

FIVE YEARS OF TELEONCOLOGY IN NORTH QUEENSLAND: A SUSTAINABLE MODEL

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Background: The Townsville Cancer Centre (TCC) has been delivering its medical oncology services closer to home for patients from 19 rural centres via teleoncology since 2007. Patients are satisfied with this model of care. The aim is to describe the services extended to rural patients and the resource improvements enjoyed by rural hospitals as a result of teleoncology over this period.

Methods: Data for patients treated via teleoncology from 1st April 2007 to 31st March 2012 was extracted from the oncology information system of TCC. Demographic details and type of services provided are presented descriptively.

Results: A total of 170 patients were seen in 800 consultations over 60 months. Median age was 58 years (20–89), males 46% and females 54%. 25 patients were from remote indigenous communities. Most common cancer types were breast (37%), colorectal (21%) and lung (22%). A total of 87 patients received chemotherapy in Mount Isa, supervised remotely from Townsville via video conference with curative intent in 30% and palliative intent in the rest. Examples of chemotherapy regimens included docetaxel, doxorubicin and cyclophosphamide (TAC), bleomycin, etoposide and cisplatin (BEP), methotrexate and ifosfamide infusion. 15 patients were seen urgently and appropriate treatment initiated within 24 hours in Mount Isa, thus avoiding inter hospital transfer. Six admitted patients were seen on regular ward rounds. Severe toxicities included one death from pneumonia, one stroke and one resuscitated cardiac arrest. By improving the resources in Mount Isa hospital to accommodate these services, numbers of oncology specific medical and allied health practitioners and service capability have improved.

Conclusion: Teleoncology model can enhance rural service capabilities and health resources so that comprehensive medical oncology services can be sustainably provided to rural areas by remote supervision.