Submission to the Senate Community Affairs References Committee for the inquiry into Gynaecological Health in Australia from the Victorian Department of Human Services, Programs Branch, Cancer and Palliative Care Unit - June 2006

Background

The Victorian Government has committed $92.5 million over 4 years to cancer reforms guided by the *Fighting Cancer Policy* and *The Cancer Services Framework for Victoria*. This has included the establishment of the Ministerial Taskforce for Cancer, which received $4 million over a period of four years. The brief of the Ministerial Taskforce for Cancer is to advise on the implementation and evaluation of the Government's cancer reform agenda, and to provide strategic and clinical leadership in improving cancer control in Victoria.

The Cancer Services Framework for Victoria aims to ensure the right treatment and support is provided to patients as early as possible in their cancer journey. The reforms are being delivered through two mechanisms: The establishment of Integrated Cancer Services and the delivery of clinical treatment and care through ten major tumour streams.

The establishment of Integrated Cancer Services (ICS) support improvements in the integration and coordination of services within geographic areas. The integrated cancer service model involves the establishment of three metropolitan and five regional ICS, based on specific geographic populations. The philosophy of an ICS is that hospitals, primary care and community health services develop integrated care and defined referral pathways for the populations they serve.

A tumour stream approach aims to reduce variations in care and promote best practice. Gynaecological Cancer is one of the 10 major tumour streams. The progression of the tumour streams is being supported by the development of Patient Management Frameworks, which is a Ministerial Taskforce for Cancer initiative. The Patient Management Frameworks are a guide to optimal care management of patients in each tumour stream. They are intended to improve patient outcomes by facilitating consistent care based on evidence and best practice across the state. Fourteen Patient Management Frameworks were published in May 2006, which included a framework for the Gynaecological tumour stream: ovarian cancer (see attached).

For further information on the Cancer Services Framework for Victoria, Integrated Cancer Services, The Ministerial Taskforce for Cancer and The Patient Management Frameworks please visit the following website, www.health.vic.gov.au/cancer.

The following summary discusses the key points identified related to this senate inquiry. Where appropriate, the Patient Management Framework for the Gynaecological tumour stream: Ovarian Cancer, is used as guide and reference point.

Terms of Reference related to gynaecological cancer.

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

There is recognition that research is being conducted in gynaecological cancer across a number of professional organisations and research institutes. A coordinated approach in the field of gynaecological research is seen as a priority for Victoria.

The Victorian Government is supporting this direction through the allocation of $15 million to establish a new *Victorian Cancer Agency. The aim of this agency is to support and develop cancer* research activity across the state, and deliver biotechnology research and development functions to connect cancer research and services, improve cancer survival and reduce costs associated with ineffective treatments. A key role for the agency will be to develop and fund an expanded translational research program in priority tumour streams.

In addition, the Department of Innovation, Industry and Regional Development (DIIRD) has allocated $11 million for the establishment of an *Australian Cancer Grid* and $10 million for *E-Research Centres* using leading technology to create one of the world's largest cancer control networks and a database of patient and scientific data, linking Victorian researchers with cancer health professionals, cancer institutes and health services.

These new initiatives will greatly boost Victoria's cancer research capabilities, including a greater capacity to conduct clinical trials and undertake international collaborations, with significant potential to lead new discoveries in the treatment and management of cancer.

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

Screening

There is a well established national cervical cancer screening program and state/territory registers that provide a safety net follow up for women who have not been screened in the recommended timeframe (every two years). This program has demonstrated significant benefits in reducing the mortality associated with cancer of the cervix. Further improvements are needed in specific areas such as the participation of indigenous women and culturally and linguistically diverse women. To achieve this, additional funding would be required to support a range of workforce development initiatives to support Aboriginal health care workers to encourage women to be tested, and where appropriate, to provide pap tests.

There are no formal screening programs currently in place for ovarian gynaecological cancer.
If a screening test is to be established for ovarian cancer, it would be important to ensure the correct structures, information, data and quality improvement mechanisms are in place to support the implementation, with a variety of patient groups, including indigenous populations. The WHO international guidelines on setting up a screening program may be useful if this is an avenue that is pursued.

Treatment

The Integrated Cancer Services aim to support improvements in the integration and coordination of services within a geographic area. The patient management frameworks will be used as a platform in both rural and metropolitan Integrated Cancer Services to facilitate consistent care based on evidence and best practice across the state.

As part of the Integrated Cancer Services strategic planning process, Cancer Service Plans have been submitted by all of the Integrated Cancer Services across both rural and metropolitan ICS.

The Cancer Service plans map current cancer service delivery in their regions and identify priority quality improvement initiatives required to ensure all patients have access to integrated and coordinated multidisciplinary care, including psychosocial and supportive care.

Both regional and metropolitan Integrated Cancer Services identified in their mapping those women with gynaecological cancers were often referred to specialist centres in metropolitan health services for management of their disease. The Victorian Government supports the importance of specialist treatment for women with gynaecological cancer.

Wider Support

BreaCan, a Victorian information and support service for women with breast cancer and their carer's/family, is expanding its service from August 2006 to meet the information and support needs of women with all gynaecological cancers. Key focus areas of the service include identifying and working with the Integrated Cancer Services to meet the specific information and supportive care needs of women from rural and regional Victoria and women from CALD.

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

Within the Integrated Cancer Services, the particular workforce issues that have been identified around rural and remote service delivery include: the reduced availability of medical oncologists and gynae-oncologists, reduced access to psychosocial and supportive care services and reduced access to Allied Health staff. The limited availability of medical oncologists has a direct impact on the services capacity to provide chemotherapy to patients.

It has been identified that the capability of existing health and medical services to meet the needs of the indigenous population is often limited. It is recognised that these groups have specific needs, which need to be considered in service development across the Integrated Cancer Services.

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

The Patient Management Frameworks set out the key requirements for the provision of optimal care that needs to be considered at each step of the care pathway. The importance of the general practitioners involvement in the patient's journey is highlighted and in particular, the appropriate referral of the patient to a specialist practitioner when indicated. Within the Integrated Cancer Services, the engagement of community practitioners continues to be important. In particular there is a need to strengthen the liaison/involvement of general practitioners with cancer treatment centres.

It is noted that the National Breast Cancer Centre (incorporating the Ovarian Cancer Program) and the Australian Cancer Network have developed clinical practice guidelines for the management of women with epithelial ovarian cancer. The guidelines aim to close the gap on information for clinicians (both specialists and general practitioners) and other health professionals, so that the awareness of ovarian cancer is raised and the possibility of earlier diagnosis and optimal treatment is realised. There is recognition that the implementation of the ovarian cancer guidelines requires support and a process for evaluation in order to determine the impact of these guidelines in promoting evidence-based practice.

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

Adequately resourced and funded education in the community remains important when relaying information relating to the risk factors, symptoms and treatment of cancers. It is however recognized that the symptoms of gynaecological cancer are often vague (depending on the cancer type) and this proves to be a major barrier to ensuring early diagnosis. For example, the symptoms of ovarian cancer are non-specific in many instances and a symptom such as bloating or distention is not likely to promote a referral to an appropriate specialist or assist with early diagnosis of gynaecological cancer.

Victoria's curriculum includes health education from primary to year 12 levels; this includes information about how the body works, health promotion, sexuality and sex education. There is recognition that schools are routinely audited regarding their education programs. It is recognized, however, that there is great variation in the quantity and quality of health education, including sex education, in schools (private, public and independent).

Time and consideration must be given to the implementation of further education programs to the broader community and this would need to be framed and structured in a way that would prevent consumer anxiety.

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

The Victorian Government would support additional representation on national health agencies, especially the recently established Cancer Australia. It is recognised that in order to determine appropriate additional representation, this would need to be done in consultation with Australian Society of Gynaecologists (ACGO).