

CI-SCaT: A collaboration of clinical and evidence based practice.

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Background

In order to deliver optimal treatment to cancer patients, clinicians need to have a comprehensive understanding of contemporary literature, key evidence, administration principles and internationally acceptable standards. The Cancer Institute NSW Standard Cancer Treatments Program (CI-SCaT), a single web-based Australian repository of standardised, evidence-based cancer treatment protocols, is a uniquely holistic resource providing clinicians with direct access to best practice treatment for a variety of cancer types.

Introduction

Originally designed by Professor Robyn Ward (St Vincent's Hospital, Sydney), the CI-SCaT resource has been further developed by the Standard Cancer Treatments team within the Cancer Institute NSW, and the strong clinical governance structure results in increasing significant clinician buy-in nationally.

Objectives

Rather than each radiation oncology facility writing, reviewing, and updating treatment protocols for cancer patients, the CI-SCaT team identifies existing protocols, undertakes detailed literature searches to obtain key evidence, comparative efficacy and toxicity, and prepare draft versions for dissemination to the expert reference group. Each treatment protocol is then reviewed and edited by the reference group until a consensus is reached. Approved protocols are then placed on the CI-SCaT website, and are reviewed annually.

Key Message

Over 590 consensus approved protocols (encompassing radiation oncology, medical oncology and haematology) are currently available, accompanied by a plain language 'patient perspective' of each treatment and its side effects. CI-SCaT is a free resource available 24 hours/7 days a week. The radiation oncology component of CI-SCaT is a new content area and continues to be developed by a dedicated project team of medical officers, radiation therapists, medical physics and registered nurses.

Conclusion

CI-SCaT promotes evidenced based practice and reduces unnecessary duplication of treatment protocols, whilst at the same time responding to clinician requests for additional content to improve the cancer patient's journey and outcomes.