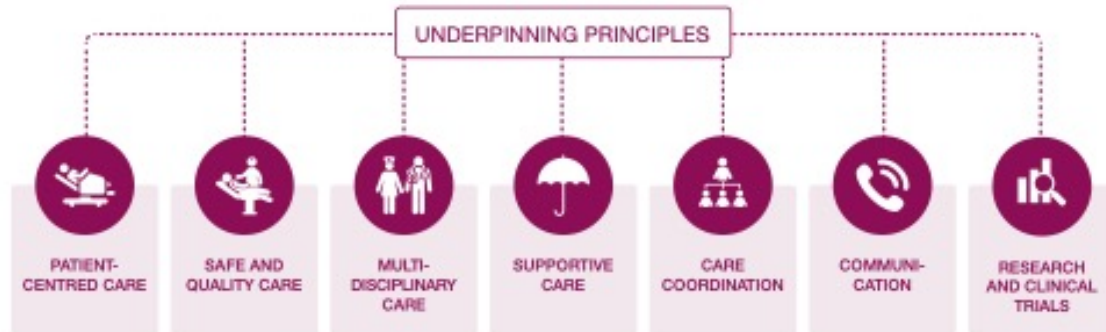


Clinical trials: Principles of the optimal care pathway

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Principle 3: Multidisciplinary care

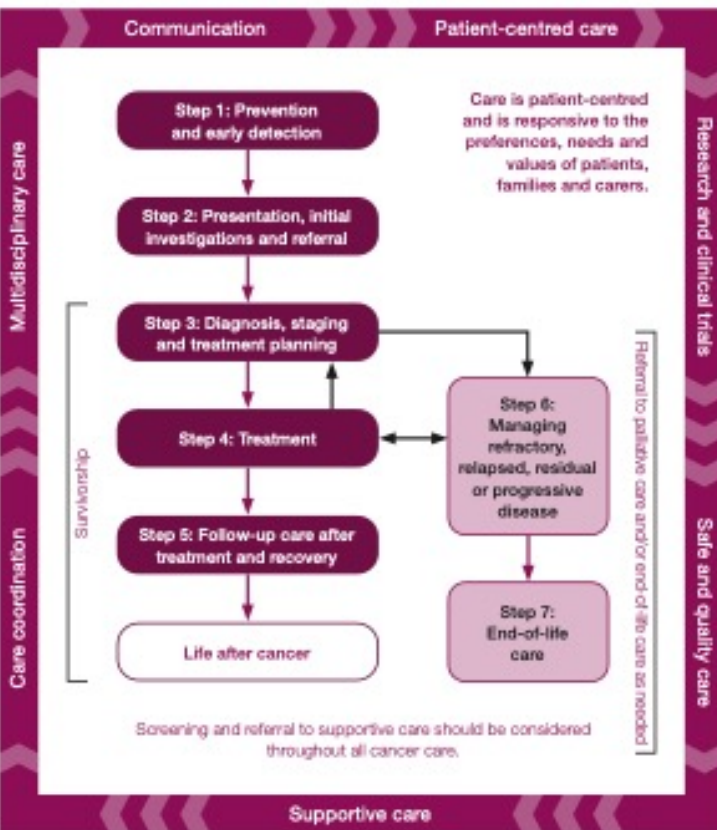
Access to clinical trials a principle of multidisciplinary care

Principle 7: Research and clinical trials

“Specialists should be willing to refer appropriate patients to other treating centres to participate in research or clinical trials at any stage of the care pathway and be willing to discuss the pros and cons of participating in such trials.”



Clinical trials: Optimal care pathway for people with blood cancer



Clinical trials should be considered at most steps of the clinical pathway:

- Step 3: Diagnosis, staging and treatment planning
- Step 4: Treatment
- Step 5: Follow up care after treatment and recovery
- Step 6: Managing refractory, relapsed, residual or progressive disease
- Step 7: End of life care

“Participation in clinical trials, patient registries and tissue banking, where available, is encouraged for patients with MM. Many emerging treatments are only available on clinical trial that may require referral to certain trial centres.



Clinical trials: PEEK CAR-T Treatable Blood Cancer Study 2023

In the PEEK CAR-T treatable blood cancers Australian Study 2023:

- 50.00% had a discussion about clinical trials with their doctor
- 70.59% were willing to take part in a clinical trial if one is available
- 20.59% participated in a clinical trial
- 24.24% Expectations that future treatment will involve more clinical trials (including to access new technologies and treatments and funding)
- 12.12% Expectations that future information will provide more details about new treatments and/or trials
- 27.27% Message to health minister that more clinical trials and/or new treatments are needed



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Information

“The most helpful Just the explanation really. I think of how how the disease came about and what happens and what my doctor actually did, which I thought was quite clever when he explained to me how the disease worked. You know, he drew funny little diagrams and arrows going everywhere, but he did all that. And then he said. I think it was at the next visit you said okay, I told you all that last time. Now I want you to explain it back to me what you understood from what I've told you before. So he got me to tell him what my understanding of it was. So I thought that was a good way of testing how much I understood because I have heard of some people who when they're told they have multiple myeloma, I think that they've got Melanoma.”

Participant 012_2023AUCRT Blood Cancer Study 2023

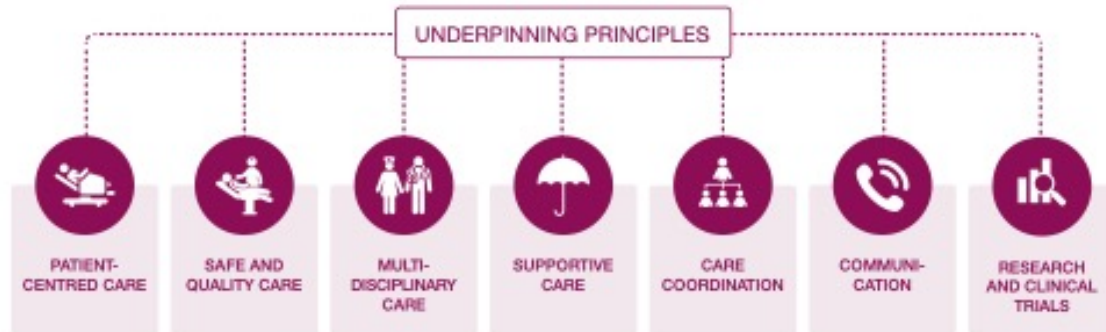


Information: Principles of the optimal care pathway

Principles of the optimal care pathway

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Figure 2: The seven principles underpinning the optimal care pathway



Principle 1: Patient-centred care

- An informed patient has greater confidence and competence to manage their cancer journey
- Patients should be provided with information about their treatment, including the advantages and disadvantages

Principle 4: Supportive care

- Supportive care is made up of all the services, **information** and resources patients may need to meet their physical, psychological, social, information and spiritual needs from the time of diagnosis.

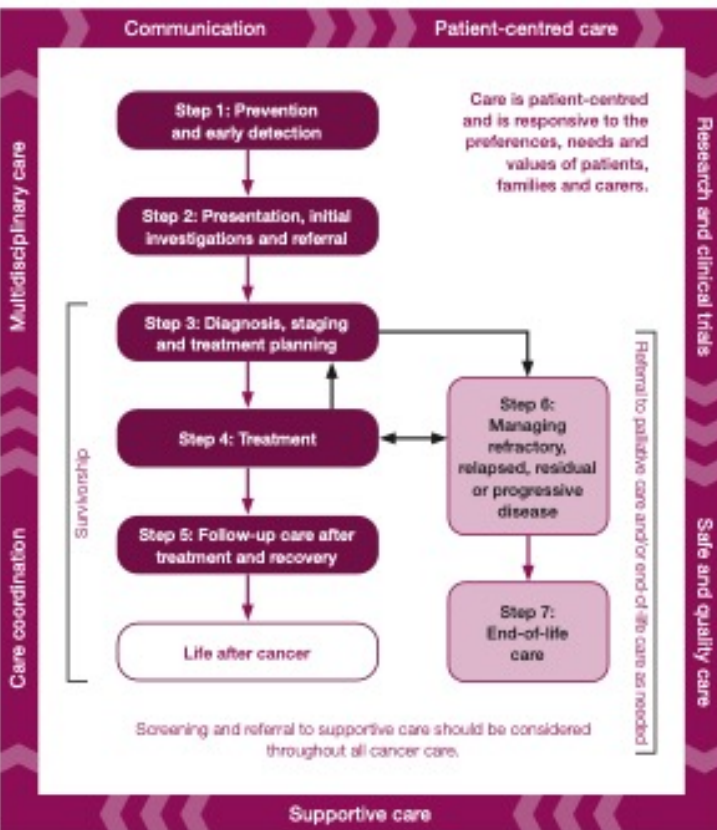
Principle 6: Communication

Healthcare professionals should provide information

- on community-based supportive care services and resources to patients and their families and carer
- at the patient's health literacy and that of their families and carers



Information: Optimal care pathway for people with blood cancer



Optimal care pathway describes need for patient and carer information through most steps:

Step 2: Presentation, initial investigations, and referral of patients

Step 3: Diagnosis, staging and treatment planning

Step 4: Treatment

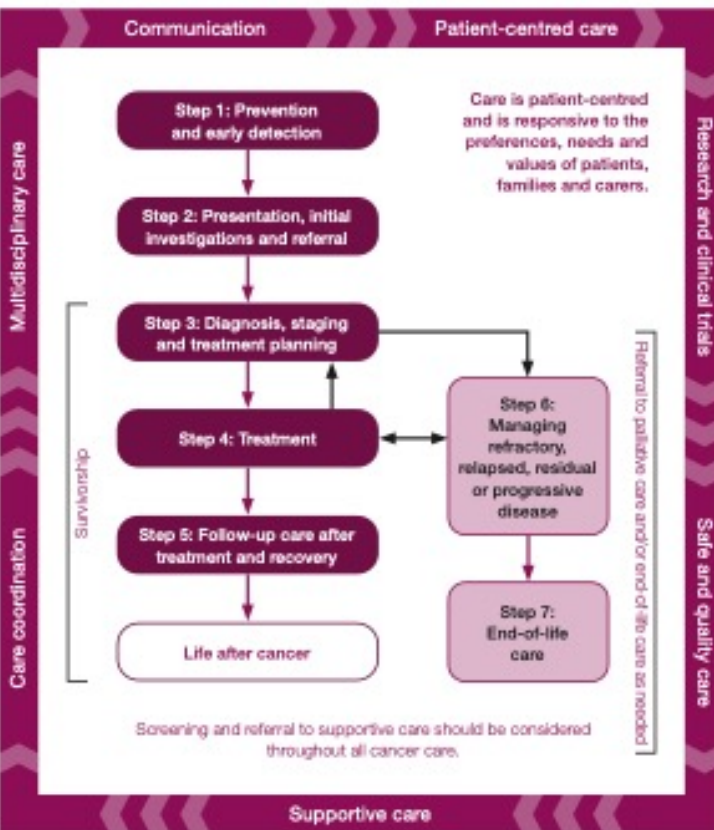
Step 5: Follow up care after treatment and recovery

Step 6: Managing refractory, relapsed, residual or progressive disease

Step 7: End of life care



Information: Optimal care pathway for people with blood cancer



The **general practitioner and clinicians** should provide:

- Information that describes to whom they are being referred, the reason for referral and the expected timeframes for appointments
- Written information appropriate to the health literacy of the patient about the diagnosis and treatment to the patient and carer
- Information about the possible side effects of treatment, managing symptoms between active treatments, how to access care, self-management strategies and emergency contacts
- Information on the signs and symptoms of recurrent disease
- Information about advance care planning and palliative care (Steps 6 and 7)



Information: PEEK CAR-T Treatable Blood Cancer Study 2023

In the PEEK CAR-T treatable blood cancers Australian Study 2023:

- 67.57 % enough information about blood cancer at diagnosis
- 78.79% were given information about treatment options from their doctor
- 72.73 % were given information about managing their condition from their doctor
- 63.64% were given information about diet
- 45.45 % were given information about physical activity
- 15.15 % were given information about psychological or social support
- 48.48% described their doctor as a significant source of information about blood cancer, and 12.12% described nurses
- 36.36% described information from their GP or specialist as being helpful

The **Partners in health: knowledge** scale measures the participants knowledge of their health condition, treatments, their participation in decision making and taking action when they get symptoms. On average, participants in this study had very good knowledge about their condition and treatments.



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Allied health and support for lifestyle changes

“Yeah, probably access to exercise Physiology for people in the public system. And also I've just done the practice where I am, has just done a pilot art therapy for six weeks. And that was, it wasn't just art therapy, it was there's there's different psychological exercises that you can do with with the art or with and they get a bit of poetry and there's quite a few I guess techniques that you can use to self improve self help. You know that can be that could be a big assistance and as I said exercise Physiology is being recognized as it helps your helps the drugs sort of you know circulated because you're active and gives you more, gives you a positive, more of a positive angle on on the treatment because you're feeling better.”

Participant 032_2023AUCRT PEEK Blood Cancer Study 2023

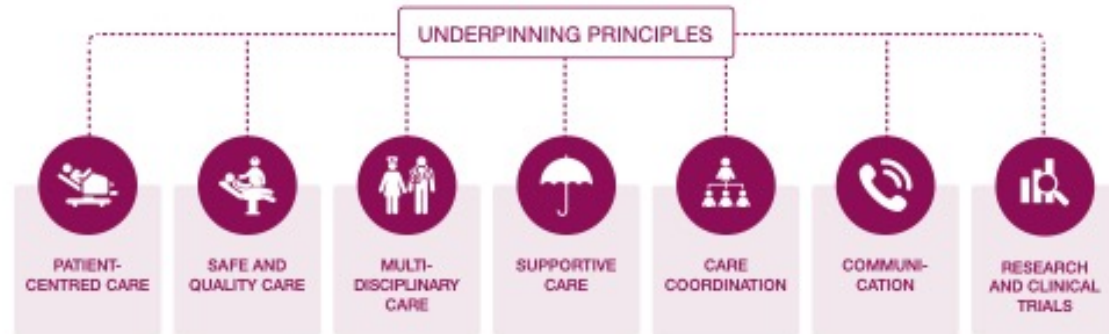


Allied health and support for lifestyle changes: Principles of the optimal care pathway

Principles of the optimal care pathway

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Figure 2: The seven principles underpinning the optimal care pathway



Principle 1: Patient-centred care

- Shared care may include allied health practitioners
- Shared care can be delivered during treatment, follow-up care, survivorship care and end-of-life care

Principle 4: Supportive care

- Supportive care is a vital part of any cancer treatment program and includes access to allied health to manage physical, psychological, social, and information needs.

Principle 5: Care coordination

- Care coordination includes referral to allied health for supportive care

Principle 7: Research and clinical trials

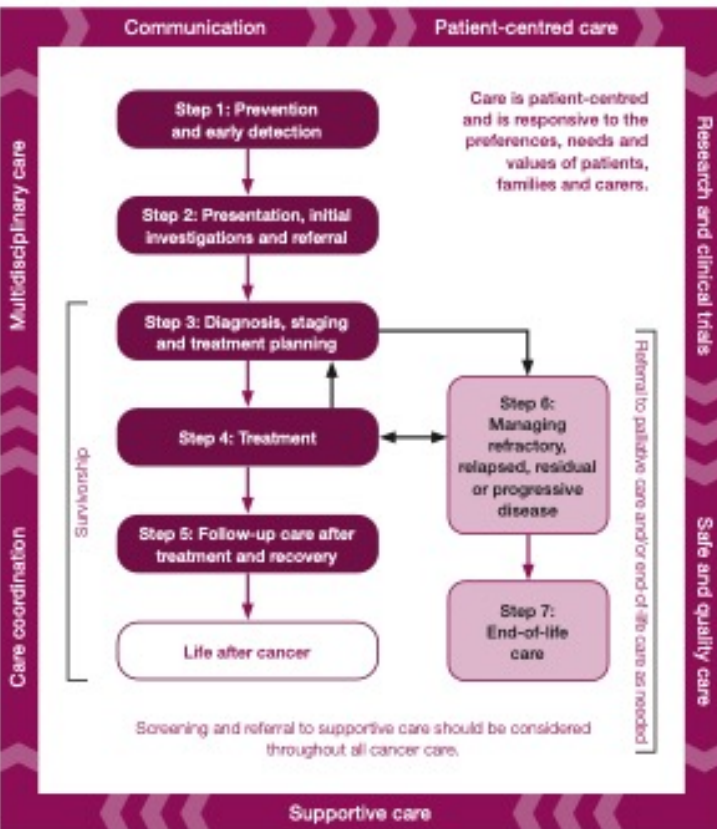
- Research and clinical trials play an important role in establishing the role of psychological and supportive care interventions



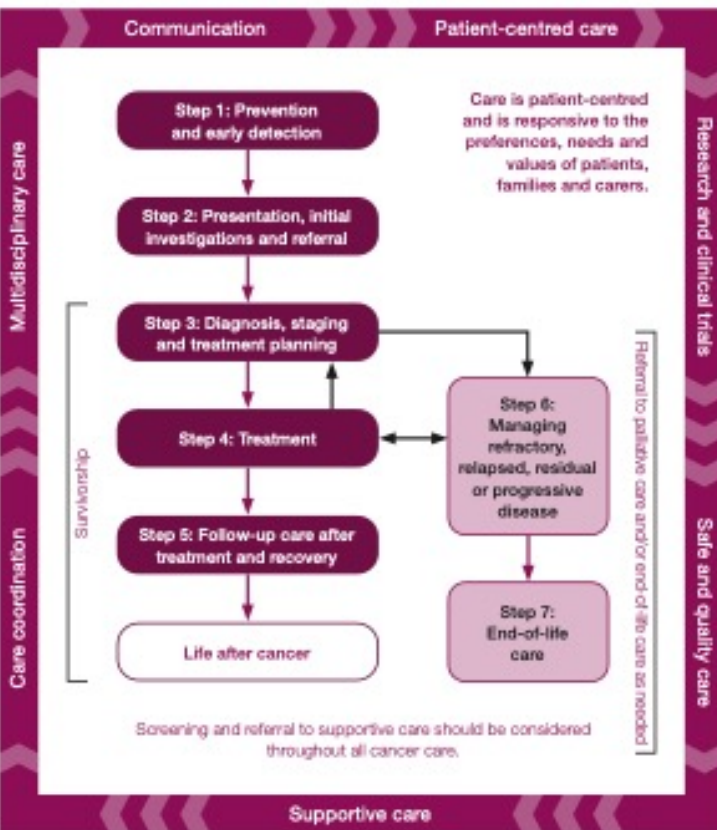
Allied health and support for lifestyle changes: Optimal care pathway for people with blood cancer

Allied health interventions are described in all steps of the optimal care pathway

- Step 1: Prevention and early detection
- Step 2: Presentation, initial investigations, and referral of patients
- Step 3: Diagnosis, staging and treatment planning
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Allied health and support for lifestyle changes: Optimal care pathway for people with blood cancer

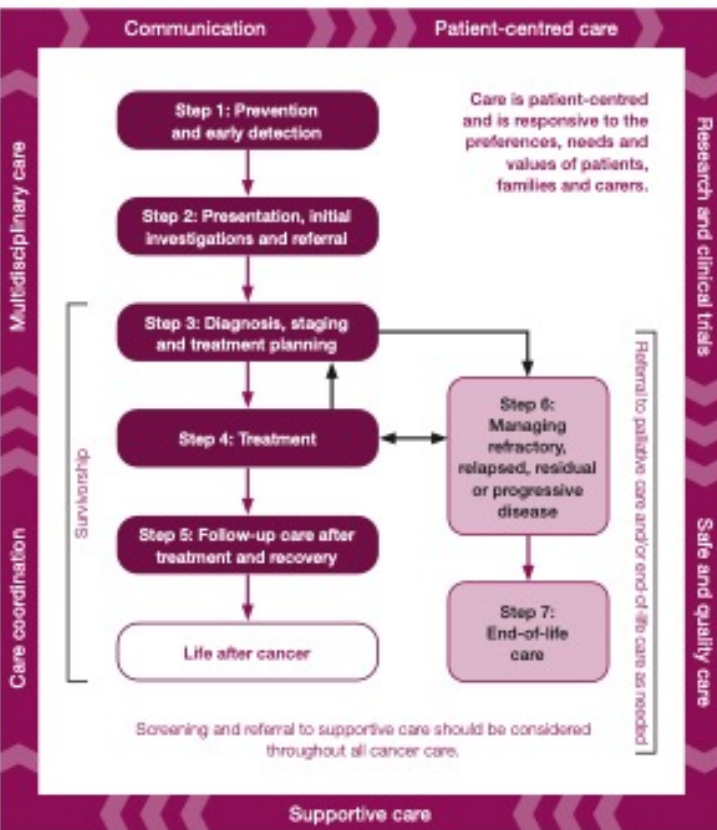


Allied health interventions are described in all steps of the optimal care pathway

- Referral to dietitian, physiotherapist or exercise physiologist considered
- Supportive care needs assessed and referrals to allied health services actions as required



Allied health and support for lifestyle changes: Optimal care pathway for people with blood cancer



Allied health provide supportive care for:

- Emotional distress
- Anxiety/ depression
- Interpersonal problems
- Adjustment difficulties
- Psychosocial needs
- Germline genetic mutations
- Cancer prehabilitation: combining exercise, nutrition and psychological strategies
- Body image concerns
- Side effects such as fatigue, pain and side effects of treatment
- Quitting smoking
- Traumatic experiences
- Treatment phobias
- Sexuality concerns
- Beginning or resuming regular exercise
- Decline in mobility and/or functional status as a result of treatment



Allied health and support for lifestyle changes: Optimal care pathway for people with blood cancer

Allied health or supportive care needs for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023:

55.17% Psychological impacts from condition

37.84% Anxiety

18.92% Depression

45.45% Negative impacts on relationships

62.07% Fatigue Chronic

24.32% Pain

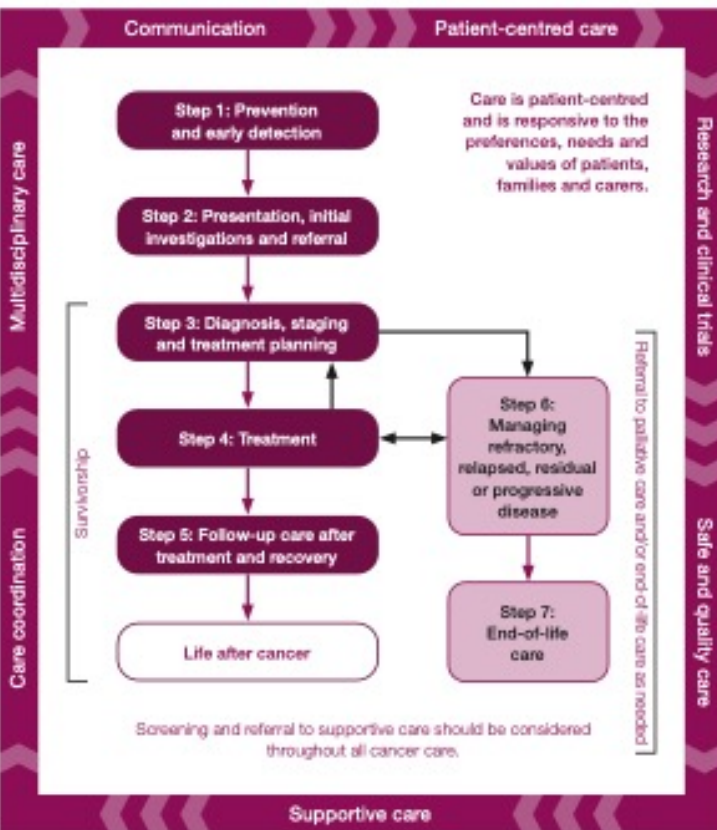
SF36 Role functioning/physical scale measures how physical health interferes with work or other activities. On average, physical health sometimes interfered with work or other activities for participants in this study.



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Allied health and support for lifestyle changes: Optimal care pathway for people with blood cancer



Allied health team includes

- Psychologists
- Exercise physiologists
- Physiotherapists
- Dietitians
- Social worker
- Occupational therapy
- Speech therapists



Allied health and support for lifestyle changes: PEEK CAR-T Treatable Blood Cancer Study 2023

Access to allied health for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023:

- 38.89% had a physiotherapist
- 30.56% had a dietitian
- 30.56 % had a psychologist
- 19.44% had a social worker
- 5.88% had an occupational therapist
- 5.56% had an exercise physiologist
- 0.00% had a speech therapist



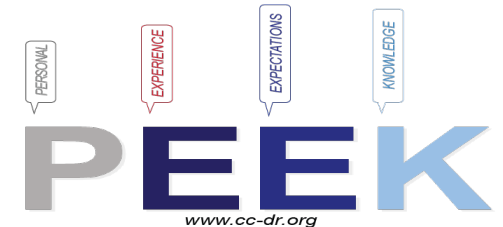
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Allied health and support for lifestyle changes: PEEK CAR-T Treatable Blood Cancer Study 2023

Throughout the PEEK study, participants described the need for a more holistic approach to the management of blood cancer, including emotional support:

- 9.09% had this as a message to the health minister
- 15.15% had this as a future care and support expectation



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Care coordination

“OK, so my GP deferred back to my hematologist, so they drew a line in my treatment between them. Basically the hematologist left pain management etc with my GP and the hematologist dealt with the cancer and it's by products of the cancer. So yeah, so there basically there was how can we say there was cross match between the two. So there was. So make sure there was no contrast with the drugs and so forth being used. But basically that's where the line was drawn.”

Participant 027_2023AUCRT

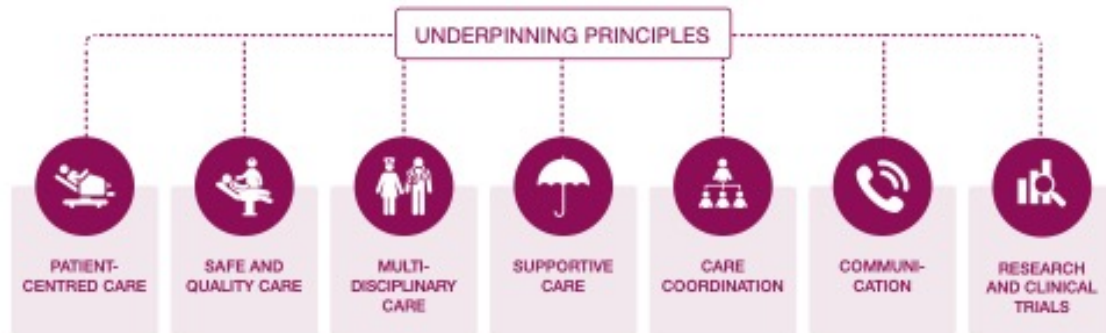


Care coordination: Principles of the optimal care pathway

Principles of the optimal care pathway

The seven principles of care define appropriate and supportive cancer care that is the right of all patients and the right of those caring for and connected with them.

Figure 2: The seven principles underpinning the optimal care pathway



Principle 1. Patient centred care

- Shared care between a cancer specialist and primary care health professional is delivered in two or more settings by two or more professionals. Shared care can be delivered throughout the care pathway including during treatment, follow-up care, survivorship care and end- of-life care.

Principle 2: Safe and quality care

- Patients should be referred to an individual practitioner or service with appropriate expertise.

Principle 3: Multidisciplinary care

- A team approach involving GP and specialists
- Communication among multidisciplinary team: treatment planning and follow up
- Access to treatment regardless of remoteness or size of institution

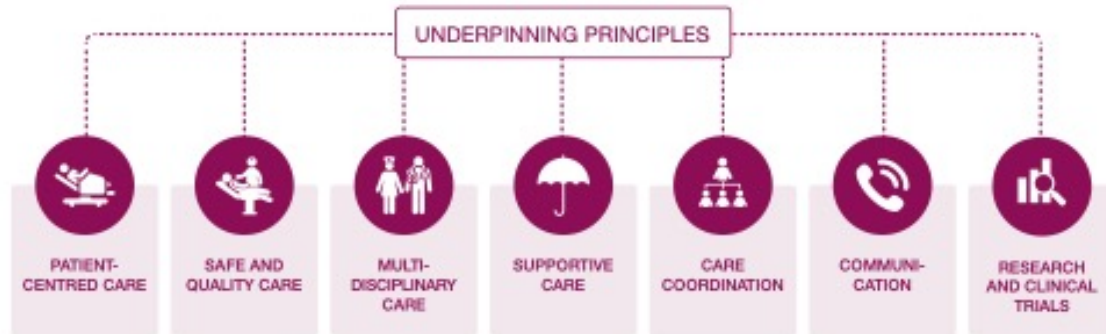


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Principle 5: Care coordination

Care coordination includes:

- communication with patients, their families and carers
- treatment plans, survivorship care plans and/or advance care directives
- coordinated appointments
- appropriate tests and results being available to the treating team
- medical records being available to all members of the treating team
- translation or interpreter services arranged if needed
- Practical support eg transport, accommodation, advance care planning and financial support
- referral and access to supportive care
- access to clinical trials
- access to telehealth
- Access to electronic health record management such as My Health Record.
- Formal care coordination through appointed care coordinators

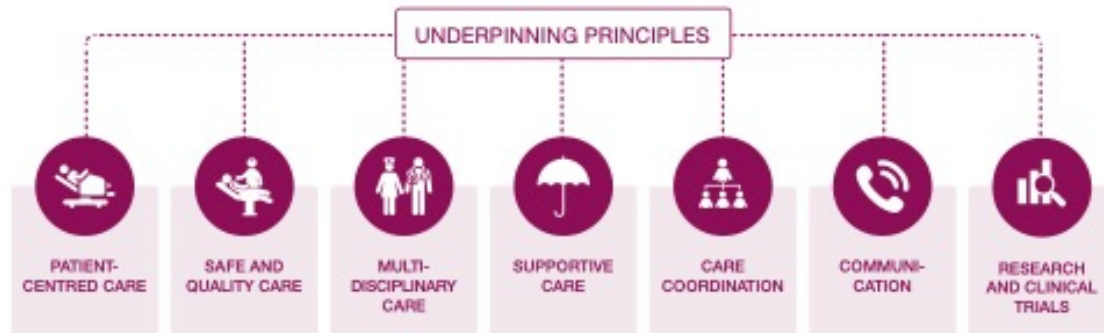


Care coordination: Principles of the optimal care pathway

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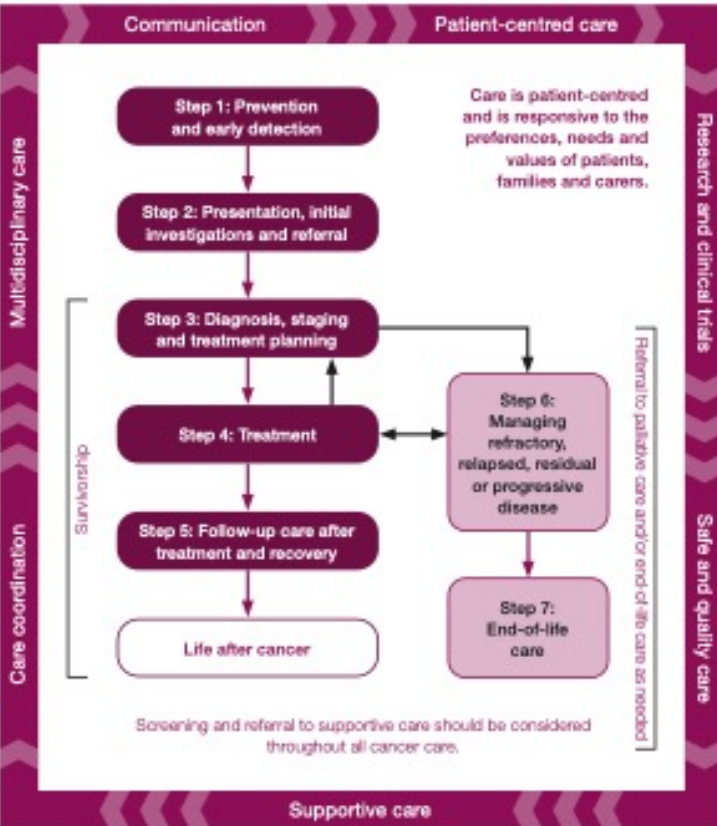


Principle 6: Communication

- Good and open communication is a key principle of care for cancer patients. This includes communication between oncology and primary care health professionals and with patients.



Care coordination: Optimal care pathway for people with blood cancer



Care coordination is described in most steps of the optimal care pathway

Step 2: Presentation, initial investigations, and referral of patients

Step 3: Diagnosis, staging and treatment planning

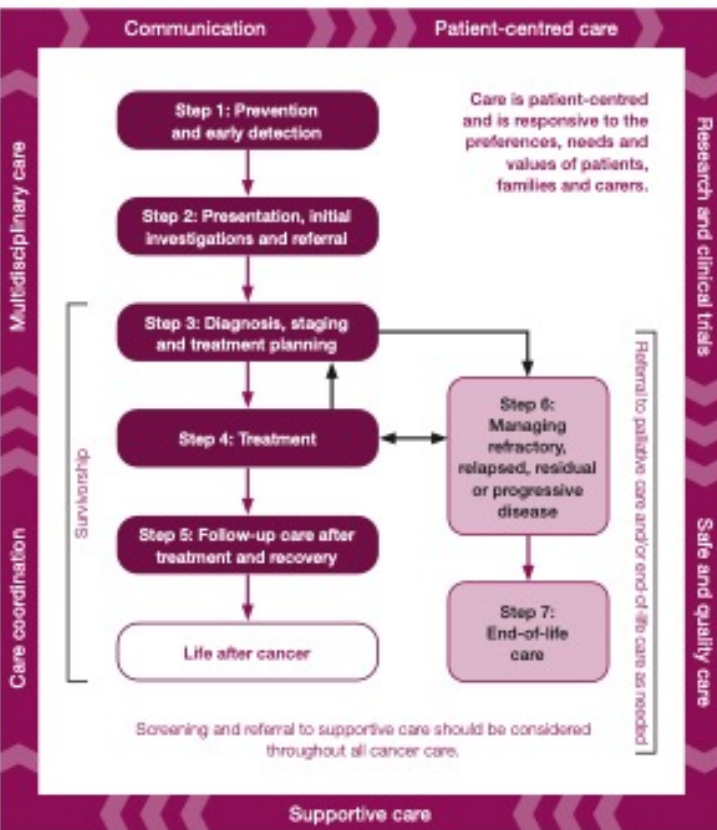
Step 4: Treatment

Step 5: Follow up care after treatment and recovery

Step 6: Managing refractory, relapsed, residual or progressive disease



Care coordination: Optimal care pathway for people with blood cancer



Access to diagnostics

- Moderate or severe symptoms, test results reviewed within 2 days
- Non-urgent cases, test results within 4 weeks

Diagnostic tests should include:

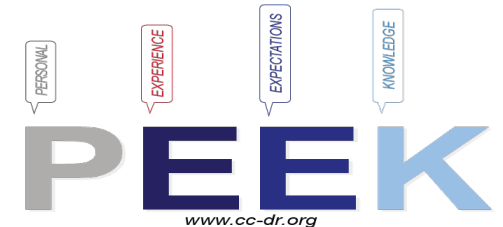
- Blood test
- Imaging – x-ray or CT imaging
- Urine tests
- Biopsy if appropriate



Care coordination: PEEK CAR-T Treatable Blood Cancer Study 2023

Access to diagnostic tests for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023:

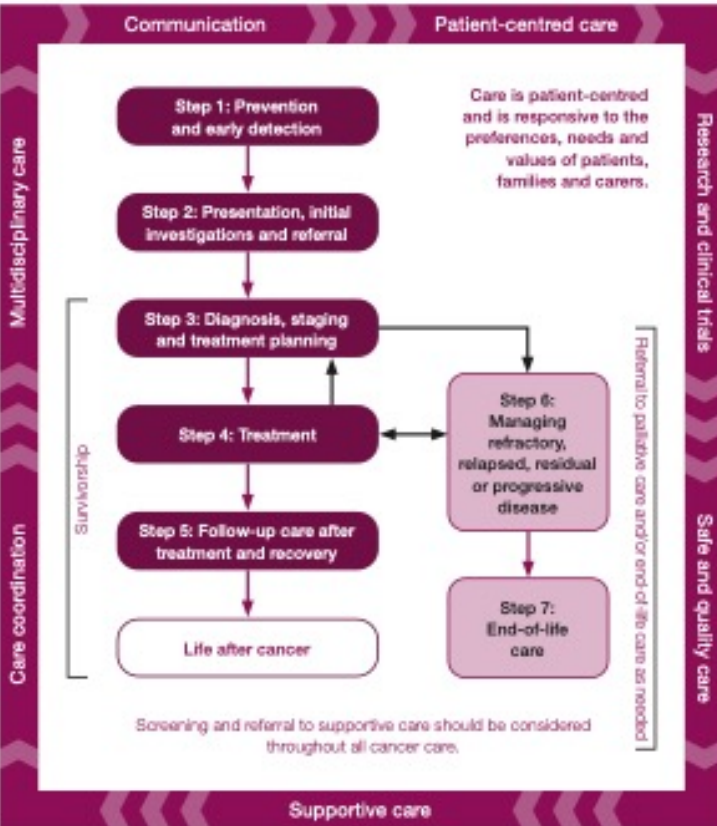
- 91.89% Time from diagnostic test to diagnosis within 4 weeks
- 64.86% had imaging studies (CT, X-Ray, MRI or PET)
- 94.59% had blood tests
- 43.24% had urine tests
- 86.49% had biopsies



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Care coordination: Optimal care pathway for people with blood cancer



Access to treatments including

- Chemotherapy and systemic therapy
- Autologous stem cell transplant
- Radiation therapy



Care coordination: PEEK CAR-T Treatable Blood Cancer Study 2023

Access to treatments for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023:

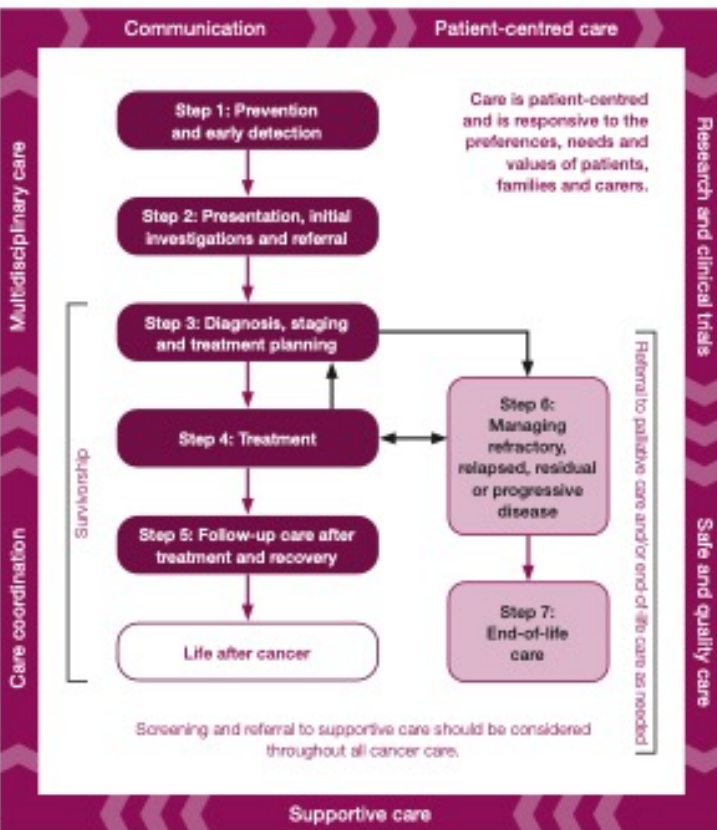
- 97.22% had chemotherapy or systemic therapy
- 71.43% had stem cell transplants
- 37.14 % had radiotherapy



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Care coordination: Optimal care pathway for people with blood cancer



The core members of the multidisciplinary team include:

- Haematologist or medical oncologist
- Pathologist
- Radiation oncologist
- Radiologist or imaging specialist

Other members of the multidisciplinary team can include:

- Specialist nurse
- Clinical trials coordinator
- Social worker
- Occupational therapist
- Physiotherapist
- Exercise physiologist
- Dietitian
- Psychiatrist
- Psychologist
- Pharmacist
- Fertility specialist
- Palliative care specialist



Care coordination: PEEK CAR-T Treatable Blood Cancer Study 2023

Access to core multidisciplinary team members in the PEEK CAR-T treatable blood cancers Australian Study 2023:

- 100.00% Haematologist or medical oncologist
- 94.44% General practitioner
- 30.56% Radiation oncologist

Access to other multidisciplinary team members in the PEEK CAR-T treatable blood cancers Australian Study 2023:

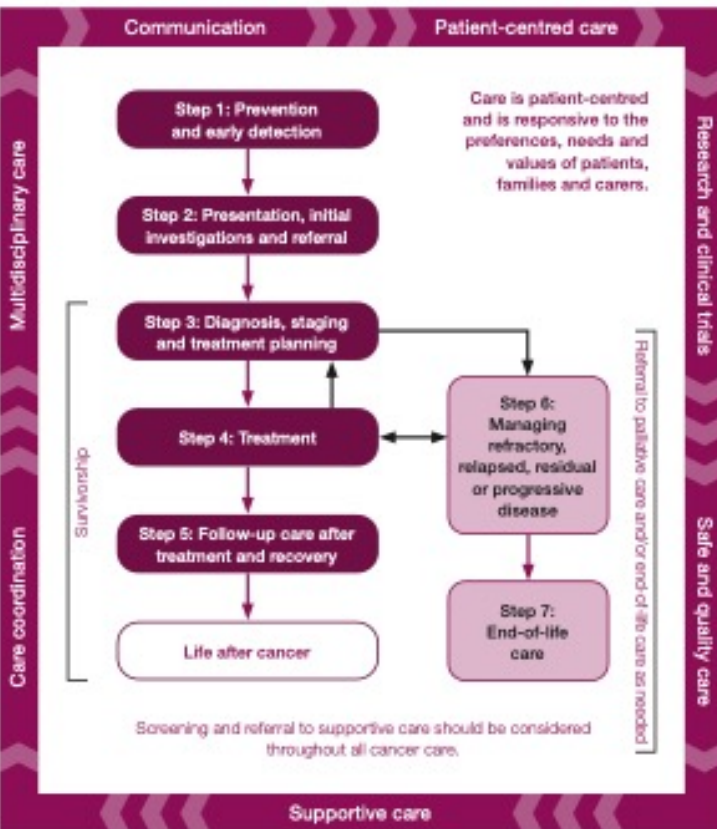
- 16.67% Haematology nurse
- 19.44% Social worker
- 11.11% Occupational therapist
- 38.89% Physiotherapist
- 5.56% Exercise physiologist
- 30.56% Dietitian
- 30.56% Psychologist
- 16.67% Pharmacist



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Care coordination: Optimal care pathway for people with lymphoma



The core members of the multidisciplinary team include:

- Haematologist or medical oncologist
- Pathologist
- Radiation oncologist
- Care coordinator
- Nurse
- Radiologist/imaging specialist

Other members of the multidisciplinary team can include:

- Social worker
- Occupational therapist
- Exercise physiologist
- Psychiatrist
- Psychologist
- Pharmacist
- Fertility specialist
- Palliative care specialist
- General practitioner
- Nuclear medicine physician



Care coordination: PEEK CAR-T Treatable Blood Cancer Study 2023

Main provider of treatment for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023:

76.47% Haematologist

11.76% General practitioner (GP)

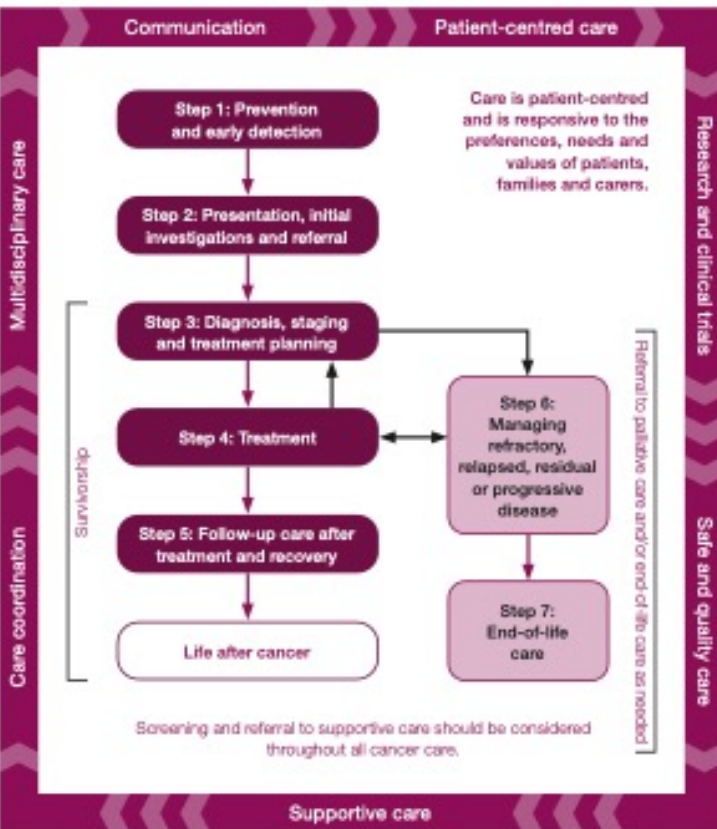
5.88% Oncologist



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Care coordination: Optimal care pathway for people with blood cancer



Multi-disciplinary team: care coordination and communication responsibilities

- The GP or a nominated contact person from the multidisciplinary team are responsible for coordination and continuity of care. The GP has role in coordinating care, managing side effects and comorbidities, and generally supporting patient



Care coordination: PEEK CAR-T Treatable Blood Cancer Study 2023

Communication and care coordination with multidisciplinary team participants in the PEEK CAR-T treatable blood cancers Australian Study 2023:

- The **Care coordination: navigation** scale navigation of the healthcare system including knowing important contacts for management of condition, role of healthcare professional in management of condition, healthcare professional knowledge of patient history, ability to get appointments and financial aspects of treatments. The average score indicates that participants had good navigation of the healthcare system.
- The **Care coordination: care coordination global measure** scale measures the participants overall rating of the coordination of their care. The average score indicates that participants scored rated their care coordination as good.
- 51.52 % had accessed “My Health record” (Access to medical records)

Participants in the PEEK CAR-T treatable blood cancers Australian Study 2023 expected:

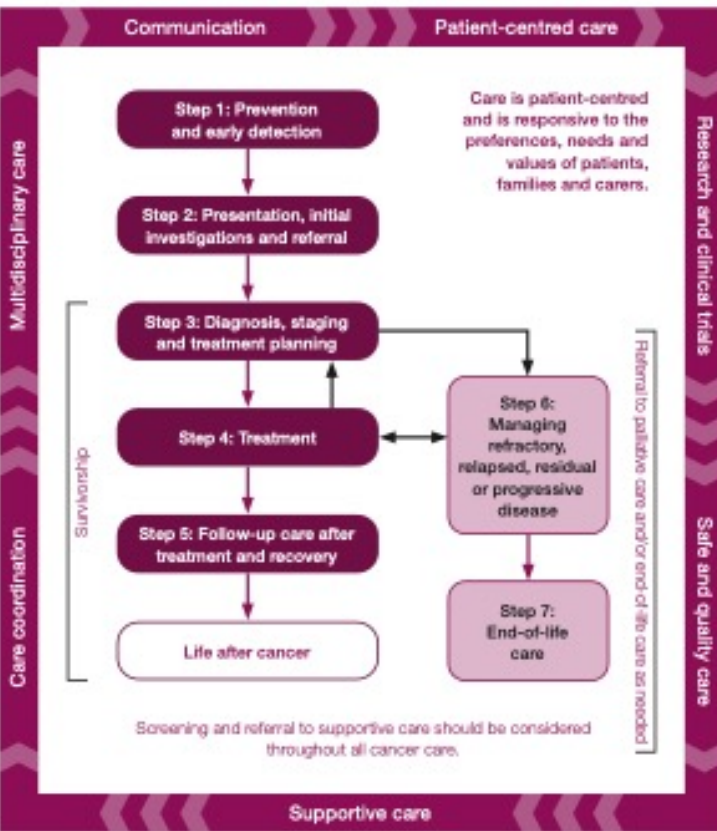
- future care and support to include a multi-disciplinary and coordinated approach (18.18%)
- future communication to include a multi-disciplinary and coordinated approach (15.15%)



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Care coordination: Optimal care pathway for people with blood cancer



Survivorship and palliative care planning

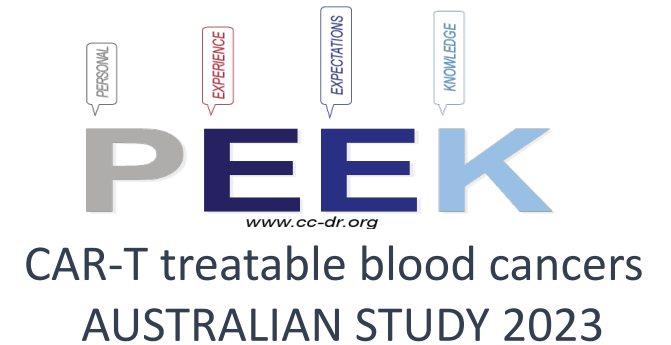
The treatment team should assess supportive care needs throughout survivorship



Care coordination: PEEK CAR-T Treatable Blood Cancer Study 2023

Transitioning from active treatment for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023. Participants described need for long term follow up :

- Future care and support will include more access to support services (15.15%)



Communication and decision making

Yeah, really good. Yeah, yeah, yeah. No, I've I've found I've always asked questions to the extent that you would want them answered and have given me useful information and. You're able to to to give you the realistic thoughts without being too too negative but that that sort of thing. I I mean I I always ask a lot of questions as well. So I suppose I probably get better value than some people because because of that whereas if you're just waiting for them to tell you stuff you probably don't get told as much but. No, I've. I've found you that the information's been good and everyone's been great with oh, except for that. As I've touched on before when I was at that rehabilitation place, I didn't really like it.

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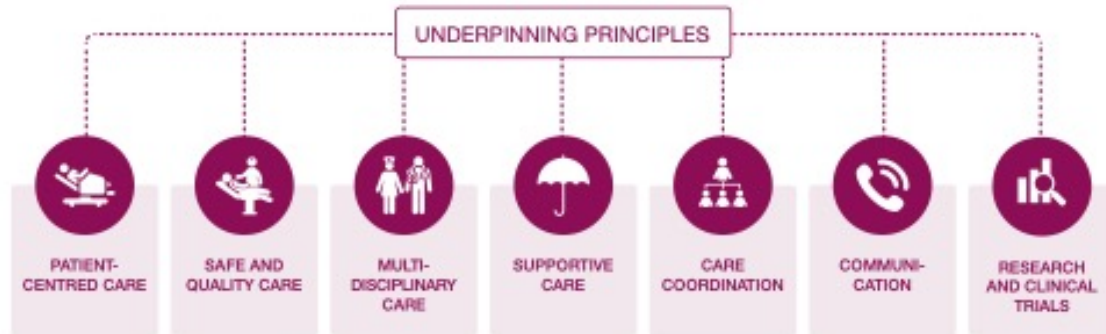


Communication and decision making: Principles of the optimal care pathway

Principles of the optimal care pathway

The seven principles of care define appropriate and supportive cancer care that is the right of all patients and the right of those caring for and connected with them.

Figure 2: The seven principles underpinning the optimal care pathway



Principle 1: Patient-centred care

- Informed and involved in decision making
- Active communication to essential for patients to be informed
- Health professionals are responsible for enabling patients to make informed choices according to their preferences, needs and values.
- Treating specialists and practitioners should clearly explain the costs or how to find out the costs of services, tests and treatment options

Principle 3: Multidisciplinary care

- Multidisciplinary care is an integrated team approach that involves all relevant health professionals discussing all relevant treatment options and making joint recommendations about treatment and supportive care plans, taking into account the personal preferences of patients.
- Patient involvement in decisions about their care

Principle 5: Care coordination

- Care coordination includes proactive and timely communication with patients, their families and carers

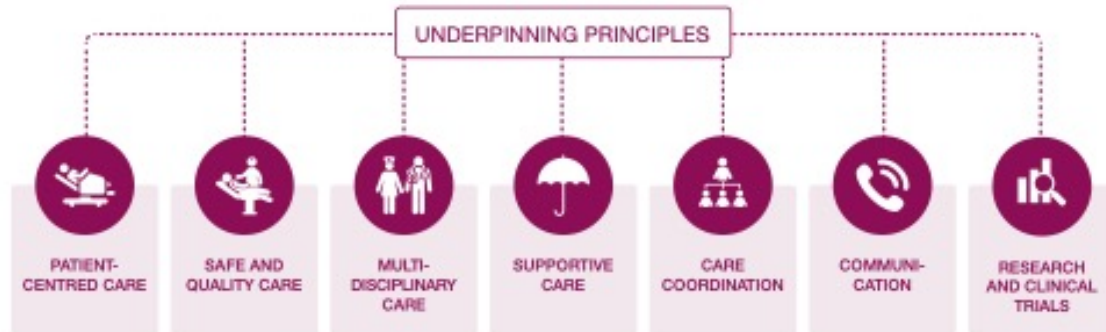


Communication and decision making: Principles of the optimal care pathway

Principles of the optimal care pathway

The seven principles of care define appropriate and supportive cancer care that is the right of all patients and the right of those caring for and connected with them.

Figure 2: The seven principles underpinning the optimal care pathway

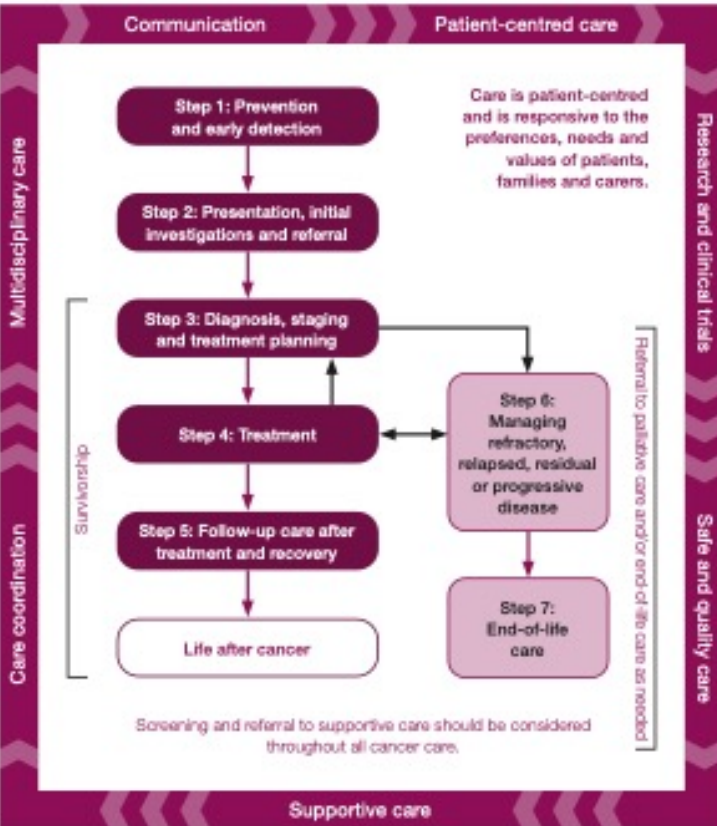


Principle 6: Communication

- Everyone employed in the healthcare system is responsible for ensuring the communication needs of patients, their families and carers are met.
- Empower patients to be active in treatment discussions
- Ensure patients, their families or their carers have the opportunity to ask questions
- Communicate in plain language (avoiding complex medical terms and jargon)
- Ensure information is communicated at a level relevant to the patient's health literacy and that of their families and carers
- Use tools, diagrams and aids as appropriate
- Allow enough time for communication, especially when conveying complex or sensitive information such as an initial diagnosis
- Check the patient's and/or their family or carer's understanding by asking the patient and/or their family or carer to say in their own words what has been conveyed.



Communication and decision making: Optimal care pathway for people with blood cancer



Communication and decision making is described in most steps of the optimal care pathway

Step 2: Presentation, initial investigations, and referral of patients

Step 3: Diagnosis, staging and treatment planning

Step 4: Treatment

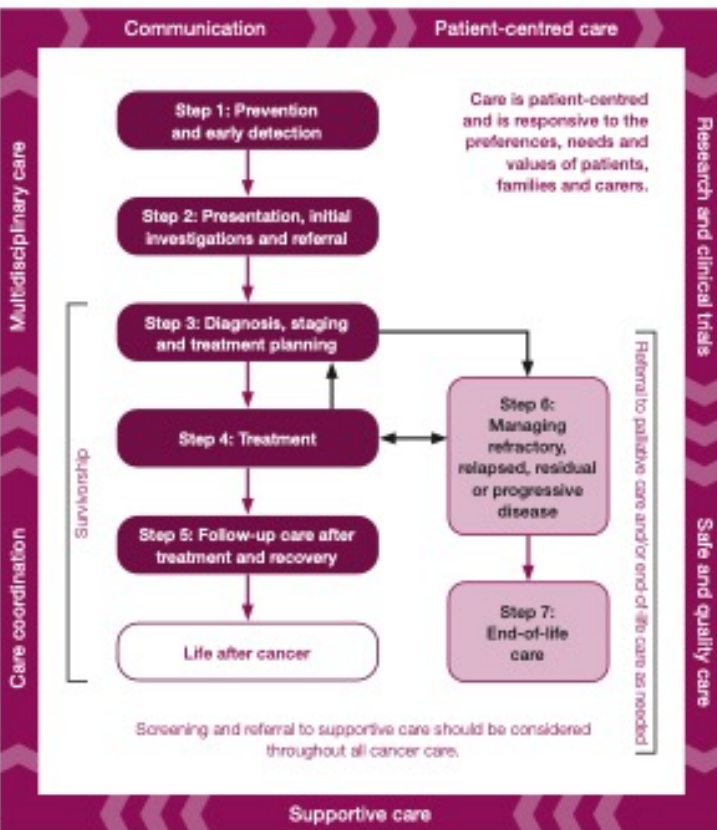
Step 5: Follow up care after treatment and recovery

Step 6: Managing refractory, relapsed, residual or progressive disease

Step 7: End of life care



Communication and decision making: Optimal care pathway for people with blood cancer



Step 2: Presentation, initial investigations, and referral of patients

The general practitioner is responsible for:

- Providing patients with information that clearly describes to whom they are being referred, and the reason for referral
- Supporting the patient and/or carer while waiting for specialist appointments
- Informing patients and/or carers that they can contact Cancer Council, Leukaemia Foundation, and Myeloma Australia

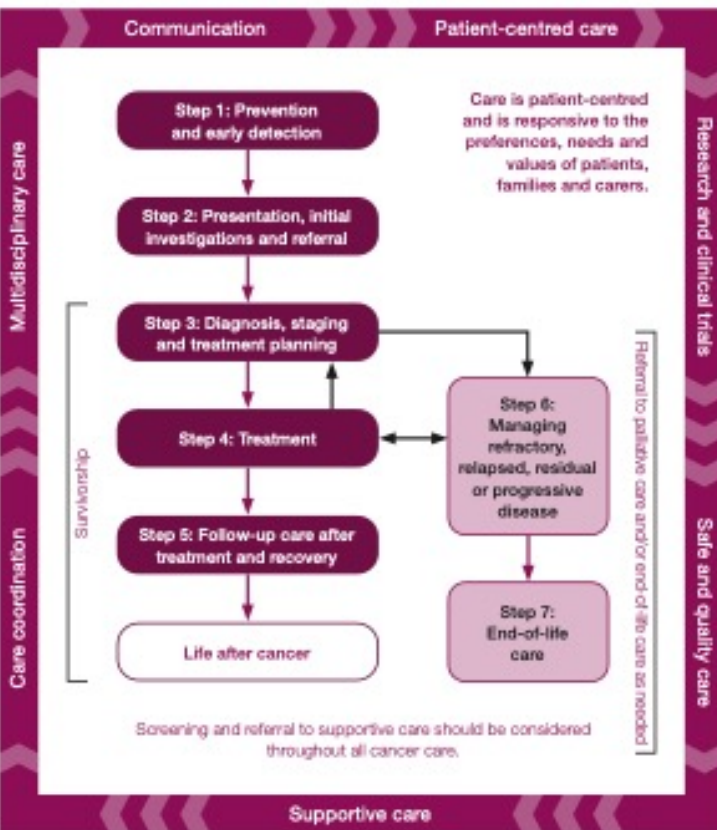
Step 3: Diagnosis, staging and treatment planning

The Lead clinician is responsible for:

- Discussing diagnosis timeframe and treatment options
- Explaining role of multidisciplinary team
- Encourage discussions about diagnosis, prognosis, advance care planning
- Provide information and referral to support services
- Communicating with patient's GP about diagnosis and treatment plans



Communication and decision making: Optimal care pathway for people with blood cancer



Step 4: Treatment

The Lead clinician is responsible for:

- Discussing treatment options with the patient and/or carer including the intent of treatment as well as risks and benefits

Step 5: Care after initial treatment and recovery

The Lead clinician is responsible for:

- Explaining the treatment summary and follow-up care plan to the patient and/ or carer
- informing the patient and/or carer about secondary prevention and healthy living

Step 6: Managing recurrent, residual, or metastatic disease

The Lead clinician is responsible for:

- Explaining the treatment intent, likely outcomes and side effects to the patient and/or carer and the patient's GP.

Step 7: End of life care

The Lead clinician is responsible for:

- Being open about the prognosis and discussing palliative care options with the patient and carers if appropriate



Communication and decision making: PEEK CAR-T Treatable Blood Cancer Study 2023

Decision making for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023.

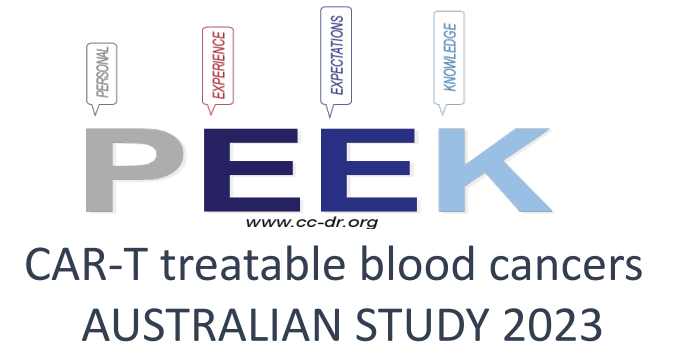
63.64% were offered only one treatment or approach

Decision making for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023: costs of treatment

58.82% were asked if they wanted to be treated as a public or private patient

79.41% were asked if they had private health insurance

The **Partners in health: treatment** scale measures the participants ability to take medications and complete treatments as prescribed and communicate with healthcare professionals to get the services that are needed and that are appropriate. On average participants in this study had a very good ability to adhere to treatments and communicate with healthcare professionals.



Communication and decision making: PEEK CAR-T Treatable Blood Cancer Study 2023

The **Care coordination: communication** scale measures communication with healthcare professionals, measuring knowledge about all aspects of care including treatment, services available for their condition, emotional aspects, practical considerations, and financial entitlements. The average score indicates that participants had good communication with healthcare professionals.

Communication with healthcare professionals for participants in the PEEK CAR-T treatable blood cancers Australian Study 2023:

75.76% had an overall positive experience of communication with healthcare professionals

18.18% described expected future treatment to be have more transparency and discussions in relation to treatment options

21.21% expected future communication to be more transparent and forthcoming

9.09% expected future communication to be more understandable



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