Submission from the

National Breast Cancer Centre

Senate Community Affairs References Committee

Inquiry into Gynaecological Health in Australia

June 2006

Introduction

The National Breast Cancer Centre (NBCC) was established by the Australian Government in 1995, as a new model in breast cancer control and since then has demonstrated the value of a national, integrated approach to cancer control. Funded by the Australian Government, the NBCC is committed to collaboration, innovation and the translation of evidence into better practice, for breast cancer, and since September 2001, for ovarian cancer.

The work of the NBCC is guided by a number of key principles:

- **National** - reinforce the NBCC's national focus as an independent and authoritative body
- **Partnerships** - foster an integrated, collaborative approach through consultation and partnerships with clinical and consumer groups, cancer organisations and governments
- **Evidence-based** - all aspects of the NBCC's work are informed by, and based on, the best available evidence
- **Informed by consumers** - the NBCC's work is informed by consumers
- **Multidisciplinary** - uses a multidisciplinary approach, bringing together individuals with different expertise to achieve a common goal
- **Innovative and outcomes oriented** - new approaches to improving outcomes and care for women with breast and ovarian cancer are trialled, evaluated and fostered.

Overview of NBCC achievements

The NBCC pioneered processes for involving the broad range of stakeholders in the development and support of evidence-based practice in breast cancer and has used these processes in its work in ovarian cancer. The NBCC has led the way with its commitment to a collaborative approach, forming partnerships with all organisations, governments and professional and consumer groups with an interest in improving cancer control.

The NBCC programs cover a range of areas across the patient journey pathway including early detection, treatment and supportive care. Through the monitoring of national data sources and consultation with consumers and clinicians, the adequacy of current service provision is investigated and gaps in current care are identified. Strategies are then developed, in consultation with stakeholders, and tailored to improving specific aspects of care. The NBCC has worked to translate evidence about the care of women with breast cancer into strategies that can be implemented in practice. For example, identifying the evidence about the benefits of specialist breast nurses in the care of women with breast cancer has led to wider recognition and support for this role at a national level. The expertise of the NBCC in improving care for women with breast cancer can be applied to a range of other cancers.

The NBCC has been a leader in promoting new models of care and these models have broader application to other cancers. The NBCC has led the way in promoting the implementation of multidisciplinary care (MDC), providing resources and training to support the establishment of MDC teams, across a range of cancers. The NBCC has also been a world leader in promoting the importance of the psychosocial aspects of patient care and appropriate communication skills for all health professionals involved in cancer care.

The NBCC acts as a clearing house for information about breast and ovarian cancer. The NBCC has developed over 20 sets of clinical practice guidelines and recommendations for health professionals, and over 20 high quality resources for consumers, including books, CDs, web-based resources. The NBCC's website is highly regarded, both nationally and internationally, as a source of easily accessible, evidence-based information. The NBCC uses a variety of media, including TV and print, to publicise important public awareness messages and conducts public information seminars for women across Australia to reinforce these messages. The NBCC is regarded as a credible and reliable source of information and is approached by local, national and international media for comment about cancer control issues.

The NBCC collects data to monitor trends in breast and ovarian cancer outcomes and care. It has published a number of reports about key aspects of breast cancer control, conducted a national survey of women about their knowledge, attitudes and behaviour around early detection and risk of breast and ovarian cancer, produced detailed reports in special areas such as ductal carcinoma in situ, reviewed incidence, mortality and other data about ovarian cancer for a national report on ovarian cancer in Australian women, and has contributed to the establishment of the Royal Australasian College of Surgeons' Breast Cancer Audit.

The National Breast Cancer Centre's Ovarian Cancer Program

In September 2001, in recognition of the impact of ovarian cancer on Australian women, the Federal Government committed funding to improve the health outcomes for women with ovarian cancer. The NBCC was chosen to manage a national ovarian cancer initiative. The Ovarian Cancer Program is now an integral component of the NBCC's work plans.

The approach of the Ovarian Cancer Program is based on the key principles of stakeholder consultation, working in partnerships, collaboration with experts in the field of ovarian cancer, and monitoring research evidence.

The NBCC's Ovarian Cancer Program has brought together researchers, specialists and general practitioners, consumers and ovarian cancer consumer groups to provide input into the strategic plan for its work in ovarian cancer and continues to consult with these stakeholders, through their membership on advisory groups or participation in working groups.

The NBCC has established relationships with key groups involved in ovarian cancer control. These include OvCa Australia (National Ovarian Cancer Network), the peak consumer advocacy group for women with ovarian cancer; the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), The Australian Institute of Health and Welfare (AIHW); and the Australian clinical trials group, Australian and New Zealand Gynaecological Oncology Group (ANZGOG). These groups have worked collaboratively with the NBCC to provide data about ovarian cancer, promote evidence-based messages to consumers, provide training to health professionals, and to provide expert advice in the development of guidelines and resources.

To guide its work in the area of ovarian cancer, the NBCC established a multidisciplinary Expert Advisory Group, chaired by Dr Gerry Wain, gynaecological oncologist, to identify and provide advice about key issues in ovarian cancer. Experts in the area of gynaecological cancer control continue to provide advice to the NBCC as members of its advisory groups and Clinical Expert Advisory Panel.

The NBCC maintains an on-going process of evidence review about ovarian cancer treatment and care through monitoring research findings, communication with key stakeholders and links to key research groups.

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National Breast Cancer Centre's response to the terms of reference

a) Level of Commonwealth and other funding for research addressing gynaecological cancers

While the funding of research remains an ongoing issue for many individual organisations, there is a need to determine priorities for a national strategy for research into gynaecological cancers. The NBCC has had previous experience in working with funders to establish national research priorities for Australia. The NBCC has undertaken extensive national stakeholder consultation to investigate the current status of research and to gain broad input into the planning of a strategic approach to the funding of breast cancer research. The NBCC Report on the first National Ovarian Cancer Workshop (2001) identified a need for further research in ovarian cancer indicating the value of collaborative studies. A national consultation process is required to ensure that a strategic approach is applied to the allocation of funds from available sources.

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

The NBCC has extensive experience in liaising with the national screening program for breast cancer, working with treatment centres for breast and gynaecological cancers, and establishing world-first best practice guidance and programs in psychosocial and supportive care in adult cancers. The NBCC is providing national leadership in promoting multidisciplinary care for the improvement care for of all cancers. The NBCC's Report of the National Ovarian Cancer Forum (*'Health Service Delivery Supporting Best Practice'* 2004) identified a number of priority work areas for the national program, including best practice for specialists and GP's, appropriate referral processes and treatment, and supportive care.

Screening

There is no accepted method for early detection or population screening for ovarian cancer, with most women diagnosed at an advanced stage when treatment is less likely to be effective. The issues around appropriate tests are not yet resolved, with the results of three large, randomised controlled trials awaited. The NBCC research analyst maintains a research-alert system to ensure that new developments in the area of screening for ovarian cancer are monitored. Funding to support research into screening tests for ovarian cancer remains a priority.

In the absence of a screening test, the NBCC encourages general practitioners to be aware of symptoms that may be ovarian cancer. The NBCC has developed and disseminated a guide to help GPs assess the vague early warning signs of ovarian cancer including a step-by-step process to follow in the investigation of symptoms to promote prompt diagnosis.

The NBCC has also developed the first national electronic on-line directory of gynaecological oncology services to assist referral for appropriate treatment by gynaecological oncologists, in facilities that offer multidisciplinary care services.

Treatment

Based on available data, there is evidence that around 50% of women with ovarian cancer in Australia may not receive optimal care. The *Clinical practice guidelines for the management of women with epithelial ovarian cancer*, developed by the NBCC and the Australian Cancer Network (ACN), recommends that women with ovarian cancer have surgery by a gynaecological oncologist and receive treatment in a cancer centre, with access to a multidisciplinary care team.

The Ovarian Cancer Program of the NBCC continues to review emerging evidence about new treatments such as intraperitoneal chemotherapy (IP) and will develop service-level standards of care for facilities providing IP to women with advanced ovarian cancer, to support the delivery of safe and high quality treatment.

It is acknowledged that there is a lack of information in Australia about ovarian cancer treatment and patterns of care, and inconsistencies in the collection and reporting of data about ovarian cancer. In collaboration with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the NBCC is investigating current data capture by gynaecological oncology clinics with the aim of developing national clinical data items to promote data consistency and audit. National data will then enable the review of current patterns of care for women with ovarian cancer.

The NBCC has also commissioned the Australian Institute of Health and Welfare (AIHW) to develop the first national report about ovarian cancer, including data about incidence, mortality and survival. These data will be used to plan future strategies to improve care. The NBCC is also collaborating with the Australian Association of Cancer Registries (AACR) to assess consistency in current registry collections.

Support programs

There is little research around the supportive care needs of women with ovarian cancer in Australia. The NBCC has undertaken a preliminary survey to investigate the needs of women, their partners and family. Improved supportive care for women, partners and family was identified at the first National Ovarian Cancer Consumer Forum (*see below*) as a key area of need for future programs.

c) Capability of existing medical services to meet the needs of Indigenous populations and other cultural backgrounds, and those living in remote areas

There are significant challenges to be overcome in ensuring equity of access to information and best practice treatment and supportive care for women from indigenous and other cultural groups. There are specific cultural taboos and stigmata, myths and misconceptions related to each group which must be understood appropriately addressed in order to best reach these populations. In addition, there may be different routes of access to mainstream health services, such as through cultural leaders to health workers to general practitioners. It is vital to work with these communities rather than impose one standard approach across our diverse population.

Indigenous women

The NBCC has experience to bear in this area. In May 2006, we conducted an Aboriginal and Torres Strait Islander (ATSI) Health Worker Training Workshop, which brought together about 70 ATSI health workers from across Australia, as well as expert Indigenous and non-Indigenous speakers including a public health educator, general practitioner, psychiatrist and surgeon who have longstanding experience working with Indigenous communities. The involvement of community leaders in all stages of planning and development of the program, the research into cultural attitudes and sensitivities and participation of Indigenous women in the program, ensured that the event was conducted in an appropriate fashion which met the needs of this community. Although it was conducted and funded by NBCC Centre, it was very much approached as a partnership and sharing experience. In this way, information transfer occurred in two directions, not one: it was much more than a teaching session; it was a very valuable learning experience for all who attended. There were many stories shared which enriched all.

Feedback from the Workshop identified a lack of national training in aspects of women's health, lack of relevant and culturally appropriate resources, and significant workforce issues to meet demand. The participants rated the workshop extraordinarily highly in terms of content and improved knowledge about early detection, treatment and support for women with breast cancer. They felt it would significantly enhance their ability to appropriately manage women in their community.

Ideally, however, such training needs to be incorporated into a 'women's health program' where it can have relevance to the context in which it is delivered. Indigenous health workers do not specialise in one disease or body region. It is therefore unrealistic to present training in isolated aspects of care. Health workers often need to be opportunistic in delivering information or providing early detection checks. A women who lives many hundreds of kilometres away, is unlikely to return regularly for checkups. Therefore a Pap smear and vulval check, asking about breast symptoms, encouraging attendance to BreastScreen, may all be part of the consultation about the woman's breastfeeding problem, health and hygiene of her children, domestic issues etc.

Culturally and Linguistically Diverse women

The culturally and linguistically diverse (CALD) communities in Australia also have special needs in relation to the provision of information and care. Cancer is often a word not spoken in many of these communities, and cancer sufferers are often stigmatised and shunned because it is considered contagious. A diagnosis of cancer can also be considered retribution for previous sins. Guilt and isolation are common feelings. Up-to-date evidence-based information in culturally appropriate language is not readily available. The potential for delayed access to diagnostic and treatment services and lack of psychosocial support is high.

In recognition of these issues, the NBCC launched its CALD campaign, *Bridging the Divide***,** in October 2005 in the 5 key languages spoken in Australia other than English; Chinese, Vietnamese, Arabic, Greek and Italian. Three of our key breast cancer resources were translated into these five languages, taking into account cultural appropriateness in the translations. A multifaceted media and community awareness campaign has taken these resources and key messages into the relevant community groups using leading community health professionals and well known personalities as spokespersons. This has resulted in an overwhelming demand;

since the launch of the CLAD campaign in October 2005, over 33,000 printed resources have been distributed and 14,500 resources downloaded from the NBCC website. Such demand for resources indicates a major gap which no doubt exists in relation to other gynaecological health information.

In 2006, the National Breast Cancer Centre will translate key information about ovarian cancer into these five languages and conduct community forums to help disseminate key messages to women in their communities. This experience can readily be transferred to include other women's cancers. There are real opportunities to capitalise on the relationships with community leaders and the avenues which have proved successful in reaching our target audience.

Women living in remote regions

For the 30% of Australians living in rural and remote regions, there are significant issues of equity of access to best care. These issues relate not only to the availability of specialist resources locally, but also the ability to travel to where specialist services are concentrated. Resource allocation, given our rather unique distribution of population density, means all specialist services are not in close proximity to a significant proportion of the population. For many women with gynaecological cancers, a decision needs to be made between access to care close to home and access to a specialist centre of expertise which may be at some distance from home and necessitating considerable time away from home. There is strong evidence in ovarian cancer, for example, that outcomes for women referred to and treated by gynaecological oncologists is better than for women treated by general surgeons or gynaecologists. The importance of appropriate referral for initial treatment is accepted and supported by evidence; achievement of this is through education of consumers, GPs and specialists. Some aspects of treatment, however, may be able to be delivered locally, provided there is appropriate training and support for health professionals delivering care in regional and rural Australia. Most importantly, the implementation of a multidisciplinary care approach means that all clinicians are involved as part of the treatment team; for example, the local GP is included in discussions and in correspondence so that the woman feels her care is coordinated and that her local supports are there when she or her family need them.

The NBCC identified the need to provide training in the delivery of chemotherapy by clinicians working in rural regions. These GPs and nurses, who provide an important service to cancer patients in the bush, often felt isolated and unsupported in their role. Specialist oncologists who provided outreach services to these communities also voiced concerns about the adequacy of training and support for these clinicians.

In conjunction with the Medical Oncology Group of Australia (MOGA), the NBCC conducted workshops for rural and regional health professionals to support the safe and effective delivery of chemotherapy for cancer patients in their region. This program was successful in promoting links between specialist oncologists and local doctors, providing vital information to support best practice, and in planning local strategies to improve rural care.

The NBCC's leadership work in the development and implementation of multidisciplinary care for cancer patients is pivotal to the provision of best care and equity of care, irrespective of where patients live. The NBCC's *Principles of Multidisciplinary Care* specifically addresses the issues for patients treated in smaller institutions or where all relevant treatment modalities are not locally available. The implementation of the multidisciplinary care approach for women with gynaecological cancers will ensure that all relevant treatment options in line with evidence-based best practice recommendations are considered for all patients, who are provided with information and support to make informed decisions about access to these services.

d) Extent to which the medical community needs to be educated on the risk factors, symptoms, and treatment of gynaecological cancers

The NBCC has held a number of stakeholder forums to identify issues around improving ovarian cancer care. At the forum in 2004 (‘*Health Service Delivery Supporting Best Practice’*) and again at the First National Ovarian Cancer Consumer Forum, held in February 2006, educational needs for the medical community were identified.

As the gatekeepers in the primary health care sector, general practitioners (GPs) play a vital role in early detection, appropriate referral and follow up, and supportive care for women with ovarian cancer.

A number of strategies have been used to provide education about ovarian cancer to the medical community. The NBCC worked with the Australian Cancer Network to develop the *Clinical practice guidelines for the management of women with epithelial ovarian cancer,* the first such guidelines available in Australia. The guidelines were disseminated to health professionals across Australia and a national series of interactive seminars conducted to raise awareness and encourage adoption of key recommendations. Continuing Medical Education points were gained for attendance at the seminars, which were supported by RANZCOG. The seminars included expert presentations, a consumer perspective and a panel discussion based on a case study. The presentations developed for the seminars have been used by gynaecological oncologists as part of their trainee teaching program.

A guide, *Assessing symptoms that may be ovarian cancer* was disseminated to over 22,000 GPs via a medical magazine, and has also been made available on the web site. Extra copies are provided free of charge to GPs across Australia. The guide has been used as the basis for GP education sessions in Western Australia and Victoria.

A fact sheet for health professionals is available on the web site or hard copy and provides information to address the most frequently asked questions about ovarian cancer.

A Speaker’s Kit, consisting of a series of PowerPoint slides and supporting information, is being developed to encourage the adoption of best practice recommendations around assessment of symptoms that may be ovarian cancer. The resource is designed for use in GP Divisions/training sectors.

The NBCC has provided input into a rural health satellite broadcast to GPs about ovarian cancer diagnosis and treatment.

A new web-based resource, *Ovarian Clinical Update,* is will be launched in 2006-2007 to provide health professionals with peer-reviewed information about ovarian cancer research and comment about relevance to Australian practice.

The Directory of Gynaecological Cancer Services is a web-based resource that provides information about the location and nature of facilities at which gynaecological oncology services are provided. It was developed by the NBCC with input from all Certified Practising Gynaecological Oncologists, and is designed for use by both the general public and health professionals. It provides GPs with contacts for referrals to gynaecological treatment centres and gynaecological oncologists.

Communicating openly and frankly about gynaecological cancers may be an issue for some women and GPs and specialists, and clinicians training to facilitate patient-doctor communication. The NBCC has undertaken Communications Skills Training for a range of health professionals over a number of years, and is developing a module that focuses on survivorship issues such as fertility, menopause, and body image, about which women may seek advice from their medical team.

The NBCC worked with the National Cancer Control Initiative (NCCI) to develop the first guidelines about psychosocial care for adults with cancer. The NBCC has worked collaboratively with the NCCI to implement these guidelines, through the development and dissemination of a GP card and through the conduct of seminars across Australia. In 2006 the NBCC will trial the use of a 'checklist' to assist MDC teams ensure that psychosocial issues are considered during care planning.

Clinical Professional Development project

The NBCC is part of a consortium comprising the Clinical Oncological Society of Australia (COSA), The Cancer Council Australia, The Royal Australia College of General Practitioners (RACGP) and the Centre for Innovation in Professional Health Education (University of Sydney) that will design and implement professional training and development packages for cancer health professionals, counsellors and general practitioners. The work in this project will have relevance for a range of cancers, including gynaecological cancer. The project has already key identified some key skills gaps, including multidisciplinary care, communications skills and psychosocial care.

Multidisciplinary Care

The NBCC has taken the lead in Australia in promoting change in service delivery to support multidisciplinary care. Multidisciplinary care (MDC) has been found to improve outcomes for cancer patients. MDC is recognised in clinical practice guidelines as best practice and as a central element of National and State/Territory frameworks and plans. However, published information about approaches for implementing MDC in the Australian context is limited. NBCC has undertaken a multifaceted national program to support service change which has included:

- Best practice guidelines (evidence-based recommendations)
- Principles of MDC (flexible, principle-based approach as guidance)
- National Demonstration Project (hospital site implementation - process, impact, cost, acceptability evaluated)
- Observation of meetings (anthropological study of successful elements)
- Sustainability of service change (key elements of sustainability)
- MDC Team meeting guide (practical advice to aid service delivery change)
- National Forum Series (with key stakeholders to discuss strategies to overcome local barriers to service delivery change)
- Cancer Service Standards Framework (MDC promoted as keystone for future cancer service accreditation system)

e) The extent to which women and the broader community require education about risk factors, symptoms and treatment of gynaecological cancers

The NBCC has identified that women and the broader community need to have evidence-based and accessible information about gynaecological cancers.

Following the approval of the clinical practice guidelines in 2004, the NBCC developed and disseminated a consumer guide *Epithelial ovarian cancer: understanding your diagnosis and treatment* to provide information to women diagnosed with ovarian cancer, their family, partners and friends. The guide is widely used in gynaecological cancer centres across Australia where it is made available to women at the time of their diagnosis. The guide covers all aspects of epithelial ovarian cancer, from diagnosis and treatment to supportive and palliative care and end of life issues.

A web-based fact sheet about the tumour marker CA125 has been developed for women who have been referred for a blood test during the diagnostic process. The fact sheet, developed with input from consumers, GPs and gynaecological oncologists, deals with commonly asked questions, and myths, about the use of the tumour marker in diagnosis.

A fact sheet for the general public about ovarian cancer has been made available on the web site and is also available in hard copy.

Role in Ovarian Cancer Awareness Week

The NBCC's Ovarian Cancer Program has been involved in Ovarian Cancer Awareness Week since 2002. The Program has provided media spokespeople for TV, radio and print on a range of topics including the symptoms of ovarian cancer, risk factors (family history), and best practice care eg appropriate referral pathways. During Awareness Week 2006, the NBCC distributed a media release to promote the first National Ovarian Cancer Consumer Forum. Both the Melbourne Age and Channel 7 in Melbourne attended the event, interviewing Dr Helen Zorbas and ovarian cancer survivor Eugenia Koussidis. Dr Helen Zorbas was also interviewed for MIX FM radio news Melbourne. A second media release was prepared to promote ovarian cancer awareness across the country. The media release urged women to get to know the symptoms of ovarian cancer and was distributed to radio stations and newspapers across Australia. Dr Helen Zorbas and Jane Francis were interviewed on this topic. Resulting coverage included Cairns Post, Katherine Times, Radio 2WS news Sydney, Nova Radio news Brisbane, SBS radio news, Fox FM radio news Melbourne, Triple M radio news Melbourne, Radio 4KQ Brisbane, Mix FM Sydney, Channel 7 morning news, Cruise FM Adelaide, Gold FM Melbourne, SA FM, Triple M Adelaide, Mix FM Perth, 92.9 Perth, River FM Brisbane, Albany Advertiser, and the West Australian.

Collaboration with OvCa Australia (National Ovarian Cancer Network)

The Ovarian Cancer Program has worked collaboratively since 2001 with OvCa Australia to promote evidence-based messages about risk and symptoms, and to promote best-practice care for women with ovarian cancer. OvCa has been represented on the Interim Steering Group and Ovarian Cancer Program Expert Advisory Group, participated in projects and working groups eg for the review of the clinical practice guidelines and the consumer guide, and participated in workshops and forums. As part of their work in promoting evidence-based messages for women with ovarian cancer and their families, OvCa and NBCC collaborated on the launch of Ovarian Cancer Awareness Week 2005, and the consumer guide, *Epithelial ovarian cancer: understanding your diagnosis and treatment.*

Forums

The NBCC held the First National Ovarian Cancer Consumer Forum for women with ovarian cancer, their partners and family, in collaboration with OvCa Australia in February 2006. The Forum included an information session with expert speakers on familial risk and treatment. An opportunity was also provided for attendees to share information in discussion sessions and to inform future work in ovarian cancer being undertaken by the NBCC and OvCa.

The Ovarian Cancer Program website www.ovariancancerprogram.org.au provides information to the general public and health professionals, including the Directory of Gynaecological Cancer Services and updates about new resources. To increase access to information pod casts of the clinical information sessions of the First National Ovarian Cancer Consumer Forum and the Power Point slides from Forum have been made available on the web site.

A bi-monthly electronic newsletter *Ovarian e-upd@te* was developed to provide over 200 health professionals, researchers, consumers, and others interested in ovarian cancer control, with information about the work of the Ovarian Cancer Program and other activities in the area of ovarian cancer.

Information for women and their families about risk of ovarian cancer, based on family history, has been made available as part of the NBCC resource, *Advice about familial aspects of breast and epithelial ovarian cancer: a guide for health professionals.* The resource will be translated into an on-line tool to facilitate estimation of risk, as part of a consultation between a woman and her doctor.

The NBCC is seen as providing credible, balanced comment about ovarian cancer issues and is regularly approached by the media. The NBCC has a Clinical Expert Advisory Panel and media spokespeople who can comment about specific issues around ovarian cancer.

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

Cancer is a priority health area, and although there are many aspects of cancer care which are generic, there are also aspects which are specific to individual cancers. A number of national agencies have included gynaecological cancer expertise in their membership, such as the Australian Screening Advisory Committee. Due to the terms of reference of such committees, this has largely involved expertise related to specific cancers such as cervical cancer.

In 2001, the Federal Government provided funding to the National Breast Cancer Centre to manage the Ovarian Cancer Program, in recognition of its successes and achievements in breast cancer and the significant issues in relation to ovarian cancer.

Since the incorporation of the Ovarian Cancer Program as a core aspect of its work, the National Breast Cancer Centre has ensured clinical and consumer representation on all relevant Advisory and Working Groups. In addition, a clinical advisor in ovarian cancer is a member of the NBCC's Clinical Expert Advisory Panel providing advice to the NBCC on emerging and current issues as well as media comment on topical areas such a new research and issues in treatment. The NBCC also works closely with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and with Australian and New Zealand Gynaecological Oncology Group (ANZGOG) involving them in development and implementation of initiatives in ovarian cancer control.

Representation by consumers with ovarian cancer enriches the process through providing their insights and understanding of the disease and its impact on women and their families. The involvement of both clinical and consumer experts is vital to the way NBCC develops and delivers on a relevant and informed business plan in ovarian cancer.

Conclusion

Since the establishment of the NBCC there have been significant achievements in breast and ovarian cancer control in Australia. The NBCC model has demonstrated applicability and success beyond breast cancer. Based on the NBCC's experience, as outlined in this submission, it is proposed that its work be broadened to encompass other women's cancers. This approach would capitalise on existing expertise, infrastructure and resources. If there were to be a broadening of its role, the NBCC could incorporate clinical and consumer expertise in other gynaecological cancers into its existing successful model of advisory and working group structures, to expand its capacity in gynaecological cancers.

The NBCC's approach and expertise would benefit all women with gynaecological cancers, including special groups such as Indigenous women and women from CALD communities.

A national, collaborative, co-ordinated approach is vital to achieving real gains in cancer control. The NBCC's reputation as an independent, inclusive, evidence-based, trusted organisation, with many achievements to its credit, is ideally placed to take on this role for gynaecological cancers.