

7 August 2018

Coroner Carlin
Coroners Court of Victoria
65 Kavanagh Street
Southbank 3006

Dear Coroner Carlin

Inquest into the death of Mettaloka Halwala
Court reference: COR 2015 005857

I am writing on behalf of Austin Health in response to the recommendations made in the findings of Coroner Carlin dated 10 May 2018. The response is provided in accordance with s72(3) of the *Coroners Act 2008*.

Recommendations directed at Austin Health:

- **Recommendation Two: that Austin Health revise its current oncology referral form for pet scan to include all information that may be relevant to the nuclear medicine physician performing the scan in determining the timeliness and manner of communication of the results.**

The Coroner's recommendation has been implemented.

The Oncology PET referral form has been amended to include information on the timing of next appointment with the referring specialist, as well as contact details of the referring specialist (including email details).

The form was updated on 5 May 2018 and is currently in use.

We attach a copy of the updated Oncology PET referral form.

- **Recommendation Three: that Austin Health phase out transmission of imaging results as a matter of priority.**

The Coroner's recommendation is in the process of being implemented.

Austin Health is working on the implementation of electronic transmission of results to all referring specialists for PET studies, with appropriate security and patient privacy considerations. Austin Health anticipates that the new IT solution will be in place by end of the year.

- **Recommendation One: That the Royal Australian and New Zealand College of Radiologists, the Australian Association of Nuclear Medicine Specialists and the Royal Australasian College of Physicians collaborate to develop a set of Standards dedicated to systems for the communication of imaging results. The Standards should be as explicit as possible in setting out the roles and responsibilities of diagnostician and referring doctor and the required manner**

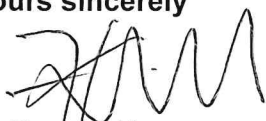
of communication in different situations consistent with the conclusions and comments in this case.

Whilst not directed at Austin Health we also wish to make some comments in relation to the Coroner's recommendation which was directed at the Royal Australian and New Zealand College of Radiologists, the Australian Association of Nuclear Medicine Specialists and the Royal Australian College of Physicians in relation to the development of a set of standards for communication of imaging results.

We are aware that the Coroner's findings are tabled to be discussed at an upcoming Executive meeting of the AANMS, with the intent of establishing a working group that will then reach out to the RACP and RANZCR to address the definition of urgent, significant and unexpected imaging findings, and also the communication of results. Professor Andrew Scott from Austin Health will be working with AANMS to facilitate this process. It is anticipated that this will result in an updated document which addresses this issue, as recommended by the Coroner.

Should any further information be required please contact me at the number above.

Yours sincerely

A handwritten signature in black ink, appearing to be 'F. Kerr', written over a horizontal line.

**Dr Fergus Kerr
Chief Medical Officer
Austin Health**

Copy to: cpuresponses@coronerscourt.vic.gov.au

ONCOLOGY REFERRAL FORM FOR PET SCAN

When is scan required: _____

Date of Next Review with specialist: _____

Patient Details

 Surname _____
 First Name _____
 Date of Birth _____
 Austin UR _____
 Address _____
 Suburb _____

Patient Contact Details

 Home Phone Number _____
 Mobile Phone Number _____
 Email address _____
 Alternative Contact person _____
 Number _____

 Gender Male Female Claustrophobia Yes No

 Overseas Patient Yes No

 Inpatient Yes No

 Diabetes Yes No

 Concession/Pension Yes No

 Austin

Card Holder

Other: _____

Clinical Indication – Please indicate by a tick in the appropriate box

- MALIGNANT BRAIN TUMOUR
- HEAD & NECK CANCER Staging Restaging
- METASTATIC SCC in cervical nodes of unknown primary
- OESOPHAGEAL/GASTRO-OESOPHAGEAL JUNCTION
- SOLITARY PULMONARY NODULE
- NON-SMALL CELL LUNG CARCINOMA
- OVARIAN CARCINOMA
- COLORECTAL CARCINOMA
- Staging GEP Neuro Endocrine Tumours with ⁶⁸Ga DOTA Peptide

- HODGKIN'S (HL) or NON-HODGKIN'S LYMPHOMA (NHL)
 - Initial staging of Lymphoma
 - Restaging following recurrence
 - Assessing response to first line therapy during or within 3 months of completing treatment
 - Assessing response to second line treatment
- SARCOMA Staging Restaging
- UTERINE CERVIX Staging Restaging
- MALIGNANT MELANOMA Staging Restaging

 UNFUNDED (No Medicare Item Number): (This will attract a charge, see reverse page for more information)

 ♦ See reverse for more detailed description of indications Radiotracer: FDG Other(Specify): _____

Reasons for PET Scan (please provide imaging results at the time of booking)

Primary Site: _____

 Suspected/Known Metastasis: Yes No Where: _____

 Relevant prior imaging: Yes No Modality: _____

Where performed: _____

Last Chemotherapy/Radiotherapy Treatment: _____

Additional Clinical History (e.g. recent infections/treatments/surgical findings)

 Is the patient on a Clinical Trial: Yes No Site ID: _____

Patient Trial ID: _____

Trial Name/No: _____

 Is Scan SOC? Yes No Visiting Time Point: _____

Specialist Details & Report Distribution (Must be signed by a Consultant at the time of booking)

Referring Specialist _____

Mobile _____

Signature _____

Email address _____

Date _____

 Preferred mechanism of electronic transfer of report: HealthLink Medinexus Other: _____

Additional copy of report to: _____

Email address _____

 Preferred mechanism of electronic transfer of report: HealthLink Medinexus Other: _____

ONCOLOGY REFERRAL FORM FOR PET SCAN

Medicare Schedule

Below is a detailed list of the indications that are on the Medicare Schedule.

Please ensure that one box is ticked on the front page of the referral.

There is an out-of-pocket fee payable on the day of the scan, if the indication does not meet the Medicare criteria.

The amount payable is \$800, or \$400 for pension/healthcare card holders.

INDICATIONS

- **Solitary pulmonary nodule**
- Staging of **non-small cell lung cancer (NSCLC)** being considered for surgery or radiotherapy
- Restaging of **colorectal carcinoma** in patients considered for active therapy
- **Brain** – suspected residual or recurrent brain tumor after definitive therapy (or during chemotherapy), in patients who are suitable for further active therapy
- Evaluation of metastatic squamous cell carcinoma to cervical nodes from **unknown primary tumour**
- Initial staging of newly diagnosed or previously untreated **Hodgkin's/Non-Hodgkin's Lymphoma**
- Assess response to first-line therapy either during treatment or within 3 months of completing definitive treatment for **Hodgkin's/Non-Hodgkin's Lymphoma**
- Assess response to second-line chemotherapy when stem cell transplantation is being considered for **Hodgkin's/Non-Hodgkin's Lymphoma**
- Restaging following confirmed recurrence of **Hodgkin's / Non-Hodgkin's Lymphoma**
- Staging of **oesophageal or GEJ carcinoma** in patients being considered for active therapy
- Staging of **head and neck carcinoma**
- Restaging of **head and neck carcinoma**, after definitive treatment considered for active therapy
- Restaging of **ovarian cancer** in patients being considered for active therapy
- Staging of histologically proven carcinoma of the **uterine cervix** (FIGO Stage \geq IB2) prior to planned radical RT or combined modality therapy with curative intent
- Restaging of local recurrent carcinoma of the **uterine cervix** considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent
- Metastatic or recurrent **malignant melanoma** being considered for active therapy
- Initial staging for biopsy proven bone or soft tissue **sarcoma** (excluding GIST) considered to be potentially curable
- Restaging of **sarcoma** with suspected residual or recurrent disease following definitive therapy, to determine suitability for subsequent therapy with curative intent (excluding GIST)
- Staging of suspected **gastro-entero-pancreatic neuroendocrine tumour**, amenable to surgery, and for purposes of excluding metastases

Patients are free to take their referral to a diagnostic imaging provider of their choice. Please discuss with your doctor first. Referral forms may be downloaded from <http://www.austin.org.au>

Prof Andrew Scott MD, FRACP, DDU; Prof Christopher Rowe MD, FRACP; Dr Sam Berlangieri FRACP; Dr Aurora Poon FRACP; Associate Prof Sze Ting Lee FRACP; Dr Andrew Tauro FRACP; Dr H.B. Toh FRANZCR; Dr Robin Low FRACP, DDU, Associate Prof Eddie Lau FRNANCR, FAANMS.

05.05.2018
Version 2.0