

Community Affairs Committee – Report Speeches

Senator MOORE (Queensland)—Senator Ferris will be here shortly to present this report as a member of the committee. I thank Senator Scullion for putting the report on the agenda. I will make some comments on behalf of our committee. We are very proud today as members of the Community Affairs Committee to share in the exciting prospect of taking note of this report in the chamber. Because we have limited time, we have agreed to share the time amongst us.

I want to commence the comments today by paying great tribute to all the people who gave their time, their effort and their genuine courage to come before our committee, sharing their stories and encouraging us as a committee to move forward on this very important challenge. The challenge before all of us as members of the committee is to accept that gynaecological cancer is killing too many women in our community and we must share in the efforts to stop that happening. That sharing will be done by all of us and indeed our committee has looked closely at moving forward to encourage awareness campaigns and genuine research efforts to reinforce the wonderful work that is already being done.

One of the marvellous parts about being a member of this committee is to meet with the people who are currently working in this field in our country. Most of us knew a little bit about gynaecological cancer before we commenced on this committee, but we were empowered by the examples of the efforts that came before us and we want to thank the people, particularly the gynaecological oncologists, the nurses, the social workers and all the medical professionals, that gave their time.

I know other senators will also be speaking on this, but I want to pay particular tribute to our secretariat, because the secretariat walked this journey with us. It was their commitment, help, support, knowledge and humour that kept many of us going at times when we came very close to being emotionally troubled by the evidence we heard. I thank Elton Humphry's team, and most particularly this time Ms McDonald, Kerrie Martain and Kate Palfreyman with the great support of Leonie Peake and Ingrid Zappe. Thank you so much. You made our work easier and we now have the challenge to move forward, supporting the work that was put in place earlier by the cancer inquiry under the auspices of former Senator Peter Cook. I know he is watching us and wishing us well. We will talk many times in this place about the recommendations that came out of this wonderful effort. The Community Affairs Committee has learnt. We will work and make sure the messages are heard. I now ask other senators to join in this debate.

Senator FERRIS (South Australia)—I too want to speak on the Community Affairs Committee report *Breaking the silence: a national voice for gynaecological cancers*. On this day last year, I had just begun to learn about gynae cancers, in particular ovarian cancer. At this time last year I had just undergone surgery for ovarian cancer and had joined thousands of women in Australia who are on this, until now, largely silent journey. It was a steep learning curve for me and one which was at times quite frightening.

Gynaecological cancers are often not spoken of in the community and those several hundred women who are diagnosed each year are often unable to find the support they need. Some women say that when speaking of gynaecological cancers they have feelings of guilt, shame and embarrassment, and as a result their gynaecological cancer journey is often made alone and in silence—as silent as the early symptoms of some of these cancers, because symptoms of ovarian cancer are often vague. As with many women who gave evidence to our committee, I paid several visits to doctors before an accurate diagnosis was made. That usually occurs only after a CT scan or an ultrasound.

There are some very frightening statistics that were reported to the committee that I want to note today. In 2001, 1,537 women were diagnosed with uterine cancer, 735 women were diagnosed with cervical cancer and 252 women were diagnosed with vulval cancer. One of

the most disturbing figures in the report is the statistic for ovarian cancer. In 2001, 1,295 Australian women were diagnosed with ovarian cancer; 846, sadly, died. Unfortunately some of these cancers carry a very poor survival rate—unlike breast cancer, which in Australia is now curable in more than 80 per cent of cases. What a wonderful outcome that is. There is no doubt that this is partly due to the significant financial support which has been given to breast cancer by this government and the previous government. A total of \$34.5 million has been made available by this federal government and in the final two years of the previous government. Sadly, for ovarian cancer only \$800,000 has been made available over the same period, with little or nothing available to the other, equally important, gynaecological cancers. The future statistics tell their own awful story. In the year 2011, 1,645 women will be diagnosed with ovarian cancer, 1,967 women will be diagnosed with cancer of the uterus, and 461 women will be diagnosed with cervical cancer.

The Senate committee's task was to define the need for a national 'voice' for gynaecological cancers to focus the effort and resources throughout Australia, and to examine the adequacy of research funding in both basic research and clinical trials; the adequacy of access to screening, treatment and wider health support services, particularly for Indigenous women and women from other cultural backgrounds; the adequacy of education for the medical community, women and the broader community; and the adequacy of representation of expertise and experience in gynaecological cancers in national health agencies, including the newly established Cancer Australia.

After extensive evidence from highly qualified experts and representatives of the community and support groups, the committee agreed on the urgent need to establish a national voice for gynaecological cancers. This is a key recommendation that impacts on all areas of gynae cancers and the carers of people with those cancers. We concluded that real change requires a national focus and that the gynaecological cancer sector of our community would benefit enormously from having its own structure, its own infrastructure and its own national voice.

We recommend that initial seed funding of \$1 million be found from the Commonwealth government for the establishment of a stand-alone centre for gynaecological cancers in Australia, within Cancer Australia. This recommendation recognises the importance of Cancer Australia and encourages collaboration and a cohesive approach to cancer care.

We concluded unanimously that there is value in bringing people together to strengthen the understanding of gynae cancer issues at the political and policy level and to provide many of the 'answers' that are needed to lessen the impact of these cancers on women and their families.

The committee believes that there should be increased and better coordinated funding to drive new developments in gynaecological oncology and to make more effective use of Australia's talented researchers and investigators, the priority being the development of a screening test for ovarian cancer to enable earlier identification of the disease and successful treatment—hopefully, lowering those awful statistics that we heard about in evidence. Recurrent Commonwealth government funding is essential for maintaining the vitality and the enthusiasm of researchers and for minimising the burden of fundraising for research by community groups and the very willing volunteer organisations.

The provision of high-quality treatment and wider health support programs is a critical element in improving health outcomes for women with gynae cancers. Evidence showed that access to treatment was not equal across the community, with disproportionate numbers of women from rural and remote areas, Indigenous populations and culturally diverse populations generally having very limited access to the services they need. This is unfair. It has to change.

Improvement is urgently needed in the delivery of treatment and wider health support programs, including the very significant input of multidisciplinary care and the

multidisciplinary care teams, and access to appropriate psychosocial and psychosexual care and lymphoedema management—a very important side effect of many of these cancers. Allocation of increased funding for treatment and support programs and more targeted national health strategies were also considered to be very important areas of need.

The committee found there was a varying level of awareness amongst the medical community, women and the wider community. More effort was needed to continually improve the delivery of gynaecological oncology education on a formal and continuing basis. General practitioners and nurses were identified as being crucial to the appropriate referral of women to gynaecological oncologists and it was critical for GPs and nurses to be given opportunities to further pursue education in treatment for gynaecological cancers. We believe that a more targeted approach in the delivery of messages is needed, and programs are thought to be a key area in the referral of women to gynaecological oncologists. Information needs to be visible and accessible to women and the broader community, to raise the awareness of gynaecological cancers and to assist women to make informed decisions about their treatment.

A national awareness campaign is urgently needed, with the coordination of existing education efforts and the development of clear and consistent messages to women and the community. How wonderful it would be for women who have been newly diagnosed with a gynaecological cancer to receive from a survivor something like the very informative My Journey Kit for breast cancer, which women who are diagnosed with that disease can read through with their families. That would allow people to know the journey they are about to undertake. This information is currently not available to women. Those women who try to look on a website to find information about these cancers often find themselves going to the United States websites to get information. How much better would it be for it to be handed to them in their hospital bed by a survivor or in their doctor's treatment room. That is another very important recommendation of this committee.

In conclusion, I particularly thank all of those women—all of them—who courageously came to give evidence to our committee, including survivors of the various gynaecological cancers, the medical experts who treat them, the community groups who support them and the families who care for them. The families who love and support these women and the researchers who are seeking improved treatments for them are an enormously important part of this journey that women undertake.

This has been one of the most interesting and, for me, most significant inquiries that I have been a part of in my 10 years in this place. I look forward very much to the establishment of a national voice for gynaecological cancers which will equal the success of the National Breast Cancer Centre, which has so successfully raised the profile on breast cancers in this country. I look forward very much to being a part of that.

In conclusion, I add my thanks to the wonderful staff in the committee secretariat. They have worked very hard on this inquiry.

Senator ALLISON (Victoria—Leader of the Australian Democrats)—It is a great pleasure for me to join this debate on the Community Affairs Committee report *Breaking the silence: a national voice for gynaecological cancers*. Most of us have been touched by cancer, whether it is our own experience or that of our partner, our father, our mother, our child or a friend. It is a very life-altering experience for anyone who has suffered from it and for those who are around them.

At the outset, I want to pay tribute to all of the women who shared their experiences with the committee during the course of this inquiry. I know it was not easy for many of them. Their stories were very moving; I hope that they feel that the report reflects their hopes for a better approach to gynaecological cancer in the future.

I also want to recognise the efforts of two people in particular. It is unfair to single out two people, but I will do that because they were the instigators and the reason that we had this inquiry. They were Margaret Heffernan and Kath Mazzella, whose work directly led to the inquiry through a petition. What was presented to this place was a petition with some thousand signatures of women. For a long time I have felt that we do not pay enough attention to petitions. For this reason—and I thank the Senate for this—we were able to refer those petitions to the Community Affairs Committee, which then chose to conduct a roundtable discussion to see whether this had substance and should be followed further. Then, as we all know, by joint referral across parties, a referral was made to the Community Affairs Committee for a full inquiry. That was a heartening process, because it involved each party in this place but it also involved the community. That is the great strength of the Senate—that people can speak directly to us. In this case I think there has been a fantastic outcome as a result. I also want to thank the committee secretariat, who once again have done a fabulous job in bringing together all of the evidence and submissions that contributed to this report.

Fortunately, in the past few decades we have made a lot of progress in the area of cancer. We now know more about the causes of some types of cancers. There are more treatment options, and today people with many forms of cancer, including previously fatal forms, can and should expect a cure. But our progress in the area of cancer has not been even, as this report demonstrates.

This week we heard good news on the breast cancer front. We heard that, although the incidence of breast cancer is rising, women diagnosed with the disease have a better chance of survival now than ever before. Major advances in early detection and treatment mean that 86 per cent of women diagnosed with breast cancer today can expect to be alive in five years time. But that is not the case for all cancers. Each year, thousands of women will get some form of gynaecological cancer, whether it is cancer of the ovary, fallopian tube, uterus, cervix, vagina or vulva, and many of these women will, sadly, die.

In 2004, 1,530 women died as a result of gynaecological cancers. If we do not change the way we deal with these cancers, women will continue to die unnecessarily. This group of cancers is more common than lung cancer or melanoma but far less visible. Gynaecological cancer remains stigmatised and there is a silence, uncomfortableness and unwillingness to talk about these conditions that impedes efforts to end the death and suffering caused by these cancers. Natalie Jenkins, chairperson of the Gynaecological Awareness Information Network, told the committee:

GAIN continues to be surprised and dismayed at the lack of knowledge and awareness of gynae conditions among the general populace. We believe this is the result of the social taboo surrounding the subject.

Women do not know what symptoms to look for, and nor do their doctors in many cases. They do not know that gynaecological cancers are some of the hardest cancers to detect, because many of the symptoms are similar to other conditions and so they get overlooked or attributed to other problems or middle age.

They do not know that cancers of the uterus, the ovaries, the vulva and vagina are on the increase and that we do not have effective screening processes, except for cervical cancer, and even that is worryingly underused. They do not know that some gynaecological cancers are amongst the most deadly types of cancers. Ovarian cancer kills about 60 per cent of those diagnosed within five years—three times the death rate for breast cancer.

Education and communication have to be the first steps in bringing these diseases to the forefront of our minds and in promoting earlier detection, thereby increasing survival rates. Gynaecological cancers affect all women. All women, irrespective of their age, need to be aware of these diseases and need to be advised and guided with care and consideration in their early detection. Healthcare professionals must be informed and as active as possible in

spreading information about the need for self-examination and vigilance about the symptoms. If women and their doctors know the risk factors and early signs, they will make use of a specialist to rule out cancer or detect it in the early stages. It is my hope that the report of this inquiry will lead to changes that mean that every patient will find out their diagnosis as quickly as possible and that information will be easily available to women to enable them to become as educated as possible about their condition.

However, information is not enough—we also need to have good services. We hear that, while many women with gynaecological cancers did receive treatment and access to services, many missed out because those services were deficient, uncoordinated, underfunded or simply not available. Gynaecological cancer cannot be treated appropriately if care is not delivered in a comprehensive and coordinated manner. That means that doctors, specialists and other healthcare professionals must work together to meet the patients' specific needs. Women have a far greater chance of survival, for instance, if they are treated by gynaecological oncologists and by treating specialists in public hospitals. One of the key messages in our inquiry was that multidisciplinary care is best practice and provides better treatment, better outcomes, more satisfaction and much less distress.

This is not just about treating the affected organ. We must also do more to manage and help women, their families and caregivers during and after treatment. We must help them live with their disease and to cope with life after cancer. That can be very difficult for many women and their families. Women need to have a range of practical and financial supports and some women will need to make very difficult end-of-life decisions. We must cultivate a more humane response to the totality of women's experiences. We need, for instance, to address some of the results of cancer treatment, like lymphoedema, which at least one of the members of the committee is affected by. We need masseurs who specialise in this area and physiotherapists who are available. By 'available' to women I also mean affordable. We need more research, too. Gynaecological cancers, like many other diseases, will finally be overcome through research. Research can bring that day much closer. We need additional means, improved organisation and better coordination.

Most of all, we need a powerful voice to improve the profile of gynaecological cancers. Science, medicine and education can do much, but they will only do so by joining forces. This is why the committee has recommended a centre for gynaecological cancers as being essential to achieve that. A centre such as this can be a linchpin and provide the impetus to solve the problems and questions in the area of gynaecological cancers in much the same way as has been done with breast cancer. We need to work together to make sure we use the resources available to maximise advantage for patients.

Finally, I would like to thank my fellow committee members for their involvement in this inquiry. It was an empowering inquiry, if I can put it that way. It was a pleasure to work with so many committed women. I recognise and acknowledge here the personal insights that came from women on this committee who have had more than a brush with cancers. I felt rather daunted by the experience that surrounded me in this committee inquiry. I also learned a great deal about my own body, as much as about cancer. So I thank the Senate for giving the committee the opportunity to conduct such an important inquiry.

Senator ADAMS (Western Australia)—I join my colleagues in congratulating all those who were involved in the inquiry into gynaecological cancers by the Senate Standing Committee on Community Affairs, especially our witnesses. As a Western Australian and rural member of the committee, I would like to focus more on the problems of rural women who have gynaecological cancers. One of our main recommendations—which I am so pleased the committee agreed to put forward and which we have a comprehensive chapter on—is patient assisted travel. One of the biggest problems for rural patients—whether or not they have cancer—is the need to travel long distances for treatment, which makes the experience even harder.

Today I am thrilled to be hosting 30 members of the National Rural Health Alliance. The alliance is made up of allied health people—doctors, nurses and consumers, anyone who knows anything about rural health. This morning the Minister for Health and Ageing, the Hon. Tony Abbott, addressed the alliance, and they raised the issue of patient assisted travel. We have a recommendation that the Council of Australian Governments, as a matter of urgency, improve the current patient travel assistance arrangements in order to establish equity and standardisation of benefits, ensure portability of benefits across jurisdictions, and increase the level of benefits to better reflect the real costs of travel and accommodation.

Something that was raised this morning was the importance of an escort to accompany the patient. There is nothing worse than having to travel huge distances to be diagnosed with gynaecological cancer, as you can imagine—it is such a shock. You have heard from Senator Ferris about how she felt. How would you feel having to travel thousands of kilometres by yourself to hear the diagnosis and have your treatment? At the moment, women in the Northern Territory cannot access radiotherapy treatment in the Northern Territory; they have to go to either Adelaide or Brisbane. They are not allowed an escort unless that person can give them medical advice or medical assistance. The psychosocial aspect, unfortunately, has not been taken into consideration. I would like to see this taken up. It is so unfair.

The other issue I want to refer to, having had lymphoedema myself from having had breast cancer, is that when women with gynaecological cancer problems have lymphoedema it affects their legs and their bodies. They have to wear restrictive garments, which cost a terrific amount of money. We are hoping that another of our recommendations is taken up, which is that the Commonwealth government consider a Medicare item number for lymphoedema treatment by accredited physiotherapists. Getting physiotherapy in rural areas is difficult. For me to get a physiotherapy appointment I have to wait three weeks. For a lymphoedema treatment, you have to have at least two weeks of continuous appointments. There is no way that someone living in a rural area can get that assistance. There are so many things that happen to women who have gynaecological cancers that are really unfair, such as trying to access the garments and trying to get treatment.

I refer to an article from the front page of the *AlbanyAdvertiser* on 17 October 2006. The headline on the front page says, 'Why are we still waiting?' The article states:

Who would want to be a woman in Albany? That is the question that visiting specialist Dr Michael Price asked last week when he heard that Great Southern women were still waiting for their resident obstetrician/gynaecologist.

Dr Price said:

I think it's dreadful. Who wouldn't? All I can say is, who would want to be a lady who needs a gynaecologist in Albany. This is very disappointing yet again.

Once again, the WA Country Health Service has not found anyone to go to Albany. They do not have an obstetrician. Albany is a city on the lower part of the coast of Western Australia. It has over 22,000 people, with a catchment of probably another 10,000 people, but they do not have a resident obstetrician or gynaecologist. What happens to these women? A local GP, Dr David Tadj, says:

Our need is rather for increased gynaecology services in the Great Southern. The irony is that our visiting gynaecologist, Dr Price, has asked to be allocated more operating time at the Albany Regional Hospital in order to reduce the waiting list. Unfortunately, this request for more operating time has, I understand, been refused by the local health service.

That just illustrates the situation in an area of Western Australia, where I come from—I am two hours north of Albany. What happens to our women? They have to travel to Perth. They have to travel to the metropolitan area from other isolated areas such as the Northern Territory. The number of rural women who came forward is highlighted in our report. It is not

easy to talk about gynaecological cancer. It has been a taboo subject. I am a nurse and a midwife so for me it is not a problem, but for other women to come and talk about a condition to a group of strangers, knowing full well that what they said was being recorded for a public document, can be difficult. They came forward and were so grateful to be given the opportunity to do this.

Another issue that has been mentioned briefly is that a lot of people do not realise the number of young women who have gynaecological cancer. They have to have chemotherapy and they have to have radiotherapy, so then they go into an early menopause. This is absolutely dreadful for them, especially when they are still of child-bearing age. Their whole life changes. What can we do to help these women? I believe that in this report we have tangible evidence that we can proudly present to the public. I do hope that the report will improve the lot of women as a whole, particularly rural women because they do have a much bigger disadvantage, especially if they do not have a GP in their area. It is not easy. I just cannot express just how hard it is.

I listened to all those people who came forward to give evidence, and they are wonderful people. I would like to thank the secretariat. They were just brilliant. For the women on the committee it was great. I think I have Senator Humphries, a male senator, who is the chair of our committee, sitting behind me now, and I know that he learned an awful lot. It was great to have Senator Humphries with us to really give us the support that we had. Thank you.

Senator POLLEY (Tasmania)—I too rise to speak on the report of the Senate Standing Committee on Community Affairs inquiry into gynaecological cancers entitled *Breaking the silence: a national voice for gynaecological cancers*. Firstly, I add my thanks to those of the speakers before me to all the people who put in submissions and to all of those who came before us at the hearings. Each one of us in the chamber, and I am sure our wider families, has unfortunately been directly affected by these types of cancers. It is still not easy for some of us, including me, on that committee to talk about those experiences.

This inquiry was a long and thorough one. The focus of the inquiry was, of course, on women, who are at risk of gynaecological cancers, and their needs. I think the scary thing that impacted on everyone involved in this inquiry is that all women are at risk. Over the years, other forms of cancers have gained a certain level of community awareness through education campaigns, diagnostic breakthroughs and a widespread realisation amongst many people today that if you feel unwell, or if there is something wrong, you should follow up with your medical professionals until you get your answers. I think that is the key message I want to leave today: do not just take what the first diagnostic expert tells you. If you still feel unwell, you have to pursue that.

It is critically important that women are listened to. Unfortunately, gynaecological cancers remain an enigma for exactly that reason. Symptoms are not generally recognisable in the early stages due to the nature of the female reproductive system. Cancers are harder to detect than something more easily recognisable to a woman, such as the symptoms of breast cancer.

In addition, the committee was told that many of the identifiable symptoms of gynaecological cancers are common and can be similar to symptoms occurring in women during their monthly menstrual cycles or may be related to other medical conditions. From the evidence presented, it was clear to members of the committee that there was a critical shortage of attention being directed at this area of women's health. The main concern voiced by witnesses to the inquiry was that the combined voice of women with concerns for their gynaecological health was often overshadowed by other cancers or not heard at all.

The Chairman of the Gynaecological Awareness Information Network, Ms Natalie Jenkins said:

A powerful voice is required to implement national campaigns and programs similar to that of the successful breast cancer movement, which has achieved a great deal for the Australian community.

It is for this reason that the committee's recommendations relate to the direct need for the Government to provide funding and support to establish a Centre for Gynaecological Cancers under Cancer Australia, which would provide a national focus and coordinate existing medical, community and support services. The centre's main aim would be to educate women about the causes, symptoms, treatments and support services available relating to gynaecological cancers.

On top of this, the committee recognised the limitations of research into gynaecological cancers and recommended that the Government commit to further funding for basic research and clinical trials, as well as working with Cancer Australia to review the current levels of funding allocated for research; provide leadership in relation to the allocation of research funding and improve awareness of research being undertaken to minimise duplication of studies.

The committee also found that women with gynaecological cancers are receiving varying levels of care and treatment due to several factors including:

Inadequate levels of Commonwealth, State and Territory funding

The differences in services through public and private treatment centres and funding channels

Cultural differences and language barriers in seeking treatment, and

Geographical location.

Of these factors, the most challenging appears to be the problems women in rural, regional or remote areas are faced with relating to gynaecological cancer and other serious health issues. This is not something that is specific to these types of cancers. Unfortunately it is a well known fact that women in some geographical areas face significant and unacceptable delays when it comes to diagnosis, treatment and referral to specialists, relating to any medical condition.

Director of Obstetrics and Gynaecology and Director of Outreach Services at Cairns Bass Hospital, Dr Paul Howat put it this way, and I quote:

"Gynaecological oncology is very much a private practice sub-speciality. This means that rich white women, not surprisingly, have the best outcomes in the world for treatment of their malignancies."

Blunt yes. But unfortunately, it is very much a true statement. And that is why the majority of the committee's recommendations relate to the need to raise, not only awareness amongst ALL Australian women of the prevalence of gynaecological cancers, but also for all levels of Government to work together to provide high quality treatment and health support programs for women effected.

The inquiry found that headway is also needed to improve the general level of awareness amongst medical professionals and the delivery of gynaecological oncology education on a continuing basis.

The lack of knowledge we have about gynaecological cancers means tackling the problem is a huge challenge for all Australians.

At the moment, the cause is ambiguous and research must continue and be a priority. But with no known prevention, our focus must also be on raising awareness, not only for Australian women, but for their spouses, their families and their friends.

We must work on providing high quality treatment and support services for women effected and aim to turn around the alarming statistics associated with gynaecological cancers.

Finally I would like to thank my colleagues on the Committee and acknowledge the enormous amount of work that has gone into this report. Although I normally don't like to nominate any one person to mention I must thank Senator Ferris for her contribution. Again I join with my Committee members in thanking the Secretariat.

I urge the Government to act on this important report and I commend all our recommendations.

Senator CAROL BROWN (Tasmania)—This inquiry into gynaecological cancers provided for many witnesses, particularly cancer survivors and their families, an invaluable opportunity—some for the very first time—to give voice to their concerns and present their views at a national level. We are indeed fortunate in Australia to have access to standards of medical care considered by many to be among the best in the world. Our researchers are often at the forefront and cutting edge of fields of medical inquiry. Our healthcare professionals are to be revered. Our associated consumer advocacy groups and representative bodies show a commitment to the betterment of health outcomes for all Australians, and the spirit of those in need of treatment is so often an inspiration to us all.

The above cross-section of individuals and groups is representative of those who gave evidence to the Senate committee on gynaecological cancer. This depth of interest is indicative of the depth with which health issues are engaged with in this country. This diversity, however, can sometimes be a barrier to ensuring greater utilisation of and coordination and cohesion in the services, support and treatment currently provided. It became evident in the inquiry that bringing people together with experience and expertise in the engagement of treatments, professionals and/or technologies was needed. Sometimes there is too much or conflicting information. Sometimes there is little or none.

I will take this moment to talk about the provision of a national voice for gynaecological cancer. Witnesses giving evidence to the inquiry voiced the opinion that a national approach to gynaecological cancers, with the accompanying establishment of a dedicated body, would make a significant difference to the lives of women with, or at risk of, gynaecological cancers.

The inquiry recognised the wisdom of this unified call and framed a recommendation in accordance with this. The need for a powerful voice to help in the consolidation, coordination and enhancement of gynaecological cancer awareness and services is given due importance in the title of the committee's report, *Breaking the silence: a national voice for gynaecological cancers*. The committee commended the establishment of Cancer Australia by the Commonwealth government yet recognised that this is but an initial step in the process of improving the approach to cancer prevention and care in Australia. Under the auspices of Cancer Australia, it is recommended that a new centre be established for gynaecological cancers so as to focus issues surrounding the disease. It is clear from the inquiry that gynaecological cancer occurs in significant numbers to warrant this stand-alone body.

An equally important recommendation surrounding the issue of gynaecological cancer care is the development of a website as a hub of information for the use of any and all concerned. One of the significant factors for this being made a priority is to ensure that Australian women and their families can have access to the latest information and services with ease as well as with faith in the information provided. A website also represents a vital link for those in remote areas who have until now experienced the tyranny of distance, with sometimes unfortunate consequences. This group of Australians was particularly noted by the inquiry as being of concern. Time is such an important factor in dealing with any cancer,

particularly those which have reached advanced stages before diagnosis, such as gynaecological ones.

In 2004, 1,530 Australian women died as a result of gynaecological cancer. It is projected that this number will increase in coming years. Advances in screening and treatment are needed to halt this increase, as are wider health support programs. Given the breadth of the cancer problem and the extreme diversity of forms it takes, a single body overseeing gynaecological cancer is needed. Submissions to the committee concerning representations were overwhelmingly in favour of this distinct voice.

I wish to highlight recommendation 4 of the report, which states:

The committee recommends that the Commonwealth government provide the centre for gynaecological cancers with seed funding of \$1 million for the establishment and operational costs.

I believe this recommendation is extremely important to ensure the success of a centre for gynaecological cancers. I will take this moment to echo the comments of senators and add my sincere thanks to the committee secretariat for their work. I commend to the Senate the report *Breaking the silence: a national voice for gynaecological cancers* and its 34 very important recommendations.

Senator WEBBER (Western Australia) (11.20 a.m.)—I rise to make some brief remarks on this report. First, I would like to thank Senator Allison for bringing the issue to the attention of the Senate in the first place and for the work that she has done. I would also like to thank Senator Ferris not only for being the strongest voice on our committee but also for going that extra step and sharing her very personal journey with the entire Australian community. I would like to thank the committee secretariat, including one of our two token blokes, Elton Humphery. Of course the other token bloke on the inquiry was Senator Gary Humphries, who was chair halfway through the inquiry but deputy chair for the first bit. I would like to particularly place on record my thanks and, I am sure, our thanks, to Kerry and Kate, from the secretariat, for the magnificent job they have done.

I would like to thank Kath Mazzella and her team, again, and Ms Margaret Heffernan from Victoria for being the driving force behind the petition which Senator Allison first brought to the attention of this chamber and which initiated our journey. I would like to thank all of the experts who took time out of their very busy and committed lives to share their views on the path forward, particularly Professor Neville Hacker and Professor Rob Sutherland from Sydney. I would like to thank the Lymphoedema Association for bringing to us what is the other half of the silent journey that these women go on, making sure our committee was aware of the tragic side effects.

I particularly want to place on record my thanks to the women who appeared before us and shared a very personal and painful journey—not just Senator Ferris but many women, particularly Ms Tanya Smith from Western Australia. Her journey has been particularly confronting and difficult and I would really like to thank her for going public. Through the efforts of all of those women we now have a national voice. It is time for national action. I am sure that those of us on the committee, particularly the most powerful voice, Senator Ferris, will ensure that there is national action. I seek leave to continue my remarks.