



**Australian Government**  
**Department of Health and Ageing**

Mr Elton Humphery  
Committee Secretary  
Australian Senate Community Affairs Reference Committee  
Parliament House  
CANBERRA ACT 2600

Dear Mr Humphery

Thank you for your letter of 21 December 2005 to Ms Jane Halton, Secretary, Department of Health and Ageing, about a petition on gynaecological health issues. Ms Halton has asked me to respond on her behalf.

As requested, please find attached information on the issues raised in the petition. In particular, information on the incidence of gynaecological cancers and sexually transmitted infections, research funding, services and treatment options, education, community awareness and prevention programs funded by the Department. You will note that this includes information on chlamydia prevention and human papilloma virus vaccines raised in the petition.

In early 2005, the Department made a submission to the Inquiry into Service and Treatment Options for Persons with Cancer. This submission included detailed information on cancer in Australia and the role of the Australian Government in optimising cancer care. I enclose a copy of the submission for your information.

If you require any further information, please contact Mr Ian Kemp, Director, Cancer Section on (02) 6289 7778. I trust this information is of assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Rita Evans', with a long horizontal flourish extending to the right.

Rita Evans  
A/g Assistant Secretary  
Chronic Disease and Palliative Care Branch  
Health Services Improvement Division

6/2/06

Encl

## *SYPHILIS*

At a national level the rate of diagnoses of syphilis remained relatively stable in 2000-2004 at less than 10 per 100,000 population.

**Source:** *2005 Annual Surveillance Report - HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia*. National Centre in HIV Epidemiology and Clinical Research.

## **RESEARCH FUNDING FOR GYNAECOLOGICAL CANCERS**

Under the Strengthening Cancer Care initiative, funding of \$17.6 million over four years has been allocated for a dedicated cancer research budget. Initial research priorities identified for funding include early detection of breast and ovarian cancers as well as improving screening programs to ensure that patients can be identified and treated appropriately and that screening services are effective.

Through a variety of grants, the National Health and Medical Research Council (NHMRC) provides funding for research into cancer, including gynaecological cancers. This includes over \$14 million for research into ovarian cancer since 2000.

## **CURRENT SERVICES AND TREATMENT OPTIONS FOR GYNAECOLOGICAL CANCERS**

### Funding for Health Services

The Australian health system is complex with multiple levels of government and shared responsibility for health services. Cancer is the responsibility of all governments, non-government organisations and the community. The Australian Government has a national leadership role in delivering outcomes through a wide range of areas including research, policy and program implementation, and maintaining partnerships with stakeholders.

The Australian Government and State and Territory Governments jointly fund public hospital services (for the Australian Government, this is through the Australian Health Care Agreements). The Australian Government also has specific administrative responsibility for two major national subsidy schemes, the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme. These schemes cover all Australians and subsidise patients for the costs of fee-for-service payments for private medical services and for a high proportion of prescription medications. (For more detailed information see pages 5-7 of the submission to Senate Inquiry)

### Cervical Cancer Screening

The Australian Government has introduced a range of measures which are improving women's access to cervical cancer screening. These include:

- MBS items for cervical screening performed by practice nurses in regional, rural or remote areas;

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 Australian Government funding over the past five years.

#### The National Breast Cancer Centre

The National Breast Cancer Centre (NBCC), established by the Australian Government in 1995, is Australia's peak body for breast and ovarian cancer control. In the 2003-04 Budget the Australian Government, committed a further \$8.4 million over four years to continue the work of the NBCC.

The NBCC, through the National Ovarian Cancer Program established in 2001, works with health professionals, researchers, governments, researchers and consumer groups to improve outcomes for women diagnosed with ovarian cancer. This work includes using the latest evidence and research into breast and ovarian cancer to provide clinical practice guidelines and recommendations to guide the work of health professionals.

The NBCC worked with the Australian Cancer Network to develop the first Australian *Clinical practice guidelines for the management of women with epithelial ovarian cancer*, approved in 2004 by the NHMRC. The NBCC has also recently developed and disseminated a resource, *Assessment of symptoms that may be ovarian cancer* that provides general practitioners with a step-by-step process to follow in the investigation of symptoms.

In 2005, the NBCC developed a national consumer guide for women with ovarian cancer. The guide contains 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 has also developed fact sheets about ovarian cancer and a website [www.ovariancancerprogram.org.au](http://www.ovariancancerprogram.org.au) to provide information to health professionals and consumers. Copies of resources, such as the guidelines and consumer guide, are available for download from the website or free of charge from the NBCC.

In addition to the work above, the NBCC has worked to raise the awareness of ovarian cancer through a number of national forums for consumers and clinicians, and through its electronic newsletter *Ovarian e-upd@te*. The NBCC works collaboratively with OvCa Australia, the key consumer advocacy group, to raise awareness. The Ovarian Cancer Awareness Week activities in February 2005 included the launch of the consumer guide. For Awareness Week in 2006, OvCa Australia and the NBCC will collaborate to conduct a national forum for women with ovarian cancer, their partners and family.

#### General Practitioner Education

General practitioners are required to complete minimum mandatory continuing professional development (CPD) activities in order to maintain vocational recognition status and to maintain ongoing eligibility for certain incentive programs offered by the Government. An aim of requiring medical practitioners to undertake CPD activities is to assist practitioners in

Before any new drugs are released in Australia, they must undergo a licensing process with the TGA. CSL and Merck have submitted an application for the licensing of Gardasil. The outcomes of this application will not be known for some months. GSK has not yet submitted their HPV vaccine license application to the TGA.

Vaccines can be provided with Government support in Australia by two mechanisms. The first funding mechanism is via the National Immunisation Program (NIP). The NIP is a joint initiative of the Australian, State and Territory governments. Vaccines approved for inclusion in the NIP are provided to specified age groups at no cost. The second Government support mechanism is the Pharmaceutical Benefits Scheme (PBS) which subsidises the cost of particular drugs and vaccines.

From 1 January 2006, both funding mechanisms require pharmaceutical companies to submit applications to the Pharmaceutical Benefits Advisory Committee (PBAC). The PBAC is responsible for making funding recommendations to Government based on research findings and economic evaluations. The likelihood of either vaccine receiving Government support, is dependent on the processes outlined above.