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The Secretary
Senate Community Affairs References Committee
Suite S1 59
Parliament House
Canberra ACT 2600

To the Secretary,

Thank you for the opportunity to respond to this issue.

I have trained in Radiation and Medical Oncology but my primary practice now is in radiation oncology. I am the Director of a large Multidisciplinary Cancer Unit but the following represents my personal views rather than institutional ones.

Multidisciplinary Approach to Cancer Treatment

- 1) I have been a keen supporter of this mode of assessment, evaluation and treatment over my professional lifetime. I have helped to establish a Combined Breast Cancer Clinic and a Combined Thyroid Cancer Clinic and been involved in other combined cancer clinics. The benefits of these clinics are to try to provide a clear therapeutic pathway for the patient and their family. They also contribute to improved cure rates and also in the light of most cancer treatments having a low therapeutic ratio are helpful in reducing the overall morbidity and toxicity of treatment. I believe that most patients who are diagnosed with cancer would benefit from a multidisciplinary approach however this may be organised.
- 2) With the increase in complexity in diagnosis, pre-treatment staging and a multidisciplinary approach to treatment and management; the clinical pathway for many patients and their families may be complex and lengthy and carried out in different areas. It is therefore desirable for case managers or coordinators to help patients and their families navigate the complexities of management to try to ensure the best outcomes both in terms of cure and in reducing morbidity.

- 3) The importance of psychosocial factors in patient care is not unique to cancer. However, cancer remains a feared disease and given its chronicity the importance of psychosocial adjustment and care cannot be over estimated. The recent publication of the psychosocial guidelines has provided a blueprint for addressing these issues. A diagnosis of cancer affects not only the individual but their families, friends and work colleagues. There is no single model which can provide best practice but we can work towards this with educational programs and implementation of more specialized psychosocial care.
- 4) The impact of a cancer diagnosis on regional and the Indigenous Australians is greater as for the most part they will have to travel considerable distances for many aspects of their treatment. The problems this causes should be to some extent counterbalanced by the knowledge that specialisation and increasing volumes of case turnover are in many instances associated with better outcomes. There is no single model which covers all services but some form of outreach services possibility combined with enhanced tele-medical services and particularly travel and assistance schemes may go a long way to minimising the impacts of the necessity to travel.
- 5) The current barriers to the implementation of the best practice in these fields are largely related I believe to shortage of skilled practitioners in all fields. There are many documents which provide guidance to best practice including the various scientific guidelines the National Service Improvement Framework and optimising cancer care. The relative importance of cancer is increasing and as the population ages this will exacerbate the situation. Whilst therapeutic results are improving all the time there does not seem to be likely in the foreseeable future any major new treatment which will substantially alter the situation. It is therefore important that we apply what we know works as widely and as equitably as possible.

Less Conventional and Complimentary Cancer Treatments

- 1) I would like to draw a distinction between treatments which purport to have an anti-cancer effect and those which claim to support patients either generally or through their treatment. By and large oncologists are very pragmatic and are happy to use any form of treatment which is of proven and predictable value. There is therefore a wide range of anti-cancer treatments as is evidenced by the use of multidisciplinary clinics and management programs. There is a fairly well defined path for new drugs involving phase 1, 2 and 3 studies and trials and for a drug with a claimed anti-cancer effect it would seem reasonable to continue this pathway.

- 2) Treatments of various sorts which may be utilised to support patients during their cancer journey are numerous and are both physical and psychological. They may be particularly helpful for patients to try to re-establish some form of control over their lives which may have been lost during a lengthy and difficult course of treatment for malignancy. It is important that health care professionals particularly doctors discuss these other treatments with their patients as by and large the majority do not have any particular harmful effects. There are combinations and circumstances where less conventional therapies may be harmful. Therefore it is important that a judgemental attitude is not taken. The use of less conventional treatments will vary with time but is particularly prevalent at the time of diagnosis of metastatic disease particularly if this has been preceded by a long course of initial treatment.

- 3) The role of government in this field is difficult and it may be helpful to again distinguish between those treatments which were reported to have an anti-cancer effect and those which are supportive. There is no doubt in the past that some treatments and practitioners' have been exploitative of patients in a vulnerable situation. There is much debate at present as to how to enhance clinical studies and trials and this is to be welcomed and if the infrastructure is available then investigations can be carried out to research the role of these so called less conventional cancer treatments. As in other areas I believe that the onus should be on those making claims of efficacy to provide evidence rather than the existing therapeutic community. This is a difficult area and it would be helped by greater participation in clinical studies and trials of a wide variety of cancer treatment and support modalities.

Thank you for the opportunity to respond to this inquiry. I would be happy to enlarge upon any of these observations.

With kind regards,

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Amin'.