## Queensland Lung Surgery Quality Index

Indicators of safe, quality cancer care Cancer surgery in public and private hospitals

2005 - 2014







Queensland Lung Surgery Quality Index has been developed under the auspices of the Queensland Cancer Control Safety and Quality Partnership (The Partnership). The members of The Partnership include: Professor David E Theile AO (Chair), Professor Joanne Aitken, Dr Marie-France Burke, Aniko Cooper, Professor Kwun Fong, Adjunct Professor Liz Kenny AO, Shoni Philpot, Professor Mark Smithers, Associate Professor Euan Walpole and Associate Professor David Wyld.

The report was prepared by Shoni Philpot, Danica Cossio, Gary Francois, Tracey Guan, Nathan Dunn, Neal Rawson and the Queensland Cancer Control Analysis Team (QCCAT). We wish to thank Morgan Windsor, Christopher Cole and Professor David Theile AO for reviewing the Index and providing valuable comments.

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## Queensland Lung Surgery Quality Index

Indicators of safe, quality cancer care

Cancer surgery in public and private hospitals 2005-2014

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### Message from the Clinical Lead

Across Australia all states are examining the results from complex surgical procedures with the aim to ensure the best outcomes for patients. We present the latest - *"Queensland Lung Surgery Quality Index: Indicators of safe, quality cancer care. Cancer surgery in public and private hospital 2005-2014"*. This new look report, continues to monitor the patterns of surgery for patients with Non-small cell lung cancer (NSCLC) at public and private, teaching and non-teaching, metropolitan and regional hospitals between 2005 - 2014. Lung cancer is the 6<sup>th</sup> highest incidence of cancer in Queensland, but has the highest mortality rate of any cancer in Queensland, with surgery offering the best chance for survival for early stage NSCLC. The management of patients with Lung cancer is complex and require care from a multidisciplinary team to ensure they receive the appropriate treatment that will lead to the best outcomes. There are many factors that influence the clinician and patient's choice of treatment for lung cancer, including where treatment is best provided. By providing information on the patterns of surgery and outcomes this report should help guide these decisions.

This report reveals variation in outcomes between hospitals which may not be obvious in daily clinical practice but become clear with this type of analysis. Patients undergoing a lung resection for cancer in hospitals that perform higher volumes of these operations continue to have better outcomes. The relationship between volume of surgery and outcome is complex. It relates to both the surgeon and the institution. The data from this analysis supports the thesis that outcomes are better when the surgery is performed in a higher volume facility. Further, it highlights the importance of tracking outcome data beyond the usual in hospital or 30 day. The information from this report offers insights to guide recommendations and future practice.

I encourage you to consider how this information will inform how lung cancer is managed in your facility in Queensland. Lung cancer surgery in Queensland will continue to be monitored with a focus on ensuring the best possible outcomes for our patients.

I wish to acknowledge the commitment of the members of QCCAT in providing the information, analysis, statistics and engagement of the clinicians that have led to this report. As well it is important to recognise the input of clinicians that have been involved in the discussion and development of the recommendations in the management of lung cancer.

Morgan Windsor Clinical Lead, Queensland Lung Cancer Working Group Queensland Cancer Control Safety and Quality Partnership

### What is the Queensland Lung Surgery Quality Index?

The Lung Surgery Quality Index has been developed for public and private cancer services in Queensland. It is an initiative of the Queensland Cancer Control Safety and Quality Partnership (The Partnership) (https://qccat.health.qld.gov.au). The report tracks Queensland's progress delivering safe, quality cancer care and will be provided to all public and private hospitals that perform lung cancer surgery. The Lung Surgery Quality Index highlights areas for improvement and identifies the areas where cancer services are performing well. At present the Lung Surgery Quality Index has five dimensions and 16 indicators.

Quality Dimension	n
Effective	Achieving the best outcomes for Queenslanders with cancer.
Efficient	Optimally using resources to achieve desired outcomes.
Safe	Avoiding and preventing adverse outcomes or injuries by healthcare management.
Accessible	Making health services available in the most suitable setting in a reasonable time.
Equitable	Providing care and ensuring health status does not vary in quality because of personal characteristics (age, socioeconomic status and rurality).

The Lung Surgery Quality Index reports on ten years of data from 2005-2014, however there may have been changes more recently that are not captured by the time periods reported. Regardless, the Lung Surgery Quality Index provides an important baseline for monitoring current investments in cancer care and changes in clinical practice. It also enables us to reflect on past surgery improvement programs and identify areas where a renewed effort or new approach may be required.

This report uses the Australian Institute of Health and Welfare (AIHW) hospital peer groupings to aggregate and present hospital results. Appendix 1 provides a description of each hospital peer grouping.

## Why develop The Lung Surgery Quality Index?

Performance indicators linked to clinical outcomes that align with national benchmarking is a key service action in the Cancer Care State-wide Health Service Strategy, 2014. The Lung Surgery Quality Index has been developed by the Queensland Cancer Control Analysis Team (QCCAT), Lung Surgery Lead clinicians and participants under the auspices of the Queensland Cancer Control Safety and Quality Partnership (The Partnership). Together, they support a clinician-led, safety and quality program for cancer across Queensland. The Partnership was gazetted as a quality assurance committee under Part 6, Division 1 of the Hospital and Health Boards Act 2011 in 2004. A key role of The Partnership is to provide cancer clinicians, Hospital and Health Services (HHS), Hospitals and Queensland Health with cancer information and tools to deliver the best patient care.

The Lung Surgery Quality Index is a tool for reviewing and, comparing information on the safety and quality of cancer surgery and outcomes. The Partnership has prepared the Lung Surgery Quality Index to assist cancer clinicians and administrators to improve patient care. In some cases it may prompt a change in the delivery and organisation of cancer services to improve health outcomes and performance. The Lung Surgery Quality Index index includes public and private cancer care services.

### Where has the data come from?

Since 2004 QCCAT have compiled and analysed a vast amount of information about cancer incidence, mortality, surgical survival and surgery. Key to QCCAT's program of work is the ability to match and link population based cancer information on an individual patient basis. This matched and linked data is housed in the Queensland Oncology Repository (QOR), a resource managed by QCCAT. This centralised repository compiles and collates data from a range of source systems including the Queensland Cancer Registry, hospital admissions data, death data, treatment systems, public and private pathology, hospital clinical data systems and QOOL<sup>™</sup>. QOR contains approximately 40 million records between 1982 – 2014. Our matching and linking processes provide the 520,000+ matched and linked records of cancer patients between 2005-2014 which provide the data for the Lung Surgery Quality Index.

For the purposes of this report Lung cancer refers to Non-small cell lung cancer (NSCLC), see Appendix 8.

The Lung Surgery Quality Index should be interpreted in the context of following previous publications by The Partnership; Surgery for Non-Small Cell Lung Cancer Cancer in Qld: Infocus – access and flows 2013 and the Lung Cancer in Queensland 2012. These publications provide information on cancer incidence, mortality and surgical survival, surgery rates and patient flows which is important information for understanding the indicators reported in The Lung Surgery Quality Index. To access these reports go to https://qccat.health.qld.gov.au/reports.

Quality Dimension	Indicator	Definition
1   Effective		
1.1	Population Survival	What percentage of people with lung cancer are living 5 years after their diagnosis?
1.3	Surgery	How many Queenslanders with lung cancer receive a major resection?
2   Efficient		
2.1	Hospital stay	How long do people with lung cancer stay in hospital after a major resection
3   Safe		
3.1	In-hospital mortality	What percentage of people with lung cancer die in hospital after a major resection?
3.2	30 day mortality	What percentage of people with lung cancer die within 30 days of a major resection?
3.3	90 day mortality	What percentage of people with lung cancer die within 90 days of a major resection?
3.4	1-yr surgical survival	What percentage of patients are alive one year after a major resection?
3.5	2-yr surgical survival	What percentage of patients are alive two years after a major resection?
4   Accessib	le	
4.1	Timeliness (where surgery is first treatment received)	What percentage of patients receive lung surgery within 45, 46-90 or 91+ days of diagnosis?
4.2	Remoteness	What percentage of patients living outside a metropolitan area received lun cancer surgery within 45 days of diagnosis?
5   Equitable	е	
5.1	Over 75 years	What percentage of patients aged ≥75 receive a major resection within 45 days from diagnosis?
5.2	Aboriginal and Torres Strait Islander	What percentage of Aboriginal and Torres Strait Islander patients receive a major resection within 45 days from diagnosis?
5.3	Socio- economically disadvantaged	What percentage of socio-economically disadvantaged patients receive a major resection within 45 days from diagnosis?
5.4	In-flows by remoteness	What percentage of patients with lung cancer reside outside a metropolitar area?
5.5	Remoteness	What percentage of patients with lung cancer reside outside my HHS?
5.6	Out-flows	What percentage of patients underwent a major resection outside of the HHS that they reside in?

## What indicators are included?

## Queensland hospitals quality index overview

Diagnosis year 2010-2014

#### **Diagnosis Year**

#### 2010-2014

#### Crude indicator rate comparison

Indicators	Principal referral hospitals	Group A hospitals	Group B hospitals	Other hospitals	Public	Private	Qld
Length of stay (median days)	7	7	8	7	7	7	7
	0.3%	0.8%	2.9%	6.1%	0.3%	1.3%	0.8%
In-hospital mortality	(3/898)	(5/627)	(3/104)	(2/33)	(3/904)	(10/758)	(13/1662)
	0.6%	1.1%	2.9%	0.0%	0.6%	1.3%	0.9%
30 day mortality	(5/898)	(7/627)	(3/104)	(0/33)	(5/904)	(10/758)	(15/1662)
	1.7%	2.7%	4.8%	6.1%	1.7%	3.2%	2.3%
90 day mortality	(15/898)	(17/627)	(5/104)	(2/33)	(15/904)	(24/758)	(39/1662)
1 year surgical survival	93%	90%	84%	88%	93%	89%	91%
2 year surgical survival	86%	81%	66%	70%	86%	78%	82%
	57%	83%	87%	94%	57%	84%	69%
Received surgery* ≤ 45 days	(488/858)	(484/583)	(85/98)	(29/31)	(491/863)	(595/707)	(1086/1570)
Dessived average * batware 10,00 days	34%	14%	12%	6%	34%	13%	25%
Received surgery* between 46 - 90 days	(291/858)	(80/583)	(12/98)	(2/31)	(292/863)	(93/707)	(385/1570)
Descional annual ** 00 days	9%	3%	1%	0%	9%	3%	6%
Received surgery* > 90 days	(79/858)	(19/583)	(1/98)	(0/31)	(80/863)	(19/707)	(99/1570)
Received surgery* ≤ 45 days for those	46%	80%	79%	100%	46%	80%	65%
aged ≥75 years	(74/160)	(136/171)	(15/19)	(10/10)	(74/160)	(161/200)	(235/360)
Received surgery* $\leq$ 45 days by	62%	100%	100%		62%	100%	65%
Aboriginal and Torres Strait Islander status	(13/21)	(1/1)	(1/1)		(13/21)	(2/2)	(15/23)
Received surgery* ≤ 45 days by	54%	87%	79%		54%	85%	66%
disadvantaged status	(122/224)	(92/106)	(23/29)		(122/224)	(115/135)	(237/359)
In flamma formul Queen at a matin i	12%	6%	55%	0%	12%	12%	14%
In-flows of rural & remote patients	(111/898)	(35/627)	(57/104)	(0/33)	(111/904)	(92/758)	(203/1662)

\*Includes only patients where lung cancer surgery was first treatment received Refer to Appendix 1 for hospital grouping definitions

## 1 | Effective

Achieving the best outcomes for Queenslanders with lung cancer.

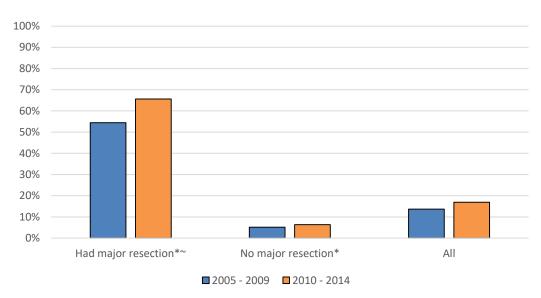
## 1.1 | Population survival

#### Diagnosis year 2005-2009 and 2010-2014

1.1.1 | What percentage of people with lung cancer are living 5 years after their diagnosis?

	Diagnosis Year			
Relative Survival	2005-2009	2010-2014		
(% of people who would have survived if cancer was the only cause of death)	NS	CLC		
Had major resection*~	54%	66%		
No major resection~	5%	6%		
All	14%	17%		

#### 1.1.2 | 5 year relative survival by treatment.

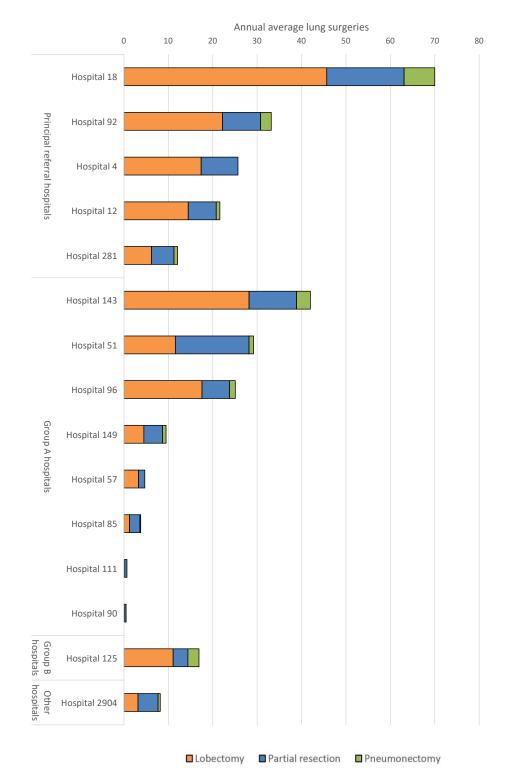


~Had major lung resection

\*Patients may have had other treatment such as radiotherapy, systemic therapy or none

## 1.2 | Hospitals performing lung cancer surgery

#### Diagnosis year 2005-2014



1.2.1 | Which hospitals perform lung cancer surgery?

## 1.3 | Queenslanders receiving cancer surgery

#### Diagnosis year 2005-2009 and 2010-2014

1.3.1 | How many Queenslanders with lung cancer receive surgery by HHS of residence?

C	2005-2009	2010-2014
Surgery rate	Diagnosis year	Diagnosis year
(% of patients receiving lung cancer	Crude rates (n/N)	Crude rates (n/N)
surgery)	[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, P value]
Cairns and Hinterland	15% (61/400)	17% (83/476)
Carris and Hinteriand	[14%, 11-18, 0.125]	[17%, 14-21, 0.288]
Central Queensland	11% (43/392)	14% (58/408)
Central Queensiand	[11%**, 8-14, 0.001]	[14%*, 11-18, 0.023]
Constral Mast	14% (6/42)	28% (8/29)
Central West	[14%, 7-29, 0.609]	[30%, 17-55, 0.126]
Darling Downs	13% (58/443)	14% (71/500)
Darling Downs	[14%*, 11-17, 0.046]	[15%*, 12-18, 0.024]
Gold Coast	17% (171/978)	20% (206/1050)
Gold Coast	[18%, 16-21, 0.492]	[20%, 17-23, 0.471]
N de altra c	16% (45/284)	22% (60/269)
Mackay	[15%, 12-20, 0.341]	[21%, 17-27, 0.285]
Metro North	19% (291/1514)	22% (361/1628)
Metro North	[20%*, 18-22, 0.032]	[22%**, 20-25, 0.001]
Matua Cauth	18% (295/1614)	18% (326/1780)
Metro South	[18%, 16-21, 0.295]	[18%, 16-20, 0.499]
No.uth Mont	7% (3/46)	18% (9/49)
North West	[6%, 2-17, 0.052]	[18%, 10-32, 0.821]
Courth Microt	10% (6/60)	15% (10/65)
South West	[10%, 5-22, 0.168]	[16%, 9-28, 0.542]
Sunshine Coast	20% (145/734)	19% (168/892)
Suisime coast	[20%, 17-23, 0.098]	[19%, 17-22, 0.75]
Torres and Cape	7% (2/30)	4% (2/47)
Torres and Cape	[6%, 2-22, 0.115]	[4%*, 1-14, 0.017]
Townsville	20% (81/409)	21% (90/434)
Townsville	[18%, 15-23, 0.52]	[20%, 17-25, 0.424]
West Merster	16% (64/402)	16% (73/457)
West Moreton	[15%, 12-19, 0.287]	[15%, 12-19, 0.051]
Wide Pay	18% (97/550)	19% (137/717)
Wide Bay	[18%, 15-22, 0.66]	[19%, 16-22, 0.86]
Queensland	17% (1368/7898)	19% (1662/8801)

Adjusted by age and sex. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

## 1.4 | Patient characteristics

#### Diagnosis year 2005-2009

1.4.1 | What are the characteristics of patients with cancer who receive lung cancer surgery?

Surgery Number			2005-2009 Diagnosis year					
(Number of cancer patients recei	ving lung cancer surgery)	Median Age at Diagnosis	% Male	% Age 75+	% Rural & Remote	% Disadvantaged	% Indigenous	% With Comorbidity
	Hospital 281	65 yrs	44%	19%	0%	9%	0%	22%
	Hospital 92	65 yrs	57%	21%	2%	26%	1%	35%
Principal referral hospitals	Hospital 4	65 yrs	68%	18%	2%	31%	5%	44%
	Hospital 18	66 yrs	64%	16%	8%	27%	1%	48%
	Hospital 12	62 yrs	63%	9%	92%	32%	4%	32%
	Hospital 96	69 yrs	70%	35%	2%	19%	0%	47%
	Hospital 143	67 yrs	61%	20%	8%	16%	0%	49%
	Hospital 149	69 yrs	42%	27%	0%	4%	0%	12%
Group A hospitals	Hospital 85	65 yrs	54%	15%	12%	35%	0%	58%
	Hospital 90	64 yrs	25%	50%	0%	0%	0%	25%
	Hospital 57	67 yrs	63%	16%	5%	21%	0%	79%
	Hospital 51	67 yrs	56%	23%	12%	21%	0%	66%
Group B hospitals	Hospital 125	65 yrs	63%	17%	94%	29%	0%	37%
Other hospitals	Hospital 2904	71 yrs	65%	41%	0%	8%	0%	35%
Queensland		67 yrs	62%	20%	16%	23%	1%	45%

Refer to Appendix 1 for hospital grouping definitions

1.4.2 | What are the characteristics of patients with cancer who receive lung cancer surgery?

Surgery Number		2010-2014 Diagnosis year						
(Number of cancer patients recei	ving lung cancer surgery)	Median Age at Diagnosis	% Male	% Age 75+	% Rural & Remote	% Disadvantaged	% Indigenous	% With Comorbidity
	Hospital 281	67 yrs	44%	17%	0%	7%	0%	28%
	Hospital 92	65 yrs	56%	16%	4%	26%	1%	38%
Principal referral hospitals	Hospital 4	66 yrs	50%	21%	5%	28%	3%	34%
	Hospital 18	67 yrs	58%	20%	5%	32%	2%	47%
	Hospital 12	66 yrs	54%	13%	92%	28%	8%	37%
	Hospital 96	71 yrs	66%	35%	5%	18%	1%	44%
	Hospital 143	69 yrs	55%	27%	5%	15%	0%	44%
	Hospital 149	71 yrs	46%	36%	3%	1%	0%	28%
	Hospital 111	65 yrs	33%	0%	0%	0%	0%	67%
Group A hospitals	Hospital 85	68 yrs	75%	17%	8%	17%	0%	42%
	Hospital 90	54 yrs	100%	0%	0%	100%	0%	100%
	Hospital 57	69 yrs	75%	11%	7%	32%	0%	61%
	Hospital 51	69 yrs	57%	27%	9%	27%	0%	51%
Group B hospitals	Hospital 125	67 yrs	67%	19%	92%	29%	1%	50%
Other hospitals	Hospital 2904	70 yrs	36%	30%	0%	3%	0%	42%
Queensland		68 yrs	56%	22%	17%	23%	1%	43%

Refer to Appendix 1 for hospital grouping definitions

## 1.5 | Queenslanders receiving lung cancer surgery

### Diagnosis year 2005-2009 and 2010-2014

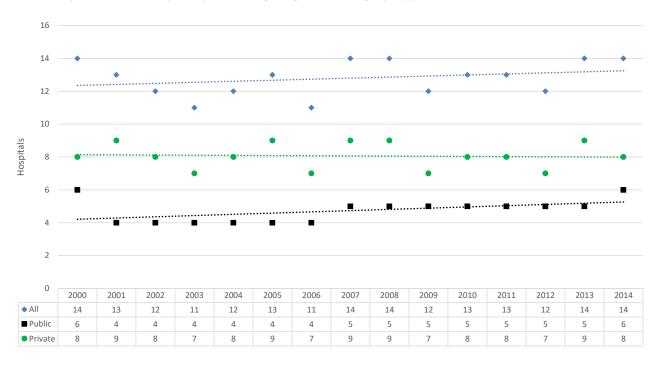
Surgery Number		2005-2009	2010-2014	
Number of cancer patients receiving lung cancer surgery)		Diagnosis year	Diagnosis year	
		Surgery number	Surgery number	
	Hospital 281	32	89	
	Hospital 92	129	203	
Principal referral hospitals	Hospital 4	106	151	
	Hospital 18	368	332	
	Hospital 12	93	123	
	Hospital 96	127	124	
	Hospital 143	201	218	
	Hospital 149	26	69	
Group A hospitals	Hospital 111		6	
Group A hospitals	Hospital 85	26	12	
	Hospital 90	4	1	
	Hospital 57	19	28	
	Hospital 51	123	169	
Group B hospitals	Hospital 125	65	104	
Other hospitals	Hospital 2904	49	33	
Queensland		1368	1662	

1.5.1 | How many lung surgeries are performed by each hospital?

Refer to Appendix 1 for hospital grouping definitions.

## 1.6 | Hospitals performing lung cancer surgery

#### Diagnosis year 2000 – 2014



1.6.1 | Number of hospitals performing lung cancer surgery by year

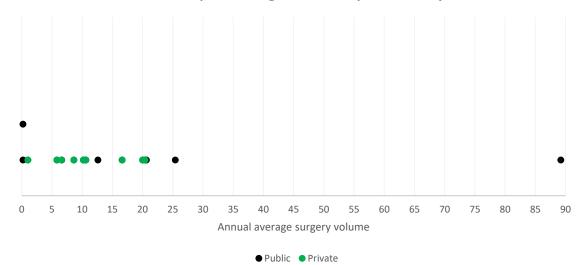
Linear trend lines have been used to approximate the slope and direction of hospital numbers over time

Total unique facilities = 17

■ Total unique public facilities = 7

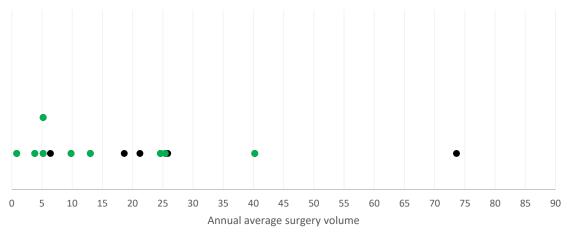
• Total unique private facilities = 10

1.6.2 – Annual average lung cancer surgery by hospital volume

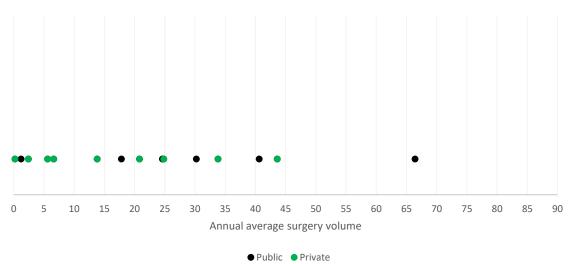


2000 - 2004 | Total surgeries: 1240 | N = 15 hospitals





Public Private



2010 - 2014 | Total surgeries: 1662 | N = 15 hospitals



# 2 | Efficient

Optimally using resources to achieve desired outcomes.

## 2.1 | Hospital stay

#### Diagnosis year 2005-2009 and 2010-2014

Length of stay (Median length of stay for patients receiving lung cancer surgery)		2005-2009 Diagnosis year	2010-2014 Diagnosis year
		Median	Median
(·····································		(IQR)*	(IQR)*
	Hospital 281	8	7
		(7-12)	(6-11)
	Hospital 92	5	5
		(4-7)	(4-7)
Principal referral hospitals	Hospital 4	7	6
		(5-9)	(5-8)
	Hospital 18	8	7
		(7-9)	(6-9)
	Hospital 12	7	7
		(6-11)	(6-10)
	Hospital 96	10	7
		(8-14)	(6-10)
	Hospital 143	7	7
		(6-9)	(6-8)
	Hospital 149	9	8
		(8-12)	(6-11)
	Llocnital 111		6
Group A hospitals	Hospital 111		(3-10)
Sloup A hospitals	Hospital 85	9	11
		(8-12)	(6-25)
	Hospital 90	6	28
		(5-15)	(28-28)
	Hospital 57	14	13
		(10-27)	(8-19)
	Hernital E1	6	9
	Hospital 51	(5-8)	(6-13)
Group B hospitals	Hospital 125	7	8
aroup a nospitals		(7-10)	(6-12)
		10	7
Other hospitals	Hospital 2904	(7-13)	(5-9)
		7	7
Queensland		(4-9)	(6-10)

2.1.1 | How long do people having lung cancer surgery stay in hospital?

 $\ast$  For a description on Interquartile range (IQR) - refer to definitions

Refer to Appendix 1 for hospital grouping definitions

Blank spaces indicate that no surgery occurred

## 3 | Safe

Avoiding and preventing adverse outcomes or injuries caused by healthcare management.

## 3.1 | In-hospital mortality

#### Diagnosis year 2005-2009 and 2010-2014

3.1.1 | What percentage of patients die in hospital after lung cancer surgery?

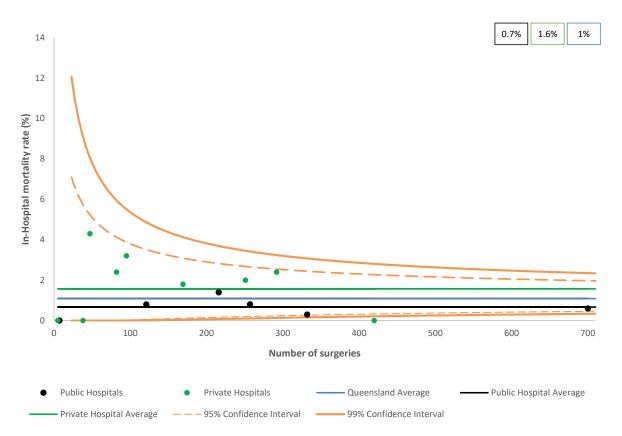
In-Hospital mortality		2005-2009 Diagnosis year	2010-2014 Diagnosis year		
		Crude rates (n/N)	Crude rates (n/N)		
(% patients who die in hospital following lung cancer surgery)		[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, P value		
		3.1% (1/32)	0% (0/89)		
	Hospital 281	[4%, 1-30, 0.331]	[0%, 0-100, 1]		
	Hernital 02	0.8% (1/129)	0% (0/203)		
	Hospital 92	[0.8%, 0-6, 0.59]	[0%, 0-100, 1]		
		0.9% (1/106)	0.7% (1/151)		
Principal referral hospitals	Hospital 4	[0.9%, 0-7, 0.623]	[0.8%, 0-6, 0.993]		
		0.5% (2/368)	0.6% (2/332)		
	Hospital 18	[0.5%, 0-2, 0.175]	[0.7%, 0-3, 0.825]		
	lleesitel 12	3.2% (3/93)	0% (0/123)		
	Hospital 12	[3.5%, 1-12, 0.166]	[0%, 0-100, 1]		
		3.9% (5/127)	0% (0/124)		
	Hospital 96	[3.4%, 1-9, 0.092]	[0%, 0-100, 1]		
	Hospital 143	0% (0/201)	0% (0/218)		
		[0%, 0-100, 1]	[0%, 0-100, 1]		
	Hospital 149	0% (0/26)	4.3% (3/69)		
		[0%, 0-100, 1]	[5%**, 1-18, 0.004]		
			0% (0/6)		
Group A hospitals	Hospital 111		[0%, 0-100, 1]		
Group A hospitals	Llocoital 95	0% (0/26)	0% (0/12)		
	Hospital 85	[0%, 0-100, 1]	[0%, 0-100, 1]		
	Hospital 90	0% (0/4)	0% (0/1)		
	Hospital 90	[0%, 0-100, 1]	[0%, 0-100, 1]		
	Hospital 57	5.3% (1/19)	3.6% (1/28)		
	riospital 57	[5.2%, 1-39, 0.213]	[3.4%, 0-27, 0.155]		
	Hospital 51	4.9% (6/123)	0.6% (1/169)		
		[5.3%**, 2-13, 0.006]	[0.6%, 0-5, 0.798]		
Group B hospitals	Hospital 125	0% (0/65)	2.9% (3/104)		
		[0%, 0-100, 1]	[2%, 0-9, 0.225]		
Other hospitals	Hospital 2904	0% (0/49)	6.1% (2/33)		
		[0%, 0-100, 1]	[7.1%**, 2-32, 0.004]		
Queensland		1.5% (20/1368)	0.8% (13/1662)		

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

Refer to Appendix 1 for hospital grouping definitions. Blank spaces indicate that no surgery occurred.

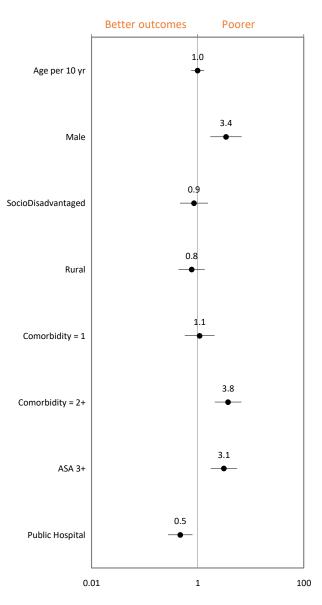
Crude rates, 10 years combined





Crude rates, 10 years combined

3.1.3 | Relative risk of in-hospital mortality following lung cancer surgery



The above graph (forest plot) is a graphical display of the hazard ratios for each covariate in the analysis. The dot represents the estimate of the hazard ratio with the confidence interval of the estimate represented by a horizontal line. The central vertical line represents no effect, if the confidence intervals for an estimate cross this central vertical line then the effect is considered not to be statistically significant.

Aboriginal and Torres Strait Islander status has been excluded due to low numbers.

Refer to Appendix 1 for hospital grouping definitions

## 3.2 | 30 day mortality

#### Diagnosis year 2005-2009 and 2010-2014

3.2.1 | What percentage of patients die within 30 days of lung cancer surgery?

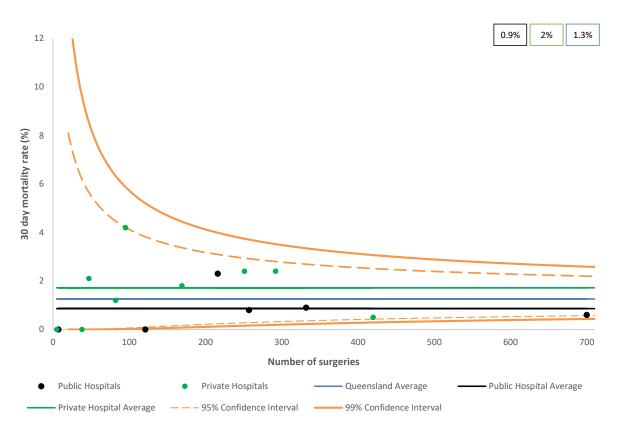
30 day mortality		2005-2009	2010-2014
		Diagnosis year	Diagnosis year
(% patients who die $\leq$ 30 days following lung cancer surgery)		Crude rates (n/N)	Crude rates (n/N)
		[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, P value
	Hospital 281	0% (0/32)	0% (0/89)
		[0%, 0-100, 1]	[0%, 0-100, 1]
	Hospital 92	1.6% (2/129)	0.5% (1/203)
		[1.7%, 0-7, 0.986]	[0.6%, 0-4, 0.651]
Principal referral hospitals	Hospital 4	0.9% (1/106)	0.7% (1/151)
		[0.9%, 0-7, 0.534]	[0.8%, 0-6, 0.9]
	Hospital 18	0.8% (3/368)	0.3% (1/332)
		[0.8%, 0-3, 0.241]	[0.3%, 0-3, 0.33]
	Hospital 12	3.2% (3/93)	1.6% (2/123)
	Hospital 12	[3.7%, 1-13, 0.196]	[2%, 0-9, 0.3]
	Hospital 96	3.9% (5/127)	0.8% (1/124)
		[3.2%, 1-9, 0.191]	[0.7%, 0-5, 0.764]
	Hospital 143	1% (2/201)	0% (0/218)
		[1%, 0-4, 0.469]	[0%, 0-100, 1]
Group A hospitals	Hospital 149	0% (0/26)	5.8% (4/69)
		[0%, 0-100, 1]	[6.8%**, 2-21, 0]
	Llocaital 111		0% (0/6)
	Hospital 111		[0%, 0-100, 1]
	Hospital 85	0% (0/26)	0% (0/12)
		[0%, 0-100, 1]	[0%, 0-100, 1]
	Hospital 90	0% (0/4)	0% (0/1)
		[0%, 0-100, 1]	[0%, 0-100, 1]
	Hospital 57	0% (0/19)	3.6% (1/28)
		[0%, 0-100, 1]	[3.3%, 0-25, 0.214]
	Hospital 51	4.9% (6/123)	0.6% (1/169)
		[5.2%*, 2-13, 0.014]	[0.6%, 0-4, 0.667]
Crown B hospitals	Hospital 125	0% (0/65)	2.9% (3/104)
Group B hospitals		[0%, 0-100, 1]	[1.9%, 0-8, 0.328]
	Hospital 2904	2% (1/49)	0% (0/33)
Other hospitals		[1.6%, 0-12, 0.966]	[0%, 0-100, 1]
Queensland		1.7% (23/1368)	0.9% (15/1662)

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

Refer to Appendix 1 for hospital grouping definitions. Blank spaces indicate that no surgery occurred.

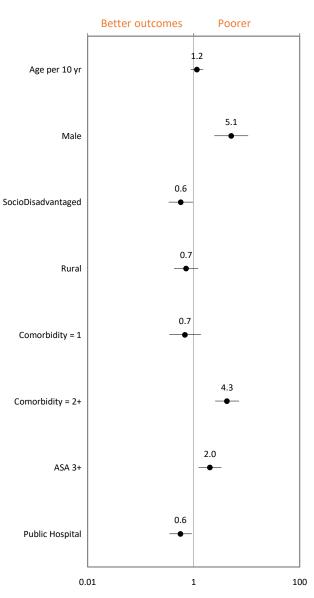
Crude rates, 10 years combined





Crude rates, 10 years combined





The above graph (forest plot) is a graphical display of the hazard ratios for each covariate in the analysis. The dot represents the estimate of the hazard ratio with the confidence interval of the estimate represented by a horizontal line. The central vertical line represents no effect, if the confidence intervals for an estimate cross this central vertical line then the effect is considered not to be statistically significant.

Aboriginal and Torres Strait Islander status has been excluded due to low numbers.

## 3.3 | 90 day mortality

#### Diagnosis year 2005-2009 and 2010-2014

3.3.1 | What percentage of patients die within 90 days of lung cancer surgery?

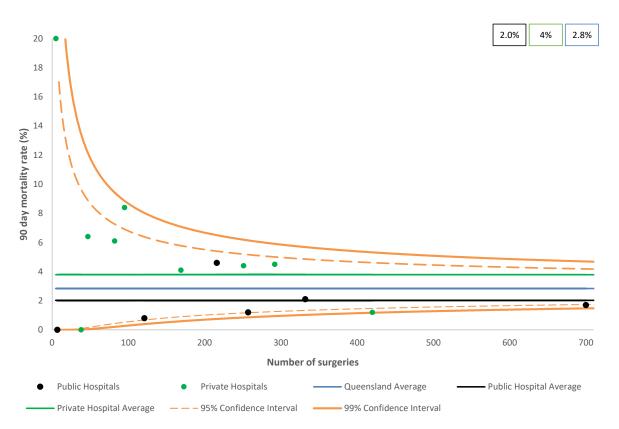
90 day mortality		2005-2009 Diagnosis year	2010-2014 Diagnosis year
(% patients who die $\leq$ 90 days following lung cancer surgery)		Crude rates (n/N)	Crude rates (n/N)
		[Adjusted rates, CI%, P value]	[Adjusted rates, Cl%, P value
	-	3.1% (1/32)	0% (0/89)
	Hospital 281	[3.7%, 1-27, 0.951]	[0%, 0-100, 1]
	Hospital 92	2.3% (3/129)	2% (4/203)
		[2.5%, 1-8, 0.593]	[2.1%, 1-6, 0.848]
		0.9% (1/106)	1.3% (2/151)
Principal referral hospitals	Hospital 4	[0.9%, 0-7, 0.19]	[1.5%, 0-6, 0.53]
		2.2% (8/368)	1.2% (4/332)
	Hospital 18	[2.2%, 1-5, 0.243]	[1.2%, 0-3, 0.225]
		5.4% (5/93)	4.1% (5/123)
	Hospital 12	[6.4%, 3-16, 0.186]	[4.6%, 2-12, 0.159]
		5.5% (7/127)	3.2% (4/124)
	Hospital 96	[4.6%, 2-10, 0.466]	[2.7%, 1-8, 0.808]
		1% (2/201)	1.4% (3/218)
	Hospital 143	[1%, 0-4, 0.082]	[1.4%, 0-4, 0.362]
		15.4% (4/26)	5.8% (4/69)
Group A hospitals	Hospital 149	[17.4%**, 6-48, 0.002]	[6.7%*, 2-19, 0.046]
	Hospital 111		0% (0/6)
			[0%, 0-100, 1]
	Hospital 85	0% (0/26)	0% (0/12)
		[0%, 0-100, 1]	[0%, 0-100, 1]
	Hospital 90	25% (1/4)	0% (0/1)
		[31.8%*, 4-100, 0.029]	[0%, 0-100, 1]
	Hospital 57	10.5% (2/19)	3.6% (1/28)
		[10.8%, 3-44, 0.113]	[3.1%, 0-23, 0.782]
	Hospital E1	6.5% (8/123)	3% (5/169)
	Hospital 51	[6.8%, 3-14, 0.075]	[2.9%, 1-7, 0.681]
Group B hospitals	Hospital 125	3.1% (2/65)	4.8% (5/104)
		[3.1%, 1-13, 0.87]	[3.6%, 1-10, 0.408]
Other hernitele	Hospital 2904	6.1% (3/49)	6.1% (2/33)
Other hospitals		[4.9%, 2-16, 0.551]	[7.5%, 2-31, 0.11]
Queensland		3.4% (47/1368)	2.3% (39/1662)

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

Refer to Appendix 1 for hospital grouping definitions. Blank spaces indicate that no surgery occurred.

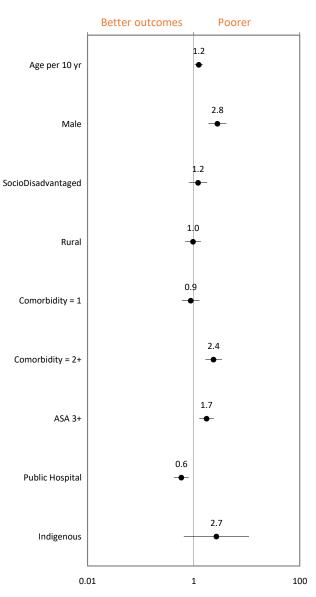
Crude rates, 10 years combined





Crude rates, 10 years combined





The above graph (forest plot) is a graphical display of the hazard ratios for each covariate in the analysis. The dot represents the estimate of the hazard ratio with the confidence interval of the estimate represented by a horizontal line. The central vertical line represents no effect, if the confidence intervals for an estimate cross this central vertical line then the effect is considered not to be statistically significant.

## 3.4 | 1 year surgical survival

#### Diagnosis year 2005-2009 and 2010-2014

3.4.1 | What percentage of patients are alive one year after lung cancer surgery?

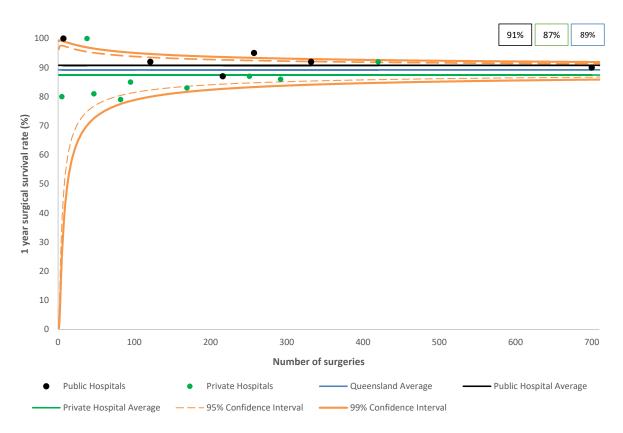
1 year surgical survival		2005-2009	2010-2014
		Diagnosis year	Diagnosis year
(% patients alive 1 year after lung cancer surgery)		Crude rates	Crude rates
		[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, P value
	Hospital 281	84%	94%
		[82%, 57-93, 0.504]	[94%, 85-97, 0.46]
	Hospital 92	90%	93%
		[90%, 82-94, 0.388]	[92%, 87-95, 0.625]
Principal referral bespitals	Hospital 4	92%	96%
Principal referral hospitals	Hospital 4	[93%, 85-96, 0.1]	[96%, 91-98, 0.069]
	Hospital 18	88%	93%
		[88%, 83-91, 0.734]	[93%, 89-95, 0.358]
	Hospital 12	85%	88%
	HOSPILAI 12	[84%, 72-90, 0.412]	[87%, 77-92, 0.134]
	Hospital 06	85%	90%
	Hospital 96	[86%, 78-91, 0.79]	[92%, 85-95, 0.871]
	Hospital 143	92%	93%
		[92%, 87-95, 0.061]	[93%, 88-96, 0.418]
	Hospital 149	77%	88%
		[73%, 40-88, 0.089]	[88%, 75-94, 0.344]
	Hospital 111		100%
Group A hospitals			[100%, 0-100, 1]
Group A hospitals	Hospital 85	100%	100%
		[100%, 0-100, 1]	[100%, 0-100, 1]
	Hospital 90	75%	100%
		[70%, 0-96, 0.401]	[100%, 0-100, 1]
	Hospital 57	68%	89%
		[65%*, 21-84, 0.018]	[91%, 70-97, 0.914]
	Hospital 51	84%	87%
		[83%, 73-89, 0.272]	[87%, 80-92, 0.1]
Group B hospitals	Hospital 125	83%	84%
Group B hospitals		[83%, 68-91, 0.367]	[85%*, 75-91, 0.04]
	Hospital 2904	73%	88%
Other hospitals		[73%*, 53-85, 0.014]	[87%, 63-95, 0.405]
Queensland	-	87%	91%

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

Refer to Appendix 1 for hospital grouping definitions. Blank spaces indicate that no surgery occurred.

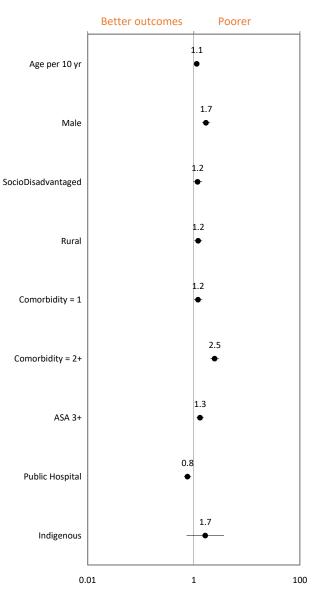
Crude rates, 10 years combined

3.4.2 | 1 year surgical survival following lung cancer surgery by hospital volume



Crude rates, 10 years combined

3.4.3 | 1 year survival following lung cancer surgery



The above graph (forest plot) is a graphical display of the hazard ratios for each covariate in the analysis. The dot represents the estimate of the hazard ratio with the confidence interval of the estimate represented by a horizontal line. The central vertical line represents no effect, if the confidence intervals for an estimate cross this central vertical line then the effect is considered not to be statistically significant.

## 3.5 | 2 year surgical survival

#### Diagnosis year 2005-2009 and 2010-2014

3.5.1 | What percentage of patients are alive two years after lung cancer surgery?

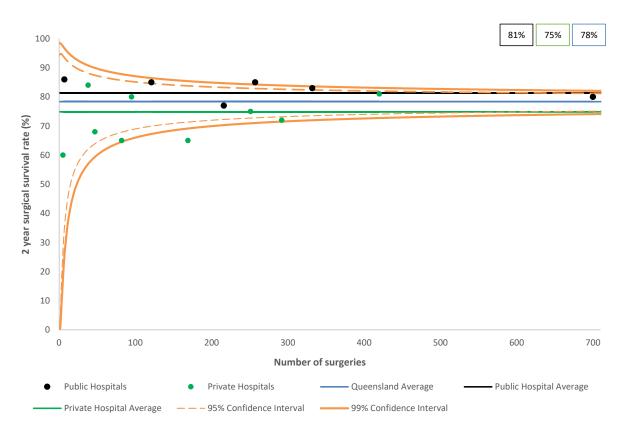
2 year surgical survival		2005-2009	2010-2014
		Diagnosis year	Diagnosis year
(% patients alive 2 year after lung cancer surgery)		Crude rates	Crude rates
		[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, P value
	Hospital 281	72%	90%
		[69%, 40-84, 0.638]	[89%, 79-95, 0.131]
	Hospital 92	80%	85%
		[80%, 70-87, 0.168]	[85%, 78-90, 0.387]
Principal referral hospitals	Hospital 4	78%	89%
Principal referral hospitals	HOSPILAI 4	[80%, 69-87, 0.223]	[90%*, 83-94, 0.041]
	Hospital 18	74%	86%
		[74%, 68-80, 0.782]	[86%, 81-90, 0.115]
	Hospital 12	75%	78%
		[74%, 60-83, 0.971]	[77%, 65-84, 0.166]
	Hospital 96	71%	80%
		[72%, 61-80, 0.718]	[81%, 72-88, 0.787]
	Hospital 143	80%	83%
		[81%, 73-86, 0.058]	[84%, 77-88, 0.678]
	Hospital 149	73%	83%
	Hospital 149	[70%, 36-86, 0.73]	[82%, 68-90, 0.961]
	Hospital 111		83%
Group A hospitals	Hospital 111		[77%, 0-97, 0.782]
	Hospital 85	81%	92%
		[81%, 55-92, 0.437]	[93%, 48-99, 0.375]
	Hospital 90	50%	100%
		[35%, 0-84, 0.209]	[100%, 0-100, 1]
	Hospital 57	47%	82%
		[36%**, 0-66, 0.005]	[84%, 60-93, 0.873]
	Line of the LEA	67%	76%
	Hospital 51	[66%, 52-75, 0.11]	[76%, 67-83, 0.074]
Group B hospitals	Hospital 125	63%	66%
Group B hospitals		[61%, 41-74, 0.061]	[65%**, 50-75, 0]
Other hospitals	Hospital 2904	61%	70%
		[58%, 34-74, 0.053]	[67%*, 37-82, 0.049]
Queensland		74%	82%

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

Refer to Appendix 1 for hospital grouping definitions. Blank spaces indicate that no surgery occurred.

Crude rates, 10 years combined

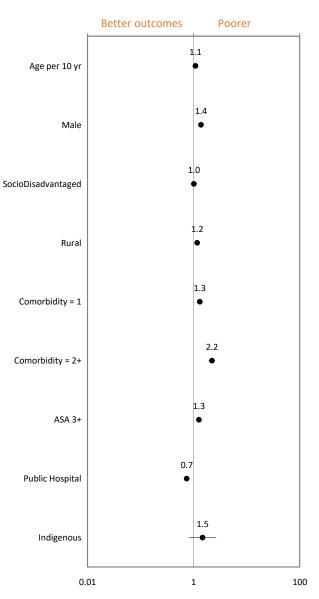
3.5.2 | 2 year surgical survival following lung cancer surgery by hospital volume



## Diagnosis year 2005-2014

Crude rates, 10 years combined

3.5.3 | 2 year survival following lung cancer surgery



The above graph (forest plot) is a graphical display of the hazard ratios for each covariate in the analysis. The dot represents the estimate of the hazard ratio with the confidence interval of the estimate represented by a horizontal line. The central vertical line represents no effect, if the confidence intervals for an estimate cross this central vertical line then the effect is considered not to be statistically significant.

# 4 | Accessible

Making health services available in the most suitable setting in a reasonable time.

## Timeliness – cohort definition

## Diagnosis year 2005-2009 and 2010-2014

How many patients received lung cancer surgery as their first treatment following diagnosis?

Cancer incidence	Dia	gnosis year
by treatment first received	2005-2009	2010-2014
Lung surgery as first treatment	1,247	1,570
Other* as first treatment	121	92
Total lung surgery	1,368	1,662

\*Other includes systemic therapy, radiotherapy or both

All subsequent tables in section 4 and 5 include patients where lung cancer surgery was first treatment received.

## 4.1 | Timeliness

## Diagnosis year 2005-2009 and 2010-2014

4.1.1 | What percentage of patients receive lung cancer surgery within 45 days of diagnosis? Includes patients where lung cancer surgery was first treatment received.

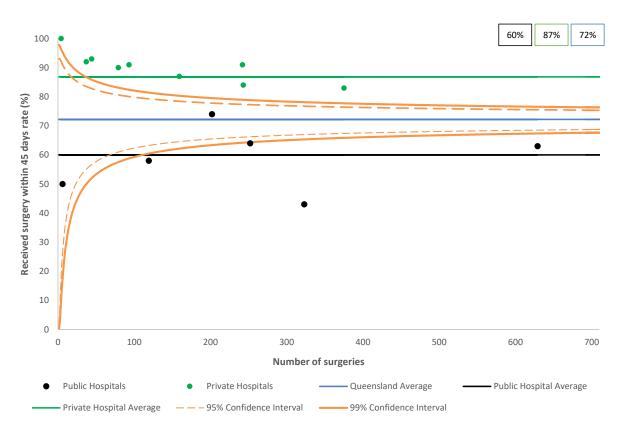
<b>Received surgery within 45 days</b> (% patients whose time from diagnosis to lung cancer surgery is ≤45 days)		2005-2009 Diagnosis year	2010-2014 Diagnosis year
		Crude rates (n/N)	Crude rates (n/N)
		[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, F value]
	Hospital 281	55% (17/31)	59% (52/88)
	Hospital 281	[54%*, 39-75, 0.038]	[58%, 49-69, 0.053]
	Hernitel 02	55% (70/127)	34% (68/199)
	Hospital 92	[55%**, 47-64, 0]	[34%**, 28-41, 0]
		63% (67/106)	65% (95/147)
Principal referral hospitals	Hospital 4	[63%*, 55-73, 0.015]	[64%, 57-72, 0.219]
		68% (221/327)	59% (179/304)
	Hospital 18	[68%**, 62-73, 0.005]	[59%**, 53-65, 0.001]
	Hernitel 12	66% (55/83)	78% (94/120)
	Hospital 12	[66%, 56-77, 0.066]	[77%*, 70-86, 0.027]
		89% (109/122)	79% (96/121)
	Hospital 96	[90%**, 84-97, 0]	[81%**, 74-89, 0.001]
	Hernitel 142	90% (164/182)	76% (145/192)
	Hospital 143	[90%**, 85-95, 0]	[76%*, 70-83, 0.028]
	Hereital 140	96% (23/24)	90% (62/69)
	Hospital 149	[96%**, 87-100, 0]	[90%**, 83-98, 0]
			60% (3/5)
Crown A beenitele	Hospital 111		[59%, 29-100, 0.645]
Group A hospitals		100% (25/25)	75% (9/12)
	Hospital 85	[100%**, 96-100, 0]	[75%, 53-100, 0.668]
	Hernital 00	100% (4/4)	100% (1/1)
	Hospital 90	[100%**, 96-100, 0]	[100%**, 89-99, 0]
	Hospital E7	100% (16/16)	89% (25/28)
	Hospital 57	[100%**, 97-100, 0]	[91%**, 80-100, 0]
	Hospital 51	89% (81/91)	92% (143/155)
		[89%**, 82-96, 0]	[93%**, 88-99, 0]
Group R hospitals	Hospital 12E	87% (53/61)	87% (85/98)
Group B hospitals	Hospital 125	[87%*, 78-96, 0.01]	[87%**, 80-94, 0]
		88% (42/48)	94% (29/31)
Other hospitals	Hospital 2904	[89%**, 80-99, 0.005]	[95%**, 85-100, 0]
Queensland		76% (947/1247)	69% (1086/1570)

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

## Diagnosis year 2005-2014

Crude rates, 10 years combined

4.1.2 | Patients receiving lung cancer surgery within 45 days of diagnosis by facility type



#### Diagnosis year 2005-2009 and 2010-2014

4.1.3 | What percentage of patients receive lung cancer surgery between 46 and 90 days from diagnosis?

Includes patients where lung cancer surgery was first treatment received.

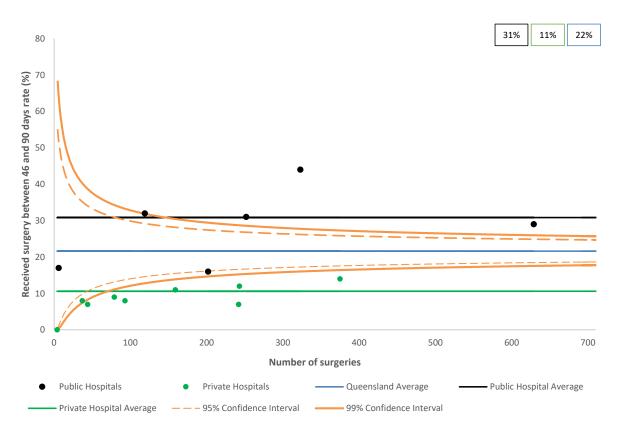
<b>Received surgery between 46 and 90 days</b> (% patients whose time from diagnosis to lung cancer surgery is between 46 and 90 days)		2005-2009 Diagnosis year	2010-2014 Diagnosis year Crude rates (n/N) [Adjusted rates, CI%, P value]	
		Crude rates (n/N) [Adjusted rates, CI%, P value]		
		39% (12/31)	30% (26/88)	
	Hospital 281	[41%**, 26-64, 0]	[31%, 22-43, 0.184]	
		33% (42/127)	50% (100/199)	
	Hospital 92	[34%**, 25-44, 0]	[51%**, 44-61, 0]	
		29% (31/106)	31% (46/147)	
Principal referral hospitals	Hospital 4	[29%**, 21-40, 0.003]	[32%*, 25-41, 0.039]	
		24% (78/327)	34% (104/304)	
	Hospital 18	[24%*, 19-30, 0.015]	[34%**, 29-41, 0]	
		22% (18/83)	13% (15/120)	
	Hospital 12	[22%, 14-34, 0.34]	[13%**, 8-21, 0.008]	
		9% (11/122)	16% (19/121)	
	Hospital 96	[9%*, 5-16, 0.015]	[15%*, 10-23, 0.021]	
		5% (10/182)	21% (41/192)	
	Hospital 143	[6%**, 3-10, 0]	[21%, 16-28, 0.277]	
		4% (1/24)	9% (6/69)	
	Hospital 149	[4%, 1-29, 0.145]	[9%**, 4-18, 0.007]	
			20% (1/5)	
	Hospital 111		[21%, 4-100, 0.88]	
Group A hospitals		0% (0/25)	25% (3/12)	
	Hospital 85	[0%**, 0-0, 0]	[25%, 9-69, 0.987]	
		0% (0/4)	0% (0/1)	
	Hospital 90	[0%**, 0-0, 0]	[0%**, 0-0, 0]	
		0% (0/16)	11% (3/28)	
	Hospital 57	[0%**, 0-0, 0]	[10%, 4-30, 0.113]	
	Hospital F1	10% (9/91)	5% (7/155)	
	Hospital 51	[10%, 5-19, 0.074]	[4%**, 2-9, 0]	
	Hospital 12E	10% (6/61)	12% (12/98)	
Group B hospitals	Hospital 125	[10%, 5-21, 0.126]	[12%*, 7-21, 0.01]	
Other hospitals	Hospital 2904	10% (5/48)	6% (2/31)	
		[10%, 4-23, 0.178]	[6%, 2-25, 0.05]	
Queensland	-	18% (223/1247)	25% (385/1570)	

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

## Diagnosis year 2005-2014

Crude rates, 10 years combined





#### Diagnosis year 2005-2009 and 2010-2014

4.1.5 | What percentage of patients receive lung cancer surgery after 91 days from diagnosis? **Includes patients where lung cancer surgery was first treatment received**.

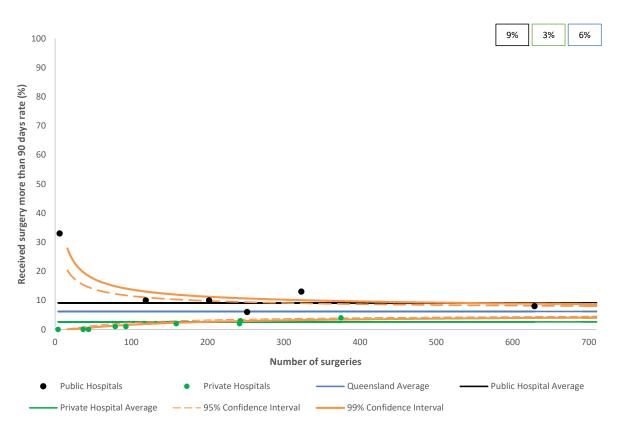
<b>Received surgery more than 90 days</b> (% patients whose time from diagnosis to lung cancer surgery is more than 90 days)		2005-2009 Diagnosis year	2010-2014 Diagnosis year Crude rates (n/N) [Adjusted rates, CI%, P value]	
		Crude rates (n/N) [Adjusted rates, CI%, P value]		
		6% (2/31)	11% (10/88)	
	Hospital 281	[7%, 2-26, 0.924]	[12%*, 6-22, 0.048]	
		12% (15/127)	16% (31/199)	
	Hospital 92	[12%*, 7-20, 0.011]	[16%**, 11-23, 0]	
		8% (8/106)	4% (6/147)	
Principal referral hospitals	Hospital 4	[8%, 4-16, 0.534]	[4%, 2-9, 0.313]	
		9% (28/327)	7% (21/304)	
	Hospital 18	[9%, 6-13, 0.109]	[7%, 4-11, 0.668]	
		12% (10/83)	9% (11/120)	
	Hospital 12	[13%*, 7-25, 0.016]	[9%, 5-17, 0.18]	
		2% (2/122)	5% (6/121)	
	Hospital 96	[2%*, 0-6, 0.048]	[5%, 2-11, 0.486]	
		4% (8/182)	3% (6/192)	
	Hospital 143	[4%, 2-9, 0.335]	[3%, 1-7, 0.075]	
	Llocaital 140	0% (0/24)	1% (1/69)	
	Hospital 149	[0%**, 0-0, 0]	[1%, 0-10, 0.132]	
			20% (1/5)	
	Hospital 111		[21%, 4-100, 0.175]	
Group A hospitals		0% (0/25)	0% (0/12)	
	Hospital 85	[0%**, 0-0, 0]	[0%**, 0-0, 0]	
		0% (0/4)	0% (0/1)	
	Hospital 90	[0%**, 0-0, 0]	[0%**, 0-0, 0]	
		0% (0/16)	0% (0/28)	
	Hospital 57	[0%**, 0-0, 0]	[0%**, 0-0, 0]	
		1% (1/91)	3% (5/155)	
	Hospital 51	[1%, 0-8, 0.082]	[3%, 1-8, 0.119]	
	Llocaital 125	3% (2/61)	1% (1/98)	
Group B hospitals	Hospital 125	[3%, 1-13, 0.381]	[1%, 0-7, 0.071]	
Other beenitele	Upenital 2004	2% (1/48)	0% (0/31)	
Other hospitals	Hospital 2904	[2%, 0-13, 0.232]	[0%**, 0-0, 0]	
Queensland		6% (77/1247)	6% (99/1570)	

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

## Diagnosis year 2005-2014

Crude rates, 10 years combined



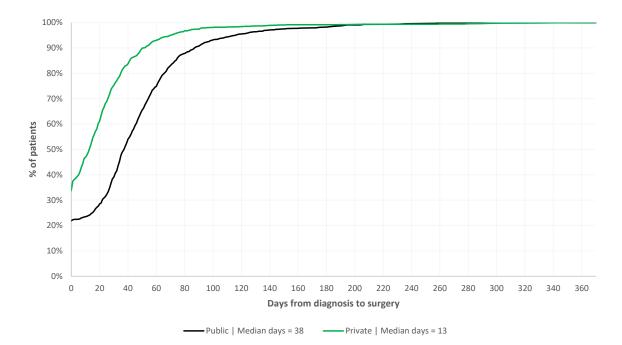


## Diagnosis year 2005-2014

Crude rates, 10 years combined

4.1.7 | Distribution of days from diagnosis to lung cancer surgery by facility type

Includes patients where lung cancer surgery was first treatment received.



## 4.2 | Remoteness

## Diagnosis year 2005-2009 and 2010-2014

4.2.1 | What percentage of patients living outside a metropolitan area received lung cancer surgery within 45 days of diagnosis?

Received surgery within 45 days	2005-2009	2010-2014
- / /	Diagnosis year	Diagnosis year
(% patients whose time from diagnosis to lung cancer surgery is	Crude rates (n/N)	Crude rates (n/N)
<45 days)	[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, P value]
Rural	83% (113/136)	83% (157/190)
Ruidi	[83%*, 76-90, 0.04]	[83%**, 77-89, 0]
Regional	75% (194/257)	68% (235/344)
Regional	[76%, 70-82, 0.957]	[68%, 63-74, 0.803]
Metropolitan	75% (640/854)	67% (694/1036)
metropolitali	[75%, 71-79, 0.587]	[67%, 63-71, 0.232]
Queensland	76% (947/1247)	69% (1086/1570)

## Includes patients where lung cancer surgery was first treatment received.

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

# 5 | Equitable

Providing care and ensuring health status does not vary in quality because of personal characteristics (age, socioeconomic status and rurality).

## 5.1 | Over 75 years

## Diagnosis year 2005-2009 and 2010-2014

5.1.1 | What percentage of patients aged  $\geq$ 75 receive lung cancer surgery within 45 days from diagnosis?

Includes patients where lung cancer surgery was first treatment received.

Descional company with in 45 days		2005 - 2009	2010 - 2014
<b>Received surgery within 45 days</b> (% of patients aged ≥75 whose time from diagnosis to lung cancer surgery is ≤45 days)		Diagnosis year	Diagnosis year
		Crude rates (n/N)	Crude rates (n/N)
		[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, P value]
	Liospital 201	40% (2/5)	33% (5/15)
	Hospital 281	[39%*, 0-73, 0.0027]	[32%**, 1-53, 0]
	Llocation 02	56% (15/27)	24% (8/33)
	Hospital 92	[56%*, 30-73, 0.017]	[25%**, 4-41, 0]
	Llocnital 4	68% (13/19)	55% (17/31)
Principal referral hospitals	Hospital 4	[69%, 38-85, 0.523]	[54%, 30-70, 0.193]
	Llocation 10	60% (34/57)	48% (31/65)
	Hospital 18	[59%*, 40-72, 0.011]	[48%**, 32-60, 0.004]
	110-11-140	57% (4/7)	81% (13/16)
	Hospital 12	[58%, 0-83, 0.249]	[81%, 47-93, 0.247]
		88% (38/43)	78% (32/41)
	Hospital 96	[88%, 72-95, 0.088]	[78%, 61-88, 0.113]
		90% (35/39)	75% (41/55)
	Hospital 143	[90%, 73-96, 0.073]	[75%, 59-84, 0.203]
		100% (6/6)	80% (20/25)
	Hospital 149	[100%**, 100-100, 0]	[79%, 54-91, 0.205]
	Hospital 111		
Group A hospitals		100% (4/4)	50% (1/2)
	Hospital 85	[100%**, 100-100, 0]	[52%, 0-88, 0.657]
		100% (2/2)	
	Hospital 90	[100%**, 100-100, 0]	
	110	100% (3/3)	67% (2/3)
	Hospital 57	[100%**, 100-100, 0]	[66%, 0-93, 0.989]
	Licensited Ed	82% (18/22)	89% (40/45)
	Hospital 51	[82%, 55-93, 0.519]	[89%**, 74-95, 0.007]
Crown D hospitals		70% (7/10)	79% (15/19)
Group B hospitals	Hospital 125	[70%, 23-89, 0.709]	[79%, 51-91, 0.243]
		90% (18/20)	100% (10/10)
Other hospitals	Hospital 2904	[90%, 61-97, 0.193]	[100%**, 100-100, 0]
Queensland		75% (199/264)	65% (235/360)

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

## 5.2 | Aboriginal and Torres Strait Islander

## Diagnosis year 2005-2009 and 2010-2014

5.2.1 | What percentage of Aboriginal and Torres Strait Islander patients receive lung cancer surgery within 45 days from diagnosis?

Includes patients where lung cancer surgery was first treatment received.

Received surgery within 45 days		2005-2009 Diagnosis year Crude rates (n/N)	2010-2014 Diagnosis year Crude rates (n/N)	
(% of Aboriginal and Torres Strait Islander patients whose time from diagnosis to lung cancer surgery is ≤45 days)		[Adjusted rates, CI%, P value]	[Adjusted rates, CI%, F value]	
	Hospital 281		-	
	Hospital 92	<b>100% (1/1)</b> [100%**, 100-100, 0]	<b>100% (2/2)</b> [100%**, 100-100, 0]	
Principal referral hospitals	Hospital 4	<b>80% (4/5)</b> [87%, 87-87, 0.642]	<b>100% (4/4)</b> [100%**, 100-100, 0]	
	Hospital 18	<b>75% (3/4)</b> [87%, 87-87, 0.523]	<b>20% (1/5)</b> [29%, 0-66, 0.062]	
	Hospital 12	<b>100% (4/4)</b> [100%**, 100-100, 0]	<b>60% (6/10)</b> [60%, 0-84, 0.779]	
	Hospital 96		<b>100% (1/1)</b> [100%**, 100-100, 0]	
	Hospital 143	<b>100% (1/1)</b> [100%**, 100-100, 0]		
	Hospital 149			
Group A hospitals	Hospital 111			
Group A hospitals	Hospital 85			
	Hospital 90			
	Hospital 57			
	Hospital 51			
Group B hospitals	Hospital 125		<b>100% (1/1)</b> [100%**, 100-100, 0]	
Other hospitals	Hospital 2904			
Queensland		87% (13/15)	65% (15/23)	

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

## 5.3 | Socio-economic status

## Diagnosis year 2005-2009

5.3.1 | What percentage of socio-economically disadvantaged patients receive lung cancer surgery within 45 days from diagnosis?

Includes patients where lung cancer surgery was first treatment received.

			Diagnosis year: 2005-2009	
Received surgery within 45 days (% of socio-economically disadvantaged		Disadvantaged	Middle	Affluent
		Crude rates (n/N)	Crude rates (n/N)	Crude rates (n/N)
patients whose time from di	agnosis to lung	[Adjusted rates, CI%, P	[Adjusted rates, CI%, P	[Adjusted rates, CI%, P
cancer surgery is ≤45 days)		value]	value]	value]
	Hospital 281	50% (1/2)	56% (15/27)	50% (1/2)
		[48%, 0-88, 0.276]	[55%**, 30-71, 0.008]	[1%*, 0-81, 0.046]
	Hospital 92	64% (21/33)	52% (43/83)	55% (6/11)
	nospital 92	[63%, 38-78, 0.068]	[51%**, 37-62, 0]	[47%**, 0-74, 0.003]
Principal referral hospitals	Hospital 4	70% (23/33)	59% (34/58)	67% (10/15)
	позрітаї 4	[69%, 46-82, 0.297]	[59%**, 43-70, 0.003]	[70%, 37-85, 0.208]
	Hospital 18	67% (60/89)	69% (144/210)	61% (17/28)
		[67%, 52-77, 0.053]	[69%, 60-75, 0.066]	[60%**, 32-77, 0.007]
	Hospital 12	78% (21/27)	61% (34/56)	
	HOSPILAI 12	[77%, 53-89, 0.944]	[60%**, 43-72, 0.008]	
	Hospital 96	91% (21/23)	87% (68/78)	95% (20/21)
		[92%, 68-98, 0.139]	[88%*, 78-93, 0.018]	[96%, 73-99, 0.113]
	Hospital 143	96% (24/25)	87% (109/125)	97% (31/32)
		[96%, 73-99, 0.069]	[87%**, 80-92, 0.004]	[96%, 75-100, 0.093]
	Hospital 149	0% (0/1)	100% (22/22)	100% (1/1)
		[0%**, 0-13, 0]	[100%**, 100-100, 0]	[100%**, 100-100, 0]
	Hospital 111			
Group A hospitals	Hospital 85	100% (9/9)	100% (12/12)	100% (4/4)
		[100%**, 100-100, 0]	[100%**, 100-100, 0]	[100%**, 100-100, 0]
	Hospital 90		100% (4/4)	
	nospital 90		[100%**, 100-100, 0]	
	Hospital 57	100% (3/3)	100% (9/9)	100% (4/4)
	nospital 57	[100%**, 100-100, 0]	[100%**, 100-100, 0]	[100%**, 100-100, 0]
	Hospital 51	89% (16/18)	88% (44/50)	91% (21/23)
		[89%, 61-97, 0.242]	[88%, 74-94, 0.06]	[91%, 68-98, 0.239]
Group B hospitals	Hospital 125	100% (18/18)	81% (34/42)	100% (1/1)
		[100%**, 100-100, 0]	[81%, 64-90, 0.376]	[100%**, 100-100, 0]
Other hospitals	Hospital	50% (2/4)	93% (40/43)	0% (0/1)
	2904	[45%, 0-79, 0.084]	[93%*, 80-98, 0.018]	[0%**, 14-59, 0]
Queensland		77% (219/285)	75% (612/819)	81% (116/143)

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

#### Diagnosis year 2010-2014

5.3.1 | What percentage of socio-economically disadvantaged patients receive lung cancer surgery within 45 days from diagnosis?

Includes patients where lung cancer surgery was first treatment received.

		Diagnosis year: 2010-2014			
<b>Received surgery within 45 days</b> (% of socio-economically disadvantaged patients whose time from diagnosis to lung		Disadvantaged	Middle	Affluent	
		Crude rates (n/N)	Crude rates (n/N)	Crude rates (n/N)	
		[Adjusted rates, CI%, P	[Adjusted rates, CI%, P	[Adjusted rates, CI%, I	
cancer surgery is ≤45 days)		value]	value]	value]	
	Hospital 281	50% (3/6)	59% (48/81)	100% (1/1)	
		[45%, 0-76, 0.253]	[58%*, 45-68, 0.04]	[100%**, 100-100, 0]	
	Hospital 92	36% (18/50)	34% (43/128)	38% (8/21)	
	nospital 52	[33%**, 13-49, 0]	[31%**, 20-41, 0]	[39%**, 5-60, 0]	
Principal referral hospitals	Hospital 4	63% (26/41)	63% (51/81)	72% (18/25)	
	nospital 4	[61%, 41-74, 0.511]	[63%, 50-72, 0.246]	[71%, 41-85, 0.389]	
	Hospital 18	53% (50/94)	60% (115/193)	82% (14/17)	
		[53%*, 40-63, 0.011]	[59%*, 51-67, 0.01]	[82%, 50-94, 0.724]	
	Hospital 12	76% (25/33)	80% (67/84)	67% (2/3)	
	nospital 12	[75%, 54-87, 0.31]	[79%, 68-87, 0.061]	[60%, 0-93, 0.486]	
	Hospital 96	86% (19/22)	74% (53/72)	89% (24/27)	
		[87%, 63-96, 0.069]	[75%, 62-83, 0.285]	[89%, 69-96, 0.196]	
	Hospital 143	82% (23/28)	76% (99/131)	70% (23/33)	
		[83%, 61-92, 0.104]	[76%, 67-82, 0.093]	[70%, 46-83, 0.241]	
	Hospital 149	100% (1/1)	89% (57/64)	100% (4/4)	
		[100%**, 100-100, 0]	[89%**, 78-95, 0.003]	[100%**, 100-100, 0]	
	Hospital 111		50% (2/4)	100% (1/1)	
Group A hospitals	HOSPILAI III		[48%, 0-80, 0.304]	[100%**, 100-100, 0]	
Group A hospitals	Hospital 85	100% (2/2)	67% (6/9)	100% (1/1)	
		[100%**, 100-100, 0]	[67%, 12-87, 0.898]	[100%**, 100-100, 0]	
	Hospital 90	100% (1/1)			
	nospital 90	[100%**, 100-100, 0]			
	Hospital 57	100% (9/9)	94% (15/16)	33% (1/3)	
	nospital 57	[100%**, 100-100, 0]	[94%, 59-99, 0.092]	[41%*, 0-73, 0.012]	
	Hospital 51	86% (37/43)	92% (58/63)	98% (48/49)	
		[87%*, 72-94, 0.012]	[92%**, 82-97, 0.001]	[98%*, 86-100, 0.017]	
Group B hospitals	Hospital 125	79% (23/29)	91% (58/64)	80% (4/5)	
Group D Hospitals	Hospital 125	[79%, 58-90, 0.163]	[91%**, 80-96, 0.002]	[79%, 0-97, 0.966]	
Other hospitals	Hospital 2904		94% (29/31)		
			[94%*, 75-98, 0.021]		
Queensland		66% (237/359)	69% (701/1021)	78% (149/190)	

Adjusted by age, sex, socioeconomic status, rurality, comorbidity, ASA and Aboriginal and Torres Strait Islander status. Adjusted results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1% for those marked \*\* and less than 5% for those marked \*.

## 5.4 | In-flows by remoteness (hospital)

## Diagnosis year: 2005-2009

5.4.1 | What percentage of patients in my hospital live outside a major city?

Surgery rate			2005-2009	
Surgery rate		Rural & Remote	Regional	Metropolitar
(% of patients receiving lung cancer	surgery)	Crude rates	Crude rates	Crude rates
		(n/N)	(n/N)	(n/N)
	Hospital 281	0%	3%	97%
	Hospital 201	(0/32)	(1/32)	(31/32)
Principal referral hospitals	Hospital 92	2%	10%	88%
	Hospital 92	(3/129)	(13/129)	(113/129)
	Hospital 4	2%	21%	77%
	Hospital 4	(2/106)	(22/106)	(82/106)
	Hospital 18	8%	32%	61%
	Hospital 10	(28/368)	(117/368)	(223/368)
	Llocoital 12	55%	8%	38%
	Hospital 12	(51/93)	(7/93)	(35/93)
	Hospital 06	2%	15%	83%
	Hospital 96	(3/127)	(19/127)	(105/127)
	Llocoital 142	9%	28%	64%
	Hospital 143	(17/201)	(56/201)	(128/201)
	lleesitel 140	0%	0%	100%
	Hospital 149	(0/26)	(0/26)	(26/26)
	Hospital 111			
Group A hospitals	Hospital 85	12%	27%	62%
	1103p1(d) 05	(3/26)	(7/26)	(16/26)
	Hospital 90	0%	0%	100%
		(0/4)	(0/4)	(4/4)
	Hospital 57	5%	47%	47%
	nospital 57	(1/19)	(9/19)	(9/19)
	Hospital 51	11%	24%	65%
		(14/123)	(29/123)	(80/123)
Group B hospitals	Hospital 125	54%	6%	40%
		(35/65)	(4/65)	(26/65)
Other hospitals	Hospital 2904	0%	2%	98%
	nospital 2904	(0/49)	(1/49)	(48/49)
- · · ·		11%	21%	68%
Queensland		(157/1368)	(285/1368)	(926/1368)

Refer to Appendix 1 for hospital grouping definitions.

## Diagnosis year: 2010-2014

5.4.2 | What percentage of patients in my hospital live outside a major city?

Surgery rate			2010-2014	
Surgery rate		Rural & Remote	Regional	Metropolitar
(% of patients receiving lung cancer su	urgonul	Crude rates	Crude rates	Crude rates
	irgery)	(n/N)	(n/N)	(n/N)
	Hospital 281	0%	3%	97%
		(0/89)	(3/89)	(86/89)
	Hospital 92	4%	10%	86%
		(8/203)	(20/203)	(175/203)
Drincipal referral bespitals	Hospital 4	5%	41%	54%
Principal referral hospitals	Hospital 4	(8/151)	(62/151)	(81/151)
	Llocnital 10	5%	36%	58%
	Hospital 18	(18/332)	(121/332)	(193/332)
	Llocnital 12	63%	7%	30%
	Hospital 12	(77/123)	(9/123)	(37/123)
		5%	11%	85%
	Hospital 96	(6/124)	(13/124)	(105/124)
		4%	30%	66%
	Hospital 143	(9/218)	(65/218)	(144/218)
		3%	0%	97%
	Hospital 149	(2/69)	(0/69)	(67/69)
		0%	0%	100%
	Hospital 111	(0/6)	(0/6)	(6/6)
Group A hospitals		8%	17%	75%
	Hospital 85	(1/12)	(2/12)	(9/12)
		0%	0%	100%
	Hospital 90	(0/1)	(0/1)	(1/1)
		7%	64%	29%
	Hospital 57	(2/28)	(18/28)	(8/28)
		9%	33%	59%
	Hospital 51	(15/169)	(55/169)	(99/169)
		55%	8%	38%
Group B hospitals	Hospital 125	(57/104)	(8/104)	(39/104)
		0%	3%	97%
Other hospitals	Hospital 2904	(0/33)	(1/33)	(32/33)
		12%	23%	65%
Queensland		(203/1662)	(377/1662)	(1082/1662)

Refer to Appendix 1 for hospital grouping definitions.

## 5.5 | In-flows by remoteness (HHS)

Diagnosis year 2005-2009 and 2010-2014

## 5.5.1 | What percentage of lung cancer surgery patients reside outside my HHS?

In-flows	2005-2009 Diagnosis year		2010-2014 Diagnosis year	
(% of patients travelling for surgery)	Hospital count	Rates (n/N)	Hospital count	Rates (n/N)
Cald Caast	4	2%	4	2%
Gold Coast	4	(2/111)	4	(4/192)
	5	65%	5	61%
Metro North		(533/817)		(549/898)
Metro South	2	30%	4	24%
Metro South	3	(84/282)		(82/345)
Taunaa ::!!a	2	52%	2	61%
Townsville	2	(82/158)		(138/227)
	-	51%		47%
Queensland	14	(701/1368)	15	(773/1662)

## 5.6 | Out-flows

## Diagnosis year 2005-2009 and 2010-2014

5.6.1 | What percentage of patients underwent lung cancer surgery outside of the HHS that they reside in?

Out flour	2005-2009	2010-2014
Out-flows	Diagnosis year	Diagnosis year
10/ of notionts receiving surgery outside of their IIIIS of residence)	Crude rate	Crude rate
(% of patients receiving surgery outside of their HHS of residence)	(n/N)	(n/N)
Cairns and Hinterland	100%	100%
	(61/61)	(83/83)
Central Queensland	100%	100%
	(43/43)	(58/58)
Central West	100%	100%
	(6/6)	(8/8)
Darling Downs	100%	100%
	(58/58)	(71/71)
Gold Coast	36%	9%
Gold Coast	(62/171)	(18/206)
Mackay	100%	100%
νιαικάγ	(45/45)	(60/60)
Metro North	2%	3%
	(7/291)	(12/361)
Metro South	33%	19%
	(97/295)	(63/326)
North West	100%	100%
	(3/3)	(9/9)
South West	100%	100%
Journ West	(6/6)	(10/10)
Sunshine Coast	100%	100%
Sunshine Coast	(145/145)	(168/168)
Torres and Cape	100%	100%
	(2/2)	(2/2)
Townsville	6%	1%
i ownovnie	(5/81)	(1/90)
West Moreton	100%	100%
	(64/64)	(73/73)
Wide Bay	100%	100%
white buy	(97/97)	(137/137)
Queensland	51%	47%
Queensianu	(701/1368)	(773/1662)

# Appendix

## Appendix 1: AIHW Hospital Peer Groups

## Principal referral hospitals

*Principal referral hospitals* are public acute hospitals that provide a very broad range of services, have a range of highly specialised service units, and have very large patient volumes. The term 'referral' recognises that these hospitals have specialist facilities not typically found in smaller hospitals.

## Public acute group A hospitals (Group A hospitals)

*Public acute group A hospitals* are public acute hospitals that provide a wide range of services typically including a 24-hour emergency department, intensive care unit, coronary care unit and oncology unit, but do not provide the breadth of services provided by *Principal referral hospitals*.

## Private acute group A hospitals (Group A hospitals)

*Private acute group A hospitals* are private acute hospitals that have a 24-hour emergency department and an intensive care unit, and provide a number of other specialised services such as coronary care, special care nursery, cardiac surgery and neurosurgery.

## Public acute group B hospitals (Group B hospitals)

*Public acute group B hospitals* are those public acute hospitals that do not have the service profile of the *Principal referral hospitals and Group A hospitals*, but do have 24-hour emergency department; they typically provide elective surgery and have specialised service units such as obstetric, paediatric and psychiatric units.

## Private acute group B hospitals (Group B hospitals)

*Private acute group B hospitals* are private acute hospitals that do not have a 24-hour emergency department, but do have an intensive care unit and a number of other specialised services including coronary care, special care nursery, cardiac surgery and neurosurgery.

## Public acute group C hospitals (Other hospitals)

*Public acute group C hospitals* include those public acute hospitals that provide a more limited range of services than *Principal referral hospitals* or *Public acute group A* and *B hospitals*, but do have an obstetric unit, provide surgical services and/or some form of emergency facility (emergency department, or accident and emergency service).

## Private acute group C hospitals (Other hospitals)

*Private acute group C hospitals* are those private acute hospitals that do not provide emergency department services or have an intensive care unit, but do provide specialised services in a range of clinical specialities.

## Public acute group D hospitals (Other hospitals)

*Public acute group D hospitals* are acute public hospitals that offer a smaller range of services relative to other public acute hospitals, and provide 200 or more separations per year. They are mostly situated in regional and remote areas.

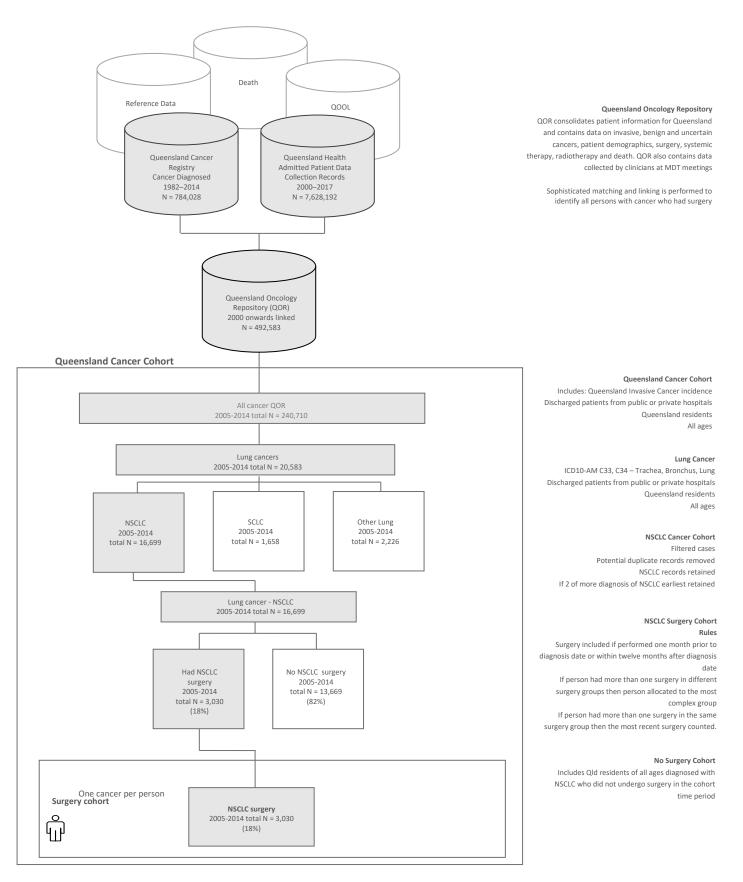
## Private acute group D hospitals (Other hospitals)

*Private acute group D hospitals* are those private acute hospitals that do not provide emergency department services or have an intensive care unit, do not provide specialised services in a range of clinical specialities, but had 200 or more separations

Sourced from the Australian Institute of Health and Welfare 2015. Australian hospital peer groups. Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW. http://www.aihw.gov.au

## Appendix 2: How the cohorts were defined for lung cancer surgery

#### 2005–2014: PUBLIC & PRIVATE HOSPITAL PATIENTS



## Appendix 3: In-hospital mortality rates 2005-2014

Diagno	sis year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Total
s	Hospital 291			-	7.7%	-	-	-	-	-	-	0.8%
ital	Hospital 281			(0/5)	(1/13)	(0/14)	(0/14)	(0/17)	(0/14)	(0/19)	(0/25)	(1/121)
dso	Hospital 92	-	-	-	3.7%	-	-	-	-	-	-	0.3%
ř.		(0/23)	(0/29)	(0/22)	(1/27)	(0/28)	(0/41)	(0/35)	(0/44)	(0/46)	(0/37)	(1/332)
Principal referral hospitals	Hospital 4	-	4.8%	-	-	-	-	2.6%	-	-	-	0.8%
efe		(0/18)	(1/21)	(0/24)	(0/18)	(0/25)	(0/32)	(1/38)	(0/24)	(0/33)	(0/24)	(2/257)
alr	Hospital 18	1.4%	-	-	1.6%	-	-	-	1.8%	-	1.2%	0.6%
lcip		(1/74)	(0/85)	(0/78)	(1/61)	(0/70)	(0/63)	(0/51)	(1/57)	(0/77)	(1/84)	(4/700)
Prir	Hospital 12	-	6.3%	6.3%	10%	-	-	-	-	-	-	1.4%
		(0/19)	(1/16)	(1/16)	(1/10)	(0/32)	(0/18)	(0/27)	(0/21)	(0/27)	(0/30)	(3/216)
	Hospital 96	-	-	-	8%	12%	-	-	-	-	-	2%
	·	(0/28)	(0/29)	(0/20)	(2/25)	(3/25)	(0/23)	(0/16)	(0/26)	(0/27)	(0/32)	(5/251)
	Hospital 143	-	-	-	-	-	-	-	-	-	-	-
	-	(0/37)	(0/28)	(0/35)	(0/53)	(0/48)	(0/53)	(0/39)	(0/48)	(0/47)	(0/31)	(0/419)
S	Hospital 149	-	(0/6)	-	-	-	-	5.3%	5.6%	-	9.1%	3.2%
Group A hospitals		(0/7)	(0/6)	(0/3)	(0/4)	(0/6)	(0/6)	(1/19)	(1/18)	(0/15)	(1/11)	(3/95)
	Hospital 111										(0/6)	(0/6)
ч Ч	·	-	-	_	-		-	-		_	-	-
dno	Hospital 85	(0/6)	(0/8)	(0/6)	(0/6)		(0/1)	(0/1)		(0/6)	(0/4)	(0/38)
бro	Hospital 90	-		-	-					-		-
		(0/2)		(0/1)	(0/1)					(0/1)		(0/5)
	Hospital 57	-		16.7%	-	-	20%	-	-	-	-	4.3%
		(0/1)		(1/6)	(0/6)	(0/6)	(1/5)	(0/4)	(0/4)	(0/8)	(0/7)	(2/47)
	Hospital 51	7.1%	8.3%	-	-	8.7%	-	-	3%	-	-	2.4%
	nospital 51	(2/28)	(2/24)	(0/23)	(0/25)	(2/23)	(0/27)	(0/30)	(1/33)	(0/39)	(0/40)	(7/292)
Group B nospitals		-	-	-	-	-	6.7%	5.6%	-	-	3.4%	1.8%
oul spit	Hospital 125	(0)(10)	10 (100)				( - ( - = )	1.1.0	(0.1.0)		1.100)	(= ( - = = )
ъ б		(0/10)	(0/13)	(0/17)	(0/10)	(0/15)	(1/15)	(1/18)	(0/16)	(0/26)	(1/29)	(3/169)
er tals		-	-	-	-	-	25%	-	-	-	-	2.4%
Other Group B hospitals hospitals	Hospital 2904	(0/6)	(0/11)	(0/9)	(0/14)	(0/9)	(2/8)	(0/1)	(0/7)	(0/9)	(0/8)	(2/82)
Queens	sland	1.2%	1.5%	0.8%	2.2%	1.7%	1.3%	1%	1%	-	0.8%	1.1%

Blank spaces indicate that no surgery occurred. A dash ( - ) indicates 0% mortality.

Diagno	osis year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Total
s	Hospital 281			-	-	-	-	-	-	-	-	-
oita				(0/5)	(0/13)	(0/14)	(0/14)	(0/17)	(0/14)	(0/19)	(0/25)	(0/121)
Principal referral hospitals	Hospital 92	-	-	-	7.4%	-	-	-	2.3%	-	-	0.9%
		(0/23)	(0/29)	(0/22)	(2/27)	(0/28)	(0/41)	(0/35)	(1/44)	(0/46)	(0/37)	(3/332)
	Hospital 4	-	4.8%	-	-	-	-	2.6%	-	-	-	0.8%
ref	·	(0/18)	(1/21)	(0/24)	(0/18)	(0/25)	(0/32)	(1/38)	(0/24)	(0/33)	(0/24)	(2/257)
pal	Hospital 18	1.4%	-	-	1.6%	1.4%	1.6%	-	-	-	-	0.6%
ncij		(1/74)	(0/85)	(0/78)	(1/61)	(1/70)	(1/63)	(0/51)	(0/57)	(0/77)	(0/84)	(4/700)
Pri	Hospital 12	5.3%	6.3%	6.3%	(0/10)	(0/32)	(0/18)	-	4.8%	3.7%	(0/20)	2.3%
		(1/19)	(1/16)	(1/16)	8%	12%	4.3%	(0/27)	(1/21)	(1/27)	(0/30)	(5/216) <b>2.4%</b>
	Hospital 96	(0/28)	(0/29)	(0/20)	<b>8%</b> (2/25)	(3/25)	<b>4.3%</b> (1/23)	(0/16)	(0/26)	(0/27)	(0/32)	<b>2.4%</b> (6/251)
		2.7%	(0/29)	(0/20)	1.9%	(3/23)	(1/25)	(0/10)	(0/20)	(0/27)	(0/52)	0.5%
Group A hospitals	Hospital 143	(1/37)	(0/28)	(0/35)	(1/53)	(0/48)	(0/53)	(0/39)	(0/48)	(0/47)	(0/31)	(2/419)
		(1/3/)	-	-	-	-	-	5.3%	5.6%	6.7%	9.1%	4.2%
	Hospital 149	(0/7)	(0/6)	(0/3)	(0/4)	(0/6)	(0/6)	(1/19)	(1/18)	(1/15)	(1/11)	(4/95)
	Hospital 111	(-7-7	(-1-1	(-7-7	(-7 )	(-7-7	(-7-7	( 7 - 7	( 7 - 7	( 7 - 7	-	-
	Hospital 111										(0/6)	(0/6)
Ā	Hospital 85	-	-	-	-		-	-		-	-	-
dnc	Hospital 85	(0/6)	(0/8)	(0/6)	(0/6)		(0/1)	(0/1)		(0/6)	(0/4)	(0/38)
gr	Hospital 90	-		-	-					-		-
		(0/2)		(0/1)	(0/1)					(0/1)		(0/5)
	Hospital 57	-		-	-	-	20%	-	-	-	-	2.1%
		(0/1)		(0/6)	(0/6)	(0/6)	(1/5)	(0/4)	(0/4)	(0/8)	(0/7)	(1/47)
	Hospital 51	7.1%	8.3%	-	-	8.7%	-	-	3%	-	-	2.4%
	•	(2/28)	(2/24)	(0/23)	(0/25)	(2/23)	(0/27)	(0/30)	(1/33)	(0/39)	(0/40)	(7/292)
Group B nospitals		-	-	-	-	-	6.7%	5.6%	-	-	3.4%	1.8%
ou spi	Hospital 125	(0.(10))	(0/10)	(0.47)	(0.14.0)		(4 (4 5)	14 14 0	(0.14.6)	(0)(0,0)	(4 (20))	(0.44.00)
ŋ g		(0/10)	(0/13)	(0/17)	(0/10)	(0/15)	(1/15)	(1/18)	(0/16)	(0/26)	(1/29)	(3/169)
Other Group B hospitals hospitals	Hospital 2904	-	9.1%	-	-	-	-	-	-	-	-	1. <b>2</b> %
Otl	позрітаї 2904	(0/6)	(1/11)	(0/9)	(0/14)	(0/9)	(0/8)	(0/1)	(0/7)	(0/9)	(0/8)	(1/82)
Queen	sland	1.9% (5/259)	1.9% (5/270)	0.4% (1/265)	2.2% (6/273)	2.0% (6/301)	1.3% (4/306)	1% (3/296)	1% (4/312)	0.5% (2/380)	0.5% (2/368)	1.3% (38/3030

## Appendix 4: 30 day mortality rates 2005-2014

Blank spaces indicate that no surgery occurred. A dash ( - ) indicates 0% mortality.

Annendix 5.90	day mortality	rates 2005-2014
Appendix 5. 50	uay mortanty	Tales 2003-2014

Diagno	osis year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Total
s	Hospital 281			-	7.7%	-	-	-	-	-	-	0.8%
ital	HOSPILAI 281			(0/5)	(1/13)	(0/14)	(0/14)	(0/17)	(0/14)	(0/19)	(0/25)	(1/121)
dsc	Hospital 92	-	-	-	7.4%	3.6%	-	-	4.5%	4.3%	-	2.1%
Principal referral hospitals		(0/23)	(0/29)	(0/22)	(2/27)	(1/28)	(0/41)	(0/35)	(2/44)	(2/46)	(0/37)	(7/332)
erra	Hospital 4	-	4.8%	-	-	-	-	5.3%	-	-	-	1.2%
efe		(0/18)	(1/21)	(0/24)	(0/18)	(0/25)	(0/32)	(2/38)	(0/24)	(0/33)	(0/24)	(3/257)
al r	Hospital 18	5.4%	-	1.3%	3.3%	1.4%	1.6%	-	1.8%	-	2.4%	1.7%
cip		(4/74)	(0/85)	(1/78)	(2/61)	(1/70)	(1/63)	(0/51)	(1/57)	(0/77)	(2/84)	(12/700
rin	Hospital 12	5.3%	12.5%	6.3%	10%	-	-	3.7%	9.5%	3.7%	3.3%	4.6%
<u> </u>	nospital 12	(1/19)	(2/16)	(1/16)	(1/10)	(0/32)	(0/18)	(1/27)	(2/21)	(1/27)	(1/30)	(10/216
	Hospital 96	3.6%	-	-	12%	12%	13%	-	3.8%	-	-	4.4%
		(1/28)	(0/29)	(0/20)	(3/25)	(3/25)	(3/23)	(0/16)	(1/26)	(0/27)	(0/32)	(11/251
	Hospital 143	2.7%	-	-	1.9%	-	-	-	-	2.1%	6.5%	1.2%
		(1/37)	(0/28)	(0/35)	(1/53)	(0/48)	(0/53)	(0/39)	(0/48)	(1/47)	(2/31)	(5/419)
(0	Hospital 149	29%	16.7%	-	25%	-	-	5.3%	5.6%	6.7%	9.1%	8.4%
Group A hospitals		(2/7)	(1/6)	(0/3)	(1/4)	(0/6)	(0/6)	(1/19)	(1/18)	(1/15)	(1/11)	(8/95)
	Hospital 111										- (0/6)	(0/6)
	Llocnital QF	_	-	_	_		_	_		_	-	-
dn	Hospital 85	(0/6)	(0/8)	(0/6)	(0/6)		(0/1)	(0/1)		(0/6)	(0/4)	(0/38)
5ro		50%	(-1-1	_	_		(-7 7	(-1 )		-	(-1)	20.0%
•	Hospital 90	(1/2)		(0/1)	(0/1)					(0/1)		(1/5)
		-		17%	17%	-	20%	-	-	-	-	6.4%
	Hospital 57	(0/1)		(1/6)	(1/6)	(0/6)	(1/5)	(0/4)	(0/4)	(0/8)	(0/7)	(3/47)
		7.1%	8.3%	-	4%	13%	3.7%	-	12.1%	-	-	4.5%
	Hospital 51	(2/28)	(2/24)	(0/23)	(1/25)	(3/23)	(1/27)	(0/30)	(4/33)	(0/39)	(0/40)	(13/292
p B tals		-	-	5.9%	-	6.7%	13.3%	5.6%	-	3.8%	3.4%	4.1%
Other Group B hospitals hospitals	Hospital 125	(0/10)	(0/13)	(1/17)	(0/10)	(1/15)	(2/15)	(1/18)	(0/16)	(1/26)	(1/29)	(7/169)
<u>ہ</u> ن		(-1 - )		( 7 7	,	( 1 - 1		( 1 - 1	(-1 -1	( 1 - 1	( 7 - 7	
Other ospital	Hospital 2904	-	9.1%	-	14.3%	-	25%	-	-	-	-	6.1%
hosp hosp	10591012504	(0/6)	(1/11)	(0/9)	(2/14)	(0/9)	(2/8)	(0/1)	(0/7)	(0/9)	(0/8)	(5/82)
Queen	sland	4.6% (12/259)	2.6% (7/270)	1.5% (4/265)	5.5% (15/273)	3% (9/301)	<b>3.3%</b> (10/306)	1.7% (5/296)	3.5% (11/312)	1.6% (6/380)	1.9% (7/368)	2.8% (86/3030

Blank spaces indicate that no surgery occurred. A dash ( - ) indicates 0% mortality.

surgeries (Count of lung	Number of lung cancer surgeries (Count of lung cancer surgeries performed each year)		2005-2009			2010-2014		
performed ead Peer Group	th year) Hospital	Lobectomy	Partial resection	Pneumone ctomy	Lobectomy	Partial resection	Pneumone ctomy	Total
	Hospital 281	17	13	2	45	38	6	121
Principal	Hospital 92	74	46	9	148	40	15	332
referral	Hospital 4	67	39		107	44		257
hospitals	Hospital 18	231	89	48	226	85	21	700
	Hospital 12	55	32	6	90	31	2	216
	Hospital 96	81	36	10	95	26	3	251
	Hospital 143	130	52	19	151	55	12	419
	Hospital 149	8	16	2	37	26	6	95
Group A	Hospital 111				1	5		6
hospitals	Hospital 85	8	16	2	5	7		38
	Hospital 90	2	2			1		5
	Hospital 57	12	7		21	7		47
	Hospital 51	37	80	6	79	86	4	292
Group B hospitals	Hospital 125	42	10	13	69	23	12	169
Other hospitals	Hospital 2904	16	30	3	16	15	2	82
Queensland		780	468	120	1090	489	83	3030

## Appendix 6: Lung cancer surgery between 2005-2014

## Appendix 7: Survival by lung cancer surgery

## 1 year surgical survival

## Diagnosis year 2005-2009

1 year surgical survival			2005-2009   1	Diagnosis year	
(% patients alive 1 year after l	% patients alive 1 year after lung cancer surgery)		Lobectomy	Partial Resection	Pneumonect omy
		Crude rates	Crude rates	Crude rates	Crude rates
	Hospital 281	84%	91%	97%	97%
	Hospital 92	90%	95%	95%	99%
Principal referral hospitals	Hospital 4	92%	95%	97%	100%
	Hospital 18	88%	93%	97%	97%
	Hospital 12	85%	94%	92%	99%
	Hospital 96	84%	88%	98%	98%
	Hospital 143	92%	96%	97%	99%
	Hospital 149	77%	96%	88%	92%
Crown A hosnitals	Hospital 111				
Group A hospitals	Hospital 85	100%	100%	100%	100%
	Hospital 90	75%	75%	100%	100%
	Hospital 57	68%	84%	84%	100%
	Hospital 51	84%	98%	90%	96%
Group B hospitals	Hospital 125	83%	94%	95%	94%
Other hospitals	Hospital 2904	73%	94%	80%	100%
Queensland		87%	94%	95%	98%

## 1 year surgical survival

Diagnosis year 2010-2014

1 year surgical survival			2010-2014   I	Diagnosis year	
(% patients alive 1 year after l	ung cancer surgery)	All	Lobectomy	Partial Resection	Pneumonect- omy
		Crude rates	Crude rates	Crude rates	Crude rates
	Hospital 281	94%	96%	99%	100%
	Hospital 92	93%	94%	99%	100%
Principal referral hospitals	Hospital 4	96%	98%	98%	100%
	Hospital 18	93%	96%	98%	99%
	Hospital 12	88%	91%	98%	99%
	Hospital 96	90%	93%	98%	100%
	Hospital 143	93%	95%	99%	99%
	Hospital 149	88%	93%	100%	96%
Crown A hospitals	Hospital 111	100%	100%	100%	100%
Group A hospitals	Hospital 85	100%	100%	100%	100%
	Hospital 90	100%	100%	100%	100%
	Hospital 57	89%	93%	96%	100%
	Hospital 51	87%	95%	93%	99%
Group B hospitals	Hospital 125	84%	91%	96%	96%
Other hospitals	Hospital 2904	88%	97%	94%	97%
Queensland		91%	95%	97%	99%

## 2 year surgical survival

Diagnosis year 2005-2009

2 year surgical survival			2005-2009   1	Diagnosis year		
(% patients alive 2 year after l	ung cancer surgery)	All	Lobectomy	Partial Resection	Pneumonect omy	
		Crude rates	Crude rates	Crude rates	Crude rates	
	Hospital 281	72%	81%	94%	97%	
	Hospital 92	80%	89%	93%	98%	
Principal referral hospitals	Hospital 4	78%	85%	93%	100%	
	Hospital 18	74%	84%	95%	95%	
	Hospital 12	75%	86%	90%	99%	
	Hospital 96	70%	79%	94%	97%	
	Hospital 143	80%	89%	93%	98%	
	Hospital 149	73%	96%	85%	92%	
Crown A hospitals	Hospital 111					
Group A hospitals	Hospital 85	81%	96%	88%	96%	
	Hospital 90	50%	50%	100%	100%	
	Hospital 57	47%	74%	74%	100%	
	Hospital 51	67%	93%	79%	96%	
Group B hospitals	Hospital 125	63%	82%	94%	88%	
Other hospitals	Hospital 2904	61%	92%	71%	98%	
Queensland		74%	86%	91%	96%	

## 2 year surgical survival

Diagnosis year 2010-2014

2 year surgical survival	-		2010-2014   I	Diagnosis year	
(% patients alive 2 year after l	% patients alive 2 year after lung cancer surgery)		Lobectomy	Partial Resection	Pneumonect- omy
		Crude rates	Crude rates	Crude rates	Crude rates
	Hospital 281	90%	93%	97%	100%
	Hospital 92	85%	90%	98%	98%
Principal referral hospitals	Hospital 4	89%	95%	95%	100%
	Hospital 18	86%	91%	98%	98%
	Hospital 12	78%	81%	98%	99%
	Hospital 96	80%	85%	94%	100%
	Hospital 143	83%	88%	96%	99%
	Hospital 149	83%	87%	100%	96%
Crown A hospitals	Hospital 111	86%	100%	86%	100%
Group A hospitals	Hospital 85	92%	100%	92%	100%
	Hospital 90	100%	100%	100%	100%
	Hospital 57	82%	86%	96%	100%
	Hospital 51	76%	91%	86%	99%
Group B hospitals	Hospital 125	66%	81%	92%	93%
Other hospitals	Hospital 2904	70%	88%	85%	97%
Queensland		82%	89%	95%	98%

## Appendix 8: International rates

Country	Time period	In-hospital mortality rate	30 day mortality rate	90 day mortality rate	1 year surgical survival
USA <sup>1</sup>	1998 - 2007				84%
USA <sup>2</sup>	2003 - 2013				85%
USA <sup>3</sup>	1996 - 2012				94%
USA <sup>4</sup>	2006 - 2011	3%	7%	4%	
Canada⁵	2007 - 2011		3%	5%	
Italy <sup>6</sup>	2004 - 2009				86%
France <sup>7</sup>	2000 - 2008	5%			
Finland <sup>8</sup>	2000 - 2010			5%	
Queensland	2005-2009	1.5%	1.7%	3.4%	87%
Queensland	2010-2014	0.8%	0.9%	2.3%	91%

<sup>4</sup> K. L. Anderson, Jr, M. S. Mulvihill, B. A. Yerokun, et al. (2017) Induction chemotherapy for T3N0M0 non-small-cell lung cancer increases the rate of complete resection but does not confer improved survival. Eur J Cardiothorac Surg 2017; 52 (2): 370-377. doi: 10.1093/ejcts/ezx091.

<sup>5</sup> Meguid, Robert A. et al. (2015) Are Surgical Outcomes for Lung Cancer Resections Improved at Teaching Hospitals? The Annals of Thoracic Surgery, Volume 85, Issue 3, 1015 – 1025.

<sup>6</sup> Cistaro, A., Quartuccio, N., Mojtahedi, A., et al. (2013). Prediction of 2 years-survival in patients with stage I and II nonsmall cell lung cancer utilizing 18F-FDG PET/CT SUV quantifica. Radiology and Oncology, 47(3), pp. 219-223. Retrieved 3 Aug. 2017, from doi:10.2478/raon-2013-0023.

<sup>7</sup> M. Alifano, G. Cusumano, S. Strano, et al. (2009) Lobectomy with pulmonary artery resection: Morbidity, mortality, and long-term survival, The Journal of Thoracic and Cardiovascular Surgery, Volume 137, Issue 6, 2009, Pages 1400-1405, ISSN 0022-5223, http://dx.doi.org/10.1016/j.jtcvs.2008.11.002.

<sup>&</sup>lt;sup>1</sup> Lin, J., Carter, C. A., McGlynn, K. A., et al. A Prognostic Model to Predict Mortality among Non-Small Cell Lung Cancer Patients in the U.S. Military Health System. Journal of Thoracic Oncology : Official Publication of the International Association for the Study of Lung Cancer, 10(12), 1694–1702. http://doi.org/10.1097/JTO.0000000000000691.

<sup>&</sup>lt;sup>2</sup> Agrawal V., Coroller TP, Hou Y, et al. (2017) Lymph node volume predicts survival but not nodal clearance in Stage IIIA-IIIB NSCLC. PLoS ONE 12(4):e0174268. https://doi.org/10.1371/journal.pone.0174268

<sup>&</sup>lt;sup>3</sup> Chi-Fu J. Yang, R. R. Meyerhoff, N. R. Mayne, et al. (2015) Long-term survival following open versus thoracoscopic lobectomy after preoperative chemotherapy for non-small cell lung cancer. Eur J Cardiothorac Surg 2016; 49 (6): 1615-1623. doi: 0.1093/ejcts/ezv428.

<sup>&</sup>lt;sup>8</sup> Andersson, S. E. M., Rauma, V. H. S., Sihvo, E. I., Räsänen, J. V., Ilonen, I. K., & Salo, J. A. (2015). Bronchial sleeve resection or pneumonectomy for non-small cell lung cancer: a propensity-matched analysis of long-term results, survival and quality of life. Journal of Thoracic Disease, 7(10), 1742–1748. http://doi.org/10.3978/j.issn.2072-1439.2015.10.62.

## Method

## **Adjusted rates**

The following indicators report both crude and adjusted rates. Adjusting is used to remove the effect of differences in composition of the various populations.

- Inpatient mortality rate
- 30 day mortality rate
- 90 day mortality rate
- 1-yr surgical survival
- 2-yr surgical survival
- Time from diagnosis to surgery ≤ 30 days, 31-90 days and > 90 days

The indicators have been adjusted by age, sex, socioeconomic status (disadvantaged Y/N), rurality\* (urban/rural), comorbidity (Y/N), ASA, emergency status (Y/N) and Aboriginal and Torres Strait Islander status (Y/N).

Results highlighted with \* and \*\* are deemed to be statistically significantly different to the whole of Queensland result. The likelihood the observed difference is due to chance alone is less than 1 for those marked \*\* and less than 5 for those marked \*.

Statistical significance is determined from the results of Poisson regression. The displayed confidence intervals are intended to show the level of precision of the adjusted rate estimate and on occasion may not accurately reflect significance.

## Assigning a surgery record to a person

To assign a surgery record to a person with cancer, the earliest diagnosis in the cancer group is used. For example, if a person was diagnosed with NSCLC in 2005 and 2008, the surgery record linked to the NSCLC cancer diagnosed in 2005 where the surgery occurred within 30days prior to diagnosis date and up to 365 days after diagnosis date will be counted.

## **Diagnosis year**

This report is structured around diagnosis years as reported by the Queensland Cancer Registry, the latest incident year being 2014. Only patients diagnosed between 2005 and 2014 will be included in this report. Patients that had surgery in 2005 but were diagnosed in an earlier year are excluded from the report.

## Definitions

## ASA score

American Society of Anaesthetic (ASA) physical status classification system for assessing the fitness of a patient prior to surgery.

Hierarchies by ASA Group

Normal/Mild Disease: ASA 1-2

Severe Disease: ASA 3-6

When two or more different ASA scores are coded on the same date in the admissions data, only one ASA score is chosen. The choice of the ASA score is based on the type of anaesthesia in the following order of selection: General > Sedation > Neuraxial > Regional > Intravenous Regional > Infiltration > Local. For example, if General Anaesthesia ASA 2 and Sedation ASA 3, are coded on the same date, the General Anaesthesia score of 2 is chosen.

## Comorbidity

A clinical condition that has the potential to significantly affect a cancer patient's prognosis.

Comorbidity is derived from hospital admissions data following the Quan algorithm for classifying ICD-10 coded conditions, modified to exclude metastasis, which is represented by a separate and distinct metastasis dimension.

Comorbidity is limited to conditions coded in any admission episode between 12 months before and 12 months after the date of cancer diagnosis.

For any given cancer diagnosis, comorbidity is restricted to conditions other than the primary cancer. E.g. A rectum cancer can be a comorbidity to a colon cancer diagnosis and vice versa, if they are diagnosed within 12 months of each other.

Benign tumours are not considered comorbidities.

Co-morbidity list:

AIDS	Acute myocardial	Cancer
Cerebrovascular disease	Congestive heart failure	Chronic obstructive pulmonary
disease		
Dementia	Diabetes	Diabetes + complications
Hemiplegia or Paraplegia	Mild liver disease	Moderate/severe liver disease
Peptic ulcer	Peripheral vascular disease	Renal disease
Rheumatoid disease		

## **Confidence interval (CI)**

The confidence interval represents the probability that a population parameter will fall between two set values. A very wide interval may indicate that more data should be collected before anything very definite can be said about the parameter.

## Flows

## In-flows

In-flows show the distribution of residence for the total group of patients who were operated on by a hospital, group of hospitals or HHS.

## Out-flows

Out-flows shows the proportion of patients residing in a given HHS who receive their surgery in a different HHS.

## Forest plots

The forest plot is a graphical display of the results from a regression model, illustrating the hazard ratios for each covariate included in the regression model. The dot represents the estimate of the hazard ratio with the confidence interval of the estimate represented by a horizontal line. A central vertical line representing no effect is also plotted, and if the confidence intervals for an estimate cross this line then the effect is considered not to be statistically significant.

## **Funnel plots**

Funnel plots have been created by plotting the observed result for each hospital result against the surgical volume of the hospital. Confidence limit intervals of 95% (~2 standard deviations) and 99% (~3 standard deviations) have been superimposed around the overall Queensland result.

## Hazard Ratio

Describes the ratio of the hazard rates corresponding to post-operative mortality for the different hospital volume groups, where medium volume hospitals are the control group.

## Hospital peer groups

The Australian Institute of Health and Welfare (AIHW) have published The Australian hospital peer groups report that groups public and private hospitals that share similar characteristics, providing a basis for meaningful comparisons. There are thirty peer groups, nine of which are relevant to this report. Peer group definitions and groupings used in this report are defined in Appendix 1.

## Aboriginal and Torres Strait Islander status

A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin.

## Interquartile range (IQR)

The interquartile range is a measure of variability, based on dividing a data set into quartiles. Quartiles divide a rank-ordered data set into four equal parts. The values that separate these parts are called the first, second, and third quartiles; and they are denoted by  $Q_1$ ,  $Q_2$  (median), and  $Q_3$ , respectively. The IQR is the distance between the 75<sup>th</sup> and 25<sup>th</sup> percentiles, IQR= $Q_3 - Q_1$ .

#### Lung Surgery procedures

ICD-10-AM	Procedure/Grouping
	Partial Resection
90169-00	Endoscopic wedge resection of lung
38440-01	Radical wedge resection of lung
38438-00	Segmental wedge resection of lung
38440-00	Wedge resection of lung
	Lobectomy of lung
38438-01	Lobectomy of lung
38441-00	Radical lobectomy
	Pneumonectomy
38438-02	Pneumonectomy
38441-01	Radical pneumonectomy

## Median age (yrs)

The age that divides a population into two halves: one older than the median, the other younger than the median.

#### Mortality

### Inpatient mortality

The percentage of patients that die in hospital following their surgery.

#### 30 day mortality

The percentage of patients that die within 30 days following their surgery.

#### 90 day mortality

The percentage of patients that die within 90 days following their surgery.

#### Number of surgeries

Includes Queensland residents of all ages diagnosed with invasive cancer in the surgical cohort time period who underwent lung cancer surgery.

#### **Private hospital**

All hospitals that are not Queensland Health hospitals.

#### **Public hospital**

Queensland Health hospitals.

#### Relative survival (5 year)

Relative survival is a net survival measure representing cancer survival in the absence of other causes of death. Relative survival is defined as the ratio of the proportion of observed survivors in a

cohort of cancer patients to the proportion of expected survivors in a comparable set of cancer free individuals.

Relative survival is calculated by dividing observed survival by expected survival, where the numerator and denominator have been matched for age, sex and calendar year.

Observed survival refers to the proportion of people alive for a given amount of time after a diagnosis of cancer; it is calculated from population-based cancer data. Expected survival refers to the proportion of people in the general population alive for a given amount of time and is calculated from life tables of the entire Australian population, assumed to be cancer free.

Changes to cancer incidence rates and the underlying life tables to may lead to fluctuations in relative survival estimates. Accordingly, caution should be used when making comparisons to historically reported rates of relative survival.

## Remoteness

The relative remoteness of residence at time of diagnosis, derived from the Australian Standard Geographical Classification (ASGC). In this report, remoteness is classified into three groups based on the original ASGC grouping.

ASGC classifications	Modified ASGC classification	Rurality classification
Major City	Metropolitan	Urban
Inner Regional	Decional	Rural
Outer Regional	Regional	
Remote	Rural and Remote	
Very Remote		

An exception to this grouping is the metropolitan area of Townsville (originally classified as Rural). Townsville has been classified as Metropolitan because of the availability of tertiary level cancer services.

#### Sex

Refers to the biological and physiological characteristics that define men and women.

#### Socioeconomic status

Socioeconomic status is based on the Socio-Economic Indexes for Areas (SEIFA), a census-based measure of social and economic well-being developed by the Australian Bureau of Statistics (ABS) and aggregated at the level of Statistical Local Areas (SLA).

The ABS uses SEIFA scores to rank regions into ten groups or deciles numbered one to ten, with one being the most disadvantaged and ten being the most affluent group. This ranking is useful at the national level, but the number of people in each decile often becomes too small for meaningful comparisons when applied to a subset of the population. For this reason, this document further aggregates SEIFA deciles into 3 socioeconomic groups.

SEIFA Group Decile Percentage of population (approximate)

Disadvantaged 1-2 20%

Middle 3-8 60%

Affluent 9-10 20%

#### Surgical survival

One Year Surgical Survival

All-cause crude survival: the percentage of cases still alive one year after surgery.

Two Year Surgical Survival

All-cause crude survival: the percentage of cases still alive two years after surgery.

## Time to surgery from histological diagnosis

Time from histological diagnosis to surgery was measured for patients whose first treatment was lung cancer surgery (no neo-adjuvant therapy). Time periods were reported as being  $\leq$  45 days, 46-90 days or >90 days.

#### FOR MORE INFORMATION

Queensland Cancer Control Analysis Team Queensland Health Tel: (+61) (07) 3176 4400 Email: <u>qccat@health.qld.gov.au</u> <u>https://qccat.health.qld.gov.au</u>

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