

## ReViTALISE - Addressing disparities in cancer outcomes in regional Victoria through regionally-led telehealth-enabled health services research (#133)

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ReViTALISE aims to address regional inequities of access and improve cancer outcomes, utilising telehealth to enable health services research across a regional network.

Funded by the Medical Research Future Fund (MRFF) Rural, Regional and Remote Clinical Trial Infrastructure Fund and awarded to the Regional Trials Network - Victoria (RTN-Vic). The RTN-Vic created a project that involves seven interconnected Initiatives in areas of unmet need for regional populations, partnering with Peter MacCallum Cancer Centre, University of Melbourne, La Trobe University Wodonga, and the Walter and Eliza Hall Institute.

ReViTALISE key activities:

- Establishing new and expand existing RTN-Vic sites: enabling clinical trials at Mildura Public Hospital for the first time and a major expansion of capacity and capability at Latrobe Regional Hospital, in partnership with TrailHub Alfred
- Expanding trial portfolios: registry, immunotherapy, rare cancers, palliative and supportive care, and Older Australians with cancer trials.
- Improving access to clinical trials for First Nations People.
- Improving research literacy in the regional workforce with the establishment of a Regional Research Teaching Hub
- Building and consolidating networks of research active clinicians across regional centres.
- Establishing an advisory committee of regional people with lived experience of cancer (Every VoiceCAN)

The ReViTALISE project recently conducted a mid project review (self audit) to inform progress to date and identify opportunities for the remaining 2 years of the program.

The aim of this symposium is to share key learnings from this ambitious and impactful program that may prove to be a watershed moment in the development of cancer services in regional Australia.

Speakers will outline the key learnings from each program and enablers of success to date.

**Conclusion:** This is an innovative project addressing important areas of unmet need in regional populations with cancer, developed and led by the regions that can inform future service delivery in regional Australia.

## Working towards equitable age-friendly care among older adults in regional cancer care (#134)

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**Aim:** The 2023 Australian Cancer Plan highlights the disparities in cancer outcomes for older adults and people living in rural and remote areas. The plan's Health Equity framework recognises the importance of optimised treatment and support that is tailored to personal contexts. Our team has been working toward tailored and optimised treatment and support for regionally based older adults diagnosed with cancer through the adoption and implementation of age-friendly oncology practices such as geriatric assessment.

**Methods:** We applied the Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) to design multiple key projects that have been undertaken over the previous 3 years; with more in development or currently underway. Input from people with lived experience of cancer has been a cornerstone of our work and has led to the development of innovative solutions to implementing age-friendly supportive care.

**Results:** The approach taken yielded two iterations of an innovative assessment method for older adults based on the 4Ms method of age-friendly care (Mentation, Medication, Mobility and what Matters). Both iterations of the assessment were found to be acceptable to both patients and clinicians, and their implementation was feasible at a regional cancer centre. In line with i-PARIHS principles, we have undertaken Roadshows to other cancer centres to present the evidence base for implementation and have engaged site champions. As a result, planning for a multi-site implementation study is now underway.

**Conclusion:** By utilising rigorous implementation methods, engaging a complex change management process, and working with older adults with lived experience of a cancer diagnosis, changes in practice are achievable. Our experience has taught us that there is enthusiasm for appropriate assessment of older adults in cancer care, and providing a practical example combined with engaging site champions is key to leveraging that enthusiasm.

## Increasing immunotherapy clinical trial knowledge and access in rural, regional, and remote Victoria (#135)

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**Aim:** At the time of establishing the ReViTALISE program, regional access to immunotherapy studies was low compared to metropolitan cancer services. As a result there was a perceived gap in knowledge of immunotherapy and the management of side-effects amongst regional cancer and non-cancer clinicians. This ReViTALISE initiative aimed to address these gaps.

**Methods:** Regional clinicians worked with Olivia Newton-John Cancer Research Institute (ONJCRI) to open teletrials according to COSA methodology. An education plan was developed co-designed with regional health care workers and supported by ReViTALISE @research

**Results:** This project has enabled an increase from baseline the number of high-quality immunotherapy clinical trials opened and an increase patient recruitment across RTN-Vic, contributing to multiple publications in international journals and conference presentations. The education program has led to an increase in the number of regional clinical staff trained in immunotherapy side effects and the development of an immunotherapy toolkit and patient held immunotherapy alert care. An immunotherapy registry trial in rare cancers has been developed, led by regional medical oncologists with Bendigo Health acting as trial sponsor and with input from VACCHO and ReViTALISE initiative attempting to improve clinical trial access for First Nations people with cancer. Further grant applications have been leveraged and more high quality trials are in development.

**Conclusion:** The expansion of immunotherapy clinical trials in regional Victoria, and the concomitant engagement with and training of regional clinicians will provide better regional health outcomes and a sustainable regional skilled immunotherapy clinical trial workforce.

## Increasing regional cancer registry trial access and participation in regional Victoria (#136)

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**Aim:** Addressing the geographical disparity in clinical trial access is crucial for advancing cancer care and reducing health inequities. By increasing registry trials in rural, regional, and remote (RRR) areas, we enhance access to research opportunities, improve patient outcomes, and promote inclusivity in medical research. Pursuing registry clinical trials, a pragmatic trial design, could increase trial numbers, increase participation of regional patients, and increase trial engagement with regional clinicians.

**Methods:** We implemented regionally designed Registry trials to advance cancer care in rural, regional, and remote (RRR) areas as part of the MRFF funded REVITALISE project Regionally led registry trials and participation in metropolitan led studies were pursued.

**Results:** An average of two new registry trials open have been opened at participating regional cancer centre per year. The Option Trial represents a pioneering effort in regionally designed and led trials, focused on managing oligoprogression in patients receiving immuno-oncology treatment. The Bolder Trial addresses a critical gap in geriatric oncology research by focusing on tailored treatment approaches for elderly breast cancer patients in RRR areas. Patient enrolment for interventional registry trials ALT-TRACC, REAL-PRO, and EX-TEM with Melbourne leads have exceeded that of metropolitan Melbourne. We continue to explore new registry trial concepts and continue engagement with and training of regional clinicians around registry clinical trials.

**Conclusion:** The expansion of registry trials in regional Victoria, and the concomitant engagement with and training of regional clinicians, has created new trial opportunities. This has increased overall trial activity, provided trial participation opportunities for regional clinicians including trial leadership, supports education and sustainability of a regional skilled clinical trial workforce, and should drive better regional health outcomes.

## Building a virtual bridge to equitable health services research training in regional Victoria (#137)

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**Aim:** Delivery of care closer to home is a cornerstone of the Victorian Cancer Plan. For regional cancer patients, this policy initiative assumes equity of opportunity for care, treatment and research participation, compared with metropolitan patients. We set out to develop and implement a virtual health services research (HSR) training resource to equip regional health care professionals with the knowledge and tools to lead HSR with and for regional patients.

**Methods:** A multi-phased project was undertaken to build, refine, and deliver the resource. Phase 1: in-depth interviews and focus groups with key regional stakeholders, a comprehensive scoping review, and environmental scan to identify existing HSR training programs. Phase 2: engagement with national key stakeholders to establish collaborative relationships, to gain understanding of existing HSR training opportunities, and to identify gaps that the new virtual resource could fill. In Phase 3, data from Phases 1 and 2 were used to build the resource. The project Steering Committee provided feedback on all stages of resource development.

**Results:** Phase 1 data provided information to inform the content and function of the virtual resource. Phase 2 data identified 168 freely available HSR resources and eight key stakeholders who are currently delivering clinical trials education and HSR education. Of those delivering HSR training, none had capacity to expand their programs and agreed to collaborate with @research to facilitate greater access for regional health professionals. Phase 3 saw delivery of @research, (<https://www.research.regionaltrialsnetwork.org/>) – a virtual HSR platform that includes over 70 accessible research tools and templates to support novice to expert HSR researchers develop, implement, and evaluate HSR projects.

**Conclusion:** The collaborative approach taken to the development of @research has delivered a virtual platform to support growth of HSR among regional Victorian health professionals, scaling potential to deliver research-informed care closer to home.

## Improving Aboriginal and Torres Strait Islander people's access to cancer clinical trials in Yorta Yorta Country regional Victoria (#138)

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The Medical Research Future Fund has provided multi-year funding to the ReViTALISE project, a large body of work aimed at increasing access to clinical trials (CTs) in regional areas of Victoria, Australia. The Aboriginal and Torres Strait Islander Cancer Clinical Trial Access Initiative ('the Initiative') is one of the key components of ReViTALISE.

**Aims:** The Initiative aims to improve access to cancer CTs for Aboriginal people in a defined area in regional Victoria, with a view to identifying strategies, activities and approaches that are potentially transferrable and scalable.

### Methods and Progress to Date

The Initiative is working with a range of stakeholders including community members and organisations as well as health care providers. A Steering Committee has been established with strong Aboriginal membership including an Aboriginal Co-Chair, members from Aboriginal community-controlled health organisations and Aboriginal consumers, alongside non-Aboriginal health professionals and researchers. A literature review highlighted a range of critical factors and enabled identification and synthesis of potentially useful strategies to increase participation of Aboriginal people in CTs in a regional setting.

Study design has been guided by co-design principles, community consultation, an Environmental Scan of relevant activities, literature review and discussions with other ReViTALISE streams. Work is being undertaken in two main areas: 1) Yarning with community to understand knowledge of and perspectives about cancer CTs, followed by co-design of appropriate resources; and 2) co-designing and conducting an education campaign for cancer health professionals to improve their understanding of barriers to and facilitators of CT participation by Aboriginal people with cancer. The team aims to build strong relationships with consumers and community to inform and guide study design, implementation and dissemination. Identification of benefits that matter to community as a result of the work will be a key consideration.

Key learnings to date will be presented.

## Improving equity of access to palliative and supportive care trials by establishing a regional network (#139)

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**Aims:** Participation in clinical trials has been associated with improved patient outcomes. Yet in regional Victoria, there are few clinical trial active palliative care services or opportunities for trial participation. Palliative and Supportive Care Program of Revitalise aims to increase trial availability, participation and capability for regional palliative care services.

**Methods:** A series of strategies were adopted to increase trial and research activity including:

- Mapping current research capabilities of palliative care services.
- Establishing and mentoring clinical trial fellow roles who, in turn, will mentor and support regional palliative care services.
- Establishing a network of research active clinicians across Victoria to increase knowledge, provide support, increase knowledge, and enhance relationships
- Establishing and implementing a portfolio of trials of varying complexity from phase 4 post-marketing to more complex phase 2/3 trials.
- Developing clinical trials tailored to be delivered in regional palliative care services.

**Results:** From an initial census of services, clinical trial activity was limited to one regional palliative care service. The census highlighted high levels of interest and enthusiasm to develop research capability. Accordingly the Victorian Clinical Trials Palliative Care Collaborative Group was established and meets 2<sup>nd</sup> monthly with educational opportunities, and encourages new relationships with the broader research and cooperative trials community.

Phase 4 trials are a useful way to introduce clinical trials, with one site achieving the most successful recruitment status nationally. The broader impact of this research activity has included the enhanced standing of palliative care in the health service. Current palliative care specific clinical trial development is underway.

**Conclusion:** Despite significant clinical demands, regional palliative care services are interested in being involved in research and clinical trials. Support for infrastructure can enhance trial participation for patients, increase research capability for clinicians but also increase the standing of palliative care in the academy.

## Establishment of the ReViTALISE Consumer Group “Every VoiceCAN” (#140)

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**Aim:** To develop a consumer-led network to support and empower consumers to actively contribute to the initiatives of the ReViTALISE (Regional Victorian Trials Alliance: Linkages, Innovation, Special Populations, Equity) Project.

**Methods:** The ReViTALISE program scoped out successful consumer-led advisory committees and asked for advice and guidance such as the Victorian Comprehensive Cancer Centre Alliance Consumer Involvement Manager, the Co-Operative Trial Group (ANZGOG) Consumer Chair. Key clinical stakeholders were engaged to secure buy-in for a consumer network within the Regional Trials Network – Victoria (RTN-Vic), and members of the ReViTALISE network of Initiatives and independent research advisory committee.

**Results:** ReViTALISE has successfully facilitated and supported establishment of the Every VoiceCAN committee, with terms of reference, a program logic, and roadmap for engagement, consumer recruitment, and emplacing consumers in the steering committees of each ReViTALISE Initiative. Other projects outside of ReViTALISE are now requesting Every VoiceCAN input into project design and development.

**Conclusion:** Every VoiceCAN is a consumer run and led initiative that engages with ReViTALISE clinicians and administrators to bring about effective and mutually beneficial change in communication and understanding between health practitioners, cancer clinical trial participants, carers and families.