1. Introduction

The National Cancer Work Plan was endorsed by the Council of Australian Governments (COAG) in 2012. Implementation has been overseen by the COAG National Cancer Expert Reference Group (NCERG) with funding for projects from the Australian Health Ministers’ Advisory Council (AHMAC) cost-shared budget, the Commonwealth and jurisdictions. A 2012-13 progress report was provided to AHMAC and the Standing Council on Health (SCOH) in December 2013 and the 2013-14 progress report was provided to AHMAC Out of Session in February 2015. This report provided to AHMAC out of session provides a brief overview of 2014-15 and 2015-16 activities.

2. Overview of the National Cancer Work Plan

2.1. Context and Background

In Australia, 1 in 2 men and 1 in 3 women will develop cancer before the age of 85.1 With an ageing population new cancer cases will increase, putting pressure on health services and expenditure as well as patients, families and carers. Cancer survival rates in Australia are, on average, among the world’s best but outcomes differ by tumour type, remoteness, socioeconomic and Indigenous status and other features. These disparities compromise equitable survival, optimal quality of life and the efficient use of resources.

In 2010, COAG noted these disparities in cancer outcomes across different groups and recognised that those disparities could be addressed through more effective cancer diagnosis, treatment and referral protocols. The NCERG was formed to develop a National Cancer Work Plan to address these issues.

NCERG is jointly chaired by the Commonwealth Government and Victoria with representation from all jurisdictions, Cancer Australia, the Cancer Council Australia, the Clinical Oncological Society of Australia and consumer input. It is Australia’s only government endorsed, high-level, expert national cancer forum, including government representation as well as clinical expertise. A current membership list is provided at Attachment A.

2.2. The National Cancer Work Plan

In July 2012, COAG endorsed the National Cancer Work Plan. It is guided by the following three principles:

- focus on actions requiring national coordination; build on jurisdictional cancer plans and enhance current investments;
- be underpinned by best-practice research and evidence-based treatment and supportive care; and
- recognise the tight fiscal environment and the difficulty of funding significant new activity.

The National Cancer Work Plan includes initiatives to provide appropriate, efficient and well-coordinated care for people affected by cancer and their families - from diagnosis through treatment and support, to the management of follow-up care and survivorship. A partnership approach underpins the plan with national, jurisdictional and health professional leadership on specific priority projects, along with consumer involvement.

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National Cancer Work Plan Initiatives

Initiative 1 - Pathways of cancer care

Cancer is a complex disease with many different tumour types, requiring diagnostic and treatment services from a vast array of health professionals using different modalities across both the public and private sector. Patient-focused care can be improved with more efficient, nationally agreed cancer pathways, extending from suspicion of cancer to diagnosis, through to treatment and management, and then to follow-up care. This initiative addresses critical gaps in the patient journey and aims to achieve better integrated care through agreed evidence-based referral protocols and designated cancer patient management framework pathways. It will:

a) establish best-practice pathways of cancer care with agreed referral protocols (including post-treatment and survivorship) between GPs, cancer specialists and other allied health professionals

b) improve the practical support available to patients, their carers and families so that they can better navigate the complex cancer journey.

Initiative 2 - Efficient and effective cancer services

This initiative develops cancer service capability frameworks and effective health professional role delineation within networked services, to maximise efficiencies and reduce unwarranted variations in cancer outcomes. This will be achieved by working with consumers, jurisdictions and peak health professional bodies to establish:

a) the piloting of innovative use of the cancer workforce including service efficiencies, scope of practice, and new models of shared care for cancer treatment

b) agreed capability frameworks for cancer services with defined linkages to primary care, regional cancer services and specialist tertiary teaching hospitals, and the promotion of safe, high quality cancer care by agreed role delineation for cancer services, specific tumours and sub-specialties to optimise outcomes.

Initiative 3 - Evidence-based cancer treatment

Implementing new research findings and best-practice treatment protocols substantially improves cancer outcomes. This initiative will support consistent, evidence-based care for all people affected by cancer. It will promote:

a) better use of multidisciplinary initial assessment and treatment planning cancer teams across both the public and private sector. Tele-health technology will be used to support multidisciplinary care in regional areas where feasible

b) the implementation of new research findings, evidence-based treatment and care, commencing with the national adoption of the NSW Cancer Institute’s eviQ database as an easily accessible, consistent, on-line, point-of-care treatment resource for cancer health professionals.

On 8 August 2014, the COAG Health Council approved $260,000 from the AHMAC cost-shared budget to support the implementation of the National Cancer Work Plan in 2014-15. Of these funds $61,850 were allocated to secretariat support for the NCERG provided by the Commonwealth and $198,150 for the work program.

On 25 June, 2015 the COAG Health Council approved $260,000 from the AHMAC cost-shared budget to support the implementation of the National Cancer Work Plan in 2015-16. Of these funds $61,850 were allocated to secretariat support for the NCERG provided by the Commonwealth and $198,150 for the work program.

A summary of projects undertaken during this period linked to the three National Cancer Work Plan initiatives is provided in Table 1 below.

Table 1: A summary of projects undertaken linked to the three National Cancer Work Plan initiatives

<table>
<thead>
<tr>
<th>National Cancer Work Plan Initiative</th>
<th>Initiative projects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiative 1: Pathways of Cancer Care</strong></td>
<td>Projects:</td>
</tr>
<tr>
<td>• establishing best-practice pathways of cancer care with agreed referral protocols</td>
<td>• Survivorship care Framework – led by South Australia</td>
</tr>
<tr>
<td>• improving practical support for patients, their carers and families</td>
<td>• Outcomes of complex cancer surgery project - how surgery volume affects outcomes – led by New South Wales</td>
</tr>
<tr>
<td></td>
<td>• Public and Private Sector Cancer Care Project - moving between public and private services – led by Commonwealth</td>
</tr>
<tr>
<td><strong>Initiative 2: Efficient and effective cancer services</strong></td>
<td>Projects:</td>
</tr>
<tr>
<td>• innovative use of the cancer workforce</td>
<td>• Standards for Chemotherapy Services in SA - led by South Australia</td>
</tr>
<tr>
<td>• agreed capability frameworks for cancer services</td>
<td>• Best Practice Cancer Care in Regional Australia - led by Cancer Australia</td>
</tr>
<tr>
<td></td>
<td>• Development of Optimal Care Pathways by Tumour Stream - assisting services to provide safe and effective care - led by Victoria</td>
</tr>
<tr>
<td></td>
<td>• Service Capability Frameworks Project - assisting services to provide safe and effective care – led by Victoria</td>
</tr>
<tr>
<td><strong>Initiative 3: Evidence-based cancer treatment</strong></td>
<td>Projects:</td>
</tr>
<tr>
<td>• better use of multidisciplinary teams</td>
<td>• Evidence-based care for lung cancer - better lung cancer care - led by Cancer Australia</td>
</tr>
<tr>
<td>• implementation of new research findings and best practice treatment protocols</td>
<td>• Evidence-based treatment database eviQ - led by New South Wales</td>
</tr>
</tbody>
</table>

Further information on each project including the funding allocations from the National Cancer Work Plan AHMAC cost shared budget is provided in the following pages.
3.1. Survivorship Care Framework - led by South Australia

Table 2:  Project funding - Survivorship Care Framework

<table>
<thead>
<tr>
<th>Year</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$84,000</td>
<td>$66,000</td>
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This project involves the development of a framework and implementation plan for a population based approach to survivorship care. The framework will support delivery of a minimum agreed standard of care to all patients treated with curative intent irrespective of tumour types.

Implementation pilots of standardised templates of the core components of the Framework (including treatment summary, needs assessment and care plan) were undertaken across three sites within South Australian Local Health Networks for three months. Of the three sites involved, two were able to implement with the third demonstrating potential. All sites were willing to continue to implement within practice and provide further input to the Framework.

A review is currently underway of qualitative feedback received by Project Champions relating to their experiences and perspectives in implementing the process. Treatment summaries and care plans developed during the pilot phase are undergoing analysis to determine the quality of the plans developed and assess their success in meeting their set objectives. Recommendations are being compiled based on pilot data to further inform the Framework and optimise chances of successful implementation. Further analysis of contextual issues that enable or prevent implementation is underway and will also be incorporated into the Framework and implementation plan.

All Champions will complete the Cancer Australia’s e-learning Survivorship Modules to further develop skills, particularly of motivational interviewing to support implementation and potential recommendation within the Framework for workforce considerations.

Transition of survivorship care from paediatric to adult settings and from acute care to primary care settings has emerged as a complex theme which requires further exploration and trial of innovative solutions to address. This area has been recognised as a key priority for future work on a population approach to survivorship care in South Australia and would likely also be beneficial for other jurisdictions.

Three e-poster presentations were presented at the Multinational Association of Supportive Care in Cancer (MASCC) Annual Meeting in Adelaide June 23–25. A poster and brief oral presentation was presented at the Australian and New Zealand Children’s’ Haematology and Oncology Group (ANZCHOG) Annual Meeting in Cairns June 23–25.

During 2016-17, South Australia will continue to refine the Framework and work with NCERG to assess the Framework for national application.
3.2. Outcomes of Complex Cancer Surgery Project - how surgery volume affects outcomes – led by New South Wales

Table 3: Project funding - Outcomes of Complex Cancer Surgery Project - how surgery volume affects outcomes

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
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<tbody>
<tr>
<td>$20,000</td>
<td>$30,000</td>
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There is evidence that the volume of cancer surgery undertaken at a hospital is a predictor of patient outcomes. Higher volume is associated with better outcomes. The Cancer Institute of NSW investigated this phenomenon for rare cancers in Australia by examining data on surgical outcomes and hospital volume of complex surgeries. The aim of the project was to provide evidence based information on appropriate surgery volumes to assist states and territories in cancer service planning and policy development.

This project investigated the outcomes of complex cancer surgery (volume/tumour analysis), for the following tumours: oesophagus, stomach, pancreas, colon, rectal and ovary. This analysis identified variations in outcomes and enabled outcomes across Australia to be benchmarked against international outcomes. By reviewing and understanding variations in outcomes, this project has identified areas for improving cancer outcomes and care within Australia.

The findings have been a useful catalyst for conversations regarding appropriate surgery volumes and some changes have been made to practice in NSW as a result.

During 2014-15, a draft report on rates of surgery, patient demographic and clinical characteristics, hospital volume and outcomes (length of stay, in-hospital mortality, discharge home) was prepared, circulated and discussed with the NCERG Project Steering Group. There are hospitals performing low volumes of cancer surgeries across Australia, which is informative for cancer service planning.

The data in the report were suggestive of there being differences in outcomes between states and territories. In 2015, the Cancer Institute of NSW provided data and information to states and territories to highlight opportunities for service delivery improvements.

In 2015/16 the Cancer Institute NSW publicly reported Higher-volume hospitals in NSW undertaking oesophagectomy and pancreatectomy. The higher-volume hospitals are those that meet the suggested minimum caseload of 6 oesophagectomies or pancreatectomies per year and are where people with oesophageal and pancreatic cancer should be referred. The impact of the publicly reported higher volume hospitals has seen a change in the referral patterns of patients from low volume centres to high volume centres.

The Cancer Institute NSW is exploring additional tumour streams where surgery outcomes in NSW are impacted by facility volumes. This work will progress in 2016/17.

3.3. Public and Private Sector Cancer Care Project - moving between public and private services – led by Commonwealth

Table 4: Project funding - Public and Private Sector Cancer Care Project - moving between public and private services

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
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<tbody>
<tr>
<td>$70,000</td>
<td>$0</td>
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</table>
The Commonwealth Department of Health also contributed $27,214 in 2014-15 to this project.

Many cancer patients move between public and private cancer services in the course of their treatment. This project, led by the Commonwealth Department of Health, examined the enablers and barriers to well-coordinated care between the two sectors through consultation with key stakeholders in public and private services at four different sites across Australia. Whilst noting this was an very small number of sites, those selected were to ensure representation across jurisdictions, geographical diversity, a variety of service levels and models, and opportunities to explore management of different tumour types. The project has produced a number of recommendations that will assist service planners and providers to provide better coordinated care as patients move between public and private services.

This project commenced in May 2014 with final report provided to NCERG Members in August 2015.

### Initiative 2: Efficient and effective cancer services

- innovative use of cancer workforce
- agreed capability frameworks for cancer services

### 3.4. Standards for Chemotherapy Services in SA – led by South Australia

| Table 5: Project funding - Standards for Chemotherapy Services in SA |
|-------------------|-------------------|-------------------|
| 2013-14 | 2014-15 | 2015-16 |
| $0 | $34,000 | $46,000 |

This project involves the evaluation of the implementation and impact of the standards on cancer service governance, service delivery, quality and safety, and workforce development. The Standards for Chemotherapy Services were developed in 2010 and this project aimed to develop recommendations on future directions for the standards including the potential and value of the standards or components of the standards more broadly across Australia.

In 2015, a consultant was commissioned to undertake this project. Phase 1 involved the development of an online survey targeting health professionals involved with the prescription and delivery of chemotherapy. Dissemination occurred via various state and national networks. A total of 87 health professionals across SA commenced the survey. Outcomes identified the need to further explore and unpack challenges and enablers to implementation of the Standards in general and individually. Phase 2 of the Chemotherapy Standards review commenced in February 2016. An interview guide was constructed following feedback from Phase 1 survey to further unpack findings. A total of 21 South Australian stakeholders (across both public and private sectors ranging from Medical Professionals, Nurse Practitioners, Cancer Care Coordinators, Pharmacists and, Safety and Quality) were interviewed with thematic analysis undertaken by the consultants. Perspectives from interstate stakeholders (including NCERG) were also sought to determine the applicability of the Standards and findings from South Australia across other jurisdictions and services.

An evidence scan was also undertaken to review identified policies, guidelines and resources that have been developed since the Standards were established (2010) to further inform updates that may be needed.
3.5. Best Practice Cancer Care in Regional Australia – led by Cancer Australia

Table 6: Project funding - Best Practice Cancer Care in Regional Australia

<table>
<thead>
<tr>
<th></th>
<th>2013-14 (Profiling of Regional Cancer Services Project)</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100,000</td>
<td></td>
<td>$25,150</td>
<td>$55,000</td>
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</table>

The Commonwealth Department of Health also provided $120,000 funding for this project in 2014-15.

The Best Practice Cancer Care in Regional Australia project is a continuation of the Profiling of Regional Cancer Services project funded by AHMAC in 2013-14. The initial project documented the status of cancer services for common and complex/high risk cancer types and a range of paediatric and adolescent and young adult cancers, treatments and referrals provided by 34 regional cancer services from across Australia at a point in time (between March and June 2014). This was mapped against relevant Service Capability Frameworks (endorsed by NCERG) which define the minimum service features (e.g. workforce competency, skills and experience; equipment and infrastructure; and clinical support services) required to provide treatment depending on the type/complexity of the tumour.

The initial project identified opportunities to improve care and ensure that cancer care provided at regional cancer services is in line with national service capability frameworks. This is so that people affected by cancer in regional and rural areas receive the right care at the right place at the right time.

In 2014-15 Cancer Australia reviewed reports from each jurisdiction in accordance with the nationally endorsed Optimal Cancer Care Pathways (OCPs), for six common and seven complex cancers and some common paediatric and adolescent and young adult cancers to highlight areas for consideration in enabling best practice cancer care in regional Australia. The OCPs, focused on the key principles of care: patient-centred care, safe and quality care, multidisciplinary care, supportive care, care coordination, communication and, research and clinical trials.

Eight jurisdictional papers Profiling Regional Cancer Services: Findings and Opportunities were developed. These papers identified opportunities under each key principle for further consideration by each jurisdiction.

The next phase of work conducted in 2015-16, involved meeting with health department executives and clinical experts in each jurisdiction to discuss the findings and explore opportunities to support the delivery of best practice, evidence-based cancer care in regional areas.

To further strengthen best practice care in regional cancer services through shared learnings across jurisdictions and services, Cancer Australia will hold a national Regional Cancer Services Forum in late 2016. Cancer Australia has established a Steering Committee, with representation from all States and Territories to provide input into the program for the National Forum.

3.6. Development of Optimal Care Pathways by Tumour Stream - assisting services to provide safe and effective care – led by Victoria

Table 7: Project funding - Development of OCPs by Tumour Stream - assisting services to provide safe and effective care

<table>
<thead>
<tr>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$12,150</td>
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</table>
Following significant consultation and development by Victoria, in 2015-16, the National Cancer Expert Reference Group (NCERG) has achieved national endorsement of the Optimal Cancer Care Pathways (OCPs) and national agreement to pilot the adoption of some of these pathways in state and territory health services during 2016-17. The OCPs have been endorsed by the Cancer Australia, Cancer Council Australia, the Australian Health Minister Advisory Council and the COAG Health Council.

OCPs are national guides to promote the best cancer care for specific tumour types and have been developed with the aim of reducing unwarranted variation in treatment outcomes for cancer that are still evident in Australia. Each pathway maps the key steps in a cancer patient’s journey from diagnosis to survivorship or end-of-life care and describes the key principles and expected standards of care at each stage. Each pathway was developed by an expert group including clinicians specialising in treatment of the particular tumour, GPs and consumers, and in consultation with medical colleges and peak health organisations.

OCPs have been developed for fifteen tumour streams: lung, colorectal, hepatocellular carcinoma, prostate, lymphoma, melanoma, pancreatic, ovarian, malignant glioma, head and neck, breast, oesophagogastric, basal cell and squamous cell carcinoma, endometrial, and acute myeloid leukaemia.

There are three versions for each Optimal Cancer Care Pathway which can be accessed through the following links:

- View the detailed clinical pathways\(^2\) for cancer specialists, health professionals and health service administrators.
- View the quick reference guides for GPs\(^3\) to familiarise GPs and other primary care providers with the cancer care pathways.
- View the patient ‘what to expect’ guides\(^4\) to help patients and their carers understand the cancer care pathway and what to expect at each stage.

During 2015, Victoria used the AHMAC cost shared funding to produce hard copies of the OCPs and support the translation of the OCPs into 5 other languages and a plain English version.

In October 2015, AHMAC endorsed a pilot implementation within each jurisdiction in 2016-17. AHMAC cost shared budget funds have been allocated to support this pilot implementation. Each jurisdiction is approaching the implementation to reflect relevant priorities. A report on the OCP implementation will be provided to AHMAC in late 2017.

### 3.7. Service Capability Frameworks Project - assisting services to provide safe and effective care – led by Victoria

Victoria is leading the development of a nationally consistent Service Capability Framework for cancer services to establish clinically safe and effective cancer care pathways. The Service Capability Framework will define the minimum service features (e.g. workforce competency, skills and experience; equipment and infrastructure; and clinical support services) required to provide cancer treatment depending on the type and complexity of the tumour. This Framework assisted the Profiling of Regional Cancer Services project.

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Initial work involved commissioning an environmental scan to identify key principles and advise on a preferred approach. The final report of the environmental scan, Review of Service Capability Frameworks Relating to Cancer was sent to all jurisdictional Health Ministers in July 2014. The Review maps existing service capability models and gaps, and makes recommendations for a harmonised national framework.

In 2014-15, a pilot was undertaken to test the Service Capability Framework toolkit in three regions in Victoria. The toolkit assists service providers to assess the cancer services that are in place and classify them against the Service Capability Framework levels. This pilot also included the development of audit tools and an information pack. The pilot team has used the findings of this work to refine the audit tools and/or the draft Service Capability Framework modules to support a round of broader application across Victorian services. A report of the pilot work, findings and recommendations for refinement of the audit process and supporting tool has been completed and edited prior to public release.

Initiative 3: Evidence-based cancer treatment

- better use of multidisciplinary teams
- implementation of new research findings and best practice treatment protocols

3.8. Evidence-based Care For Lung Cancer - better lung cancer care – led by Cancer Australia

In 2013, Lung cancer was the most common cause of cancer death in Australia. Evidence indicates that people with lung cancer have high levels of unmet need and there are considerable variations in the care, service delivery experiences and treatment outcomes of people affected by lung cancer.

The Lung Cancer Demonstration project commenced in 2013-14 and has been fully funded by Cancer Australia. Under the project, Cancer Australia has supported four health service sites across Australia (collaborations) to demonstrate best practice lung cancer care against in accordance with Cancer Australia’s Principles for best-practice management of lung cancer care in Australia. The project aims to identify strategies to support the implementation of best practice lung cancer care more broadly and promote consistent, evidence-based care for people affected by lung cancer.

In 2013-2014, four collaborations were engaged via a select tender process: Metro North Hospital and Health Service, Queensland; Southern Tasmanian Collaboration, Tasmania; Sydney Local Health District, New South Wales; and the Western Australia Cancer and Palliative Care Network, Western Australia. The collaborations completed a self-assessment of current practice and participated in an implementation workshop to enable the identification and development of strategies to support the delivery of best practice lung cancer care, utilising a staged approach.

The collaborations implemented three of five Cancer Australia’s Principles for best-practice management of lung cancer in Australia (Principles). The three Principles focused on were:

- timely access to evidence-based pathways of care;
- multidisciplinary care; and
- data-driven improvements in lung cancer care.

Implementation of the remaining two Principles (Patient-centred care and Coordination, communication and continuity of care) commenced in 2015. This is in addition to the continued implementation of the Data-driven improvements in lung cancer care.
In 2016-2017, Cancer Australia aims to complete an evaluation of the implementation of the Principles. Based on these findings a draft *Framework for the best practice management of lung cancer in Australia* will be developed in collaboration with members of the Clinical Leadership Group and Project Steering Group, to support national implementation of the *Principles for best-practice management of lung cancer in Australia*.

### 3.9. Evidence-based Treatment Database – eviQ – led by New South Wales

Table 8 - Project funding - Evidence-based Treatment Database - eviQ

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$25,000</td>
<td>$19,000</td>
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</tbody>
</table>

In 2013-14 NCERG supported the adoption by cancer clinicians and several jurisdictions of eviQ, an online tool which provides evidence-based information to support health professionals in the delivery of cancer treatments. In 2014-15 and 2015-16, this project has used the national governance structure for the eviQ database to build on the current Radiation Oncology Content stream. It has also investigated the potential to report on patient outcomes utilising the eviQ unique identifier.

All participating clinicians are encouraged to engender culture change by promoting the benefits of eviQ to their colleagues thus ensuring eviQ remains the preferred provider of evidence based cancer treatment information.

In 2016-17, the NSW Cancer Institute will consider opportunities to overlay the Optimal Cancer Care Pathways with new software to enable integration of the OCPs with eviQ. This will support the implementation of the OCPs Nationally.

### 4. Future Directions

Cancer survival rates in Australia are world best but outcomes differ unacceptably by remoteness, Aboriginal and Torres Strait Islander status and socioeconomic status. Further action is needed to make cancer care more efficient and to give all Australians access to high quality care.

In 2016-17, NCERG will consolidate work undertaken to date in implementing the National Cancer Work Plan and continue to provide a crucial forum for coordination of cancer policy and control at a national level. The focus in 2016-17 will be on implementation of the OCPs and working with jurisdictions to encourage their uptake. This work will contribute to consistent cancer care across the country that maximises efficiencies and builds on the considerable recent investment in cancer infrastructure by all governments.
## Attachment A

National Cancer Expert Reference Group (NCERG) participants (as at September 2016)

<table>
<thead>
<tr>
<th>Jurisdiction / Organisation</th>
<th>Participant(s)</th>
</tr>
</thead>
</table>
| **Joint Chairs**                    | Dr Brendan Murphy, Chief Medical Officer, Department of Health  
                                        Professor Robert Thomas, Chief Cancer Advisor, Department of Health, VIC, and Chair of the Victorian Cancer Agency Consultative Council                                                                                 |
| Commonwealth                        | Alice Creelman, Assistant Secretary, Cancer and Palliative Care Branch                                                                                                                                              |
| **Victoria**                        | Ms Kathryn Whitfield, Acting Manager, Cancer Strategy and Development Unit                                                                                                                                         |
| **Western Australia**               | Ms Violet Platt, Director of Nursing, WA Cancer and Palliative Care Network                                                                                                                                       |
| **Australian Capital Territory**    | Associate Professor Paul Craft, Clinical Director, Capital Region Cancer Services, ACT Health  
                                        Ms Denise Lamb, Executive Director, Capital Region Cancer Services, ACT Health                                                                                                                                  |
| **South Australia**                 | Ms Lynne Cowan, Deputy Chief Executive Transforming Health, Department of Health  
                                        Professor Dorothy Keefe, Chairman, Cancer Clinical Network Steering Committee                                                                                                                                  |
| **Northern Territory**              | Dr Dinesh K Arya, Chief Medical Officer, Department of Health  
                                        Dr Narayan Karanth, Medical Oncologist, Department of Health                                                                                                                                                    |
| **Tasmania**                        | Dr Stan Gauden, Director, Holman Clinic, Launceston General Hospital  
                                        Dr Rosemary Harrup, Staff Specialist, Head of Department, Medical Oncology & Clinical Hematology, Royal Hobart Hospital                                                                                     |
| **Queensland**                      | Dr Liz Kenny, Medical Director, Central Integrated Regional Cancer Service, Queensland Health  
                                        Michael Zanco, Healthcare Innovation and Research Branch, Clinical Excellence Division                                                                                                                      |
| **New South Wales**                 | Professor David Currow, CEO, Cancer Institute NSW                                                                                                                                                                 |
| **Cancer Australia**                | Professor Helen Zorbas, CEO                                                                                                                                                                                        |
| **Cancer Council Australia**        | Professor Sanchia Aranda, CEO, Cancer Council Australia                                                                                                                                                            |
| **Clinical Oncological Society of Australia** | Associate Professor Mei Krishnasamy, President                                                                                                                                                |
| **Consumer representatives**        | Ms Rosanna Martinello, Consumer Representative  
                                        Mr James Armstrong, Consumer Representative                                                                                                                                                                    |