



The Prince of Wales Cancer Centre

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29 June 2006

The Secretary
Senate Community Affairs Reference Committee
Parliament House
CANBERRA ACT 2600

Dear Sir/Madam

Re: Inquiry into gynaecological cancer in Australia

I wish to make a submission to this inquiry; I was unaware of the closing date, but the discussion is highly relevant to my professional field.

I am the Director of Community Palliative Care Services at the Prince of Wales Hospital and in that role, I have been linked to the Royal Hospital for Women at Randwick (both hospitals being on the same site). I look after patients discharged from the Royal Hospital for Women with advanced gynaecological malignancies, and manage their care at home. I have ten years experience at looking after women with gynaecological malignancies in the Community setting.

Professor Norelle Lickiss, who currently works at the Royal Hospital for Women as a Palliative Medicine Specialist, has already made a submission the Senate Committee and there are a few points I would like to endorse:

1. The morbidity associated with gynaecological cancers is poorly understood and underestimated by Medical and Nursing Practitioners working outside this particular field. Women may not only experience morbidity at the time of diagnosis, but during anti-cancer treatment (which may last over several years) and at the end of their lives. Their illness trajectory may be over several years even in the case of incurable disease. Patients who are cured may experience morbidity over a lifetime: as Professor Lickiss states in her submission – the experience of survivorship.
2. I believe that the care of women with gynaecological cancer by surgeons and radiation/medical oncologists needs to be paralleled by physicians with an understanding of the disease trajectory of women with gynaecological cancers. At the Royal Hospital for Women, this role is provided by a Palliative Medical Specialist, (Prof. Norelle Lickiss) and she has trained a new generation of Palliative Medicine Specialists in the field of Gynaecological oncology palliative care.

I understand the closing date for the Senate Inquiry has passed, but would be very grateful if my submission was noted. I would welcome the opportunity to discuss my experience in gynaecological oncology with the committee.

Yours sincerely

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