Australian Government

Department of Health and Ageing

Submission to

Senate Community Affairs References Committee

Inquiry into Gynaecological Cancer in Australia

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EXECUTIVE SUMMARY

Australia has one of the best systems of cancer care in the world. Although cancer incidence rates continue to rise world wide, Australian survival rates are second only to the United States of America (USA). Cancer deaths in Australia have fallen on average by 1.5% per annum during the period 1994-2003.

The Commonwealth Government provides significant resources in relation to the prevention and treatment of 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.

Advances continue to be made in gynaecological research, prevention, detection and treatment. A good example is the recent research into the Human Papilloma Vaccine (HPV). In addition the National Health and Medical Research Council (NHMRC) has provided $87 million or research into cancer. During 2000-06 the NHMRC has provided more than $44m for research into gynaecological cancers.

The Government has also shown leadership by the establishment of a national ovarian program through the National Breast Cancer Centre (NBCC). The NBCC has developed evidenced based guidelines that have been 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 about multidisciplinary cancer care meetings.

Through the Strengthening Cancer Care initiative, the Australia Government has committed a further $189.4 million over the five years to 30 June 2009 for enhanced prevention and early detection, support for people living with cancer, research, professional development, and better coordination of the cancer effort.

A key element of the Strengthening Cancer Care initiative is the provision of $13.7 million to establish a new national cancer agency, Cancer Australia. This agency will provide an authoritative voice for all cancer organisations and will make recommendations to the Commonwealth Government about cancer policy and priorities, including gynaecological cancers.

BURDEN OF GYNAECOLOGICAL CANCER IN AUSTRALIA

Each year in Australia an estimated 460,000 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 and approximately 36,000 people will die per year from other types of cancer. Cancer accounts for 31% of male deaths and 26% of female deaths in Australia per annum.

The main female cancers are:
- breast cancer;
- cervical cancer;
- ovarian cancer; and
- endometrial (uterine) cancer.

Less common female cancers are those of the fallopian tube, vagina and vulva.

Incidence

The incidence rates for female cancers for 2001 were as follows:

- breast cancer – 11,886 cases
- cervical cancer – 735 cases
- ovarian cancer – 1,295 cases
- endometrial cancer – 1,537 cases
- cancers of the vulva, vagina and placenta – 319 cases

Survival

The relative survival five years after diagnosis of female cancers for all women diagnosed in 1992-1997 is:
- breast cancer – 84%;
- cervical cancer - 74.6%;
- ovarian cancer - 42.0%;
- endometrial cancer - 81.4%.

Between 1982-1986 and 1992-1997 there was a relative increase in the survival after diagnosis of breast cancer. Five year survival increased from 72.3% to 84.0%.

Mortality rates for cervical cancer have fallen by an average of 5.2% per annum since 1991. These gains are due in part 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.

ROLE OF THE COMMONWEALTH GOVERNMENT

The treatment and prevention of cancer is the responsibility of the whole community. The Commonwealth Government has a role as a national leader in delivering for those with gynaecological cancer through funding for research, policy and program implementation, and building and maintaining strong partnerships with stakeholders.

The Commonwealth Government has specific responsibility for the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS). These schemes cover all Australians and subsidise the costs of fee-for-service payments for private medical services and for a high proportion of prescription medications for Australians.

Under the 2003-08 Australian Health Care Agreements, the Commonwealth Government provides substantial financial assistance to the States and Territories as a contribution to the cost of providing public hospital services. State and Territory Governments are responsible for ensuring the provision of public hospital services free of charge to public patients on the basis of clinical need and within clinically appropriate times. Under the 2003-08 Agreements, the Commonwealth Government will provide funding of up to $42 billion.

Further details about the above programs can be found in the Department's previous submission to the Senate inquiry into Services and Treatment Options for Persons with Cancer.

CANCER INITIATIVES

The Commonwealth Government has committed $189.4 million over four years to 2008-2009 through its Strengthening Cancer Care initiative. The initiative is targeted at ensuring better coordination of the national cancer effort, more research funding for cancer care, enhanced cancer prevention and screening programs, and better support and treatment for those living with cancer.

Cancer Australia is a key element of the Strengthening Cancer Care initiative. Funding of $13.7 million over five years from 2004-05 has been allocated for the establishment of Cancer Australia. The establishment of Cancer Australia under this initiative will ensure that all cancers, including gynaecological cancers, continue to be a focus for the Commonwealth Government.

National Breast Cancer Centre (NBCC)

The NBCC was established in 1995 as Australia's inaugural national cancer centre. The recently established new national agency, Cancer Australia, will build on the successful model created by the NBCC.

The NBCC is Australia's peak organisation for breast and ovarian cancer control. Initial funding of $16.4 million was provided over 4 years and a further $2 million per annum until 2003. In the 2003/4 Budget the Commonwealth Government committed a further $8.4 million over four years. As part of the Strengthening Cancer Care initiative, the NBCC was granted a further $750,000 per annum over 5 years.

In 2001, the Government expanded the remit of the NBCC to include ovarian cancer. The NBCC works with women, health professionals, cancer organisations, researchers and Governments to reduce the number of Australian women who die from breast and ovarian cancer.

The NBCC is recognised as a world-leading organisation in breast and ovarian cancer control, fostering an evidence-based approach to the diagnosis, treatment and support of women with, or at risk of, breast and ovarian cancers.

The NBCC has trialled innovative approaches to improving cancer care and changing policy and practice. In particular, it has rigorously promoted and been responsible for the multidisciplinary approaches to breast and ovarian cancer care. It has also placed a strong emphasis on audit and feedback and programs for remote practitioners. One of the major successes of the NBCC has been the introduction of communication skills training for health professionals, enhancing the doctor-patient relationship in the care of breast and ovarian cancer.

PREVENTION

Reducing the risk of gynaecological cancer

The Commonwealth Government recognises the importance of reducing the risk of gynaecological cancers. Tobacco smoking is known to be a contributing factor in a number of these cancers. The Government is actively pursing a range of strategies through the Australian National Tobacco Strategy 2004-2009 to discourage people from taking up smoking and to encourage those people who already smoke to stop.

The Strategy highlights the need for a comprehensive and multifaceted approach and a national collaborative effort to improve the health of all Australians by eliminating or reducing their exposure to tobacco smoke in all its forms. These measures include the implementation of a program aimed at helping women to stop smoking during and after pregnancy; commissioning a project to better understand the role of youth interventions in overall tobacco control strategies; and a national review of smoking related issues for Aboriginal and Torres Strait Islander people.

Human Papilloma Virus (HPV)

The World Health Organization (WHO) recognises that cervical cancer is caused by persistent infection with the HPV, which is sexually transmitted. While HPV is very prevalent in the general population, only a very small percentage of women who get persistent high risk HPV infection are at risk of developing cervical cancer.

The HPV vaccines currently under development are estimated to be effective in preventing 80% of cervical cancers (based on Australian data), meaning that 20% of cervical cancers will not be prevented by the vaccine alone. To be effective in preventing infection, the HPV vaccine should be given prior to sexual activity.

The Commonwealth Government is awaiting the advice of the Australian Technical Advisory Group on Immunisation (ATAGI) and the Pharmaceutical Benefits Advisory Committee (PBAC) on the HPV vaccine. ATAGI, which provides clinical advice on immunisation matters in Australia, has convened a Working Party to consider HPV vaccines. It is then the responsibility of the PBAC to evaluate the cost effectiveness of the vaccines in a rigorous and transparent way. PBAC will determine if the vaccines are suitable to be made available free under the National Immunisation Program (NIP).

While vaccination will substantially reduce infection rates, the benefits of the vaccine as a prevention of cancer will not be evident for some years. It will take many years for vaccinated girls to reach the age where they may have developed cancer. It is anticipated that a cervical screening program will continue to be required for many years.

Chlamydia Prevention

In June 2005 the Commonwealth Government announced funding of $12.5 million over four years for increased awareness, improved surveillance and a pilot testing program for Chlamydia. This commitment was in response to public health concerns expressed in the first Sexually Transmissible Infections (STIs) Strategy launched in June 2005. In October 2005 the Chlamydia Program Implementation Committee was established to provide advice to the Department of Health and Ageing on issues relating to the control and prevention of chlamydia trachomatis infection.

As a component of the Chlamydia Program the Commonwealth Government has advertised the Chlamydia Targeted Grants Program. The Targeted Grants Program aims to fund over $3 million of innovative projects that address specific issues in high risk groups, including Indigenous and young people. The majority of projects funded will undertake testing for chlamydia. There are also opportunities through the testing projects to enhance awareness and surveillance of chlamydia at the local and community level through, for example, health education.

The Commonwealth Government has committed $812 million (adjusted annually for indexation) over five years (2004–09) for the states and territories under the Public Health Outcome Funding Agreements for:

- HIV/AIDS and related sexually transmissible and blood borne diseases;
- breast and cervical cancer screening;
- alcohol and tobacco misuse;
- sexual and reproductive health;
- women’s health; and
- National Drug Strategy programs.

This is a real increase of $21 million in Commonwealth Government funding over the past five years.

SCREENING

Population screening

A number of factors influence whether a population screening program for a specific cancer can be established. The key considerations are whether a simple, non-invasive and inexpensive test is available to detect cancer at an early stage, and whether morbidity and mortality can be reduced with treatments that can be effectively applied after early detection through screening. Not all cancers can be detected early enough, or simply, or inexpensively and some cannot be treated effectively after early detection.

The Commonwealth Government uses WHO principles to assist in determining whether there is sufficient evidence to warrant the consideration of organised, population based screening programs for cancer.

In summary, the WHO principles specify that population screening should only be considered where:

- the condition is an important health problem;
- there is a recognisable latent or early symptomatic stage;
- the natural history of the condition, including the development from latent to declared disease, is adequately understood;
- there is an accepted treatment for patients with recognised disease;
- there is a suitable test or examination (i.e. for screening purposes);
- the screening test is acceptable to the population;
- there is an agreed policy on whom to treat as patients;
- the cost of case finding (including diagnosis and treatment of patients diagnosed) should be economically balanced in relation to possible expenditure on medical care as a whole; and
- case finding is a continuing, and not a ‘once and for all’ project.

Australia currently has national screening programs for breast and cervical cancer. Given the WHO principles on population screening outlined above, further research and evidence is required on the efficacy of additional screening programs.

Breast Screening

Australia’s population based program, BreastScreen Australia, has been in operation since 1991.

There is evidence from randomised control trials that mammography screening reduces deaths from breast cancer, among women 50-69 years. The objective of BreastScreen Australia is to decrease mortality and morbidity from breast cancer through detection of small early stage invasive cancers.

BreastScreen Australia targets asymptomatic women aged 50-69 years but women aged 40-49 years and over 70 years are also eligible for screening. Screening and assessment services provide free biennial screening mammograms and follow-up to the point of histopathological diagnosis. Multidisciplinary assessment teams are a key component of the program.

BreastScreen Australia is cost shared between the Commonwealth Government and State and Territory Governments. The Commonwealth Government contribution is provided through the Public Health Outcome Funding Agreements. States and Territories are expected to implement BreastScreen Australia services consistent with national policies and in the most appropriate way to meet local needs.

Evaluation of BreastScreen Australia

The Australian Health Ministers' Advisory Council (AHMAC) has agreed to a comprehensive evaluation of BreastScreen Australia, to be overseen by a committee of Australian and overseas experts. The evaluation will assess the appropriateness, efficiency and effectiveness of the Program and will also assess options for addressing ongoing and emerging issues impacting on the Program, and in particular opportunities for improvement. The evaluation will commence in July 2006 and will be completed in 2007-2008.

Review of Magnetic Resonance Imaging

The Medicare Services Advisory Committee (MSAC) is reviewing the safety, effectiveness and cost-effectiveness of annual breast Magnetic Resonance Imaging (MRI) screening for women at high risk of breast cancer, under the age of 50 years. The MSAC assessment is expected to be finalised by the end of 2006.

Digital mammography

The MSAC is to review the safety, effectiveness and cost effectiveness of digital mammography compared with film screen mammography in the context of the BreastScreen Australia program.

BreastScreen Australia aims to reduce deaths from breast cancer in the target group of women, aged 50 to 69 years, through early detection of the disease. The MSAC assessment is in its early stages and is expected to be completed in early 2007.

The National Cervical Screening Program

The National Cervical Screening Program (NCSP) was established in 1991 and is a joint Commonwealth, State and Territory Government initiative. The objective of the NCSP is to reduce morbidity and deaths from cervical cancer, through an organised approach to screening. Regular screening by a Pap smear test every two years can prevent the most common form of cervical cancer in up to 90% of cases. Pap smear tests enable the early detection of pre-cancerous lesions that can be treated before they progress to cancer.

The program aims to screen women aged 20-69 years with Pap smears every two years. In 2002-2003 more than 3.3 million Australian women had Pap smears and the overall age-standardised participation rate in for women aged 20-69 years was 60.7%.

Mortality from cervical cancer has reduced from 3.8 deaths per 100,000 women in 1993 to 2.2 in 2003. Cervical cancer has dropped in this period from the eighth to the eighteenth most common cause of cancer death among Australian women.

Pap smears are funded through Medicare. Other aspects of the NCSP, including the Pap Test Registers and health promotion activities, are cost-shared between the Commonwealth Government and State and Territory Governments. The Commonwealth Government contribution is provided through the Public Health Outcome Funding Agreements (PHOFAs).

Other Gynaecological Cancers

With regard to ovarian cancer, there are a number of screening tests that have been evaluated or are being evaluated. These include bimanual pelvic examination which has not been proven to be of value as a screening test. Transvaginal ultrasound examination, with or without measurement of CA 125 levels (an antigen detectable in blood serum) is currently being evaluated for population screening. The CA 125 plus ultrasound screening strategy is currently on trial in the United Kingdom (UK) and the USA. The results of these trials will provide the basis for decisions on screening for ovarian cancer.

There are no screening tools for the remaining gynaecological cancers at this time.

EVIDENCE-BASED TREATMENT

The Commonwealth Government has a commitment to the application of evidence-based treatment. National Health and Medical Research Council (NHMRC) endorsed guidelines have been developed for:

- cervical cancer for management of screen detected abnormalities;
- for the management of women with epithelial ovarian cancer; and
- the psychosocial care of people with cancer.

The National Breast Cancer Centre has also recently developed and disseminated a resource for general practitioners with a step-by-step process to follow in the investigation of symptoms that might be ovarian cancer.

Optimal cancer care depends in part on the pathway of treatment. There is evidence that referral mechanisms from primary care to specialist services and between specialists, are critical to survival and quality of life. For example, current Clinical Practice Guidelines for the Management of Women with Epithelial Ovarian Cancer recommend that women be treated by a multidisciplinary team that includes a gynaecological oncologist.

Multidisciplinary care

There is evidence that treatment recommendations made by a multidisciplinary panel are more in accord with the evidence than those by individual doctors. A 2003 study from the UK found that multidisciplinary care improved: survival; recruitment of people with cancer into clinical trials; personal satisfaction; and mental well-being of team members. Multidisciplinary approaches to the treatment of cancer are recommended in Australian clinical practice guidelines.

Accordingly, and to facilitate better access to multidisciplinary care, the Commonwealth Government recently announced that from November 2006, a new Medicare Benefits Schedule item for case conferencing will provide increased support for cancer specialists to bring together all experts working with an individual patient.

In a multidisciplinary approach to care, the treatment options and plans are considered by the team often including specialists, with all of the relevant expertise. The core treatment team includes but is not limited to surgery, medical oncology, radiation oncology, pathology, radiology, nursing and supportive care.

Aboriginal and Torres Strait Islander people

In terms of gynaecological cancers, data from the Northern Territory, South Australia, Western Australia and 13 communities in Queensland show that Indigenous Australians have a higher rate of cancer of the cervix than other Australians.

The incidence of cervical cancer for Northern Territory Indigenous women was three times higher than for all Australian women between 1991 and 2000 but the mortality rate was nine times higher. The five year survival for Northern Territory Indigenous women was 50% compared with the 75% survival rate for all Australian women.

It is not possible to determine the extent to which Aboriginal and Torres Strait Islander peoples are participating in Pap test screening. *Cervical Screening in Australia 2002-2003* reports on the agreed national monitoring indicators of the NCSP. Indigenous status is not collected by cervical cytology registers at present: demographic data collected by the registers are limited to those items collected through pathology referral forms. Of the ten cervical screening indicators, Indigenous status is only required for mortality data which is sourced from the Australian Institute of Health and Welfare Mortality Database.

The latest data from the NCSP indicates that in Queensland, Western Australia, South Australia and the Northern Territory, the age-standardised Indigenous mortality rate in the target age group in the 2002-03 period was 12.0 per 100,000 women in comparison with the non Indigenous rate of 2.5 per 100,000 women.

The Aboriginal and Torres Strait Islander Women's Forum, which advises the Commonwealth Government peak screening body on strategies to improve participation of Indigenous women in breast and cervical screening, has developed *Principles of Practice, Standards and Guidelines for Providers of Cervical Screening Services for Indigenous Women* to better inform health professionals on how they provide cervical screening services to Indigenous women.

Delayed diagnosis and treatment are likely to be factors in the higher mortality rates. A study done in the Northern Territory indicated that in the case of cervical cancer, Indigenous women are more likely to have been diagnosed with advanced disease. In addition, stage adjusted survival rates are lower, suggesting that health services could deal more effectively with Indigenous people with cancer.

Indigenous cervical cancer mortality in the Northern Territory although many times higher than the total Australian rate, dropped by 50% between 1997 and 2000.

Over the past ten years, the Commonwealth Government has substantially increased the coverage and capacity of Indigenous-specific health services across Australia in urban, rural and remote areas. In that time, program funding for Indigenous health has increased by 160%.

PSYCHOSOCIAL SUPPORT

Australia is a world leader in the area of psychosocial support for cancer patients. The *Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer* provide clinically useful information about the emotional impact of cancer, strategies to reduce this impact and treatment of problems when they occur. These guidelines build upon the *Psychosocial Clinical Practice Guidelines for Breast Cancer*, developed by the NBCC.

PALLIATIVE CARE

The Commonwealth Government is providing $201.2 million throughout the five years of the Australian Health Care Agreements (2003-2008) for palliative care.

In the 2006 Federal Budget, the Commonwealth Government announced continued funding of the *Palliative Care in the Community* program – $62.8 million over four years (2006-2010) for national activity to improve the standard of palliative care offered in local communities. This plus $13.2 million provided through the Australian Health Care Agreements (2003-2008) for the Commonwealth to implement national initiatives comprises the National Palliative Care Program. There are four broad priority areas within the program. They are: support for patients, families and carers in the community; increased access to palliative care medicines in the community; education, training and support for the workforce; and research and quality improvement.

The National Palliative Care Program's initiatives include supporting better pain and symptom management; improving the quality of palliative care services including for rural communities, Aboriginal and Torres Strait Islander peoples, residents of aged care facilities and children; supporting families and the community to better care for their loved ones, especially at home; improving the skills and knowledge of health professionals in palliative care; funding research so there is more evidence for palliative care practice; and gathering quality data to better plan palliative care services and the treatment of patients.

INFORMATION FOR CONSUMERS

A range of communication and education resources are available for women and the wider community, on gynaecological cancer. Information links for consumers on gynaecological cancers are available through the Commonwealth Government's information portal, HealthInsite.

A series of fact sheets and a website (www.ovariancancerprogram.org.au) have been developed by the NBCC to provide information on ovarian cancer to consumers, health professionals and the wider community. The NBCC has also developed a national consumer guide for women with ovarian cancer with information about epithelial ovarian cancer, from diagnosis through to treatment and palliative care. It also includes personal perspectives from women with ovarian cancer and examples of questions women may wish to ask their doctor. The guide was developed by a multidisciplinary working group with input from women with ovarian cancer, their partners and carers.

The NBCC raises awareness of ovarian cancer through national forums for consumers and clinicians, its electronic newsletter *Ovarian e-upd@te* and through working with the National Ovarian Cancer Network (OvCa) Australia, the peak consumer group of ovarian cancer patients and those personally affected by the disease.

The Strengthening Cancer Care initiative also provides funding for the development and fostering of cancer support groups to provide support and assistance to those people diagnosed with cancer. Ovarian cancer continues to be supported as part of this program, with $90,000 already allocated to the OvCa through the Building Cancer Support Groups Program until 2008. OvCa provides support to women with ovarian cancer and their families by increasing awareness of ovarian cancer, promoting the need for effective early detection and encouraging access to the best possible care.

GYNAECOLOGICAL CANCER RESEARCH

The Commonwealth Government provides substantial support for research into better treatments for cancer through the NHMRC. In 2005, the NHMRC provided more than $87 million specifically for cancer research.

For the four years to 2008/09 $17.6 million has been appropriated for dedicated cancer research. Cancer Australia will oversee the dedicated cancer research budget. One of the initial priorities for this cancer research measure will be the early detection of breast and ovarian cancers.

The Commonwealth Government also provided $5 million in 2005/06 for cancer cooperative groups to boost their capacity to undertake world-class clinical trials. This funding will increase participation in cancer clinical trials by providing much needed infrastructure support to the ten national cancer clinical trial groups. The Australian New Zealand Gynaecological Oncology Group has received $440,105 (GST inclusive) for infrastructure support for gynaecological cancer clinical trials.

CONCLUSION

The Commonwealth Government comparatively large investment in cancer prevention, detection, treatment and research has seen survival rates and incidence of cancer in general and in female cancers specifically decline considerably in the past decade. Australia is now a world leader in cancer prevention and treatment. The Commonwealth Government is committed to continuing to fund programs that target the continuum of health care for all cancer patients.

The Government's national leadership and sustained investment through general health programs, research, and initiatives targeted at gynaecological cancer is achieving results. The introduction of the NCSP has seen the incidence of cervical cancer fall by 57% and mortality by 58% during the past decade   The HPV vaccines currently under development are also estimated to be effective in preventing 80% of cervical cancers.

The Government has continued its commitment to cancer control through the Strengthening Cancer Care initiative. The establishment of Cancer Australia is a key element of this initiative that will ensure that gynaecological cancers, continue to be a focus for the Commonwealth Government.