

16 June 2006

**Mr Elton Humphrey**  
Committee Secretary  
Australian Senate  
Community Affairs  
References Committee  
Parliament House  
Canberra ACT 2600

Dear Mr Humphrey

**Re: Senate Community Affairs Reference Committee's Inquiry into Gynaecological Cancer**

**Submission from Northern Sydney Central Coast Health (NSCCH) Gynaecological Oncology Group**

**Background**

The goal of the Cancer Care Model in New South Wales (NSW) is “to ensure that the organisation of cancer care services in NSW contributes optimally to achieving the best and most equitable outcomes for people with or at risk of cancer and provides satisfying working arrangements and environments for those involved in the delivery of cancer services” (NSW Health 1999).

The needs of cancer patients are complex and best practice is based on the concept of multidisciplinary care in which health professionals with differing skills and areas of expertise deliver care on either a concurrent or sequential basis. Within this type of service model, integration and coordination of care across service settings and geographical locales is critical. NSW Health has developed a Clinical Service Framework that emphasises an Area-wide approach to optimising a patient-centred cancer care. The framework emphasises the importance of access to appropriate clinical services, provision of multi-disciplinary care, effective communication between all levels of care (NSW Health 2003). The provision of multidisciplinary care is also identified as a central philosophy of the NSW Cancer Plan, where the patient is managed by a range of experts in the field. The Cancer Institute NSW has enabled the provision of multidisciplinary care in some cancer types by supporting the Lead Clinician and Nurse Coordinator Programs (The Cancer Institute NSW 2004).

### **Goal of NSCCH Gynaecological Oncology Group**

It is the goal of the Gynaecological Oncology group at NSCCH to implement a model of cancer care outlined above. Currently in NSCCH, approximately 250 women have a new incidence of a gynaecological cancer per year (The Cancer Institute NSW n.d.). The degree of integration of public hospital and private hospital care is unique to Northern Sydney. This integrated care should not disadvantage women who chose to be treated in a particular facility. Due to the merger of Northern Sydney and Central Coast, the relationship between clinical teams that provide care to Gynaecological Oncology patients in the two Areas is developing. Our aim is to provide a fully integrated service to women with gynaecological oncology conditions living in Northern Sydney and Central Coast.

### **a) Funding for research addressing gynaecological cancers**

#### **Current activity**

- A lack of dedicated funding for research into gynaecological cancers
- Basic Science liaison with Kolling Institute
- Non-recurrent funding for tumour banking
- Participation in clinical trials is approximately 2 percent due to lack of infrastructure

#### **Proposed activity**

- Clinical trials to address research into gynaecological cancers
- To seek guaranteed funding for tumour banking facilities
- Funding required to set up infrastructure for data management - data management system, clinical trials nurse and data manager
- Research fellow to oversee clinical trials for gynaecological oncology

## **b) Funding for treatment services, and for wider health support programs for women with gynaecological cancer**

### **Current activity**

- Brachytherapy insertions are performed in Operating Theatres, the patients are then transferred to Radiation Oncology (different location/building) for treatment
- Lack of dedicated infrastructure to provide care to women with gynaecological oncology conditions in NSCCH is identified as a major issue. No dedicated gynaecological oncology / gynaecology beds. No clear designated area to treat women with gynaecological oncology conditions. Lack of funding for all of the above.
- Due to understaffing of medical oncologists in the Central Coast, a proportion of women in the Central Coast travel to Northern Sydney or Newcastle to be seen by a medical oncologist

### **Proposed activity**

- Seek funding enhancement for infrastructure to provide care in dedicated ward facilities for women with gynaecological cancer
- Anaesthetic facilities in radiation oncology to provide a smooth transition for patient
- To provide an integrated Palliative Care service
- A greater need for Cancer Nurse Coordinator role in a multidisciplinary team setting
- Update facilities to provide intraperitoneal chemotherapy
- Seek funding to provide dedicated Psychosocial care to women with gynaecological oncology problems – full-time psychologist, locum social worker, locum occupational therapist
- Need to provide a comprehensive lymphoedema service
- Seek funding to support medical oncology fellow with interest in gynaecological oncology to provide services to women in Northern Sydney and Central Coast.

## **c) Capability of existing health and medical services to meet the needs of women from other cultural backgrounds**

Proportion of women from other cultural backgrounds is less and is not an issue in NSCCH

**d) Education of the medical community on the risk factors, symptoms and treatment of gynaecological cancers**  
**Current activity**

- Share education day with antenatal shared care program

**Proposed activity**

- Education sessions for GPs living in the Northern Sydney and Central Coast areas – annual education day
- Need for education of clinical staff in intraperitoneal chemotherapy – initial education plus on-going annual continuing education

**e) Education of women and the broader community on the risk factors, symptoms and treatment of gynaecological cancers**  
**Current activity**

- Education provided by Cansupport once every 2 years

**Proposed activity**

- Annual education program / conference for women and wider community in Northern Sydney and Central Coast.
- Brochures
- Information booklets

**f) Extent to which experience and expertise in gynaecological cancer is appropriately represented on national health agencies, especially the recently established Cancer Australia**

NSCCH fully supports the representation of gynaecological cancer in National programs / agencies

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Gynaecological Oncologists

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Medical Oncologist

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### **References**

- NSW Department of Health. 1999. Optimising Cancer Management – A Cancer Care Model for NSW. NSW Health Department, Sydney, February 1999. State Health Publication No: (PHD) 990073. Epidemiology and Surveillance Branch, Public Health Division, NSW Health Department.
- NSW Department of Health. 2003. A clinical Service Framework for Optimising Cancer Care in NSW. State Health Publication No. (QCP) 030064. NSW Health.
- The Cancer Institute NSW. July 2004. NSW Cancer Plan 2004-2006. State Health Publication No. SHP (NCI) 040150. The Cancer Institute NSW.
- The Cancer Institute NSW. n.d. Source: Incidence and mortality data from the NSW Central Cancer Registry. Available at <http://www.statistics.cancerinstitute.org.au>. Accessed 9 June 2006.