



Commonwealth Government

**Senate Community Affairs References Committee
Inquiry into Gynaecological Cancer in Australia**

Commonwealth Government Response to the Committee's Report:
Breaking the silence: a national voice for gynaecological cancers

February 2007

Introduction

Australia has one of the best systems of cancer care in the world. In comparison to other developed countries, Australia has relatively high cancer incidence rates but comparatively low cancer mortality rates, indicating that cancer survival in Australia is relatively good. The health system in Australia is performing well in lengthening survival through early detection and in the treatment of cancer.

The Commonwealth Government provides significant resources in relation to the prevention and treatment of gynaecological cancers. Advances continue to be made in gynaecological cancer research; during 2000-06 the National Health and Medical Research Council (NHMRC) provided more than \$44 million for research into gynaecological cancers.

The Government has invested heavily in screening for female cancers, notably breast and cervical cancer. The National Cervical Screening Program (NCSP) has been so successful in detecting and following up pre-cancerous abnormalities that the incidence of cervical cancer has fallen by 57% and mortality by 58% in the past ten years.

The Government also funds a national ovarian cancer program through the National Breast Cancer Centre (NBCC). The NBCC has developed evidenced based guidelines, endorsed by the NHMRC, for the management of women with epithelial ovarian cancer. It is now focussing on assisting with enhancing treatment through the development of a guide for health professionals on multidisciplinary cancer care meetings.

Burden of Gynaecological Cancer in Australia

Each year in Australia an estimated 462,000 people are diagnosed with cancer. Approximately 374,000 of these cases are less threatening types of skin cancer – namely non-melanocytic skin cancer. Over 88,000 people will be diagnosed with other types of cancer and approximately 36,000 people will die per year from cancer. Cancer accounts for 31% of male deaths and 26% of female deaths in Australia per annum. As a group of cancers, gynaecological cancers are the third most common form of cancer for Australian women, and the fourth most common form of cancer mortality in Australian women.

The top five frequently occurring cancers for females in Australia, 2001

Incidence

Cancer Site	% of all Female Cancer Incidence	Risk of diagnosis by age 75
Breast	29.1	1 in 11
Colorectal	14.5	1 in 26
Gynaecological	9.6	1 in 34
Melanoma	9.5	1 in 34
Lung	7.1	1 in 46

Mortality

Cancer Site	% of all Female Cancer Mortality
Breast	16.3
Lung	15.0
Colorectal	13.5
Gynaecological	9.6
Unknown Primary Site	7.7

Key gynaecological cancer statistics

Type of cancer	Incidence ^{1,2,3}	Risk of diagnosis by age 75 ⁴	Mortality ^{1,2,3}	5 year survival rate ⁵ (1992-97)
Uterus	1,537 (2001)	1 in 75	299 (2001)	81.4%
Ovarian	1,273 (2002)	1 in 101	851 (2004)	42.0%
Cervix	689 (2002)	1 in 201	212 (2004)	74.6%
Vulva, vagina and placenta	319 (2001)	1 in 569	100 (2001)	N/A

Sources:

¹ Cancer in Australia 2001, AIHW

² Cervical screening in Australia 2003-2004 - AIHW - August 2006.

³ Ovarian Cancer in Australia: An Overview 2006, AIHW & NBCC, 2006

⁴ National Cancer Statistics Clearing House, AIHW

⁵ Cancer Survival in Australia 2001, AIHW

Mortality

Mortality rates for cervical cancer have declined by an average of 5.2% per annum since 1991. These gains are due in part to the success of the National Cervical Screening Program.

Mortality rates for cancer of the ovary and endometrial declined on average by 0.7% and 1.6% per annum respectively between 1991 and 2001.

Survival

The incidence of ovarian cancer has risen over the past two decades. However, the risk of women under the age of 75 years dying from this disease has declined from 1 in 142 (in 1983) to 1 in 176 (in 2004). (Source: Ovarian Cancer in Australia: An Overview 2006, AIHW & NBCC, 2006)

Cancer Australia

Cancer Australia is a new Commonwealth Government agency established to help reduce the impact of cancer in the community. It will provide national leadership to increase coordination of cancer control initiatives and improve outcomes for people affected by cancer.

Cancer Australia will collaborate with consumers, government, health professionals, researchers, cancer organisations and other stakeholders to:

- enhance support, information and participation in decision-making for people affected by cancer;
- improve the quality of cancer care, and support for health professionals; and
- increase coordination and funding of cancer research, and actively support cancer clinical trials.

National Breast Cancer Centre

The NBCC was established in 1995 by the Commonwealth Government in response to community concerns about the human cost of breast cancer. In 2001 the role of the NBCC was expanded to incorporate the Ovarian Cancer Program, which aims to improve the health outcomes for women with ovarian cancer.

The National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC), the main health and medical research funding body, provides research support through a variety of mechanisms, including support for individual research projects, broad programs of research, training awards for scholars and postdoctoral fellows, career research fellowships and special strategic research programs.

During 2000-06 the NHMRC provided more than \$44 million for research into gynaecological cancers. In 2006, the NHMRC awarded more than \$98.5 million for new cancer-related research for over 190 new grants, awarded for periods of up to 5 years. This included research on the causes and treatment of cancers and research that focuses specifically on cancers of particular concern or common in the Australian population: ovarian cancer (\$5.7 million) and breast cancer (\$12.9 million). Not all of the cancer-related research funding target a particular type of cancer. Some of the research looks at the common mechanisms in cancer, thus having relevance to all forms of cancer. Guidelines, which have either been approved or endorsed by the NHMRC, have been developed for all eight priority cancers, and for the psychosocial care of adults with cancer.

Recommendations and Commonwealth Government Responses

Recommendation 1

2.54 The Committee recommends that the Commonwealth Government establish a Centre for Gynaecological Cancers within the auspices of Cancer Australia. The Centre will have responsibility for giving national focus to gynaecological cancer issues and improving coordination of existing health, medical and support services and community projects.

Commonwealth Government Response

The Commonwealth Government agrees to establish a Centre for Gynaecological Cancers within the auspices of Cancer Australia. Once the Centre has been established, the Government will ask it to undertake an early assessment of existing gynaecological cancer services and to provide a national focus to gynaecological cancer issues.

Recommendation 2

2.55 The Committee recommends, as a matter of priority, that the Centre for Gynaecological Cancers develops a website that is a 'one-stop shop' for reliable information on all issues relating to gynaecological cancers, including education, research and availability of services. The website of the National Institutes of Health in the United States is an example of a successful website upon which to base an Australian equivalent.

2.56 In all aspects of its work, the Centre should make optimal use of communications and information technology, including the Internet, to bring people together to discuss issues.

Commonwealth Government Response

The Commonwealth Government agrees with this recommendation.

The Government will ask the new Centre for Gynaecological Cancers to develop a strategic plan to guide its work which includes the development of a website and mechanisms to make optimal use of communications and information technologies to support information sharing on gynaecological cancer issues.

Recommendation 3

2.57 The Committee recommends that a working group be formed, with the support of Cancer Australia, consisting of individuals with experience and expertise in gynaecological cancers to best develop the roles, responsibilities and priorities of the Centre for Gynaecological Cancers.

Commonwealth Government Response

The Commonwealth Government agrees with this recommendation and will seek advice from Cancer Australia and the relevant professional organisations (see recommendation 2.60) on the composition and terms of reference of the working group.

Recommendation 4

2.58 The Committee recommends that the Commonwealth Government provide the Centre for Gynaecological Cancers with seed-funding of \$1 million for establishment and operational costs.

Commonwealth Government Response

The Commonwealth Government agrees to provide \$1 million in seed funding to support the establishment and initial operation of the Centre.

Recommendation 5

2.59 The Committee recommends that a national secretariat be formed within Cancer Australia to define the Centre for Gynaecological Cancers' ongoing objectives and to evaluate the success of the Centre after two years.

Commonwealth Government Response

The Commonwealth Government supports this recommendation.

The Government will ask Cancer Australia to implement this recommendation.

2.60 The Committee further recommends that the Centre and its national secretariat work closely with Cancer Australia and its advisory groups, particularly the Gynaecological Cancer Advisory Group, and the National Breast Cancer Centre to ensure a cohesive approach to improving gynaecological cancer care in Australia.

Commonwealth Government Response

The Commonwealth Government supports this recommendation and notes the benefits of developing a coordinated approach to improving gynaecological cancer care.

Recommendation 6

3.108 The Committee recommends that the Commonwealth Government commit further recurrent funding for:

- basic research and clinical trials on topics relating to gynaecological cancers; and
- academic research positions in areas relating to gynaecological cancers.

Commonwealth Government Response

Through the NHMRC, the Commonwealth Government has provided \$44 million dollars from 2000-2006 to gynaecological cancer research.

The Government will ask Cancer Australia and the NHMRC to work together to ascertain the current level and adequacy of funding into gynaecological cancer research in Australia.

Recommendation 7

3.109 The Committee recommends that the Commonwealth Government in collaboration with Cancer Australia:

- review the current level of funding allocated to bodies and individuals undertaking gynaecological cancer research in Australia; and
- provide leadership in relation to the allocation of research funding for gynaecological cancers; and
- improve awareness within the research community about the work being undertaken in order to minimise duplication.

Commonwealth Government Response

Cancer Australia was established by the Commonwealth Government to provide national leadership in cancer control, guide improvements to cancer prevention and care, ensure treatment is scientifically based, and oversee a dedicated budget for research into cancer.

In December 2006, Cancer Australia convened a National Research Advisory Group and a Research Roundtable meeting. The Cancer Research Roundtable brought together key government, non-government and community groups who fund cancer research in Australia. The Cancer Research Roundtable allows funders of cancer research to collaborate and coordinate funding and offers an opportunity to foster research collaboration, reduce duplication and build research capacity.

In 2007 the National Research Advisory Group will oversee an audit of cancer research in Australia. This audit will identify current cancer research activity and inform the development of a cancer research plan.

Cancer Australia and the NHMRC will work together with other funders to minimise any duplication of effort, to keep a watching brief on the ongoing investment of research in gynaecological cancers and will report back to the Government.

Recommendation 8

4.183 The Committee recommends that Cancer Australia work with the gynaecological cancer sector on an ongoing basis to develop national strategies improving the visibility of, and access to, screening, treatment and support services for women with gynaecological cancers.

Commonwealth Government Response

The Commonwealth Government agrees that Cancer Australia should work with existing relevant organisations and notes that this is consistent with its role to provide national leadership in cancer control.

Recommendation 9

4.184 The Committee recommends that the Commonwealth Government's funding and leadership of the National Cervical Screening Program continue and that strategies be implemented to improve screening participation rates for Australian women, particularly for Indigenous women.

Commonwealth Government Response

The Commonwealth Government will continue its funding and leadership of the National Cervical Screening Program and has initiatives in place which aim to improve screening rates for Australian women.

The National Cervical Screening Program (NCSP) is funded under the Public Health Outcome Funding Agreements (PHOFAs). Under the PHOFAs state and territory governments are required to implement a range of strategies to improve participation in the NCSP, including participation rates of Aboriginal and Torres Strait Islander women.

In the 2006-07 Budget funding was continued to encourage general practitioners to increase rates of participation in the NCSP, particularly in women who were lapsed or had never been screened, including Indigenous women. Since the initiative commenced, almost 190,000 previously under screened women have been screened by their GPs.

The NCSP, at the state and territory level, employs Indigenous staff to advise on communication and cultural matters, and uses Aboriginal Health Workers wherever possible to either provide services or communicate the importance of screening to Indigenous women.

A principles and practices document *Principles, standards and guidelines for providers of cervical screening services for Indigenous women* was developed in 2003, in consultation with Indigenous women, to assist in addressing barriers faced by Indigenous women when attending health services for cervical screening, and to maximise their access to cervical screening.

4.185 The Committee further recommends that the Commonwealth work collaboratively with State and Territory Governments to promote the National Cervical Screening Program for all Australian women.

Commonwealth Government Response

The Commonwealth Government will continue to work collaboratively with state and territory governments to promote the National Cervical Cancer Screening Program.

4.186 The Committee further recommends that the Commonwealth Government explore the extension of Medicare rebates for Pap tests performed by nurse practitioners, regional nurses and Indigenous health workers who are suitably trained.

Commonwealth Government Response

Medicare rebates for Pap smears provided by a practice nurse on behalf of a general practitioner in rural and remote areas have been available since January 2005. This was extended from 1 November 2006 to provide Medicare rebates for practice nurses to undertake Pap smears and other preventive checks related to women's sexual and reproductive health on behalf of a general practitioner in all areas of Australia.

Recommendation 10

4.187 The Committee recommends that, as a priority, State and Territory Governments provide further funding so that all women being treated for gynaecological cancers have access, based on need, to clinical psychologists or psychosexual counsellors.

Commonwealth Government Response

The Commonwealth Government supports this recommendation, noting it is a state and territory government responsibility.

Recommendation 11

4.188 The Committee recommends that Commonwealth, State and Territory Governments work collaboratively to ensure adequate funding for health and support programs in rural and remote areas, such as increased funding for specialist outreach clinics and for the use of modern telecommunications technologies.

Commonwealth Government Response

While the provision of health and support services in rural and remote areas is predominantly a state/territory responsibility, the Commonwealth Government provides additional assistance to rural areas through a range of workforce and health care access programs including: the Medical Specialist Outreach Assistance Program, the Advanced Specialist Training Posts in Rural Areas Program, the Rural Advanced Specialist Trainee Support Program and e-Health initiatives.

Recommendation 12

4.189 The Committee recommends that the Council of Australian Governments, as a matter of urgency, improve the current patient travel assistance arrangements in order to:

- establish equity and standardisation of benefits;
- ensure portability of benefits across jurisdictions; and
- increase the level benefits to better reflect the real costs of travel and accommodation.

Commonwealth Government Response

Implementation of this recommendation is the responsibility of the state and territory governments. On 1 January 1987, responsibility for the provision of the Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS) - with funding - was transferred from the Commonwealth Government to the states and territories.

States and territories are best placed to develop and administer flexible and effective measures for those in need, having regard to their own distribution of specialist services and the specific needs of their rural population.

Recommendation 13

4.190 The Committee recommends that the Commonwealth Government consider a Medicare Item Number for lymphoedema treatment by accredited physiotherapists and the provision of subsidised lymphoedema compression garments, based on need, for women as a result of cancer treatment.

Commonwealth Government Response

The Commonwealth Government supports people with chronic conditions and complex care needs to access physiotherapy services through MBS item 10960 which allows up to five allied health services per patient each calendar year.

People with private health insurance may also be eligible for assistance through their insurance.

The provision of medical aids, such as compression garments, is generally the responsibility of the States and Territories.

Recommendation 14

4.191 The Committee recommends that the Commonwealth Government through the Medical Services Advisory Council (MSAC), review the MSAC's decisions on the use of liquid-based cytology (LBC) and high risk human papilloma virus (HPV) DNA testing in cervical screening processes.

Commonwealth Government Response

The Medical Services Advisory Committee (MSAC) has completed assessments for liquid based cytology for cervical screening and human papilloma virus testing in women with cytological prediction of low-grade abnormality and found in both cases that there was insufficient evidence to support public funding at the time of the assessment.

In the event that further evidence is made available regarding liquid based cytology for cervical screening, the MSAC will reconsider this technology. MSAC is currently reviewing the use of human papilloma virus DNA testing for triage of pap smears.

Recommendation 15

4.192 The Committee recommends that the Commonwealth Department of Health and Ageing, as a priority, develop national strategies surrounding HPV vaccines and testing. Specifically, targeted and customised strategies to:

- highlight the benefits of HPV vaccines;
- provide easy access to the vaccines and appropriate educational resources, particularly for Indigenous Australians and people from culturally and linguistically diverse backgrounds; and
- develop and encourage the use of self-testing for high risk HPV.

Commonwealth Government Response

The Commonwealth Government agrees that national strategies should be developed on HPV vaccines and testing.

On 29 November 2006, the Commonwealth Government announced funding for a national HPV vaccination program to commence in 2007 under the National Immunisation Program. The program will provide vaccines for females between 12 and 26 years of age. As part of implementation of this program, a comprehensive communication strategy will be developed.

As HPV vaccine does not protect against all cancer-causing HPV strains, nor is it effective in women already exposed to the virus, vaccinated women must continue to have regular Pap smears.

The Commonwealth Government working with the Screening Subcommittee of the Australian Population Health Development Principal Committee have developed a *National policy for screening women vaccinated against HPV* for the National Cervical Screening Program to provide information to health professionals and to provide a basis for the development of communication materials for women.

There is currently insufficient evidence to support the development of self-testing for high risk HPV.

Recommendation 16

4.193 The Committee recommends that the Commonwealth Government, in collaboration with Cancer Australia and the Centre for Gynaecological Cancers, develop strategies and targets to improve referral rates from general practitioners to gynaecological oncologists for women with ovarian cancer.

Commonwealth Government Response

Clinical practice guidelines for the management of women with epithelial ovarian cancer were developed by the Australian Cancer Network and the National Breast Cancer Centre and have been approved by the NHMRC. The guidelines recommend if an ovarian malignancy is suspected that direct referral to a gynaecological oncology unit is the preferred option. These guidelines have been widely distributed. The Government will ask relevant organisations to continue to promote these guidelines to the medical profession.

Recommendation 17

4.194 The Committee recommends that the Commonwealth Government, as a priority, assume responsibility for the funding, development and implementation of a national data collection and management system to ensure the appropriate and accurate collection of gynaecological cancer data.

Commonwealth Government Response

National data collections of gynaecological cancer cover incidence (from state and territory cancer registries where both the demographic and cancer data items are collected consistently to national and international data standards), mortality, and hospital inpatient admissions for all hospitals in Australia.

Cancer Australia will work with the Australasian Association of Cancer Registries and the Australian Institute of Health and Welfare to consider options for improving data collection and management.

Recommendation 18

4.195 The Committee recommends that the Commonwealth Government in conjunction with the State and Territory Governments to expand the roles and responsibilities of specialist breast cancer nurses to include gynaecological cancers through cooperation with multidisciplinary gynaecological cancer centres.

Commonwealth Government Response

Definition of the roles and responsibilities of health professions is the responsibility of the state and territory governments and professional organisations. The Commonwealth Government currently provides assistance in addition to that of the jurisdictions through the *Supporting Women in Rural Areas Diagnosed with Breast Cancer* (SWRDBC) initiative. This initiative currently provides \$4 million over four years up to 30 June 2007. On 2 January 2007, the Government announced a further four years of funding to target women in rural and remote areas who have been diagnosed with breast cancer.

Recommendation 19

4.196 The Committee recommends that the Commonwealth Government explore the need for Medicare rebates for MRI scans of pelvic, abdominal and breast areas.

Commonwealth Government Response

The Commonwealth Government provides Medicare rebates for MRI scans of the pelvis (and abdomen) for staging cervical cancer at FIGO stages 1B or greater. The Medical Services Advisory Committee (MSAC) is currently considering MRI for women at a high risk of developing breast cancer. The Commonwealth Government will support further reviews by MSAC where the evidence supports it.

Recommendation 20

4.197 The Committee recommends that Commonwealth, State and Territory Governments commit urgently needed funding and increased specialist resources to reduce current waiting times for women seeking the services of gynaecological oncologists and their multidisciplinary teams.

4.198 The Committee further recommends that maximum surgery waiting times are defined by key performance indicators agreed by treating physicians as not putting patients at risk.

Commonwealth Government Response

The funding and supply of specialist services is a responsibility of the state and territory governments.

Recommendation 21

5.103 The Committee recommends that an urgent review of the adequacy and provision of information to medical and allied health professionals about gynaecological cancers be undertaken by the Centre for Gynaecological Cancers.

5.104 The Committee further recommends that the gynaecological oncology medical and allied health communities, through the Centre for Gynaecological Cancers, have greater input into decisions about education strategies for professionals, women and adolescents.

Commonwealth Government Response

The Commonwealth Government agrees with this recommendation and will seek advice from the Centre for Gynaecological Cancers on implementing this recommendation as part of developing its work plan.

Recommendation 22

5.105 The Committee recommends that the Centre for Gynaecological Cancers, with assistance from the gynaecological cancer community, develop culturally appropriate educational material focusing on the risk factors and symptoms of gynaecological cancers. Any such material should specifically meet the needs of general practitioners, nurses (including remote area nurses), Aboriginal health workers, gynaecologists and allied health professionals.

5.106 The Committee further recommends that educational materials be provided to general practitioners to inform them about the sub-specialty of gynaecological oncology and the circumstances in which it is appropriate to refer women to gynaecological oncologists.

Commonwealth Government Response

The Commonwealth Government agrees with this recommendation and will seek advice from the Centre for Gynaecological Cancers on implementing this recommendation.

Recommendation 23

5.107 The Committee recommends that Cancer Australia formally investigate the referral patterns of general practitioners at a national level and devise appropriate strategies to address any concerning trends.

5.108 The Committee further recommends that accurate and accessible service directories should be developed in all jurisdictions to support knowledge-based appropriate referrals.

Commonwealth Government Response

The Commonwealth Government agrees that information needs to be available to medical practitioners to inform their professional decisions, taken in collaboration with patients, regarding the most appropriate referral and treatment approaches. The Commonwealth Government has supported the development and dissemination of practice guidelines in this regard and will ask the Centre for Gynaecological Cancers to liaise with relevant professional bodies to ensure these are widely disseminated and useful.

Recommendation 24

5.109 The Committee recommends the development and distribution of clinical practice guidelines for all gynaecological cancers (or similar consistent and authoritative information) to ensure standard practice across the healthcare system.

Commonwealth Government Response

The NHMRC has developed clinical guidelines for the diagnosis and management of gynaecological cancers. (Refer to response to recommendation 23).

5.110 The Committee further recommends that the Australian Divisions of General Practice include gynaecological cancer issues in at least one professional development seminar per year.

Commonwealth Government Response

The Commonwealth Government will draw this recommendation to the attention of the Australian General Practice Network (formerly Australian Divisions of General Practice).

Recommendation 25

5.111 The Committee recommends that all gynaecologists involved in treating gynaecological cancers associate themselves with a recognised multidisciplinary specialist gynaecological cancer unit.

Commonwealth Government Response

The Commonwealth Government will draw this recommendation to the attention of the relevant professional organisations.

Recommendation 26

5.112 The Committee recommends that appropriate educational opportunities be offered to medical and allied health professionals from all settings to increase skills in gynaecological oncology. Appropriate financial incentives or assistance packages should be offered, and given where required.

Commonwealth Government Response

The Commonwealth Government will draw this recommendation to the attention of the relevant professional organisations.

Recommendation 27

5.113 The Committee recommends that doctors who are training to be general practitioners be exposed to the concept of multidisciplinary care and the sub-specialty of gynaecological oncology in their training.

5.114 The Committee further recommends that medical professionals receive instruction and experience, where relevant, in diagnosing malignant gynaecological cancers through educational programs.

Commonwealth Government Response

The Commonwealth Government will draw this recommendation to the attention of the relevant professional organisations.

Recommendation 28

6.105 The Committee recommends that Cancer Australia, in conjunction with the Centre for Gynaecological Cancers, be given wide-ranging responsibility for the management of coordinated national education strategies targeting women and their families, friends, carers and the broader community about gynaecological cancers.

6.106 The Committee further recommends that a review of all existing gynaecological cancer educational material targeting women and the broader community be undertaken by Cancer Australia, in conjunction with a Centre for Gynaecological Cancers, to review the currency of the content and the appropriateness for the audience.

Commonwealth Government Response

The Commonwealth Government agrees with this recommendation and will ask Cancer Australia to consider this in the context of its initial strategic planning regarding gynaecological cancer issues.

Recommendation 29

6.107 The Committee recommends that Cancer Australia and the Centre for Gynaecological Cancers work together to develop a resource pack be developed and disseminated to give women and the broader community consolidated and consistent information about gynaecological cancers, treatment options, support groups and other services.

Commonwealth Government Response

The Commonwealth Government will ask Cancer Australia to consider this in the context of its early assessment of gynaecological cancer issues and to report to the Government on this issue.

Recommendation 30

6.108 The Committee recommends that Cancer Australia and the Centre for Gynaecological Cancers work together to ensure that medical facilities and support organisations have visible and current information on-site in the form of posters and pamphlets about gynaecological cancers and related services.

Commonwealth Government Response

The Commonwealth Government will ask Cancer Australia to consider this in the context of its early assessment of gynaecological cancer issues and to report to the Government on these issues.

Recommendation 31

6.109 The Committee recommends that Cancer Australia analyse and assess the approach taken in the United States in the following areas:

- public education (for example, the strategies of the Centres for Disease Control in relation to ovarian cancer);
- advocacy by gynaecological cancer groups; and
- service provision by support groups.

Commonwealth Government Response

The Commonwealth Government will ask Cancer Australia to consider and compare activities in cancer control in a number of different countries including the United States of America.

Recommendation 32

7.88 The Committee recommends that Cancer Australia collaborate with individuals and groups to identify the best ways to ensure that expertise and experience in gynaecological cancer is represented on national health agencies, particularly Cancer Australia.

Commonwealth Government Response

Cancer Australia has a strong collaborative agenda with all cancer organisations and is establishing national reference groups for a range of tumour groups, which will include gynaecological cancers. These groups will include wide ranging expertise including consumer expertise to advise Cancer Australia on issues that impact on cancer control.

7.89 The Committee further recommends that consumer and community representatives have greater involvement in the decision-making of national health agencies.

Commonwealth Government Response

The Department of Health and Ageing already works with consumers and stakeholders in managing its programs. Cancer Australia's Advisory Council includes several consumers of cancer services.

7.90 The Committee further recommends that when membership of Cancer Australia's Advisory Council is due for review, one or more consumer representatives from the reproductive cancer sector be appointed to maintain the confidence of groups within those areas.

Commonwealth Government Response

The members of the Advisory Council for Cancer Australia have been appointed by the Minister for their particular expertise and not as representatives of any particular group. The Council's membership includes several consumers of cancer services.

Recommendation 33

7.91 The Committee recommends that the Commonwealth Department of Health and Ageing, Cancer Australia and the Centre for Gynaecological Cancers communicate with each other about the content of future work plans in order to avoid confusion over responsibility for the development of initiatives and program delivery.

Commonwealth Government Response

The Commonwealth Department of Health and Ageing has primary carriage for advising the Government on cancer policy issues. This is done in collaboration with Cancer Australia.

Cancer Australia has an important role in providing strategic national leadership in bringing together key cancer organisations, guiding improvements to cancer prevention and care, ensuring treatment is scientifically based; and coordinating and liaising between the wide range of groups and providers with an interest in cancer. Both Agencies report to the Minister for Health and Ageing and work closely together on cancer issues.

Recommendation 34

7.92 The Committee recommends that the Centre for Gynaecological Cancers put arrangements in place to ensure continuity between the work of the now defunct National Cancer Control Initiative and Cancer Australia, particularly in relation to gynaecological cancers.

Commonwealth Government Response

Cancer Australia will continue to build on the excellent work of the National Cancer Control Initiative.