Aim: Lung cancer remains a major disease burden in Victoria (Australia) and requires a complex and multidisciplinary approach to ensure optimal care and outcomes. To date, no uniform mechanism is available to capture standardized population-based outcomes and thereby provide benchmarking. The Victorian Lung Cancer Registry has been established to capture prospective data on all adult patients with clinical or tissue diagnoses of small cell and non-small cell lung cancer. The registry aims to improve the quality of care delivered to Victorians with lung cancer by collecting and assessing management, treatment and outcome data on all new cases of lung cancer.

Methods: Steering and management committees were established to provide clinical governance. Quality indicators and a minimum dataset were selected following extensive literature review and evaluation of established clinical practice guidelines. Case ascertainment is derived from institutional ICD-10 coding and participant consent occurs via an “opt-off” system. Follow up and outcome measures are collected at baseline, 6 and 12 months and 2 and 5 years after diagnosis capturing survival, treatment and quality of life.

Results: Data was collected on 690 eligible and consenting lung cancer patients from 1 July 2012 to 31 June 2013 from 8 participating Victorian Hospitals (3 public and 3 private metropolitan and 2 regional). Evidence of distress screening was available for 26% of subjects. Diagnosis was confirmed < 28 days from referral in 67% of cases across institutions. A statement of ECOG status was available in 46% of cases and clinical TNM staging in 49% prior to treatment. A record of multidisciplinary team meeting presentation was available in 59% of cases. First treatment was initiated < 42 days from diagnosis in 76% of cases. Curative surgery was provided for 26.5% of subjects, curative chemotherapy <5% and curative radiotherapy < 5%.

Conclusions: The evaluation of registry outcomes at governance, administrative and clinical levels may identify targets for quality and service improvement and further define safety measures. The comparison of performance outcomes across institutions and sectors may drive competitive recruitment to improve measures on a longitudinal basis.

Disclosure: All authors have declared no conflicts of interest.