As you know,raw incidence rates are available from the AIHW for all gynaecological cancers....approx 750 per year cervix,1350 endometrium,1300 ovary and 250 vulva
Endometrial cancer is on the increase as it is in all Western countries due to obesity

Cervix cancer rates are falling,due in particular to the excellent organised screening programme we have,tho we fail the ATSIC community terribly (rates and mortality 4-6X)...in this regard,novel screening programmes,not using the Pap test,such as are used in some developing countries need urgent assessment (eg,VIA).The vaccine will take a generation before we see the benefits

Ovarian cancer rates are slowly increasing.Mortality has plateaued.We are in the process of improving early referrals (NBCC...Guidelines on Management) and trying to improve community education (NBCC/OVCA Australia).We urgently need an early screening test..

Vulva cancer is on the increase....related to HPV infections.Community education is completely lacking

There are no survival data,Stage for Stage in Australia for these cancers....

Funding of gyn ca research has not been a priority...
We have had to seek support to establish 'ANZGOG' (our clinical trials group) from the private sector and philanthropy....recent grants have helped enormously,but we are still not doing as much clinical trial research as we could.The UK model (MRC) and US model (GOG) both put us to shame.
Laboratory research is grossly underfunded.....one only has to look at breast cancer to see how far behind gyn ca is,both at a national and state level.

In contrast,centralisation of care and a multidisciplinary approach has been very successful and we are an excellent model for this,even better than the breast cancer sector in Australia...this has been due to ASGO ,our subspecialty body (since 1985) and the RANZCOG which organised and recognised subspecialisation training programmes in 1988.The rural sector is still neglected,however,and funding is necessary as well as a change in the MBS schedule.To run a multidisciplinary clinic in the country (as I do in Geelong,Albury-Wodonga and Traralgon) needs money and committment.

All units apart from one in Sydney,lack specialist psychologists as part of the team....all due to lack of funding.This is a glaring omission and substantially disadvantages patients and their families

What do we need?
Ideally,a community education programme across all gyn cancers,similar to that so successfully rolled out for breast cancer.NBCC could usefully auspice this.
A novel approach to screening ATSIC communities
A concerted approach to rural cancer care...hopefully,Cancer Australia will take this on
More funding for clinical trials....COSA could be financed to auspice this
More laboratory research...Gyn Cancer needs to be made a priority area for NH&MRC funding
Specific funding for clinical psychologists....State governments should be made responsible for this under the Medicare agreement

Lastly,to show that we are improving outcomes,the funding of cacer survival data collection is urgently required.Even Eastern Europe has this information! It is a national disgrace that we cannot give this information to our community.

I do hope that you have a successful round table meeting

Prof Michael Quinn
Director of Oncology/Dysplaia
Royal Women's Hospital
Melbourne