

RECOMMENDATIONS

Chapter 2

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.

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.

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.

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.

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.

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.

Chapter 3

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.

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.

Chapter 4

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

Chapter 5

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.

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.

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.

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.

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.

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.

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.

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.

Chapter 6

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.

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.

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.

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.

Chapter 7

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.

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

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.

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.

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.

