Clinical Oncology Society of Australia

EXEMPLAR OF EVIDENCE-BASED CARE IN PRACTICE

Shared Care in Action

WHAT did the initiative involve?

A rural community dietitian receives a referral for a 62-year-old male with stage III lung cancer who has reported 15kg weight loss over the past 2 months and multiple nutrition impact symptoms. The patient has been referred to the nearest cancer treatment centre, 300km away, to undergo chemo-radiotherapy. The rural dietitian completes an initial consult, diagnoses malnutrition and provides recommendations to optimise nutritional intake (including commencing oral nutritional supplements). They arrange to review the patient in a fortnight and liaise with the patient's GP to optimise control of his nutrition impact symptoms.

Early cross-site handover

With the patient's consent, the rural dietitian contacts the dietitian at the patient's treating cancer centre to provide a handover before the treatment planning meeting. The treatment centre dietitian shares details of the treatment plan and anticipated nutrition requirements, raising concern that in addition to malnutrition, the patient is likely at risk of sarcopenia and would benefit from sarcopenia assessment and prehabilitation prior to treatment.

The rural dietitian calls the patient and screens for sarcopenia using the SARC-F, which indicates the patient is at risk. The patient consents to a referral to the visiting exercise physiologist for exercise prehabilitation in addition to the nutrition prehabilitation already commenced.

Interprofessional planning and information sharing

The rural dietitian calls the visiting exercise physiologist to discuss the patient's diagnosis, concerns, and treatment plans. The exercise physiologist and dietitian discuss the need to share information and ensure consistent messaging given the reduced accessibility of the exercise physiologist. They confirm this in writing and notify the GP.

The patient is assessed by the exercise physiologist the following week, is diagnosed with sarcopenia, and is provided with a prehabilitation exercise program. The exercise physiologist provides an update to the dietitian and GP, with guidance on monitoring the program, strategies to encourage the patient, and red flags to watch for.

	Local monitoring and communication The rural dietitian reviews the patient and, in addition to monitoring and adjusting dietary strategies, asks the patient about their exercise program and identifies factors to notify the exercise physiologist about. The rural dietitian explains to the patient that they will see the treatment centre dietitian when they start treatment and provides an updated handover to the treatment centre dietitian. They also make a referral to the treatment centre exercise physiologist. During chemo-radiation, the treatment centre dietitian conducts regular nutrition reviews as clinically indicated. The patient increases reliance on oral nutritional supplements during week 4 of chemo-radiotherapy due to worsening nutrition impact symptoms. In week 5, the patient is reliant on oral nutrition support to meet their nutritional requirements. **Early discharge handover** The treatment centre dietitian believes the patient will require ongoing nutrition support post treatment completion, so contacts the rural dietitian to provide an early handover so that ongoing nutrition support can be arranged at home +/- at the local hospital. **Joint telehealth handover** Prior to the patient returning home, the treatment centre and rural dietitians hold a telehealth handover with the patient present to ensure continuity of care. **Ongoing shared monitoring** Post treatment, the rural dietitian continues to review the patient and liaise with the treatment centre dietitian regarding any ongoing concerns that the rural dietitian is unfamiliar with. As the patient is also continuing with exercise physiology locally, they continue to liaise with the visiting exercise physiologist to ensure consistent messaging, shared monitoring and shared goal setting, enabling early identification of concerns.
WHO was involved in the initiative?	Rural community dietitian Treatment centre dietitian Visiting exercise physiologist Treatment centre exercise physiologist
WHERE did the initiative occur?	Rural community setting Metropolitan cancer treatment centre
WHO was the target of the initiative?	Adult patient (≥18 years) undergoing chemo-radiotherapy for lung cancer.

WHEN was the initiative undertaken?	Before, during and after treatment.
HOW was the initiative undertaken?	Through a shared care arrangement Using multiple modalities (e.g., in-person, telehealth, telephone, email)
OUTCOMES	Early dietitian and exercise physiology input Care closer to home that reflects local context Strong professional networks between rural and treatment centre dietitians Improved continuity of care Enhanced service sustainability Effective use of expertise from both local and treatment centre dietitians
REFERENCES	Integrating shared care teams into cancer follow-up care (Deeble Institute, 2022) Shared cancer follow-up and survivorship care (Cancer Australia, 2025) Cancer survivorship shared care (RACGP, 2024) Implementation of shared care for cancer patients (Cancer Research in Primary Care, 2016) Zhao Y, Brettle A, Qiu L. The Effectiveness of Shared Care in Cancer Survivors-A Systematic Review. Int J Integr Care. 2018 Oct 12;18(4):2