



MOSAIC STUDY

EP15.03: Medical Directors' Perspectives on Models of Supportive Care in Lung Cancer in Australasia

A.M. Walker^{1,2,3}, P.T. Nguyen^{2,3}, A.E. Holland^{1,4}, D.R. Sullivan^{5,6}, N. Smallwood^{1,4}

¹Monash University, Australia ²SA Health, ³Adelaide University, ⁴Alfred Health, ⁵Oregon Health and Science University, USA, ⁶VA Portland Health Care USA



IASLC 2026 World Conference on Lung Cancer

SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

Robust evidence shows palliative care improves many patient-centred outcomes and survival in lung cancer¹. Established roles for specialist palliative care (SPC) and primary palliative care exist (e.g. oncology, respiratory clinicians).

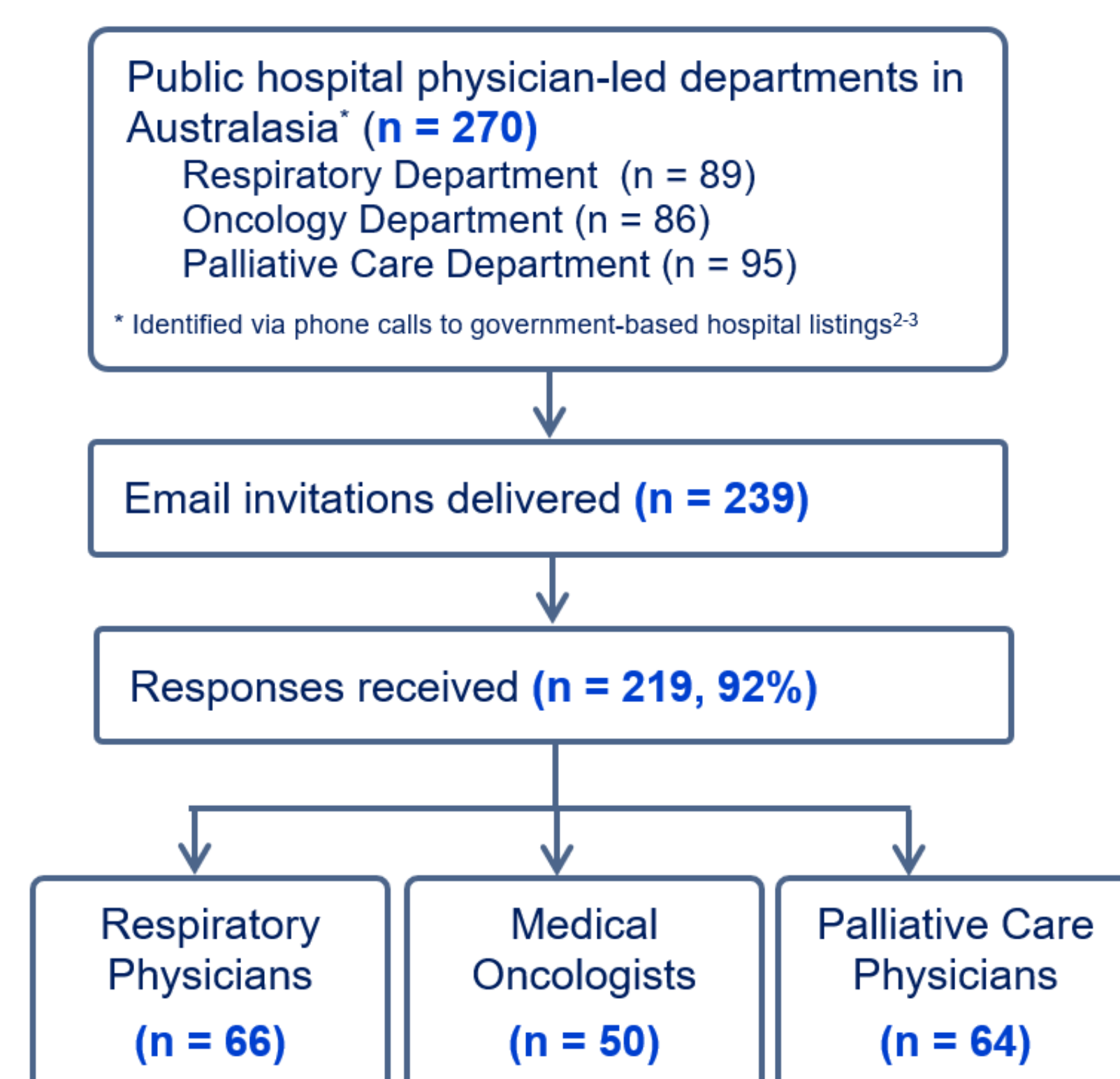


Reference 1

METHODS

Design: Cross-sectional survey of respiratory, medical oncology and palliative care medical directors across Australia and New Zealand via direct email invitation.

Participant Flow Diagram:



CONCLUSION

Specialist palliative care remains underutilized in lung cancer.

Most departments lack palliative care involvement in MDTs and early referral guidelines.

REFERENCES & ACKNOWLEDGEMENTS

1. Walker, A.M., et al., *Palliative care interventions for thoracic cancer: a systematic review and meta-analysis identifying the core elements*. Eur Respir Rev, 2026. 35(180).
2. *Hospitals and services*. Health New Zealand, Te Whatu Ora [cited 2024 March]; <https://www.healthnz.govt.nz/hospitals-services>.
3. AIHW. *Alphabetic listing of public and private hospitals by peer group*. Australian Institute Health and Welfare 2023 [cited 2024 March]; <https://www.aihw.gov.au/getmedia/62ab4500-f50e-4b07-8c99-d559c749b32d/14825-appendix-c.xls.aspx>

Artificial Intelligence (AI) Use Disclaimer: AI was not used in the development of this material

RESULTS

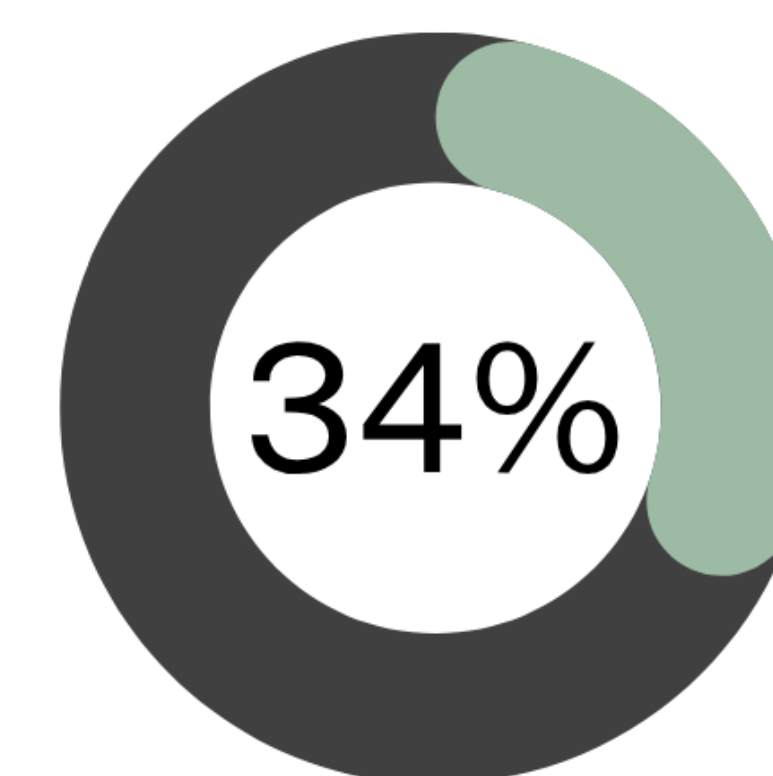
219 (92%) responses were received, representing metropolitan (60%) and regional/rural (40%) institutions.



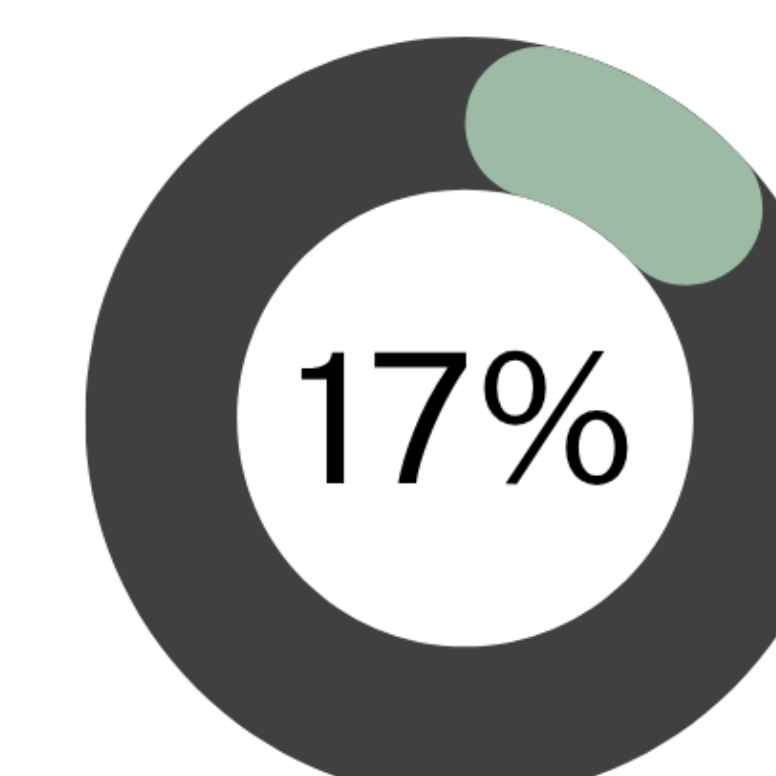
84% reported more people would benefit from SPC

Most frequent barriers identified:

- Limited access SPC clinicians (66%)
- Under-recognition of patients' palliative care needs (44%)
- Patients' negative perceptions (47%)
- Limited understanding of SPC (47%)



34% had a palliative care clinician attend the MDT (lung cancer multi-disciplinary team meeting).



17% had a protocol or guideline to support early palliative care referral

The greatest unmet need reported was **survivorship** care. Survivorship clinics were infrequently available (25,13%).

DISCUSSION AND FUTURE RESEARCH

Most medical directors believe SPC is underutilized. Palliative care implementation was greatest for advanced-stage disease and when addressing end-of-life care. Limited mechanisms exist to support early referral.

Future lung cancer models of care should focus on survivorship, recognition of palliative care needs, and community perceptions and understanding of palliative care.