



Australian Government

DELIVERING BETTER CANCER CARE

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Australian Government

DELIVERING BETTER CANCER CARE

CANCER

Cancer affects hundreds of thousands of Australian families at any given time: 100,000 new cases of cancer are diagnosed, and around 40,000 people die from various forms of this disease every year.

The cancer burden is particularly great for cancer patients living in rural areas, who are up to three times more likely to die from some cancers than people living in metropolitan areas within five years of being diagnosed.

The Australian Government is strongly committed to preventing cancer where possible and strengthening care for cancer patients where it is not. To date, the Government has committed \$2.3 billion in infrastructure, medicines, screening and research to build a world class cancer care system in Australia.

This includes a \$560 million commitment to improve access to cancer care services in regional areas of Australia – to help close the gap in outcomes for rural cancer patients.

Cancer in Australia

Cancer remains the leading cause of premature death in Australia. Although survival rates have improved dramatically for many cancers in the past 20 years, with more than 60% of all cancer patients alive five years after their diagnosis, cancer is still placing an intolerable burden on our community.

The risk for a male being diagnosed with cancer before age 75 is 1 in 3, and before age 85 is 1 in 2. The risk for a female being diagnosed with cancer before age 75 is 1 in 4, and before age 85 is 1 in 3¹.

In 2006, there were over 39,000 deaths from cancer, and over 100,000 new cases of cancer diagnosed in Australia².

1 AIHW: Australian Cancer Incidence and Mortality Books, 5 February 2010.

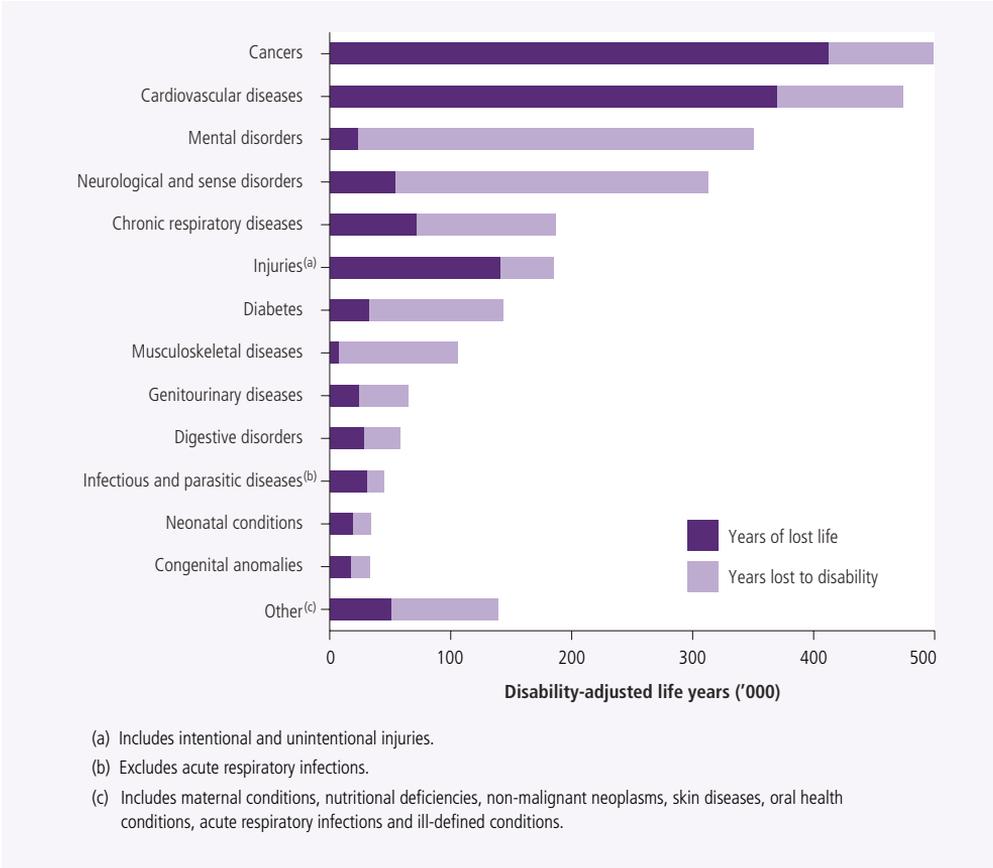
2 AIHW: Australian Cancer Incidence and Mortality Books, 5 February 2010.

The cancer burden is particularly great for people living in rural areas: because of poor health infrastructure and poor access to health care providers, for some cancers, rural residents are *up to three times* more likely to die than their urban counterparts within five years of diagnosis.

Substantial improvements to our cancer care system are needed to close the gap in outcomes for cancer patients living in rural areas.

While cancer outcomes in Australia overall are among the best in the world, we know that the number of new cancer cases is expected to increase by more than 30% in the next ten years as the population ages. We need to act now to prepare our cancer care services to meet this challenge, and ensure Australia provides world’s best cancer care to Australian cancer patients into the future.

Figure 1 - Burden of Major Disease Groups 2003 - Years of Lost Life (YLL) and Years Lost to Disability (YLD)



Source: Australian Institute of Health and Welfare, *Australia's Health 2008*

A complex but potentially preventable disease

Cancer is a complex set of diseases with many different possible tumour sites. Cancer usually presents as a solid growth or tumour, which may spread from the primary site to involve distant organs. A minority of cancers result from the inheritance of a damaged gene. Most deaths from cancer result from the disease spreading to vital organs like the lungs, liver and brain.

Cancer is potentially one of the most preventable and treatable of all diseases – around one third of cancer is preventable. Tobacco consumption is the largest preventable cause of cancer. Other risk factors are poor diet; insufficient physical activity; being overweight or obese; unsafe alcohol use; infectious diseases and exposure to ultraviolet radiation. In 2005, over 11% of new cancer cases and nearly 21% of cancer deaths could be attributed to smoking and 3% of new cancer cases and 3.5% of cancer deaths attributed to excessive alcohol consumption³. The risk of many cancers can therefore be modified by lifestyle changes.

People with cancer require highly specialised care

Cancer patients require highly specialised care delivered in a number of settings with multiple providers, as well as many different types of treatment. Survival and quality of life depend on early detection and referral to an appropriate multidisciplinary team for diagnosis, and a best practice treatment plan accompanied by supportive care.

People living in rural and regional Australia – more than 30% of Australians – tend to experience the greatest difficulties in accessing the full range of medical and specialist services, including cancer care.

This is because of sparse health infrastructure, geographic isolation, and a relative shortage of health care providers. For some cancers, rural residents are up to three times more likely to die than their urban counterparts within five years of being diagnosed. Similarly, cancer outcomes amongst Indigenous Australians are especially poor.

The cancer patient's journey is frequently challenging and may cross multiple settings in both the private and public sectors. Cancer care involves numerous doctors and specialists, often providing care independently of one another. Navigating this complex system can be difficult for patients at a stressful time. It is therefore important to coordinate cancer care and treatment in a timely, seamless way to improve survival and quality of life for each patient.

3 AIHW: Cancer in Australia: An Overview, 2008.

What the Government is doing to tackle cancer

Over the last three years, the Australian Government has committed over \$2 billion to build a world-class cancer care system. All cancer patients, their families and carers, our doctors, nurses and allied health professionals, will benefit from this significant investment, regardless of their type of cancer, who they are, or where they live and work in Australia.

Establishing new infrastructure

The most significant feature of the new world-class cancer care system is the establishment of substantial new cancer infrastructure. The Government has committed \$1.3 billion over six years to improving Australia's cancer infrastructure.

Building integrated cancer centres

The Government is providing infrastructure funding of \$526 million to build two Integrated Cancer Centres in Sydney and Melbourne:

- › Lifehouse at RPA: the Chris O'Brien Cancer Centre in Sydney has received an additional \$100 million in the 2009-10 Budget, on top of the \$50 million committed in the 2008–09 Budget; and
- › the Parkville Comprehensive Cancer Centre in Melbourne will receive \$426 million from the Commonwealth Government, as part of a project jointly funded by the Victorian Government.

These centres will function as a national resource to improve cancer control for all Australians and will, at a minimum provide a range of services and facilities, including:

- › **state-of-the-art facilities:** multidisciplinary clinical care encompassing diagnostic services, surgery, radiotherapy, chemotherapy, wellness facilities and support services (including post-treatment support);
- › **high quality cancer research:** successful, innovative and comprehensive peer-reviewed research at a basic, clinical and population level will be conducted at these two Integrated Cancer Centres, and rapid translation of this research to cancer care will help to improve patient care;
- › **training, education and mentoring:** will be provided to cancer health professionals and research staff across a broad range of cancer services;

- › **linking public and private:** collaborative linkages across both the private and public sectors with other cancer services and regional cancer centres;
- › **expertise in treating rare and complex cancers:** a high level of cancer sub-specialisation, supported by multidisciplinary teams of health professionals delivering best practice care; and
- › **effective governance structures:** linking integrated cancer centres with other cancer care centres, through strong institutional and funding support.

Integrated Cancer Centres will foster excellence and be a major boost to cancer research in this country. To bolster Australia's research capacity, the Government has also invested \$70 million to expand the Garvan/St Vincent's Cancer Centre in Sydney, which will focus on research excellence in cancer care.

Regional Cancer Centres

In addition to investing in Integrated Cancer Centres in Sydney and Melbourne, the Government is investing \$560 million from the Health and Hospitals Fund for a network of new and enhanced regional cancer centres. Regional cancer centres and associated accommodation facilities will be located across Australia.

Regional Cancer Centres will help to close the gap in outcomes for cancer patients living in rural, regional and remote communities, something key cancer and patient stakeholder groups have long been calling for.

Regional cancer centres will align with state and territory cancer plans and will focus on identified patient treatment gaps. They will be part of a collaborative network of linked private and public services – both locally and nationally – to provide quality multidisciplinary care for patients. Links between regional cancer centres and specialised metropolitan care will ensure that cancer treatment will continue to be given at the most appropriate location, depending on the type and complexity of the tumour and the patient's individual circumstances.

Regional Cancer Centres will enable Australians in rural and regional communities to receive care closer to home and their community – which will help to improve treatment outcomes, and make the cancer journey for many rural patients much less difficult.

This investment will fund around 20 regional cancer care projects around the country – including approximately eight new regional cancer centres, seven upgrades to existing facilities, and four patient accommodation projects

On 7 April 2010 the Government announced eight successful projects for RCC funding. These projects are listed below:

Name and Locations of Regional Cancer Centre/ Project	Main Equipment/Facilities to be provided	Funding
New England and North West Regional Cancer Centre <i>Tamworth, Armidale, (servicing North Western NSW)</i>	<ul style="list-style-type: none"> › 1 linear accelerator (Tamworth) › 2 radiation oncology bunkers (Tamworth) › 6 chemotherapy chairs (4 at Tamworth and 2 at Armidale) › 14 accommodation places for patients and carers (Tamworth) › 1 computed tomography (CT) scanner (Tamworth) 	\$31.69m
Ballarat Regional Cancer Centre <i>Ballarat (servicing the Grampians region)</i>	<ul style="list-style-type: none"> › 2 linear accelerators › 4 radiation oncology bunkers › 16 chemotherapy chairs › 1 computed tomography (CT) scanner 	\$42.02m
Expansion of Gippsland Cancer Care Centre <i>Traralgon (servicing the Gippsland region)</i>	<ul style="list-style-type: none"> › 1 linear accelerator › 1 radiation oncology bunker › 16 chemotherapy chairs/beds 	\$22m
Stage 2 Accommodation Gippsland Cancer Centre <i>Traralgon West (servicing Gippsland)</i>	<ul style="list-style-type: none"> › 9 accommodation places for patients and carers (Traralgon) 	\$1.5m
Statewide Enhancements to Regional Cancer Centres <i>Ballarat, Bendigo, Traralgon, Albury-Wodonga</i>	<ul style="list-style-type: none"> › 1 positron emission tomography/ computed tomography (PET/CT) scanner (Albury-Wodonga) › Up to 31 accommodation places for patients and carers (Ballarat and Bendigo) › Installation of Information and Communications Technology equipment 	\$9.5m
Townsville and Mt Isa Integrated Regional Cancer Service <i>Townsville and Mt Isa (servicing North Queensland)</i>	<ul style="list-style-type: none"> › 2 linear accelerators (Townsville) › 3 radiation oncology bunkers (Townsville) › 26 chemotherapy chairs/beds (Townsville) › 1 positron emission tomography/ computed tomography (PET/CT) scanner (Townsville) › 3 chemotherapy chairs/beds (Mt Isa) 	\$70.1m

Name and Locations of Regional Cancer Centre/ Project	Main Equipment/Facilities to be provided	Funding
Strengthening Cancer Services in Regional WA <i>Albany, Northam, Narrogin, Geraldton, Kalgoorlie</i>	<ul style="list-style-type: none"> › 28 chemotherapy chairs › 21 accommodation places for patients and carers 	\$22.29m
South West Health Campus <i>Bunbury</i> (servicing South West WA)	<ul style="list-style-type: none"> › 12 chemotherapy chairs/beds › 12 accommodation places for patients and carers › 1 positron emission tomography/computed tomography (PET/CT) scanner 	\$23.37m

The Government will announce the remaining successful Regional Cancer Centre projects in the near future.

National standards to improve cancer care

In addition to these investments in cancer care infrastructure, in order to provide national consistency in the access and delivery of quality patient care, the Commonwealth is committed to establishing nationally agreed and consistent best practice cancer protocols and pathways of care to be followed by all health providers, public and private.

This forms part of our broader commitment, through the National Health and Hospitals Network, to introduce national standards and reporting in the health system to ensure consistent, high quality care across the country.

In order to achieve this in cancer care:

- › over time, the Government will work with the States and Territories to improve the cancer patient journey and reduce delays in initial diagnosis and treatment;
- › this will include the development and implementation of agreed referral protocols and clinical pathways of care – from primary care to regional cancer centres, or onward referral to highly specialised services including Integrated Cancer Centres.

For cancer patients, particularly those living in rural, regional and remote areas, better integrated and well coordinated cancer services will result in more cancers being prevented, earlier detection of cancer, and improved survival rates. Patients will get better information about their disease in a timely way with an improved quality of life.

Preventing cancer

As noted above, the largest preventable cause of cancer is tobacco consumption. The Commonwealth Government is investing heavily in promoting programs and interventions to reduce preventable chronic disease, including cancer. These initiatives include:

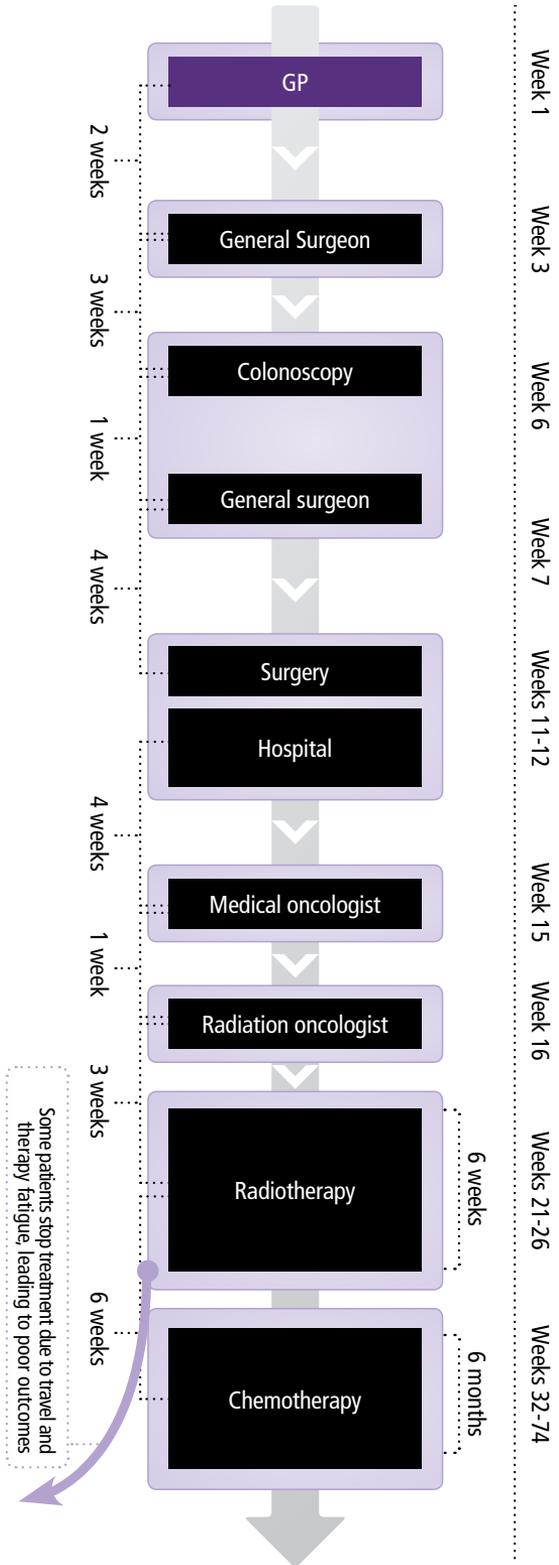
- › \$872.1 million through the National Partnership Agreement on Preventive Health, which includes:
 - › \$692 million for interventions in preschools, schools, workplaces and communities to support physical activity, improved diets and healthy weight;
 - › \$61 million for public awareness campaigns encouraging Australians to quit smoking; and
 - › \$59 million to expand and extend the MeasureUp campaign to continue raising awareness of the risks associated with unhealthy weight, physical inactivity and poor diet – which can lead to bowel cancer.
- › Additional funding for tobacco control programs, which includes:
 - › \$15 million to reinvigorate the National Tobacco Strategy;
 - › \$100 million for a regional tobacco workforce and local health promotion programs to help reduce smoking rates in Indigenous communities under the COAG Closing the Gap in Indigenous Health National Partnership; and
 - › \$14.5 million for the Indigenous Tobacco Control Initiative, which is trialling innovative approaches to smoking prevention and cessation in Indigenous communities, to inform the COAG measure.

Other cancer investments

Since 2007 the Government has made a range of important investments in cancer care:

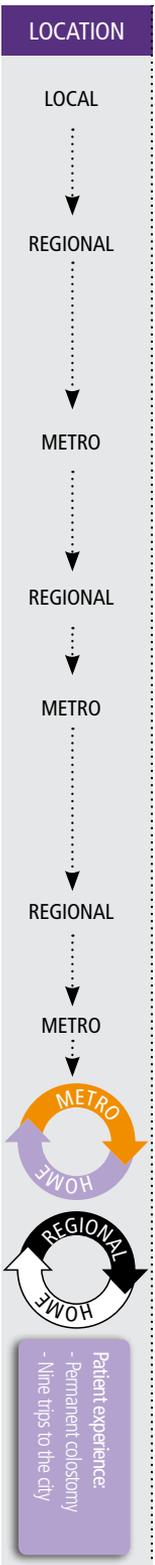
- › **\$600 million** has been invested over the next five years to ensure that people with cancer can get the medicines they need. This includes \$314.1 million for the bowel cancer drug Avastin in the 2009–10 Budget.
- › **\$120 million** has been committed to replace BreastScreen Australia’s analogue mammography equipment with state-of-the-art digital mammography equipment used for screening women for breast cancer.
- › **\$87.4 million** to continue and expand the National Bowel Cancer Screening Program.
- › **\$31 million** in financial support for women who require breast prostheses as a result of breast cancer.
- › **\$12 million** to the McGrath Foundation to recruit, train and employ breast care nurses for a period of four years, all of which are now on line.
- › **\$15 million** for a children’s cancer centre in Adelaide.
- › **\$15 million** to CanTeen for the establishment of Youth Cancer Networks across Australia.
- › **\$15 million** to set up two dedicated prostate cancer research centres in Melbourne and Brisbane.
- › **\$15 million** for the Oliva Newton-John Cancer and Wellness Centre in Melbourne.

Current Journey for the Rural Cancer Patient



GP refers ... → General surgeon ... → Colonoscopy finds ... → Rectal cancer ... → Chemotherapy ... → Radiotherapy ... → Six weeks of five ... → Minimum six months of chemotherapy. Patient is left with an avoidable colostomy bag.

to general surgeon. colonoscopy. refers for a surgeon. rectal cancer. surgically removed. Permanent colostomy needed. suggested but opinion from radiation oncologist needed. suggested before surgery could have averted permanent colostomy. weekly sessions of radiotherapy — each session involving travel to metropolitan area.



Ideal Journey for the Rural Cancer Patient

