14/6/06

Women's Health Queensland Wide's Submission to the Senate Community Affairs Reference Committee: Inquiry Into Gynaecological Health in Australia.

Women's Health Queensland Wide Inc. is a statewide health promotion, information and education service, run for women by women. We promote women's health by working with individuals, community groups and organisations and government. We believe all aspects of women's lives affect their health and wellbeing. We aim to provide a range of options for women so they can make informed choices about their own health. We value women's diversity, experience and knowledge. We provide balanced information, independent of health care provider interests.

Operating since 1982, and incorporated in 1985, the organisation continues to develop as a leader in the provision of quality health information for women and health practitioners throughout Queensland.

General information on gynaecological cancers
In 2001, there were 3 886 new cases of gynaecological cancer in Australia, the third most common type of cancer in women after breast and colorectal cancer (1). By 2011 this rate is expected to increase by approximately 15% to 4 488 cases, due to the ageing population (2).

Terms of reference:
(a) Level of Commonwealth and other funding for research addressing gynaecological cancers

Research funding to develop an appropriate screening tool for ovarian cancer

Although ovarian cancer represented just over 3% of new female cancer cases in 2001, it represented over 5% of female cancer deaths (3). Ovarian cancer is typically diagnosed in the late stages and, therefore, mortality is high. There is a need for a screening tool that diagnoses this cancer at an early stage where treatment can be more successful.

However, it is equally important that such a screening tool not be introduced prematurely, before:

- the effectiveness has been demonstrated
- resources are sufficient to cover nearly all of the target group
- facilities exist for confirming diagnoses and for treatment and follow-up of those with abnormal results and
- when the prevalence is high enough to justify the effort and costs of screening (4).

Further research into the human papillomavirus (HPV) and its relationship with other cancers

The human papillomavirus is responsible for a "*significant portion of vulvar, vaginal, penile, and anal cancers*" (5). There is a great opportunity to build on the work conducted by Professor Ian Frazer and Dr Jian Zhou into HPV and cervical cancer to examine the association between HPV and vulval and vaginal cancer.

Trials of the HPV vaccine in men would be desirable. If a vaccine was found to be effective in men, as it has been in women, preadolescent boys could also be vaccinated.

(b) Extent, adequacy and funding for screening programs, treatment services, and for wider health support programs for women with gynaecological cancer

To improve the cervical cancer screening rates.

While the age-standardised participation rate in cervical screening for 2002-2003 was 60.7% the rates for some geographical areas, age brackets and Indigenous women is well below this rate (6). For example, participation rates for Queensland women living in the Fraser Coast region, Barcaldine and Burke were 49.3%, 45.7% and 32.8% respectively (7). Similarly, the participation rate for Australian women in their 60s is only 48.8% (8). In addition it is recognised that participation rates for Indigenous women are poor compared to non-Indigenous women.

In Queensland it is imperative that the mobile women's health nurses and the Royal Flying Doctors' Rural and Remote Women's Health Program continue to be funded to provide women in rural and remote areas with access to screening services that they find acceptable and appropriate.

There is a current trend in urban areas for bulk-billing doctors to not bulk-bill Pap smears. This may result in a decrease in participation rates in these areas in the future. An increase in the Medicare rebate for Pap smears may be effective at addressing this issue.

Recognise the need for different supports for different stages of disease.

A support group for women with advanced breast cancer was established because it was felt that women with advanced breast cancer "*sometimes feel a 'failure' in support groups where other members have survived primary cancer. They feel that they need to talk about fears of death and dying, but this may be seen as 'not being positive*"' (9). Similar issues could also be relevant to women with gynaecological cancer. Therefore, the need for different supports for different stages of dieases needs to be taken into consideration.

(e) Extent to which women and the broader community require education of the risk factors, symptoms and treatment of gynaecological cancers;

That any community education program takes into consideration the overall prevalence of gynaecological cancers compared to other cancers and other women's health issues.

Funding of education programs need to reflect the prevalence of disease in the community. For example, every year five more Australian women die from heart disease compared to breast cancer.

That any community education program on gynaecological cancer accurately reflects the women who are at risk.

While cervical cancer cases are more evenly distributed across women's ages (from young adulthood onwards), other gynaecological cancers are most prevalent in older women. For example, of the
1 537 new cases of uterine cancer diagnosed in 2001, 88% of occurred in women aged 50 or over. The rates are similar for other gynaecological cancers (10). This is compared to cervical cancer where 50% of new cases occurred in women aged 50 and above (11).

There is a tendency for personal stories from younger women to be used in awareness raising campaigns on female cancer in general. Younger women may be featured because the story of a young person with a life-threatening illness resonates well with the public and, therefore, generates the required publicity/awareness. However, there is the danger that the public start to believe that it is younger women who are most at risk of the disease, when in fact it may be older women. This has, to some extent, occurred with breast cancer, with media coverage of breast cancer sufferers so often focusing on young women that some older women think they are not at risk. In a survey of 3000 Australian women, 40% of women incorrectly regarded women under the age of 50 years as being most at risk of developing breast cancer (12).

Efforts to raise awareness of gynaecological cancer appear to be following in a similar direction. A 60 Minutes story on ovarian cancer earlier this year featured the stories of three sufferers, two of which were aged 28 and 36 at time of diagnosis (the third was aged 49) (13). In 2001, less than 10% of new ovarian cancer cases were diagnosed in women under the age of 40 (14).

It should also be ensured that community education programs developed by government and/or government funded organisations accurately reflect the women who are at risk (ie older women).

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