



NSW CANCER PLAN 2004-2006

Lessening the Impact of Cancer

A Two Year Progress Report

NSW HEALTH

cancerinstitute
NSW

The logo for Cancer Institute NSW, featuring a stylized white figure that resembles a person or a DNA helix, with a small dot above it.

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FOREWORD BY THE MINISTER

The NSW Government launched a unique approach to tackling cancer in 2004, when it became the first State in Australia to establish a Cancer Institute and set out a Cancer Plan, aimed at reducing incidence and death rates and improving patient care and treatment.

The NSW Cancer Plan 2004-2006 followed widespread consultation with the community and health experts. It brought together innovative ideas for cancer control and presented new models for improving cancer care, prevention and treatment.

The new approach implemented by the Cancer Institute NSW is already showing encouraging results. In partnership with NSW Health and other organisations, these programs are achieving significant advances in cancer prevention, screening and early detection, clinical services, research and information.

Over the past two years, the Cancer Institute NSW has also funded hundreds of new positions for doctors, nurses, social workers and researchers. Through the Institute, the NSW Government has established two chairs of Cancer Research and provided direct funding support for more than 100 researchers and almost 30 clinical trial units.

The NSW Cancer Plan 2004-2006 Progress Report details these achievements and provides a strong foundation for the next stage of our fight against cancer. We have made significant progress but there is still much more to be done, including a further reduction in smoking rates, increased focus on bowel and lung cancers and melanoma, new training programs, better clinical models of care and improvements in patient support.



The Hon. Frank Sartor MP

Minister Assisting the Minister for Health (Cancer)

MESSAGE FROM THE CHAIRMAN BOARD OF THE CANCER INSTITUTE NSW

The implementation of the NSW Cancer Plan 2004-2006 represents a remarkable achievement in a short time. It is the first attempt in Australia to design a strategy to improve cancer results and then implement it within an 18 months to two year time frame.

Much of what has been achieved is establishing the basis for further improvement in the intermediate or longer term. There have also been some important immediate effects which have benefited patients, carers, health professionals and researchers to be better supported by health services.

Patients and their families will be further supported by an historic agreement between The Cancer Council NSW and the Cancer Institute NSW.

This agreement will deliver joint and expanded programs in patient information, patient support and in clinical trials.

This plan has been the work of many as a result of broad consultation in its design and implementation. I would like to thank my fellow Board members including retired members, Cancer Institute NSW staff, staff in NSW Health, Area Health Services, cancer experts, The Cancer Council NSW and other cancer and consumer organisations for their support of the plan and their encouragement in this work.

Most of all, I would like to thank the cancer patients and volunteers who have given so freely their time to write submissions or to attend committee meetings, workshops or forums. They are the true architects and beneficiaries of this plan.



The Hon. Peter Collins AM QC
Chairman

CHIEF CANCER OFFICER'S SUMMARY

The NSW Cancer Plan 2004-2006 is Australia's first comprehensive State cancer plan designed for immediate implementation. Developed through wide consultation, the Cancer Plan has provided a strategic framework for those attempting to defeat cancer in NSW. It has delivered a comprehensive range of programs which are lessening the burden.

The NSW Cancer Plan 2004-2006 was launched in July 2004. It was designed to bring long-term benefits to the people of NSW. It also included high impact programs which have delivered obvious immediate results.

The need for a plan with such focus on cancer is even more evident today. The number of people affected by cancer is increasing in both men and women as our population ages and grows. The Cancer Institute NSW estimates that the lifetime risk of cancer is now one in two men and one in three women.

The Cancer Institute NSW predicts that by 2011 over 40,000 people will be diagnosed each year with cancer or a 24% increase in just seven years. The NSW Cancer Plan is aimed at reducing cancer incidence and providing better, smarter models of care for the large numbers of cancer patients expected in future years.

While cancer numbers are going up, the cancer incidence per head of population is falling in men and has slowed substantially in women. Cancer death rates have fallen by 17% in men and 12% in women over the last 10 years. However, death rates are still unacceptably high with over 12,000 deaths from cancer each year in NSW.

In each major area, surveys and analyses have provided information to identify areas of greatest need. Such needs have driven the consultation and the formulation of the NSW Cancer Plan 2004-2006 and its subsequent implementation. While the Cancer Institute NSW has had primary responsibility for the Cancer Plan, its benefits reflect the cooperation and work of NSW Health, Area Health Services and all stakeholders.

The programs now established by the NSW Cancer Plan 2004-2006 are designed to substantially increase the chances of avoiding or surviving cancer. The Cancer Institute NSW has predicted that by 2011, two-thirds of cancer patients will be cancer survivors.

The NSW Cancer Plan 2004-2006 has delivered a comprehensive range of new programs in cancer prevention, cancer screening and early detection, health services, education and training, cancer research and cancer information. The impact of these new programs is now being felt across NSW.

Cancer Prevention

A major focus of the NSW Cancer Plan 2004-2006 is the public anti-tobacco campaigns aimed at reinforcing quitting behaviours amongst smokers. The nine successful campaigns and other initiatives have changed our community's attitude to smoking. Overall smoking rates have fallen by 2.2% from 22.3% to 20.1% in the last two years.

The number of adults in NSW who smoke every day is now only 15.7%. The fall has been greatest in women where only 14.3% of adult women now smoke everyday compared to 17% of adult men.

Calls to the Quitline have more than doubled following these campaigns with calls to the Quitline twice as frequent for women. Smoking is disappearing from pubs and clubs, with expected health benefits for staff and patrons.

It is estimated that around 100,000 smokers (or 10%) have quit in the last two years. There are now more people in NSW who have quit smoking than are currently smoking.

This decline will have a substantial impact on the \$6.7 billion smoking costs in NSW each year. The reduction in smoking rates of 2.2% is estimated to save NSW between \$1-2.5 billion over the next 20 years.

Cancer Screening

Cancer screening for breast and cervical cancer has had a major impact on death rates in these cancers over the last 10 years. Cancer death rates have declined by 22% for breast cancer and 52% for cervical cancer in the last 10 years largely attributed to successful breast and cervical screening.

This has provided the incentive to further improve participation rates for women who will benefit the most. The screening programs for breast and cervical cancers are currently being reorganised and invigorated.

For breast cancer screening, a new campaign has been developed to increase public awareness of screening. Reviews are underway to improve business practices and to make these services more responsive to women's needs. These improvements should encourage more women in the target age group 50-69 years to participate in routine breast screening. Since July 2005 participation in breast screening programs has increased from 50.7% to 53%.

Each year in NSW over 1600 people die of bowel cancer and sadly only 60% will live five years beyond their diagnosis. Substantial reductions in deaths from bowel cancer are expected as bowel cancer screening is progressively introduced over the next few years. From clinical trials, it is estimated that the death rate from bowel cancer could fall by 15-30% in NSW when this program is fully implemented. Bowel cancer screening will be introduced into NSW in 2006.

Cancer Services

The NSW Cancer Plan 2004-2006 has delivered over 245 new frontline positions for cancer health professionals in NSW. These include doctors, nurses, clinical psychologists, social workers and clinical trials nurses.

A major need identified for our cancer services is better coordinated care. Cancer care is now being coordinated by over 60 new oncology nurse positions in many centres. Breast care nurses are now well established as a role model for other types of cancer.



Multi-disciplinary teams of cancer experts have been established or expanded with 118 teams supported across the State. Multi-disciplinary teams will participate in case conferences to bring all expert opinions to the individual patient's care. This approach will encourage all treatment options to be considered and promote the best practice of care.

The next generation of cancer specialist doctors is being trained and supported across NSW with 24 new clinical fellowships. New positions have also been established for 28 new health professionals to provide psycho-social, emotional and practical support for those undergoing cancer treatment in hospitals across NSW. Five new psycho-oncology fellowships have been established.

The Cancer Institute NSW has provided targeted funding to improve the access of rural patients to cancer services. This funding will provide support for rural cancer patients to travel to cancer care services and will increase the reimbursement per kilometre travelled.

Cancer Information

New information has been made available to doctors, nurses and the public on the best standard cancer treatments through the Cancer Institute NSW website of over 200 'state of the art' standard cancer treatments. The Standard Cancer Treatment site (CI-SCaT) receives over 150,000 hits per month.

These treatment protocols list the evidence behind each treatment and include a patient treatment sheet in plain English that can be downloaded for the patient.

Preliminary work has been done to establish a Clinical Cancer Registry in five of the eight Area Health Services. The National Minimum Data Set for Clinical Cancer Registration is being collected, documenting the actual patient journey through cancer treatment. Reporting of this information has begun and it will enable us to identify how and where to further improve results in the future.



Cancer Research

Cancer research offers the best hope of further accelerating the decline in cancer death rates, ensuring more effective screening and improving our ability to prevent or treat cancer. The NSW Cancer Plan 2004-2006 has invested in the best and most successful cancer researchers in NSW with an emphasis on applying research discoveries directly to patient care.

A review of cancer research in NSW by the Cancer Institute NSW has provided a rationale to build essential research infrastructure and a skilled research workforce. Twenty-eight new research fellowships have been created, including five clinical and one health services research fellowships. Thirty-eight PhD students are supported in NSW. Two new professorial posts in cancer research have been created under the NSW Cancer Plan 2004-2006.

The NSW Cancer Plan 2004-2006 has substantially increased the capacity of NSW to quickly translate research discoveries into better treatments and cancer prevention. Infrastructure grants have supported 26 cancer research programs.

New research programs have been created to translate new discoveries into patient care in prostate cancer, melanoma and targeted cancer therapy. These programs will focus on the early identification of those at risk of cancer, screening and new therapies for cancer.

A new clinical trials network has been established, supporting 29 trials units across NSW to test promising new anti-cancer treatments and make them available to cancer patients as quickly as possible. Partnerships with the NHMRC Clinical Trials Centre and the Cancer Council NSW has enabled clinical researchers to access statistics and operational support and broadened the support for clinical research.

While such investment in cancer research promises great benefit in the longer term, already new therapies, new approaches and a new culture of innovation and research is emerging in NSW hospitals from that support.

A Cohesive Approach to Cancer Control

Perhaps the most important achievement of the NSW Cancer Plan 2004-2006 is that it has brought together many hundreds of patients, carers, health professionals, researchers, government officials, charities and planners to combine their efforts to beat cancer. Over 400 such people had input into the design of the Plan, serving on committees, and attending workshops advising on its implementation and evaluation.

This focused and collaborative effort has greatly assisted the aspiration to defeat cancer. Such broad involvement in the Plan has ensured that the cancer programs being implemented under the NSW Cancer 2004-2006 Plan are relevant, are addressing real needs and are most likely to achieve better results through collaboration.

In 2006, the Cancer Council NSW and the Cancer Institute NSW agreed to work collaboratively in:

- cancer clinical trials
- patient information
- patient support.

We have learnt many lessons from the implementation of this cancer program that are unique to NSW. These lessons and the many reviews above initiated by the Cancer Institute NSW have identified key areas of important need for further improvement as a focus for the next four years. The NSW Cancer Plan 2007-2010 will target these vital areas of need and will be built on the solid foundation of the NSW Cancer Plan 2004-2006.



Professor Jim Bishop
Chief Cancer Officer
Cancer Institute NSW

CHAPTER 1: MEETING THE CHALLENGE OF CANCER



THE CANCER BURDEN

CANCER IS A DIAGNOSIS THAT IS LIFE CHANGING FOR THOSE AFFECTED AND FOR THEIR CARERS AND LOVED ONES. IT WILL AFFECT ONE IN TWO MEN AND ONE IN THREE WOMEN LIVING IN NSW DURING THEIR LIFETIME.

The Cancer Institute NSW estimates that by 2011, over 40,000 people will be diagnosed with cancer each year in NSW. Thankfully, cancer death rates are falling and by 2011, two thirds of cancer patients in NSW will be cancer survivors.

However, it is unacceptable that over 12,000 die of cancer each year in this State alone. Overall, cancer accounts for almost 20% of the total burden of disease (disability adjusted life years) in NSW.

Some cancers, especially those caused by smoking, have a poor outlook for those affected. Only one in eight lung cancer sufferers currently survive to five years.

Preventing cancer or detecting it early has huge potential benefits for the people of NSW. Smoking alone costs NSW \$6.7 billion each year in direct health costs and indirect costs. Smoking causes 20% of all cancer deaths.

For those helped by treatment and for the many who will now survive, cancer takes a heavy emotional and physical toll. Optimal support directed at the emotional and practical needs of cancer patients and cancer survivors remains a major challenge for all attempting to address the burden of cancer in our community.

THE CANCER INSTITUTE NSW ACT 2003

To specifically address the heavy burden of cancer on the well-being of our community the NSW Government established the Cancer Institute NSW under the *Cancer Institute (NSW) Act 2003*.

The *Cancer Institute (NSW) Act 2003* (the Act) was passed unanimously by the NSW Parliament on 20 June 2003 and assented to on the 30 June 2003.



THE CANCER INSTITUTE NSW WAS ESTABLISHED WITH THE FOLLOWING OBJECTIVES:

- To increase cancer survival rates for cancer patients.
- To reduce the incidence of cancer in the community.
- To improve the quality of life of cancer patients and their carers.
- To operate as a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

GUIDING PRINCIPLES IN THE CANCER INSTITUTE NSW ACT

The Cancer Institute should:

- Develop partnerships with the public sector, private sector and the general community.
- Provide resources to benefit the greatest number of people in an efficient and effective manner.
- Promote the treatment of patients that is equitable, evidence based and patient centred.
- Promote cancer care that is accessible, multi-disciplinary and coordinated by the appropriate networking of services.
- Ensure public funds are fully accountable.
- Promote collaboration between State, national and international cancer bodies.
- Provide information about cancer control that is up to date and publicly available.
- Promote cancer research that builds collaboration, depth and maximises the benefits of research in a number of institutions in NSW.



DEVELOPING THE CANCER INSTITUTE NSW

Over the last 24 months the Cancer Institute NSW has established itself as an organisation with the capabilities to fulfil its obligations under the Act.

MAJOR ACHIEVEMENTS SINCE 2004:

The NSW Cancer Plan 2004-2006 is a comprehensive blueprint for action with immediate and long-term benefits for the people of NSW.

- Strategic planning by the Board, staff and with stakeholders to set the major directions of the Cancer Institute NSW and to develop and implement the NSW Cancer Plan 2004-2006.
- Establishment of a corporate presence at the Australian Technology Park including stand-alone information technology and records system.
- Establishment of a financial reporting system, internal and external audit processes, risk management review and review of standard policies and operating procedures, with an emphasis placed on performance management.
- Establishment of six Divisions within the Cancer Institute NSW covering the program areas of cancer prevention, cancer screening, cancer treatment and education, cancer research, cancer information and registries and the communication of key health messages.
- Establishment of the capability and processes to provide high level advice to the government, NSW Health, key stakeholders and the public on all aspects of cancer control in NSW.
- Establishment of independent, interstate Grants Allocation Committees to provide objective peer reviews of applications for funding from researchers and clinicians.
- Transfer of the Central Cancer Registry and the Pap Test Register from the NSW Cancer Council to the Cancer Institute NSW while maintaining full function in June 2004.
- A project management office established to enable the rapid implementation of high priority programs in each of the six major program areas.
- Transfer of NSW screening programs from the Sydney West Area Health Service to the Cancer Institute NSW in July 2005.

THE NSW CANCER PLAN 2004-2006

The NSW Cancer Plan 2004-2006 is a comprehensive blueprint for action with immediate and long-term benefits for the people of NSW.

The NSW Cancer Plan 2004-2006 was developed following a broad consultation process in conjunction with the NSW Department of Health, the cancer community and the public. This process can be summarised as follows:

- Cancer Institute NSW Board Strategic Retreat, including key cancer control experts, in December 2003.
- Call for public submissions on the NSW Cancer Plan: A Discussion Paper in December 2003.
- Individual submissions by more than 300 cancer stakeholders to the Chief Cancer Officer in December 2003.
- Establishment of Cancer Institute NSW expert advisory committees and working parties for:
 - Population health and screening.
 - Clinical services.
 - Patient support.
 - Rural services.
 - Standard cancer treatment protocols.
 - Quality and clinical effectiveness.
 - Cancer research.
 - Cancer information and registries.
 - Cancer education and workforce.
 - Ethics.



- Establishment of a joint NSW Radiotherapy Advisory Committee with the NSW Department of Health.
- Consultations between the Cancer Institute NSW, the NSW Department of Health, cancer control experts and consumers.
- Consultations between the Cancer Institute NSW and the Chief Executives of Area Health Services and Directors of Area Cancer Services.
- Development of a Draft Outline for consultation with the NSW Department of Health and policy development in January to March 2004.
- NSW Cancer Plan: A Discussion Paper launched on 5 April 2004 for comment.
- More than 2500 individual downloads of the NSW Cancer Plan: A Discussion Paper from the web site of the Cancer Institute NSW, and the distribution of 1000 copies.
- Workshops on key aspects of the Discussion Paper held on 28 April, 4 May and 24 May 2004.
- More than 70 submissions received on the NSW Cancer Plan: A Discussion Paper.
- Integration of comments into a final NSW Cancer Plan in May 2004.
- Discussions with a range of key overseas cancer control agencies, including the National Health Service, UK and the US National Cancer Institute.

LAUNCH OF THE NSW CANCER PLAN 2004-2006

The NSW Cancer Plan 2004–2006 was launched by the then Premier, Hon. Bob Carr, the then Minister for Health, Hon. Morris Iemma and the Minister Assisting the Minister for Health (Cancer), Hon. Frank Sartor at Liverpool Hospital on Wednesday 23 June 2004.

The NSW Cancer Plan 2004–2006 provided the strategic blueprint for the Cancer Institute NSW and other key stakeholders to carry out cancer control in this State over the last two years. There are three main objectives of the Plan:

- I. To define the strategic principles for the future development and acceleration of effective cancer control in NSW.

2. To develop goals for cancer control that will substantially improve outcomes.
3. To develop high-priority initiatives that will achieve these goals, thus accelerating improvements in cancer survival, reducing the incidence of cancer, improving support for patients and their carers and providing better information to the public.

IMPLEMENTATION OF THE NSW CANCER PLAN 2004-2006

To implement the NSW Cancer Plan 2004-2006, the Cancer Institute NSW developed six program areas to deliver specific cancer control programs for the people of NSW.

They are:

- Cancer Prevention.
- Cancer Screening.
- Cancer Services and Education.
- Cancer Research.
- Cancer Information and Registries.
- Cancer Communications.

High priority programs identified from the NSW Cancer Plan 2004-2006 were designed, funded and implemented with the highest priority programs developed first. A Project Management Office was created to enable rapid deployment of key programs.

This process has been guided by consultations with the NSW Government, NSW Health, Area Health Services, over 20 expert committees and many patients, carers and the public.

ENGAGEMENT OF STAKEHOLDERS AND THE WORK OF COMMITTEES

The priorities of programs in the NSW Cancer Plan 2004-2006 have been based on known areas of need from reviews by the Cancer Institute NSW and others and by constant consultation and feedback. The dedication and time given by volunteers, both expert professional and interested members of the public, has been a key factor in getting the priorities of the Plan right.

The Cancer Institute NSW has held a number of important workshops since 2004 (see Appendix I), including:

- Consumer forums.
- Public rural and regional forums.
- Cancer research round table and workshops.
- GP workshop.
- Oncology nurse workshops.
- NSW Oncology Group workshops.
- Tobacco control workshop.
- Cancer Information Strategy workshop.

In addition, the Cancer Institute NSW has formed alliances, partnerships or joint ventures with other cancer organisations and groups.

Collaboration or contracts have been established with:

- The Alliance of General Practice Divisions.
- The NHMRC Clinical Trials Centre.
- NSW Health.
- The SAX Institute.
- The Cancer Council NSW.

- The Australian Department of Health and Aged Care.
- The National Breast Cancer Centre.
- The National Cancer Control Initiative.
- The Cancer Council Victoria.
- Quit Victoria.
- The Cancer Council Australia (The Australian Cancer Network).
- Cancer Australia (The Australian Government)
- The Australian Department of Communications, IT and the Arts.

In March 2006, The Cancer Council NSW and the Cancer Institute NSW entered into a historic five year partnership agreement. This agreement established a number of joint programs in:

- Cancer research clinical trials.
- Cancer information for patients, carers and families.
- Patient support programs including the Cancer Helpline and web-based resources.
- Support for cancer consumer groups and networks.

Such relationships will be expanded and new collaborations developed for the NSW Cancer Plan 2007-2010 .



CHAPTER 2: PREVENTING CANCER



HIGHLIGHTS

CANCER PREVENTION PROGRAMS HAVE TARGETED TOBACCO SMOKING AND THE PREVENTION OF MELANOMA. CURRENTLY ONLY 15.7% OF ADULTS IN NSW SMOKE EVERY DAY WITH A FALL OF 2.2% IN OVERALL SMOKING RATES IN THE LAST TWO YEARS FROM 22.3% TO 20.1%. CALLS TO THE QUITLINE HAVE MORE THAN DOUBLED SINCE 2003.

- Smoking prevalence is now the lowest recorded in NSW with only 15.7% of adults smoking every day (14.3% of women and 17.2% of men). Overall smoking rates (every day and occasional smokers) have fallen by 2.2% from 22.3% to 20.1% in the last two years.
- Calls to the Quitline have more than doubled since 2003.
- 80-90% of smokers in NSW were aware of the messages in the Cancer Institute NSW's Excuses campaign.
- The intention to quit among NSW smokers surveyed has increased to 66%.
- The number of attempts to quit has increased with over 100,000 smokers giving up over the last two years.
- Support for smokers trying to quit has increased with more funding to the Quitline.

KEY NEEDS

Tobacco smoke is the largest cause of preventable disease in NSW.

Tobacco causes:

- 20% of all cancer deaths.
- 6600 deaths annually in NSW alone from cancer, stroke, heart disease and lung diseases.
- 150 hospital admissions every day in NSW.
- Costs to the NSW community of \$6.7 billion each year in direct health costs, individual costs of illness and lack of productivity.

In 2003, 22.3% of adults in NSW smoked, there were no mass media cessation programs run by the State and smoking was still permitted in pubs and clubs.

In 2003 the average number of calls to the Quitline was only 1358 per month.



Melanoma is six times more common in NSW than in the UK and three times more common than in the USA. There are over 3200 people diagnosed with melanoma each year in NSW and over 400 people die of this cancer every year.

Sun tanning and bouts of sunburn remain major risk factors for melanoma. A review of secondary school children by NSW Health in 2002 revealed that 82.1% of school girls believe a suntan is healthy and 80.0% get sunburnt each year.

GOALS

- To substantially reduce smoking prevalence in NSW (NSW Cancer Plan 2004-2006, Goal 2).
- To promote cancer risk reduction behaviour (NSW Cancer Plan 2004-2006, Goal 3).

KEY ACHIEVEMENTS

TOBACCO CONTROL

The focus of the Cancer Institute NSW on tobacco and reducing smoking prevalence has been positioned to complement the National Tobacco Strategy and the NSW Tobacco Action Plan. The Cancer Institute NSW has worked collaboratively with the key stakeholders, in particular with NSW Health, to develop a program of activity to raise the profile of smoking cessation and to reduce smoking prevalence by one percent per annum.

The major focus has been on the development and placement of mass media campaigns to promote smoking cessation (social marketing). There is clear evidence that such campaigns can decrease smoking rates, particularly if they indicate a clear pathway to services that support a person's attempt to quit.

Some campaigns were further supported through community grants. For example, the grant component of the Parents Campaign enabled the message to reach many different culturally and linguistically diverse (CALD) groups and communities.

During 2005, the Cancer Institute NSW substantially supported the funding of the NSW Quitline and from January 2006 has managed the NSW Quitline and significantly increased its funding.

In the 2005 Adult Health Survey, only 20.1% of people in NSW were daily or occasional smokers with only 15.7% smoking every day. Smoking rates had fallen from 22.3% two years earlier or 100,000 smokers had quit. Most smokers tend to be in their 20s and 30s. The Survey found a greater proportion of 25-34 year olds (male and female) and a lower proportion of over 55s to be current smokers, compared to the overall adult population.

The 2005 rates were significantly lower than in 1997, when 24% of people in NSW smoked; 27.4% of all males and 21.2% of all females. In 2005, over half of the adult population of NSW had never smoked. There are more adults in NSW who have quit smoking than there are current smokers.

Based on estimates from an economic study by Collins and Lapsley¹, a sustained drop in the smoking rate of one per cent per annum over five years would deliver the State a benefit of between \$2.3 billion and \$5.8 billion over 20 years (based on present dollar values). The fall of 2.2% over the last two years equates to \$1-2.5 billion for NSW over 20 years based on these estimates.

TOBACCO CONTROL WORKSHOP

(NSW Cancer Plan 2004-2006: Program 2.2)

The Cancer Institute NSW and NSW Health jointly hosted a one-day expert workshop in November 2004 on tobacco communication.

The purpose was to explore the role of media campaigns within tobacco control, consider criteria for prioritising tobacco control social marketing efforts in NSW, devise draft recommendations on short term and medium term priorities for tobacco control campaigns and consider opportunities for value adding by working in collaboration.

The workshop also provided an opportunity to bring together representatives of the key agencies involved in tobacco control in NSW and in other jurisdictions across Australia, thereby encouraging their involvement at an early stage in the development of new media campaigns for NSW.

¹ Collins DJ and Lapsley HM Counting the costs of tobacco and the benefits of reducing smoking prevalence in NSW. NSW Department of Health. August 2005.

TOBACCO ACTION PLAN

(NSW Cancer Plan 2004-2006: Program 2.2)

The Cancer Institute NSW has joined forces with NSW Health, the Cancer Council NSW and Action on Smoking and Health (ASH) for the development of the NSW Tobacco Action Plan 2005-2009.

The plan builds on the achievements of previous tobacco control efforts, identifies the challenges ahead and provides the strategic direction for the development and implementation of a range of tobacco control initiatives for NSW.

Through the development and implementation of this collaborative plan, the NSW Government formalises its commitment to the prevention and reduction of tobacco-related harm in NSW.

The Cancer Institute NSW responsibilities within the NSW Cancer Plan 2004-2006 include the instigation of mass media campaigns to:

- Show that tobacco smoking causes cancer and other diseases.
- Offer a simple pathway to publicly available smoking cessation programs.

Outcomes, Program 2.2

The National Tobacco Strategy and NSW Tobacco Action Plan were further implemented to increase smoking cessation.

COMMUNITY EDUCATION ABOUT THE CONSEQUENCES OF SMOKING

(NSW Cancer Plan 2004-2006: Program 2.1)

Tobacco Cessation Campaigns

The Cancer Institute NSW has run nine tobacco focused mass media campaigns:

- Ladykiller (May 13 2004 – May 31 2004).

- New Year 2004/2005 (December 29 2004 – January 31 2005).
- Excuses I & II (April 2005 – 30 June 2005).
- Pubs and Clubs – Change is in the air (June/July 2005).
- Parents (September – October 2005).
- Lung Disease or Bubblewrap (November 6 - December 2005).
- Quitline Services (April 2006 – ongoing).
- Excuses I and II – re-run (April 2006).
- Health Warnings (May 2006 – ongoing).



Lady Killer

The Western Australian Lady Killer Campaign featuring a young women dying from lung cancer was adapted for use in NSW. The campaign aimed to raise awareness among young women and others, of the health consequences of smoking. It encouraged smokers to quit and provided information and support resources to help them. There was a sustained increase in calls to the Quitline over the campaign period; 112% increase when compared to the same period in 2003.

New Year 2004/2005

New Year is the one time in the year when just about every smoker at least thinks about giving up smoking.

Data published in the Australian and New Zealand Journal of Public Health² supported the view that New Year is a time when a small, but significant, group of smokers make serious resolutions to give up.

To give smokers the impetus to quit, the Tobacco Program aired Victorian Quitline advertisements and supportive radio commercials, to encourage smokers to call the Quitline and seek support in quitting smoking. The campaign was launched on 29 December 2004 and ran for one month.

² Roaul A Walsh and Christine L Paul. New Year quit smoking resolutions. Letters to the Editor: Australian and New Zealand Journal of Public Health 2002 vol. 25 No 2.

The key objectives were to:

- Provide information and support for smokers to make a quit attempt at New Year.
- Increase the number of successful quit attempts.

The New Year campaign results were notable. Calls to the NSW Quitline more than doubled during the campaign month, compared with the average Quitline month.

Excuses I and II

The Excuses or Echo campaign, launched 10 April 2005, was the first NSW developed cessation campaign in over 15 years. It was also one of the longest continuous running tobacco campaigns in NSW history, running for 12 weeks.

The Excuses campaign was based on research findings indicating that one of the main barriers to long-term smokers taking action to quit were self-exempting beliefs. The creative concept was adapted from a successful campaign run in California to debunk such a rationalisation.

The target audience for the campaign included the State's approximately 1.2 million smokers, with a focus on ages 18-39. Excuses debunked included addiction, social smoking and weight gain.

The campaign aimed to:

- Increase smokers' knowledge of the health effects of smoking.
- Challenge some of the common self-exempting beliefs and behaviours associated with smoking.
- Give smokers the impetus to quit now rather than later.
- Provide an avenue to quit through the Quitline counselling service.

The campaign acknowledged that while quitting smoking isn't easy, the consequences are far worse. The tagline for the campaign was 'Quitting is hard, not quitting is harder'.

The Hon. Frank Sartor MP, Minister Assisting the Minister for Health (Cancer), launched the Excuses campaign on 10 April 2005. Former heavy smoker and television presenter Steve Liebmann also spoke at the launch, recounting his personal experience with smoking and his reasons for quitting in 2004.

Campaign tracking results indicated that:

- Between 80% and 90% of smokers in NSW had seen the Echo advertisement on television.
- Three quarters of those who saw the advertising perceived it to be believable.
- Two thirds agreed it reminded them of the dangers of smoking.
- Just under half found the advertising to be relevant.
- Smokers saw clear messages in the advertising about the negative effects of smoking (two thirds of those who had seen the advertising).
- The advertising's motivational ability encouraged smokers to think about quitting.
- Of those who saw the advertising, around two thirds were more likely to stop smoking or to think about quitting.

Due to the overwhelming success of this campaign, a third example of the Excuses format has been market tested, produced and will be aired in 2006.

Parents

The primary objectives of this campaign (developed by Quit Victoria) were to increase awareness among smokers, especially parents, of the negative health effects of smoking on physical and mental wellbeing. This campaign also sought to encourage children and young people to support parents to quit smoking.

The primary target audience was parents 18-39 years of age with children and young teenagers. It was principally tailored to people from a low socio-economic scale (SES) background where smoking rates are higher. The secondary target audiences were all smokers, the general community, health care professionals and children and teenagers up to 16 years of age.

Campaign tracking results indicated that:

- 80% of smokers had seen the television advertisement.
- There was higher recognition among females and also smokers who had children.
- There was higher recognition among younger audiences.
- 76% of those recalling the ad could describe the scene of the young girl talking to her father.
- 59% found the advertisement attention grabbing.
- 65% found it believable, 38% relevant and 47% said it made them think about quitting.
- Smokers who had children reacted more strongly.
- The campaign had a similar effect as Echo in terms of making smoking more or slightly more unappealing (79%).
- 72% of smokers were more likely to stop or to think about quitting.

There were six successful submissions for the community grants component of the Parents campaign. The grants enabled the campaign message to reach many different CALD groups and communities. The successful recipients were the Chinese Australian Tobacco & Health Network (CATHN) and Chinese Australian Services Society (CASS), Vietnamese Community in Australia - NSW Chapter Inc., ACON (AIDS Council of NSW Inc.), Greek Welfare Centre and Royal Prince Alfred Hospital TV.

Lung Disease or Bubblewrap

The Bubblewrap campaign was developed by Quit Victoria and aimed to increase awareness among NSW adult smokers of the dangers of smoking. The primary target audience for the campaign was NSW adult smokers and the secondary target audiences were healthcare professionals. The campaign was launched by the Minister for Health, the Hon. John Hatzistergos and went to air in November 2005 with radio and TV.

Campaign tracking results indicated that:

- 70% of smokers recognised the TV advertisement.
- Recognition was higher among females.
- 78% of those recalling the advertisement could describe the cigarette burning holes in bubblewrap.
- 49% found the advertisement grabbed their attention.
- 57% found it believable, 46% very relevant and 32% thought about quitting.
- 68% were more likely to stop or to think about quitting.
- Around one in three of those who saw Bubblewrap spoke to others about the advertising.

Further tracking of Quitline calls in relation to the level of media expenditure has also been carried out to provide an additional measure of behavioural response to the advertising.

There were six successful submissions for the community grants component of the Bubblewrap campaign. The activities proposed were diverse in both nature and audience, reaching many different communities and regions throughout the State. The successful applicants were Greater Southern Area Health Service, Greater Western Area Health Service, Greater Western Area Health Service (Dubbo), Northern Sydney Division of GPs, Sydney South West Area Health Service and Sydney South West Area Health Service (eastern zone) and Royal Prince Alfred TV.

Health Warnings

The Health Warnings campaign will leverage off the new graphic health warnings on cigarette packets by making these images 'come alive'. This campaign is aimed at enhancing the benefit that graphic warnings have shown in Canada.

The campaign uses two graphic warnings to make a strong connection between the cigarette pack and the health consequences of continued smoking.

PROMOTION OF TOBACCO CONTROL LEGISLATION

The Cancer Institute NSW and the NSW Department of Health collaborated to launch a new campaign on 31 May 2005, World No Tobacco Day, called Change is in the Air.

The campaign informed the public of changes to the tobacco control legislation on smoking in enclosed public areas. From 4 July 2005 smoking was restricted to one part of NSW pubs, clubs and the casino. The restrictions were the first step in a series of changes over the next three years, which will see these venues go smoke-free indoors by 2007.

The March 2006 Smoking and Health Survey found that in relation to passive smoking:

- 96% of people believed that all indoor workplaces should be completely smoke-free.
- 90% of non-smokers and 40% of smokers felt bothered by other people's smoke in public places.
- 88% of people agreed that going smoke-free will make pubs and clubs safer.

The Change is in the Air campaign ran over six weeks and included television, radio, press and convenience advertising with further campaigns in June 2006 and June 2007.

SUPPORT FOR INDIGENOUS SMOKERS

Smoking rates for Aboriginal and Torres Strait Islander peoples are double those of the non-Indigenous population. The Cancer Institute NSW has joined NSW Health on the Aboriginal and Torres Strait Islander Tobacco Prevention Project Steering Committee to oversee and advise on the development and implementation of strategies to address tobacco-related harm among Aboriginal and Torres Strait Islander peoples in NSW.

The Cancer Institute NSW includes Imparja Television and indigenous radio stations in campaign media buys and has jointly funded the SmokeCheck program for the indigenous population in partnership with NSW Health in 2006.

Quitline

The Quitline is a confidential, free of charge, evidence-based service that provides telephone counselling support to smokers who want to quit. Most smokers want to quit and 80% have made a previous quit attempt. More than half of smokers would like to quit in the next six months.

In the two years 2004 and 2005 over 40,000 calls were made to the 13 QUIT number in NSW.

In 2005 the Cancer Institute NSW provided additional funding for Quitline services. In January 2006 the Cancer Institute NSW took over the management of Quitline NSW. In 2006 the Quitline service will pilot messages in three community languages. This will determine the feasibility of extending the service to other languages.

The average monthly calls to the Quitline in 2003 were around 1400. The successful comprehensive tobacco control program in NSW has resulted in calls to the Quitline service increasing by 58% in the last 12 months with calls more than doubled since 2003.

Quitline Service Statistics

| | 2004 | 2005 | Increase |
|---------------------|--------|--------|----------|
| Total calls handled | 18,301 | 28,861 | +58% |
| Callbacks | 6,118 | 11,800 | +93% |

Analysis of the data over this period shows an even split in calls from rural and metropolitan areas.

Quitline Services Campaign (19 April 2006 - present)

This campaign is aimed at demystifying the Quitline and will emphasise that a Quitline call can double the chances of quitting successfully.

On the first week of this campaign, the Quitline took 1485 calls for assistance. In 2003, the average monthly calls to Quitline were around 1400.

Annual smoking and health survey

In 2005 and 2006 the Cancer Institute NSW commissioned annual surveys to increase understanding of:

- Patterns of tobacco use, quit attempts and barriers to quitting.
- Community knowledge about the health consequences of smoking (including second-hand smoke).
- Community knowledge and attitudes regarding new smoking restrictions in pubs and clubs and smoking in public places.

The methodology involved a telephone survey of adults recruited from the White Pages. The sample included approximately equal sub-samples of smokers and non-smokers (one fifth of the non-smoker sub-sample was recruited from households containing at least one smoker). Quotas were applied for age, gender and geographic location, to broadly reflect the NSW population.

Key findings from the surveys 2005 and 2006 include:

- 53% of respondents in 2005 and 56% in 2006 believed smoking was the leading cause of premature death.
- 59% of smokers in 2005 and 63% in 2006 were considering quitting in the next six months.
- Around 80% of smokers had visited a GP in the last 12 months and of those, only half were advised by the doctor to stop smoking.
- 75% of smokers acknowledged the likelihood of becoming seriously ill if they continued to smoke.
- 80% of people in 2005 and 86% in 2006 agreed that tobacco companies should be made to pay for advertising to correct prior misleading statements.

Outcomes, Program 2.1

Smoking prevalence has declined with quitting behaviour increased.

SCHOOLS CANCER PROGRAM

(NSW Cancer Plan 2004-2006: Program 3.2)

The Cancer Institute NSW, in collaboration with NSW Health, has launched a new anti-tobacco program in NSW schools as part of the Rock Eisteddfod program.

Teachers are encouraged to utilise Department of Education curriculum materials and the Critics' Choice program. A smoke-free message is promoted among young people on the youth website OxyGen.com.au.

These programs will be evaluated by periodic surveys against the key messages of these campaigns.

Outcomes, Program 3.2

Collaborative efforts and campaigns have been implemented to increase cancer control awareness among NSW school students.

MELANOMA AWARENESS

(NSW Cancer Plan 2004-2006: Program 3.1)

The Cancer Institute NSW commissioned a special online survey on sun smart behaviours in January 2006. The respondents (N=300) were from a cross section of ages (16+ years), with a mix of male and female respondents across NSW.

Key findings:

- The survey revealed a majority of respondents recalled being sunburnt as a child, with 51% being sunburnt 'sometimes' and 42% being sunburnt 'often'.
- 53% of respondents have been sunburnt at least once this summer, despite 86% of respondents saying that they do try to protect themselves from sunburn.
- 71% feel that they look better with a tan.
- Only 36% of respondents have had their moles checked (either by themselves or a health professional) in the last three months.

This research was used to launch the Cancer Institute NSW's first Melanoma Awareness Campaign on 15 January 2006. The campaign was launched at Bondi Beach by the Hon. Frank Sartor MP and attracted significant State and national media coverage. An analysis of the value of television coverage for the event in equivalent advertising dollars indicated that the campaign more than doubled its worth through unpaid publicity coverage.

The campaign used mainly print advertising to communicate awareness of melanoma. The print ad was also converted to a poster which was mailed to NSW GP's surgeries. There were also over 2500 requests for the poster from the public and health organisations.

In July 2005, the Cancer Institute NSW established a joint Skin Cancer Prevention Committee with NSW Health and the Cancer Council NSW to develop a new strategic plan for skin cancer prevention in NSW.

Outcomes, Program 3.1

Melanoma awareness campaigns were launched to increase community knowledge about dangers of inappropriate sun exposure.

CANCER SCREENING AWARENESS

BOWEL CANCER AWARENESS

(NSW Cancer Plan 2004-2006: Program 4)

Campaign has been developed in 2006 to address bowel cancer prevention and raise awareness of the bowel cancer screening program.

Australia has one of the highest rates of bowel cancer in the world. However, there is little research available that analyses community awareness of bowel cancer.

A baseline survey of the understanding of bowel cancer prevention has been commissioned and will provide the information needed to develop a public awareness campaign in 2006. Such surveys will be repeated to evaluate their influence on the public awareness of bowel cancer and their influence on participation rates.

Outcomes, Program 4

Preliminary work has started to prepare for the future implementation of the national bowel screening program.

BREAST CANCER SCREENING AWARENESS

(NSW Cancer Plan 2004-2006: Program 6)

A number of marketing initiatives focused on increasing the number of women who are screened in NSW. In March 2006, a publicity campaign promoted extended opening hours for most services across the State.

Also in March/April 2006 the Cancer Institute NSW ran a number of Infobreak commercials designed to give women more information about BreastScreen NSW and encouraged women to have a mammogram every two years.

A new breast cancer screening awareness campaign will be run in 2006. It will be aimed specifically at increasing screening rates within the target group and will be evaluated to assess the impact on screening rates.



CERVICAL CANCER SCREENING AWARENESS

(NSW Cancer Plan 2004-2006: Program 6)

Victorian cervical cancer screening campaign is being reviewed to encourage increased participation in the program.

The content and frequency of letters sent to women reminding them of the need to a Pap test is being reviewed. These initiatives will be further evaluated to assess their impact on screening rates.

Outcomes, Program 6

Awareness campaigns have been designed and launched to improve women's attendance at breast and cervical cancer screening services.



CHAPTER 3: BETTER EARLY DETECTION



THE BREAST AND CERVICAL CANCER SCREENING PROGRAMS ARE BEING REDEVELOPED TO INCREASE PARTICIPATION BY THOSE WHO WILL BENEFIT MOST. BOWEL CANCER SCREENING IS BEING INTRODUCED INTO NSW.

- Breast cancer death rates have fallen by 22% in the last 10 years.
- Breast cancer screening program has been rejuvenated in NSW with additional funding, staff, a new quality program and a new public breast cancer screening awareness campaign.
- Women who benefit most (aged 50-69 years) are participating more in breast cancer screening with 50.7% participating in June 2005 and 53% in April 2006.
- Cervical cancer incidence has fallen by 46% and death rates by 52% in the last 10 years.
- Cervical cancer screening program is being rejuvenated with a new cervical cancer screening awareness program and new NHMRC Guidelines introduced to general practitioners.
- Bowel cancer screening will be introduced into NSW based on the evidence that it could reduce deaths from bowel cancer by 15-30% when fully implemented.
- New screening methods in other cancers have been monitored.
- Programs to research new screening and early detection methods for prostate cancer and melanoma have been established by the Cancer Institute NSW.

KEY NEEDS

Successful cancer screening and early detection allows smaller cancers to be detected earlier thus dramatically increasing the chances of cure and longer survival from cancer.

Currently, evidence-based methods for population screening for cancer are only available for breast cancer, cervical cancer and more recently bowel cancer. These have been the focus of the NSW Cancer Plan 2004-2006.



New screening methods are being tested for prostate cancer, melanoma and lung cancer. There is an urgent need for new successful screening tests in these cancers because they are common and lethal and screening methods are not yet proven.

Breast cancer is the most common cancer in women with over 4000 women per year diagnosed with breast cancer. It is the largest cause of cancer deaths in women in NSW causing nearly 900 deaths each year. However, screening rates for women aged 50-69 years remain suboptimal. A research project on 'Why women don't attend screening' has been completed by the screening program.

Large randomised clinical trials have indicated that death rates from breast cancer could be reduced by 15-30% through breast cancer screening.

There were 243 women diagnosed with cervical cancer in NSW in 2003, with 75 deaths recorded. There has been a reduction in the incidence of cervical cancer since 1972, but this trend has accelerated since the introduction of cervical cancer screening. The survival of women with cervical cancer is 73% five years after the diagnosis.

Bowel cancer has a higher incidence in Australia compared to other developed countries. Over 4,000 people each year in NSW are diagnosed with bowel cancer. Only 60% will survive five years. There are over 1600 deaths each year from bowel cancer in NSW. In Australia only 40% of bowel cancers are detected at an early stage of their disease.

Large clinical trials of bowel cancer screening in the USA, United Kingdom and Europe estimate that screening could reduce deaths from bowel cancer by 15-30%. The most common test used was an examination of bowel motions for blood.

GOALS

- To increase the survival in breast and cervical cancer through screening (NSW Cancer Plan 2004-2006 Goal 6).
- To reduce the mortality from bowel cancer (NSW Cancer Plan 2004-2006 Goal 4).
- To introduce new cancer screening methods when proven to be effective (NSW Cancer Plan 2004-2006 Goal 5).

KEY ACHIEVEMENTS

The NSW Cancer Plan 2004-2006 emphasises the importance of screening programs in improving cancer survival in breast, cervical and bowel cancer. After 10 years of successful screening, the breast and cervical cancer screening programs were in need of rejuvenation. It was important to lift participation rates, especially in women in the age groups who would benefit most from screening.

In July 2005 the management of the screening programs was transferred to the Cancer Institute NSW to provide further focus and to improve the participation in these programs.

The Cancer Institute NSW established a high level Cancer Screen Advisory Committee to provide expert strategic advice on the development of screening services.

A major recommendation of the committee was to establish a Division of Cancer Screening within the Cancer Institute NSW. This has been accepted with a Divisional Head and specific program managers appointed.

BREASTSCREEN NSW PROGRAM

(NSW Cancer Plan 2004-2006: Program 6)

Strategic direction

BreastScreen NSW is part of a national program. It adheres to national policies and a national accreditation framework.

The Cancer Institute NSW has established the following goals for BreastScreen NSW:

- Provide a better client oriented service for the women of NSW.
- Provide free access to all women over 40 years who request it.
- Increase the recruitment of women in the target age group of 50-69 years where the gains are largest, based on clinical trial evidence.
- Increase the uptake of technology and IT systems to improve efficiency.
- Provide consistent, efficient and coordinated policies and business practices.
- Constantly improve the quality of the service consistent with national standards.

Key reviews

The Cancer Institute NSW initiated a number of reviews including those identifying future workforce needs and policy reviews. It also identified additional funding to improve services, quality control and participation rates.

Restructure of the BreastScreen NSW State Coordination Unit

The State Coordination Unit was restructured to take advantage of expertise within the Cancer Institute NSW in data analysis and reporting, marketing key health messages and business processes. It has been incorporated into the new Screening Division of the Cancer Institute NSW.

The Cancer Institute NSW established a forum to develop consistent policies and procedures across NSW. Workshops helped to improve customer service training and to provide education to BreastScreen NSW staff.

The Cancer Institute NSW is working with the Area Health Services to re-align the breast cancer screening area boundaries with Area Health Service boundaries. This allows the sharing of infrastructure, improvements in efficiency and better performance of the BreastScreen NSW program.

New booking and appointment system

A new booking and appointment system is being introduced to provide an appointment for each woman over 40 years who requests one. Active recruitment is occurring for those women in the target group, aged 50-69 years, based on evidence that they benefit most from breast cancer screening.

Some BreastScreen NSW units across NSW have extended operating hours to be more convenient for women and to increase participation rates.

Additional funding

The Cancer Institute NSW has provided an additional \$4.2m in financial year 2005/06 to allow each service to improve its staffing and its screening recruitment.

Radiology training fellowship

The Cancer Institute NSW has developed a Breast Imaging Fellowship program to train radiologists in response to this area of need identified in the workforce review. Similar training programs are being developed for breast radiographers. Radiology workforce development represents major ongoing work of the Screening Division of the Cancer Institute NSW.

Discussions continue with the Directors of imaging services in Area Health Services regarding the availability of radiologists to work in the program, cross-credentialing radiology staff and their training needs.

Accreditation standards

The Cancer Institute NSW has reviewed all services to ensure they all meet National Accreditation Standards. The Cancer Institute NSW has developed work plans with BreastScreen NSW to improve quality assurance across NSW.

Digital mammography

A project team has been assembled to develop digital mammography. A project plan has been established for machines already purchased before July 2005. The first screening digital mammogram for NSW is now functioning at the David Jones City Store (The Rose Clinic) with digital images being read at the Royal Prince Alfred Hospital.

A strategic plan to develop digital mammography technology for NSW is being prepared.

Additional mobile vans

Two additional mobile vans capable of 8,000-10,000 new screens per year have been commissioned. A review of the optimal movement of vans has been initiated to ensure they serve important population areas regularly and efficiently.

Data reporting

Routine data reporting is being streamlined by the data group at the Cancer Institute NSW so that participation rates can be progressively improved over the next 12 months.

Aboriginal and Torres Strait Islanders

The BreastScreen NSW Aboriginal & Torres Strait Islander Task Force was convened in 2002. The aim was to identify and develop strategies to increase the number of indigenous women who have a screening mammogram with the program. The Task Force identified the need to develop an information kit to raise the profile of the breast cancer screening program and provide up to date information to Aboriginal Health Workers.

An extensive literature review and review of available resources was undertaken by task force members. Following this groundwork, the information kit 'Breast X-rays are Women's Business' has been developed.

Feedback resulting from community consultation with indigenous women, Aboriginal health workers and BreastScreen NSW staff indicate that the kit has been valuable. Further copies were printed in 2005 in response to the increased demand.

Breast cancer screening participation rates

Early results are encouraging. After the first six months following restructuring, participation rates in the target group increased by nearly 3% and in the first nine months over 360,000 women were screened biennially up to January 2006.

Awareness campaigns

Campaigns have been launched for bowel cancer, breast cancer screening, and cervical cancer screening. Through these campaigns, the Cancer Institute NSW will raise community awareness of these cancers and the services that are currently available in early cancer detection.

THE NSW CERVICAL SCREENING PROGRAM

(NSW Cancer Plan 2004-2006: Program 6)

Nearly 60% of women in NSW aged 20-69 years have been screened every two years and 73% every three years. For women at greater risk aged 50-69 years, 64% have been screened every two years and 77% every three years.

Approximately 90% of women in NSW aged 20-69 years have had a Pap test in the last five years. While participation rates are high there is ongoing work to improve these results and especially to remind women to re-screen.

A major challenge for the NSW Cervical Screening Program is routine screening in the hard to reach groups, especially recently arrived migrants, indigenous women, those who do not speak English and those in the lower socio-economic groups of our society.

National guidelines indicate that all women who have been sexually active should have a Pap smear every two years until they reach the age of 70 years. However, women who have never had a Pap smear after the age of 70 and those who request it should also be screened.

The National Health and Medical Research Council (NHMRC) has recently issued the latest edition of the 'Guidelines for the Management of Asymptomatic Women with Screen detected Abnormalities'. The NSW Cervical Screening Program managed the guideline review process on behalf of the Australian Government. The process included a distillation of the latest research data from around the world. There was wide consultation with all relevant professional bodies and a broad range of clinicians and consumers.

The new guidelines are designed to give medical practitioners evidenced-based recommendations to improve the clinical management of patients with abnormal Pap smears and help raise women's awareness of the importance of this screening. These guidelines are for the management of asymptomatic women and do not address the treatment of invasive cervical cancer or issues related to screening intervals and frequency, or give detailed information about the treatment of invasive cervical cancer.

The NHMRC Guidelines are now being implemented by the NSW Cervical Screening Program with an educational program for general practitioners and practice nurses across NSW. This program will be evaluated for its effectiveness.

The Cancer Institute NSW has also initiated a review of policies and procedures within the Cervical Screening Program with an aim to provide better support to service providers and women.

The emergence of new research about the use of Human Papilloma Virus (HPV) testing and the availability of vaccines against HPV will further reduce the incidence and mortality from cervical cancer in coming years.

Outcomes, Program 6

New strategies have been employed including; better coordination, funding, training, technology, access and reporting by the Cancer Institute NSW to increase women's attendance to breast cancer screening and cervical cancer screening services.

BOWEL CANCER SCREENING PROGRAM

(NSW Cancer Plan 2004-2006: Program 4)

Screening for bowel cancer tests bowel motions for small traces of blood. If traces of blood are found, a more thorough direct examination of the bowel via a colonoscopy is recommended.

This method of screening has been successful after being tested in a number of large randomised clinical trials in the USA and Europe. Three clinical trials in the USA, UK and Europe involved 260,000 people and predicted that bowel screening could improve mortality from bowel cancer by 15-33%³.

The Bowel Cancer Screening Program will be developed by the Australian Government which has allocated \$43m nationally following three successful pilot studies in South Australia, Queensland and Victoria. In these studies, there was an overall participation rate of 45% of those invited for screening.

This program will be starting in 2006 and will be initially offered to Australians aged 55 and 65 years, with other age groups offered screening later in the program.

The Cancer Institute NSW and NSW Health will assist the Australian Government to implement some aspects of this program in NSW. The NSW Bowel Cancer Screening Implementation Advisory Committee has been convened by the Cancer Institute NSW in collaboration with NSW Health. The Cancer Institute NSW is reviewing the capacity for colonoscopy examinations and pathology in NSW to respond to the screening program.

³ Hardcastle JC, et al. Lancet 1996; 348, 1472-77
Kroberg O, et al. Lancet 1996; 348, 1467-71
Mandel JS, et al. New Engl J Med 1993; 328:1365-1371.

A public campaign to increase the awareness of bowel cancer and to support participation in bowel cancer screening has been designed by the Cancer Institute NSW. Such a campaign is aimed at the acceptance and use of the bowel test kit when sent to individuals aged 55 and 65 years by the Australian Government.

The introduction of bowel cancer screening into NSW in 2006 is a major new and important public health initiative. As it is rolled out, achieving wider participation in the next few years, it is expected to substantially reduce bowel cancer mortality in NSW.

Outcomes, Program 4

Preliminary work has started in line with future implementation of the national bowel screening program.

MONITORING EMERGING SCREENING PROGRAMS

(NSW Cancer Plan 2004-2006: Program 5)

Lung cancer

Lung cancer is the major cause of cancer deaths in NSW with over 2200 deaths each year and the third most common cause of death overall after heart disease and stroke. The Cancer Institute NSW reported that 2719 new cases of lung cancer were diagnosed in NSW in 2003.

The survival of people with lung cancer is poor. Only 13% will survive five years beyond diagnosis or only one in eight will be alive at five years.

Reduction in tobacco smoking is the major avenue to prevent lung cancer. However, much research has also focused on the possibility of screening smokers at high risk for lung cancer.

The Cancer Institute NSW has conducted a review of the current status of lung cancer screening. This topic has also been recently reviewed by the National Cancer Control Initiative. Randomised clinical trials performed in the 1970s did not show a survival advantage for those screened with a chest x-ray. New studies of chest x-ray compared to CT scanning (National Lung Screening Trial) for screening are currently underway. Other studies of chest x-ray compared to no screening (PLCO trial) are being conducted in the USA.

Early results for the PLCO trial suggest chest x-rays may result in early detection of some cancers but may also result in false positive tests. The full results of these randomised trials are needed before large scale population screening for lung cancer can be recommended.

Large scale or population studies have occurred using CT scans in Japan and elsewhere. However, sufficient evidence of benefit in reducing mortality is still awaited.

New research and technology is likely to make lung cancer screening more viable in the future. These include CT scans, molecular analysis of sputum for abnormalities such as genetic mutations and new laser imaging techniques associated with new bronchoscopy equipment.

The Cancer Institute NSW, NSW Health and other key stakeholders will continue to monitor new research and developments that could lead to screening for lung cancer amongst high risk groups in the future.

Prostate cancer

Prostate cancer is the most common cancer and the second most common cause of cancer deaths in Australian men. Incidence and mortality increase with age. However, more men die with prostate cancer than from it. More than 70% of cases are in men over the age of 65. In NSW, it would be expected that about 11.8% of males (one in nine) would develop prostate cancer by the age of 75 years.

Localised prostate cancer has the best prognosis. Prognosis becomes worse as the cancer becomes more advanced.

To date the most widely used tumour marker for prostate cancer is 'prostate specific antigen' (PSA). High levels of PSA can be caused by cancer, infection, trauma or other reasons. However, some prostate cancers may have a low PSA. In contrast, in some patients high PSA is not associated with cancer.

This risk of false positives limits the value of PSA testing as a reliable screening test. In addition, PSA will detect cancers that may never cause medical problems in many men.

In common practice PSA and digital rectal examination (DRE) are used in combination for detection of abnormalities and if positive, are usually followed by transrectal ultrasound guided (TRUS) prostate biopsy.

There are currently two large randomised controlled trials being conducted to determine the value of PSA in prostate cancer screening. The European Randomised Study of Screening for Prostate Cancer (ERSPC) is due for completion in 2008 and the United States Prostate, Lung, Colorectal and Ovarian Cancer Screening Trials (PLCO) due for completion in 2006. It is hoped that the results of these large trials will provide evidence on the value of PSA for population screening for prostate cancer.

The Cancer Institute NSW has funded a program grant (\$3.7m) to identify risk and possibly develop new screening tests for prostate cancer (see Chapter 8).

The Cancer Institute NSW does not recommend using PSA testing for general population screening of prostate cancer in asymptomatic men. The method has not yet been proven to be effective in lowering mortality. However, testing high risk individuals may be an option that doctors need to discuss with their patients. Issues include the limitations of the test, the side effects of current treatments and the consequences of testing or not.



The use of PSA testing may diagnose a cancer that should be treated. Alternatively the treatment may also have its own complications. Thus the appropriate approach is an informed choice by the individual man in discussion with his doctor. The Cancer Institute NSW is providing education to GPs to assist men to come to an informed choice about monitoring for prostate cancer. The Cancer Institute NSW will continue monitoring new research in this disease.

Melanoma

Australia has the highest rate of melanoma in the world with more than 80% of melanoma attributed to exposure to ultraviolet radiation from the sun.

Lifetime risk of developing melanoma in Australia is 4-5% in men and 3-4% in women.

Incidence rates of melanoma have increased by 15% in men and 12% in women over the last decade in NSW. About 3.9% of male cancer deaths and 2.4% of female cancer deaths are attributed to melanoma.

At this time, population screening of asymptomatic individuals is not recommended in Australia. However, surveillance of high risk individuals such as those with multiple moles, past history of melanoma, episodic sunburn when younger and those with sensitive skin is recommended.

In Australia over 600,000 benign lesions are excised costing over \$77 million each year. GPs perform approximately 60% of these excisions. Addition of the latest technologies such as dermoscopy and short-term digital monitoring and adequate training of GPs may reduce the rate of false positives in future.

Currently, screening is routinely practiced by individuals and practitioners without any conclusive evidence showing that this activity reduces mortality. Randomised controlled trials are necessary in order to evaluate mortality benefits of screening in the asymptomatic population.

Since the majority of melanomas are associated with ultraviolet (UV) exposure, appropriate sun protection is recommended. The Cancer Institute NSW is actively promoting safe and sensible sun exposure messages. This is designed to lower the future incidence of melanoma.

Outcomes, Program 5:

Latest international cancer screening methods have been monitored and evaluated for potential implementation in NSW once medical evidence is able to justify their use.



CHAPTER 4: IMPROVING CANCER SERVICES



CANCER SERVICES HAVE BEEN FURTHER SUPPORTED TO ALLOW PATIENT CARE TO BE BETTER COORDINATED. MULTIDISCIPLINARY TEAMS HAVE BEEN ENHANCED TO ENCOURAGE THE BEST TREATMENT AND MANAGEMENT FOR PATIENTS.

HIGHLIGHTS

- NSW Oncology Groups were established and began work.
- Cancer services structure was established or strengthened in all Area Health Services in NSW.
- General practice cancer program was established within 10 Divisions of General Practice.
- Multi-disciplinary cancer care teams were established or strengthened across NSW.
- Increased funding was provided for the transport of cancer patients from rural areas to specialised cancer care.
- Reviews of ambulatory care, workforce, services and psycho-oncology services were completed.
- Complementary therapies information program was established and a review was completed.
- Audit of cancer services against the Clinical Services Framework showed considerable improvement.



KEY NEEDS

The cancer results in NSW are as good as any comparable jurisdiction in any country. Thus, methods to improve services are focused on areas of identified need, where the patient experience must be improved or where improvement will result in even better outcomes.

Wide consultation occurred in developing the NSW Cancer Plan 2004-2006 amongst patients, carers and families, experts in the field, interested consumer groups, hospital administrators and health planners. This extensive input identified a number of pressing needs that required immediate attention in the NSW Cancer Plan 2004-2006.

In broad terms, the identified needs included better coordination of care between general practitioners and cancer treatment centres and within treatment centres and between specialists. There was a clear need to provide better access to the evidence base underpinning modern treatment, thereby assisting health professionals to always make appropriate recommendations for treatment.

There was also an essential need to strengthen multi-disciplinary case conferencing to improve cancer practice and to enable ongoing professional development of the cancer workforce in both metropolitan and rural areas.

Patients' access to care required review in some special circumstances. There was a need to document such issues better so that improvements could be implemented. Thus a number of reviews were required within the short time-period of the NSW Cancer Plan 2004-2006.

GOALS

- To promote better coordination of cancer services (NSW Cancer Plan 2004-2006, Goals, 1, 9 and 10).
- To strengthen general practice to identify people at risk, refer new cancer patients for appropriate treatment and provide adequate feedback to general practitioners (NSW Cancer Plan 2004-2006, Goals 7, 8 and 14).

- To improve multi-disciplinary care and peer review (NSW Cancer Plan 2004-2006, Goal 12).
- To improve cancer treatment practices overall and in complementary therapies (NSW Cancer Plan 2004-2006, Goals, 13, 19 and 20).
- To improve quality of service by key reviews to identify needs, report results and report on the services framework (NSW Cancer Plan 2004-2006, Goals 18, 22 and 32).

KEY ACHIEVEMENTS

Better coordination of cancer care was provided by:

- NSW Oncology Groups (NSWOG).
- Cancer Coordination Forum.
- NSW Joint Cancer Control Advisory Committee.
- Developing structure of Cancer Services.
- General Practice Liaison.
- Improving multi-disciplinary teams.
- Rural nurse coordination program.



NSW ONCOLOGY GROUPS (NSWOG)

(NSW Cancer Plan 2004-2006: Program 1.1)

In August 2005, NSWOG, a State-wide panel, was established by the Cancer Institute NSW to bring together approximately 300 cancer specialist doctors and nurses, consumers, patients and planners.

NSW Oncology Group has 12 cancer specific groups and eight discipline groups who will:

- Develop best-practice methods and pathways for clinical care and review standard treatments.
- Identify data needed to monitor outcomes and to improve cancer outcomes in NSW.
- Promote sub-specialised knowledge and education for each type of cancer.
- Promote participation in clinical trials.

Existing clinical committees within the Cancer Institute NSW including radiotherapy, rural oncology, general practice and patient support and complementary therapies have been brought together under the NSWOG program. All NSWOG groups report to the Cancer Services Advisory Committee. The committees of NSWOG are supported by a secretariat provided by the Cancer Institute NSW.



Table 4.1: NSW Oncology Group (NSWOG)

| Cancer Specific Groups | Chairs | Discipline Groups | Chairs |
|------------------------------|--------------------------------------|------------------------------|-------------------------|
| Lung | A/Prof Michael Boyer | Pathology | A/Prof Michael Bilous |
| Breast | Prof Bruce Barraclough | Cancer Genetics ² | Prof Robyn Ward |
| Neuro-oncology | A/Prof Michael Barton | Palliative Care | A/Prof Richard Chye |
| Colorectal | Dr Anthony Eyers | Complementary Therapies | Prof Stephen Clarke |
| Malignant Haematology | Prof Ken Bradstock | Patient Support ³ | Dr Catherine Mason |
| Head and Neck | Dr Gary Morgan | Radiotherapy ² | Prof Colin Bull |
| Upper GI | Dr David Storey | General Practice | Prof Michael Kidd |
| Urological | Dr Andrew Brooks | Rural Oncology | A/Prof Stuart Schneider |
| Melanoma | Prof John Thompson | | |
| Child and Adolescent cancers | Prof Glenn Marshall | | |
| Gynaecological ¹ | Prof Don Mansden Ms Katt Nettress | | |
| Soft Tissue/ Sarcoma* | Prof Phil Crowe | | |

*to be formed

¹with GMCT

²with NSW Health

³to be redeveloped with The Cancer Council NSW

NSWOG committees have started work on major issues in each type of cancer. The Cancer Institute NSW has provided a grant to each committee to assist them to move forward with high priority projects for the State. Some of the committees will be further developed in partnership as indicated above.

Outcomes, Program 1.1

The NSW Oncology Group comprising of state-wide cancer experts, consumers, patients and planners has been established and begun work.

The Palliative Care group has initiated a review of palliative care services. The Cancer Genetics group has initiated a review of treatment protocols and the access to genetic services.

CANCER COORDINATION FORUM

(NSW Cancer Plan 2004-2006: Program 1.2)

The Cancer Coordination Forum was established and is chaired by the Chief Health Officer (NSW Health) with the secretariat provided by the Cancer Institute NSW and including representation from the Area Health Services and the Directors of Cancer Services.

The forum has met on eight occasions. It has allowed coordination and collaboration between cancer programs in NSW Health and the Cancer Institute NSW to harmonise decision making. It has led to involvement of the Cancer Institute NSW in the review of Cancer Service Plans being developed by Area Health Services and it has improved coordination of effort.

Outcomes, Program 1.2

A coordinated approach to cancer control across the State has been developed.

NSW JOINT CANCER CONTROL ADVISORY COMMITTEE

(NSW Cancer Plan 2004-2006: Program 1)

An historic agreement in 2006 between the Cancer Council NSW and the Cancer Institute NSW established the NSW Joint Cancer Control Advisory Committee. This committee consists of Board Members from both organisations and key staff members.

It will focus on developing and enhancing coordinated joint programs in cancer research, patient support and the provision of credible information to cancer patients and their carers.

Outcomes, Program 1

A partnership agreement between the Cancer Institute NSW and The Cancer Council NSW has been established and provides further opportunities to coordinate cancer control and develop joint programs.

DEVELOPING THE STRUCTURE OF CANCER SERVICES

(NSW Cancer Plan 2004-2006: Program 9.1 and 12.2)

The Cancer Institute NSW has provided funding for Area Health Services to develop a well supported cancer services structure. This structure is designed to improve coordinated care across Area Health Services and between specialists, to promote multi-disciplinary meetings and care and to provide a focus for the ongoing development of cancer services.

The Cancer Institute NSW has provided Area Health Services with funding for:

- An Area Director of Cancer Services (eight positions).
- Development Manager for Cancer Services (eight positions).
- Establishment costs including IT (\$356,000).
- Multi-disciplinary Team Administrators.

The Cancer Institute NSW has facilitated regular meetings of area cancer services streams by providing a specific grant for this purpose. This has proven especially valuable for geographically dispersed rural based programs such as the North Coast Area Health Service and the Greater Southern Area Health Service.

Key performance indicators based on criteria of success are being developed at the Area Health Service level and will be used to evaluate the success of these initiatives.

Outcomes, Programs 9.1 & 12.2

A better coordinated and structured patient care framework has been initiated across the State that will be evaluated for improved cancer services and outcomes.

GENERAL PRACTICE LIAISON PROGRAMS

(NSW Cancer Plan 2004-2006: Programs 7.1, 7.2, 8.1)

The Cancer Institute NSW has developed a partnership with the Alliance of NSW General Practice Divisions to deliver key general practice cancer projects within the NSW Divisions of General Practice. These projects are aimed at more consistent and coordinated cancer care in general practice.

Project areas include prevention, screening, early detection, and ongoing care. The partnership has resulted in cancer 'Lead' positions being established in 10 NSW Divisions of General Practice.

Cancer general practice 'Lead' positions and related projects were established following a call for expressions of interest from all NSW Divisions of General Practice. The projects being implemented focus on a range of cancer-specific areas including smoking cessation, melanoma awareness, bowel screening, multi-disciplinary care and communication with local cancer services.

In 2006-2007 the Cancer Institute NSW will establish new links to general practitioners and Divisions of General Practice across NSW developed with the State's cancer screening programs. This initiative will further enable improved communication and education related to key cancer prevention and screening strategies, treatment information and new developments to be provided to general practitioners working in NSW.

In addition, the Cancer Institute NSW has developed new communication and education packages for general practitioners to cover:

- New NHMRC Guidelines for cervical cancer screening.
- Breast cancer screening information.
- Bowel cancer screening program.
- Patient accommodation, support groups and cancer publications.
- Quitline fax back smoking cessation sheet.
- Informed choice about PSA testing for prostate cancer.
- Smoking cessation workshops.

The specific details of this program are listed in Appendix III. These programs will each be evaluated over the next 12 months.

Outcomes, Programs 7.1, 7.2 & 8.1:

Partnerships have been established with the Alliance of NSW General Practice Divisions in order to better coordinate primary to specialist care for better patient outcome.

IMPROVING MULTI-DISCIPLINARY TEAMS

(NSW Cancer Plan 2004-2006: Program 12.1)

Access to multi-disciplinary care for people diagnosed with cancer is a priority of the NSW Cancer Plan 2004-2006.

In 2005, the Cancer Institute NSW provided \$931,000 to upgrade tele-medicine links, conferencing equipment, microscopes and multi-disciplinary team meeting rooms across NSW to house this activity.

In 2005, the Cancer Institute NSW partnered with the National Breast Cancer Centre (NBCC) to provide education forums for cancer health professionals offered to each Area Health Service on the establishment and development of multi-disciplinary teams. This educational forum was based on an evaluation project completed by NBCC in other Australian States.

A communications skills workshop was also developed by the Pam McLean Cancer Communication Centre. Eight forums and seven communications skills workshops were held, involving 331 and 157 participants respectively.

In 2005, the Cancer Institute NSW provided competitive grants of up to \$100,000 per application for teams to establish or enlarge their multi-disciplinary team program in NSW hospitals. The criteria for evaluation for the multi-disciplinary team to report on included:

- Focus on a type of cancer.
- Named team members.
- Documentation of the treatment plan in the patient record.



- Review of the number of patients discussed.
- Review of outcomes.
- Introduction of new research findings and clinical trials.

In total, 118 teams were supported across NSW with funding of \$1.46m in new funding provided by the Cancer Institute NSW. Teams were supported across all eight Area Health Services as well as some private cancer services.

Funding will provide administrative support to run multi-disciplinary meetings, equipment for rooms, teleconferencing, support to keep logs of activity as well as IT access to data available from the Cancer Institute NSW website about Standard Cancer Treatments. This will enable cancer results to be available in their region and report against the above criteria.

Outcomes, Program 12.1:

Number of strategies such as, funding, equipment and educational support has been provided across the State for better professional communication, ongoing professional education and improved multi-disciplinary care.

RURAL NURSE COORDINATOR PROGRAM

(NSW Cancer Plan 2004-2006, Programs 17.2, 17.3)

These programs are described further in Chapter 5. The placement of nurses to coordinate care from rural areas has provided a method to improve access of rural patients to specialised care. This program has been enhanced by providing an additional \$500,000 per year for patient transport (see below).

Outcomes, Programs 17.2 & 17.3

Better access to high quality care and improved coordination of care for rural patients.

IMPROVING THE QUALITY OF CANCER TREATMENT

The NSW Cancer Plan 2004-2006 has specific programs to improve the quality of cancer treatment including:

- Improving emotional and practical support for cancer patients.
- Improved models of care: radiotherapy collaboratives.
- Standard cancer treatment protocol website of evidence based therapy.
- Complementary therapies program.
- Quality and Accreditation program.

CANCER SERVICES COLLABORATIVES: RADIOTHERAPY

(NSW Cancer Plan 2004-2006, Programs 10.2 and 16.3)

The Cancer Institute NSW working with NSW Health and Area Health Services has commissioned an independent group to review business practices and to map the patient journey through radiotherapy departments in NSW hospitals. This independent group will work in partnership with participating radiation oncology treatment centres. It will identify the obstacles to improving access and efficient patient flows while providing optimal patient-centred care within radiotherapy departments. This program will develop, implement and sustain improvements in radiotherapy clinical practice for NSW.

Outcomes, Programs 10.2 & 16.3

Preliminary work has been completed to provide teams to work with radiotherapy services across NSW to improve access and business practices. This will identify obstacles in accessing radiotherapy care which will be used in turn to develop strategies for improvement.

IMPROVING EMOTIONAL AND PRACTICAL SUPPORT FOR CANCER PATIENTS

(NSW Cancer Plan 2004-2006: Programs 11.1, 11.2)

The Cancer Institute NSW hosted a consumer forum focused on the needs of patients in 2004. Following this, the Cancer Institute NSW has established the Cancer Patient Support Working Party to provide ongoing advice on needs and programs to better support cancer patients. The Working Party has developed an evidence based decision tool to ensure that patients are appropriately referred for professional support if required.

Following a review of psycho-oncology services, the Cancer Institute NSW has funded an additional 28 frontline psycho-social positions across NSW for social workers and clinical psychologists. These new positions will enable cancer services to deliver a better quality service at an Area Health Service level (See Chapter 5). Individuals in these positions attended workshops about their role and have been funded to attend communication skills training provided by the Pam McLean Cancer Communications Centre at Royal North Shore Hospital.

An evaluation framework has been developed to evaluate the impact of these positions on patient care. A patient survey of unmet needs will identify additional patient requirements.

A five year Partnership Agreement between the Cancer Council NSW and the Cancer Institute NSW in 2006 established a NSW Joint Patient Support Advisory Committee to further coordinate and focus work in this area.

The Cancer Institute NSW invited a wide range of comment on obstacles to accessing cancer care in NSW, via submissions or at the workshops and community forums. Transport and accommodation have been identified as major obstacles for cancer patients living in rural or remote areas who wish to access specialised cancer services.

The Cancer Institute NSW has committed up to \$500,000 annually in new funding to reduce the travel limit to 100km for cancer patients and increase the reimbursement per km. These changes are expected to substantially improve access for rural patients to specialised cancer services but will be reviewed over the next two years.

Outcomes, Programs 11.1 & 11.2

Psychosocial and practical needs of patients have been reviewed and support provided through funding and the establishment of the expert advisory committees.

STANDARD CANCER TREATMENTS

(NSW Cancer Plan 2004-2006, Program 13)

The Cancer Institute NSW Standard Cancer Treatment (CI-SCaT) program has documented over 200 standard cancer therapies. Each therapy is justified by solid medical evidence based on clinical trials. Patient information sheets can be printed from the website. It contains the clinical trials or medical evidence on which treatment is based. This program is described more fully in Chapter 7.

The aim of this program is to improve safety by reducing possible treatment errors, ensure the best standard treatment is given routinely and that the right doses of medication are used. It should provide a means to reduce wasteful or unsupported practice and improve patient outcomes.

This program is receiving over 150,000 hits per month. Health professionals and patients are accessing the website from NSW, other States and overseas. The site provides opportunity for feedback and constant improvement.

It can be accessed via:

www.cancerinstitute.org.au

www.treatment.cancerinstitute.org.au

<http://internal.health.nsw.gov.au:2001/>

www.ciap.health.nsw.gov.au.

This site is being evaluated for its impact on standards of care by a Cancer Institute NSW Health Services Research Fellowship.



Outcomes, Program 13

Standard evidence-based treatment protocol resources have been established for clinicians and patients and are being evaluated.

COMPLEMENTARY THERAPIES PROGRAM

(NSW Cancer Plan 2004-2006, Program 20.1, 20.2)

Complementary therapies are often used by patients with cancer to try to cure their disease or improve their quality of life, often without the full knowledge of the medical team caring for them or credible evidence about their value. The Cancer Institute NSW has provided comprehensive information to support the appropriate use of complementary therapies that may improve the quality of life of people with cancer.

Links to high quality evidence based information and other resources have been made available to cancer patients and health professionals through the Cancer Institute NSW website.

The complementary therapies web pages were established in early 2005. On average, this website receives 210 hits per month with the average visit lasting 34 minutes. People accessing the site are based in the eastern Australian States and Tasmania with some visitors also accessing from Western Australia. Internationally, 13% of visits are from the US, 4% from the UK and 1% from Japan.

There has been a steady increase in interest on the complementary therapies web pages since they were established. Much of the information provides further links to credible evidence based information from Australia and overseas.

A workshop to address the evidence for complementary therapies was held in March 2006 to further guide the development of the program and assess the available evidence for the use of complementary therapies in cancer care.

The Cancer Institute NSW has conducted a review of access to complementary approaches available to patients using cancer services in NSW. The results of this survey will be used to develop new initiatives for the NSW Cancer Plan 2007-2010.

The review found that within 31 services in NSW:

- Complementary therapies were provided by staff employed for the role, staff employed for another primary purpose, volunteers, or complementary therapists funded through donations.
- Metropolitan services were significantly more likely to provide imagery, meditation, psychotherapy and relaxation sessions than rural services ($p < 0.05$).
- Respondents would like to be able to provide more nutrition and psychosocial programs.
- Respondents would also like to provide mind-body interventions like music therapy, relaxation, meditation, art therapy, imagery and manipulation or body based therapies such as massage.
- Most respondents did not feel they had enough information to advise patients effectively on the use of complementary therapies and would like more evidence-based information that could be made available for both staff and patients.
- It was also felt that it was important to provide some formal education for interested cancer services staff.

Outcomes, Programs 20.1 & 20.2

Best available evidence relating to benefits and risks of complementary therapies has been made available to patients, their carers and health professionals.

A review of the current complementary services in NSW has been conducted which will be used for future improvement and expansion strategies.



Quality and Accreditation Program

(NSW Cancer Plan 2004-2006: Program 32)

The Accreditation Program was established to investigate the benefits of establishing an accreditation system for cancer services. The Quality and Clinical Effectiveness Advisory Committee convened a workshop in November 2004 with cancer services, accreditation organisations and people with cancer. The report documented issues to be included in a proposed cancer accreditation system. One-year and three-year action plans are being developed for review by the Advisory Committee.

A self-administered audit of compliance with Optimising Cancer Care in NSW (Program 9.1) was completed. This review showed a substantial improvement in compliance.

The quality of the NSW Cancer Services has been influenced by a number of key programs initiated through the Cancer Institute NSW. The six dimensions of quality have been used to highlight how the programs have impacted on quality of cancer services.

Safety: Standard Treatment Protocols (Program 13), Quality improvement in radiotherapy (Program 16.3).

Effectiveness: Multi-disciplinary Care (Program 12.1), Appointment of Directors of Area Cancer Services and Cancer Services Development Managers (Program 9.1), Lead Clinicians (Program 9.2) and Cancer Nurse Coordinators (Program 10.1).

Appropriateness: Colonoscopy review (Program 4), Exploration of palliative care models through the palliative care review (Program 9.1), Patterns of care studies conducted (Program 27.2), Clinical Cancer Registry (Program 22.2).

Consumer participation: Website (Program 21.2), Consumer forums and Public rural and regional forums (Program 11.1), NSW Oncology Group (Program 1.1), Patient Support Groups Working Party (Program 1.3).

Access: Radiotherapy equipment, information systems, quality improvement, access and workforce enhancement (Program 16); Reviews of access to imaging technology (Program 15.5), Radiotherapy (Program 16.5), Rural services (Program 17.1); Complementary therapies in cancer services (Program 20.2) and Increased travel assistance down to 100km through IPTAAS (Program 17.2). Publication of directory of cancer services and support groups (Program 8.2), Workforce reviews for surgical oncology (Program 15.4), Medical oncology and haematology (Program 15.2).

Efficiency: Quality improvement in radiotherapy (Program 16.3), Ambulatory care review (Program 15.1), palliative care review (Program 19.1), Cancer service information (Program 21.5).

Outcomes, Program 32

Provision of quality, standard evidence-based practices has been established and promoted across the State. Strategic resources such as funding, education, personnel, information and reviews have been used to improve quality and the effective implementation of accreditation principles.

CANCER INFORMATION FOR PATIENTS AND CARERS

(NSW Cancer Plan 2004-2006: Programs 8.2, 21.4)

Cancer information has been further developed under the NSW Cancer Plan 2004-2006:

- **Cancer Institute NSW publications.**
- **Partnership agreement between the Cancer Council NSW and the Cancer Institute NSW.**
- **Fact sheets and media releases.**

Cancer Institute NSW publications

The Cancer Institute NSW surveyed the cancer information needs of patients and obtained feedback through public forums. In addition, the Cancer Institute NSW mapped where in the treatment-pathway information was needed and defined what type of information it was. Health professionals were consulted about publications needed.

Based on this work, the Cancer Institute NSW surveyed accommodation available for cancer patients, the cancer publications available and the support groups offering support. These surveys are summarised in the:

- A-Z Directory of Cancer Publications 2005.
- Accommodation Guide 2005.
- A-Z Directory of Support Groups 2005.

These publications are being improved by feedback and will be expanded as a joint responsibility of the Cancer Institute NSW and the Cancer Council NSW.

Partnership agreement between the Cancer Council NSW and the Cancer Institute NSW

The Cancer Council NSW and the Cancer Institute NSW have entered into an historic partnership agreement which establishes the NSW Joint Cancer Information Advisory Committee. This agreement commits the parties to work collaboratively to develop additional information resources for cancer patients and their carers.

The partnership agreement further expands the Cancer Helpline at the Cancer Council NSW and current Cancer Council NSW publications with additional support from the Cancer Institute NSW.

Fact sheets and media releases

A number of fact sheets have been developed and media releases distributed to inform the public of important developments in cancer control. These are listed as Appendix IV.

Outcomes, Programs 8.2, 21.4

Cancer information is more easily accessible through the Cancer Institute NSW website to meet specific practical needs of patients, their carers and health professionals. Important collaborations have been established for enhanced development of and better dissemination of information.

CANCER SERVICES and EDUCATION REVIEWS

(NSW Cancer Plan 2004-2006: Programs 15.1, 15.2, 15.3, 15.4, 17.1, 18.2, 19.2, 20.2)

During 2004-2006, the Cancer Institute NSW commissioned a number of reviews identified as areas of need in the NSW Cancer Plan 2004-2006. As these reviews are completed they will assist in informing key cancer programs for the NSW Cancer Plan 2007-2010.

Reviews completed or underway relevant to cancer services include:

- Cancer Professional Workforce Review.
- Review of Cancer Services.
- Patient Needs and Complementary Medicine Survey.
- Access to Complementary Therapies in Cancer Services in NSW Review.
- Outpatient Ambulatory Chemotherapy and Haematology Review.
- Chemotherapy Practice Review.
- Rural Cancer Access Review.
- Professional Education Review.
- Cancer Genetics Service Review.
- Palliative Care Review.
- Nurse Education Review.
- Mapping Cancer Information Needs.
- Training Needs Analysis Review.
- Psycho-oncology Service Review.



Outcomes, Programs 15.1, 15.2, 15.3, 15.4, 17.1, 18.2, 19.2, 20.2

A number of strategic reviews have been performed for more accurate identification of important needs, weaknesses and strengths. These reviews will be used for future planning and resource deployment for more efficient and effective cancer care in developing the second State cancer plan.



CHAPTER 5: INVESTING IN HEALTH PROFESSIONALS



NEW FRONTLINE POSITIONS FOR DOCTORS, NURSES, CLINICAL PSYCHOLOGISTS, SOCIAL WORKERS AND OTHER HEALTH PROFESSIONALS HAVE BEEN ESTABLISHED AND THE CANCER PROFESSIONAL WORKFORCE HAS BEEN PROVIDED WITH NEW OPPORTUNITIES TO IMPROVE THEIR SKILLS.

HIGHLIGHTS

- 245 new frontline positions have been established in NSW Hospitals for cancer doctors, nurses, clinical psychologists, social workers and data managers.
- A new role of cancer nurse-coordinator has been created with 55 new nurses in metropolitan and rural health services in these positions.
- Psycho-oncology teams have been established or enhanced to provide better psycho-social, emotional and practical patient support in all Area Health Services with 28 new positions for social workers and clinical psychologists established.
- A new generation of cancer specialists has been trained with 29 clinical and psycho-oncology fellowships awarded across NSW.
- The radiotherapy workforce has been substantially increased, with four new academic posts created and 108 new radiotherapy trainees supported.
- Cancer nursing scholarships have supported 12 nurses to enrol in specialised cancer nursing courses and 17 travel grants have supported nurses and other scientific meetings of new approaches to care.
- The Cancer Institute NSW has made 16 new oncology texts and 33 new oncology medical journals available online to cancer health professionals in NSW.

KEY NEEDS

Cancer health care professionals in NSW are highly competent and responsible for excellent cancer results in NSW. These results are equivalent to any comparable jurisdiction in any country. However, as the number of cancer patients grows and best care becomes more complex, the cancer professional workforce must be sufficiently skilled to meet that challenge.

The Cancer Institute NSW has reviewed the overall workforce needs for cancer services (NSW Cancer Plan, Programs 15.2, 15.4).

In 2004 the Cancer Institute NSW commissioned a review of the cancer health professional workforce by the Australian Medical Workforce Advisory Committee (AMWAC). The objectives of this report were to assess the adequacy of the workforce and project likely future workforce requirements.

The report has been used by the Cancer Institute NSW, along with other information, to design a workforce enhancement program and a professional development program to further expand and up-skill the cancer professional workforce.

The above report revealed that the total number of surgeons in NSW is adequate. For surgery, the median time to wait for cancer surgery was short, for a colectomy ten days, mastectomy nine days and radical neck dissection nine days. These results compare very favourably with results from around the world.

For surgery, there are adequate total numbers of surgeons in NSW but inadequate data is currently available to accurately determine the numbers of surgeons sub-specialising in specific types of cancers.

Where data is available, the numbers of surgeons specialising in breast cancer may need future expansion when taking into account the increasing number of breast cancer patients. However, data for other surgical sub-specialities is poor and cannot be fully assessed.

The numbers of haematologists in training and practising is adequate. There may be need for more medical oncologists in the future given the changing needs of practice with more interventions required to get the best result. The waiting time for a cancer patient to see a medical oncologist or a haematologist is only 1.7-2.3 days.

While NSW is training more palliative care doctors than other States, there may be too few currently in training for future needs.



FACTORS THAT MAY INFLUENCE FUTURE WORKFORCE NEEDS

- New projections of cancer numbers released by the Cancer Institute NSW in June 2005 suggest a 24 % increase in the number of cases of cancer will occur between 2003 and 2011.
- The rollout of a State-wide bowel cancer screening program will require additional workforce for bowel cancer surgery, colonoscopy and the management of early bowel cancer with chemotherapy.
- Recent proven benefits of new treatment requiring chemotherapy and new biological agents for the adjuvant therapy of colon, breast and lung cancer, will increase the need for additional medical oncology interventions for these cancers.
- New diagnostic tests and tumour markers in pathology will increase the need for anatomical pathologists.
- The new data system being constructed by the *Cancer Institute NSW* will more accurately identify patients, their therapy and the team of health professionals needed for their care.

The Cancer Institute NSW commissioned a further review of the educational activities of cancer health professionals conducted by the Collaboration for Cancer Outcomes Research and Evaluation (CCORE) in 2005 (NSW Cancer Plan 2004-2006: Programs 23.1 & 25.2).

This review showed that most continuing education was clinically focused, with a high level of activity by medical professionals and a lower level of educational activity in non-medical health professionals.

The review revealed that sophisticated education aids such as teleconferencing or video conferencing to facilitate optimal ongoing education could be improved.

This review has provided base-line information on the educational needs of cancer health professionals. It has allowed the Cancer Institute NSW to establish a professional development program to address specific needs.

The Cancer Institute NSW conducted a training needs analysis in 2005. A workshop was also held with cancer services staff and a survey of a wide range of staff was also conducted to investigate optimal training needs. Findings indicated that a range of training was needed including clinical skills, communication skills training, addressing sexuality and body image issues for patients, as well as orientation for newly appointed cancer health professionals. The survey emphasised the difficulty rural staff experience in accessing training and suggested that assistance is needed.

A review of education and training courses available to improve the skills of cancer nurses was conducted by the Cancer Institute NSW in 2005. This review showed that appropriate courses are available to provide additional skills and education to cancer nurses in NSW. However, access to communication training was identified as a specific need. This review has also been used to develop the Cancer Institute NSW Nursing Scholarship Program (below).

GOALS

- To provide sufficient and appropriately skilled staff to provide optimal access to high quality cancer treatment (NSW Cancer Plan 2004-2006: Goal 23).
- To provide cancer patients, carers and their families access to appropriate psycho-social, emotional and practical support (NSW Cancer Plan 2004-2006: Goal 24).
- To up-skill the cancer professional workforce (NSW Cancer Plan 2004-2006: Goal 23).

KEY ACHIEVEMENTS

New positions for cancer doctors, nurses, clinical psychologists and social workers

In the last two years, 245 new positions have been created in hospitals in NSW for frontline cancer professionals.

The Cancer Institute NSW funding of specialist oncology doctors in a new role, called 'Lead Clinician', enables doctors to take a leading role in a type of cancer as part of a multi-disciplinary team development. In addition, eight Directors of Cancer Services have been supported in each Area Health Service to provide structure to cancer services as described in Chapter 4.

Overall more than 60 new nursing positions have been established under the NSW Cancer Plan 2004-2006. These include 55 new positions for Cancer Nurse Coordinators (see below) chemotherapy nurses, palliative care nurses and a cancer genetics nurse. In addition, 29 new clinical trials nurses have been supported.

CANCER NURSE COORDINATORS

(NSW Cancer Plan 2004-2006: Programs 10.1, 17.2, 17.3)

The newly developed role of Cancer Nurse Coordinator is a response by the Cancer Institute NSW to a need identified by patients and carers to support patients between facilities, specialists and treatment programs.

This role has been established throughout NSW in metropolitan and rural health services. In rural areas it has provided the nurses to develop metropolitan liaisons for patients needing access to specialised metropolitan services.

In metropolitan and rural areas, the Cancer Nurse Coordinators have provided a link between specialist teams and general practitioners or community nurses. They have provided a resource to multi-disciplinary teams and in some cases assisted in cancer subspecialisation. The role of the Breast Care Nurse has been further supported by this program.

An evaluation framework enables reporting on the impact of these positions on patients, multi-disciplinary care and service provision.

Outcomes, Programs 10.1, 17.2 & 17.3

Nurse Coordinator roles have been established across NSW, communications training has been given. An evaluation of the impact on cancer care is being developed.



COMMUNICATION SKILLS TRAINING FOR CANCER NURSE COORDINATORS

(NSW Cancer Plan 2004-2006: Program 23.2)

The Cancer Institute NSW commissioned Pam McLean Cancer Communications Centre to provide specialised communication skills to support Cancer Nurse Coordinators in their roles. A two day program has been established, comprised of theoretical and practical workshops.

Participants work in groups of four with an actor and facilitator as they progress through a number of workstations. Scenarios include communicating with patients and colleagues. In 2005-2006 the Cancer Institute NSW coordinated three rounds of communication skills training for newly appointed Cancer Nurse Coordinators (CNCs) with 56 nurses attending.

Following formal evaluation, most participants agreed, or strongly agreed, that the new skills gained were useful and they would recommend the training module.

Outcomes, Program 23.2

Frontline health care professionals have been formally trained for more effective communication to improve the quality of care across the State.

PROVIDING EMOTIONAL AND PRACTICAL SUPPORT FOR CANCER PATIENTS

(NSW Cancer Plan 2004-2006: Programs 11.1, 11.2)

A review of over 70 health professionals from 26 cancer services was conducted in a range of urban, regional and rural settings.

Major findings of the review were:

- Psycho-oncology services need to be included in the strategic planning of cancer services and in the development of clinical leadership within services.
- Evaluation and monitoring of such services is needed.

- Patients need to be routinely screened using validated screening measures to ensure appropriate psycho-social referral and support is given.
- Further professional development of staff is required.

The Cancer Institute NSW has provided an additional 28 frontline positions for social workers and clinical psychologists in NSW. These new staff have received communications skills training as well as internet access to improve their access to educational resources and networking across the State (see Chapter 4).

The Cancer Institute NSW has established a psycho-oncology clinical trials network and is piloting a computer-based program to routinely capture psychological needs of cancer patients. These programs and surveys will be used to further evaluate this program.

Outcomes, Programs 11.1 & 11.2

Psycho-social needs of cancer patients and their carers have been identified and a new program implemented to address these needs through the provision of trained psycho-oncology professionals.

CLINICAL FELLOWSHIPS IN CANCER SPECIALTIES

The Cancer Institute NSW Clinical Fellowship Program was established in 2005. This program is designed to address the need to give newly qualified cancer specialists a further year of in-depth clinical training and research. It is an opportunity to improve their clinical skills mentored by our best cancer specialists.

The allocation of these fellowships was determined by an independent, interstate Clinical Grants Review Committee.

The Cancer Institute NSW has awarded 24 Clinical Fellowships commencing in 2006 through a competitive process. Cancer specialties in this program include cancer surgery, pathology, radiotherapy, haematology, radiation oncology, medical oncology and psychiatry.

An additional five Psycho-oncology Fellowships and three Breast Imaging Fellowships have also been established for NSW.

Outcomes

Strategic funding has been used to increase the skills of cancer specialists in NSW. This program will be further supported in coming years to increase the skills of cancer professionals in NSW.

ACADEMIC POSTS IN RADIATION ONCOLOGY

(NSW Cancer Plan 2004-2006: Programs 16.2, 16.3)

The skills and staffing levels of radiation oncology treatment centres are critical factors for optimal access to cancer services and the treatment of future cancer patients. To provide a sustainable and well trained workforce, the Cancer Institute NSW has identified academic teaching, training and mentoring as a major need in radiation oncology.

The Cancer Institute NSW has provided four academic posts at professorial level following a competitive process. These chairs are in radiation oncology (University of NSW and University of Sydney), medical physics (University of Wollongong) and in radiation therapy (University of Sydney). Academic leadership in radiation oncology is designed to address training, on-going professional education and research and to attract future leaders in radiation sciences.

RADIATION THERAPIST PROFESSIONAL DEVELOPMENT YEAR (PDY)

(NSW Cancer Plan 2004-2006: Program, 16.2)

For some years, there has been a shortage of radiation therapists at international, national and State levels. Adequate staffing in radiation oncology centres is required to ensure cancer patients have optimal access to radiotherapy treatment. To address this need, this group has received specific workforce initiatives within the NSW Cancer Plan 2004-2006 in conjunction with initiatives from NSW Health and the Australian Government.

Radiation therapy graduates are required to complete a 12 month PDY or intern year in Radiation Oncology Treatment Centres.

In 2005 and 2006, the Cancer Institute NSW, NSW Health and Area Health Services collaborated to provide PDY positions across NSW. In 2005 and 2006, a total of 108 PDY positions were established. This initiative has substantially addressed the current workforce needs for additional trainees in this discipline. The Australian Government provides some funding to this initiative.

Outcomes, Programs 16.2 & 16.3

Strategic funding schemes have been used to ensure the continuous improvement of the quality and number of key staff in radiation therapy services in NSW.

CANCER INSTITUTE NSW NURSE SCHOLARSHIP PROGRAM

(NSW Cancer Plan 2004-2006: Program 23, 23.2)

The Cancer Institute NSW Nurse Scholarship Program was established in December 2005 to specifically enhance the competency and skills of cancer nurses. The scholarship program provided nurses working in oncology an opportunity to substantially improve their skills by accessing a range of tertiary study options available through universities, tertiary institutions and Area Health Services.

The scholarships were allocated by an independent interstate Clinical Grants Review Committee. Twelve scholarships were awarded to cancer nurses, palliative care and community nurses within NSW in round one. This program will be evaluated for the new competencies and skills acquired.



CANCER INSTITUTE NSW TRAVEL GRANTS

(NSW Cancer Plan 2004-2006: Program 23 & 23.2)

In October 2005, the Cancer Institute NSW established travel grants for health professionals to update their skills by attending key medical meetings where new approaches to cancer care are presented. Disciplines supported under this program included medical registrars in training, cancer nurses, clinical trials nurses, data managers, cancer nurse coordinators, social workers, psychologists, radiation therapists, medical physicists, Cancer Institute NSW Clinical Fellows and other allied health professionals.

Seventeen cancer health professionals have been awarded a Cancer Institute NSW Travel Grant. A report is submitted of key information gained through these grants and made available to cancer units in NSW.

BASIC SCIENCES IN ONCOLOGY COURSE (BSOC)

(NSW Cancer Plan 2004-2006: Program 23.1)

In 2005 and 2006, the Cancer Institute NSW coordinated the Basic Sciences in Oncology Course which was transferred from the Cancer Council NSW. It is conducted in partnership with the Faculty of Radiation Oncology, Royal Australasian and New Zealand College of Radiologists (RANZCR) and the Medical Oncology Group of Australia, Royal Australasian College of Physicians. This multi-disciplinary program aims to provide participants opportunities to engage in relevant and complementary teaching for RANZCR Part One. The course also supports clinicians and other health professionals working in oncology and associated disciplines.

In 2005, 40 places were available and all were filled. Three participants were awarded a Cancer Institute NSW BSOC Scholarship to support them to enrol for the course.



In 2006, 30 participants are enrolled in the course. Following a review of the 2005 course, additional sessions have been added. Participants will now engage in over 75 presentations in the topic areas of:

- Anatomy.
- Clinical pharmacology.
- Communication skills.
- Palliative care.
- Physics.
- Research and evidence-based medicine.
- Radiobiology.
- Tumour biology.



Formal evaluations were provided to each topic coordinator. As a result some courses have been revised and a new program in tumour biology has been created.

Outcomes, Program 23.2

Frontline health care professionals have been assisted to improve their skills to enable them to provide high quality care.

ONLINE ACCESS TO THE LATEST CANCER RESEARCH AND INFORMATION

(NSW Cancer Plan 2004-2006: Program 21.4)

The Cancer Institute NSW has expanded the access of health professionals to the latest evidence based information and research. The Cancer Institute NSW has provided an additional 16 cancer text books and 33 cancer journals on the NSW CIAP website through the NSW Health site. These new titles can be read and downloaded free of charge, providing the most up to date information to cancer health professionals treating patients throughout NSW. The use of these resources is being monitored and will be modified based on use and needs.

Outcomes, Program 21.4

New developments in cancer management have been made more accessible to health professionals throughout NSW.



CHAPTER 6: IMPROVING TECHNOLOGY



MEDICAL TECHNOLOGY, RADIOTHERAPY EQUIPMENT, TELE-MEDICINE LINKS AND INFORMATION TECHNOLOGY HAVE BEEN EXPANDED AND STRATEGICALLY PLACED TO IMPROVE CANCER CARE.

HIGHLIGHTS

- Medical equipment grants to hospitals across NSW of \$3.98m over the last two years.
- Radiotherapy equipment grants of \$8.5m for new radiotherapy technology, planning systems and positioning systems over the last two years.
- Tele-health grants of \$930,000 for health professionals to case conference and to receive continuing professional education at remote sites.
- New IT grants for ambulatory cancer care units of \$1m.

KEY NEEDS

A more rapid uptake of enabling technology has been identified as a high priority area by cancer experts and their patients. A clear area of need is radiotherapy equipment and technology to allow greater improvements in treatment delivery, reduce complications, more accurately target cancers and improve patient access to radiotherapy services.

Other important areas are in IT systems that support ambulatory care business practices and the uptake of new knowledge. Special needs have been identified in medical oncology and haematology practice and outpatient chemotherapy delivery.

The expansion of the need for multi-disciplinary case conferencing and the networking of cancer service streams across large Area Health Services has highlighted the specific need for tele-medicine links. Such links have great potential to deliver better psycho-oncology care, cancer genetics counselling and continuing professional education.

Specific technology is needed to improve models of care and provide key information to staff which may improve access by more efficient radiotherapy treatment allowing efficient use of resources.

GOALS

- To provide optimal care based on new enabling technology (NSW Cancer Plan 2004-2006: Goals 15 & 16).
- To connect key health professionals as required for optimal patient care (NSW Cancer Plan 2004-2006: Goal 14).
- To increase access and more efficient use of radiotherapy services in NSW (NSW Cancer Plan 2004-2006: Goals 15, 16, 17).

KEY ACHIEVEMENTS

TECHNOLOGY ENHANCEMENT

In 2005-2006 the Cancer Institute NSW provided technology enhancements for medical equipment to NSW hospitals of \$3.98m.

The focus of this grant was:

- Imaging and screening technologies to improve detection of cancers.
- Surgical equipment technologies that reduce operating time and patient trauma and /or improve surgical outcomes.
- Innovative rehabilitation equipment to address the specific needs of cancer patients following surgery.
- New technologies which support patients undergoing palliative treatment.
- Advanced systems for chemotherapy and medical oncology that will enhance treatment delivery.
- IT and other technologies that will directly improve patient journey, enhance patient outcomes or improve quality and access to cancer treatment.



- Technology to be used in the training and professional development of cancer services staff.
- Technology to be used in improving patient education, information and supportive care.

Outcomes

New technologies have been introduced to provide high quality care including surgical equipment, IT support and teleconferencing.

RADIOTHERAPY TECHNOLOGY

(NSW Cancer Plan 2004-2006: Program 16.1)

Funding allocation of \$8.5m has been allocated to NSW Radiation Oncology Treatment Centres by the Cancer Institute NSW in 2005 and 2006.

The Cancer Institute NSW has collected and analysed information from the Directors of Radiotherapy Departments on their needs for technologically advanced equipment to improve patient flows, improve access to radiotherapy, introduce state-of-the-art treatment techniques and reduce complications.

Funding allocations for each NSW Area Health Service are based on the number of patients treated in each radiation oncology centre.



Radiotherapy information systems

A set of standard reports based on data from the NSW Department of Health Data Warehouse (Health Information Exchange [HIE]) are being further developed to improve reporting in this area.

These reports will allow timely analysis of system-wide activity and monitoring of key performance indicators of public radiotherapy services in NSW. The intent of these reports is to provide information to NSW Health, the Chief Cancer Officer, Area Cancer Services and NSW Health's Statewide Services Department Branch and the Directors of Radiation Oncology Treatment Centres and enable system-wide improvement.

The RMIS report (Radiotherapy Management Information System) managed by Statewide Services Development Branch is a paper-based, annual survey of public, private and interstate providers of radiotherapy that includes a retrospective view by hospitals of:

- Radiotherapy equipment and information systems.
- Treatment statistics.
- Staffing.
- Source of referrals.
- Data collection methods.



Data available to the Central Cancer Registry from radiation treatment centres has been improved. This data provides information on linear accelerator treatment activity in NSW Public Radiation Oncology Treatment Centres as well as patient diagnosis, treatment intent and demographic information such as place of residence.

Radiotherapy services to the North Coast Area Health Service

In 2005 and 2006 the Cancer Institute NSW granted \$3.9m to the radiation oncology treatment centre being developed at Coffs Harbour on the mid-north coast. This funding will contribute towards the capital costs provided by NSW Health towards purchasing the linear accelerator for the centre and the establishment of the treatment centre.

Outcomes, Program 16.1

Radiotherapy technology in a number of centres has been substantially enhanced to provide better access to latest treatment options and more efficient care.

MEDICAL ONCOLOGY AND HAEMATOLOGY INFORMATION SYSTEMS STRATEGY

- Funding of \$1m has been provided by the Cancer Institute NSW to pilot integrated radiotherapy and medical oncology systems in three comprehensive cancer care centres.
- A joint clinical working party has been established by the Cancer Institute NSW and NSW Health Department to enhance the NSW Cancer electronic Medical Record (eMR) to better support oncology and malignant haematology.

Outcomes

Information systems for ambulatory care are better supported and planning for their further development has begun.

CHAPTER 7: BETTER CANCER INFORMATION



THE IMPACT OF CANCER ON THE NSW COMMUNITY AND THE EFFECT OF INTERVENTIONS IN PREVENTION, SCREENING AND TREATMENT IS BETTER DOCUMENTED.

HIGHLIGHTS

- Completion of a Cancer Information Strategy for NSW to define the information needs in cancer.
- Improvements in reporting cancer incidence and mortality, with new reports including projections of cancer; analysis of cancer risk factors across NSW and cancer survival outcomes in more detail.
- Development of the Clinical Cancer Registry in NSW to report the individual patient's journey through cancer treatment.
- Establishment of a standard cancer treatment website with over 150,000 hits per month and improved access to an additional 33 cancer journals and 16 cancer textbooks for health professionals.
- Joint cancer information program for patients and carers established between the Cancer Council NSW and the Cancer Institute NSW.

KEY NEEDS

The wide consultation that occurred in developing the NSW Cancer Plan 2004-2006 identified cancer information as a key need to be addressed by the Plan.

This included the need for shared knowledge about the incidence and mortality of cancer and cancer trends in our community. Health professionals and planners needed to know the spectrum of cancer that was present in their region to provide appropriate services. Cancer patients and carers needed to understand the proposed treatment and its side-effects.

Specific needs range from having an understanding of the number of cancers, their risk factors, the survival rates through information to the lay public. More specific treatment information was also needed such as the effectiveness of treatments, how to administer them and their outcome tailored to specific audiences.

GOALS

- To tailor cancer information to the needs of the community, patients and their carers, clinicians, researchers and health planners (NSW Cancer Plan 2004-2006: Goals 13 & 21).
- To collect data on cancer and develop the population-based cancer registry and clinical cancer collections (NSW Cancer Plan 2004-2006: Goal 22).

KEY ACHIEVEMENTS

CANCER INFORMATION STRATEGY

(NSW Cancer Plan 2004-2006: Program 21.1)

The strategy was developed in consultation with the Cancer Information and Registries Working Party. It helped define information needs for the plan in greater detail and led to specific initiatives below.

CANCER INSTITUTE NSW WEBSITE

(NSW Cancer Plan 2004-2006: Programs 13, 21.2, 21.3, 21.4)

An interim Cancer Institute NSW website has been established and a final website is under construction. The website provides information on programs of each of the Cancer Institute NSW Divisions. It provides documents; media releases and position papers. It has links to key websites in Australia and overseas for patients and researchers. There has been a 413% increase in monthly hits between April 2004 and January 2005 and a 196% increase in monthly hits between January 2005 and January 2006.

Outcomes, Programs 13, 21.1, 21.3, 21.4

Cancer Information has been made more accessible to the public, patients, their carers and health professionals with a high level of uptake of this information.

NSW CENTRAL CANCER REGISTRY

(NSW Cancer Plan 2004-2006: Programs 22.1)

In June 2004, the NSW Central Cancer Registry was transferred from the Cancer Council NSW to the Cancer Institute NSW with full function maintained. The Institute operates the Registry on behalf of NSW Health.

The NSW Central Cancer Registry is the oldest population based registry in Australia and has been operating since 1972. The registry draws information from treating doctors, pathologists and the Registrar of Births, Deaths and Marriages to assemble information about people with cancer. It collects information about all new cases of cancer in the State (excluding non-melanocytic skin cancers). Each year it receives about 190,000 notifications which equates to about 35,000 new cases of cancer.

It regularly analyses information and produces reports that inform the community, clinicians, patients, planners and researchers about the risks of cancer, trends and patterns and survival. New analyses include projections of future cancer numbers, risks based on geography and life style and survival from cancer.



The Registry contributes to national data systems to monitor cancer and support research at a clinical and population level. It is used to evaluate the effectiveness of screening programs and treatments. Some of the achievements of the Registry are:

- Publication of 2003 Cancer Incidence and Mortality Report.
- Support of a web-based cancer incidence information system.
- Development of a new report for 2006 on Cancer Incidence and Risk of Cancer.
- Development of new analysis on the projections of cancer incidence, survival and extent of disease on diagnosis.
- The development of a new cancer registry information system.
- Piloting of a new electronic notification system for pathology notification.

Outcomes, Program 22.1

Population data has been transferred and maintained in a secure, confidential and accurate manner. It has been used for improved cancer incidence and mortality reporting.



PAP TEST REGISTER

The Pap Test Register is an information system that supports the Cervical Screening Program. It provides reminders for women who are overdue for their Pap smear, provides a history of previous Pap smear results to pathology laboratories, provides reminder notifications to clinicians for follow-up of patients and it monitors the impact of the cervical screening program.

The Pap Test Register is part of a national network of registers and exchanges information and approaches to improve the effectiveness of screening in women. The Pap Test Register implements the screening guidelines as proposed by the National Health and Medical Research Council.

The NHMRC Guidelines were reviewed in 2004 with a revised set due for implementation by July 2006. It has proved to be a significant challenge to modify the central register and those pathology laboratory systems that feed it. Highlights of the Pap Test Register are:

- Registration of 103,830 new women in 2005.
- Development of national standards for cytology coding.
- Delivery of 20,546 test result histories to pathology laboratories to assist in diagnosis and follow-up recommendations.
- Development of new letters and follow-up protocols compliant with NHMRC guidelines.
- New reminder letters to women at increased frequency.

Outcomes

The Pap Test Register has provided valuable support for the Cervical Screening Program and the women of NSW.

ESTABLISHMENT OF THE CLINICAL CANCER REGISTRY (CLinCR)

(NSW Cancer Plan 2004-2006: Programs 21.5, 22.2)

The Clinical Cancer Registry was identified as a high priority information activity in the NSW Cancer Plan 2004-2006. It was similarly identified in the Clinical Service Framework for Optimising Cancer Management (Standard 2.5). It has been an information source that has been widely employed in the United States to manage cancer care and fills significant information gaps with current administrative systems.

The primary purpose of the NSW Clinical Cancer Registry (ClinCR) is to collect and report on cancer information about patients treated in NSW hospitals. This information is collected according to a nationally agreed Minimum Data Set (MDS) which addresses cancer type, stage type or treatment, treatment outcomes, performance and quality of care. It can be used to monitor patterns of activity, quality and timeliness of care.

This data will be used directly by clinicians to improve their practice, understand the outcomes of cancer treatments and improve the survival and quality of life for patients under their care. In addition, the Cancer Institute NSW has invited cancer specific NSWOG Groups to review the MDS and identify additional items that may be collected at some sites.

The initial phase of the project, run over three years, is focused on public hospitals in five Area Health Services with a sixth currently building a business case. The ClinCR program has been successful in its development, leading to a commencement of data collection in July 2005 and reporting in April 2006 in one facility, with the remaining areas collecting data in early 2006. The outcomes for the ClinCR that have been achieved are:



- Employment and training of 26 data managers to work with clinicians in hospitals.
- Establishment of registration protocols and standards.
- Deployment of a ClinCR information system and an alternative commercial package for comparative purposes with linkages into existing hospital systems.
- Creation of the first data reports to clinicians for review of patterns of care.
- Development of routine report structures for long term monitoring of patterns of care across Area Health Services and facilities.
- Consultation with clinicians, researchers and administrators across NSW and within the NSW Oncology Groups to identify other key data needs.

Reports have been run on the Health Information Exchange data base on the activity of cancer services. Two reviews of cancer services have been published using these reports. These reports have enabled further development of the cancer health professional workforce and other clinical programs of the Plan.

Outcomes, Program 22.2

Strategic reporting registries have been established and have started reporting cancer outcomes.

A series of reports from existing data sets have influenced and directed the clinical programs of the Plan.

ESTABLISHMENT OF THE CANCER INSTITUTE NSW STANDARD CANCER TREATMENT (CI-SCAT) PROTOCOLS WEBSITE

(NSW Cancer Plan 2004-2006: Programs 13, 21.3)

CI-SCaT is a website containing evidence-based cancer treatment protocols relevant to medical oncology and haematology services.

The aim of this website is to reduce possible treatment errors, ensure the best standard of treatment is given routinely and ensure that all treatment given is backed by the best medical evidence. It should reduce unsupported or wasteful practice and improve practice standards.

Over 200 treatment protocols are provided in this resource. They are evidence based and are approved by local specialist clinicians. Currently the site is receiving 150,000 hits per month.

These protocols are available 24 hours a day, seven days a week to patients, carers, and clinicians and are being used in NSW and around Australia. The protocols provide information about the drug regimes for specific cancers, method of administration, the potential side effects and complications, costs and other specific patient management issues. They are intended to replace a number of protocols and protocol books that are available in hospitals, many of which needed updating.

The CI-SCaT protocols website will be further expanded in 2006 to include radiotherapy protocols, bone marrow transplant protocols, and pain control protocols.

The significant achievements from this program are:

- Development of over 200 evidence based treatment protocols through consensus from expert clinical reference groups.
- Average of over 150,000 website hits per month.
- Education sessions across NSW and around Australia to over 530 clinical staff.

- Adoption of the protocols website as the default treatment protocols reference point in the majority of institutions in NSW.
- Acceptance of the website by cancer programs in other States.
- Strong positive feedback has been received from education sessions being run in each State and territory. Many hospitals have indicated a willingness to take up the new protocols and discard previous outdated ones.

Outcomes, Programs 13 & 21.3

Evidence-based treatment standards and cancer research information is available online for patients and health professionals.

CHAPTER 8: ACCELERATING FUTURE IMPROVEMENTS THROUGH CANCER RESEARCH



CANCER RESEARCH IN NSW HAS AN INCREASED CAPACITY TO IMPROVE CANCER CONTROL MORE RAPIDLY AND TO SUPPORT MORE CLINICAL TRIALS INTO NEW CANCER TREATMENTS.

HIGHLIGHTS

- An independent, interstate Research Grants Review Committee has been established with published standard operating procedures and criteria for research grant allocations.
- Supporting cancer researchers:
 - Number of cancer patients on clinical trials increased by 50% in 12 months.
 - Two new Chairs of Cancer Research established.
 - 27 new Cancer Research Fellowships established.
 - 38 PhD Student Scholarships supported.
 - 1 Health Service Research Fellowship awarded.
- Supporting cancer clinical trials in NSW hospitals:
 - 29 clinical trials nurses and data managers provided.
 - Support for five national trials groups based in NSW.
 - Support for trials statistics and operations via NHMRC Trials Centre, Sydney.
 - Support for auditing of clinical trials and units.
 - Agreement for a joint cancer trials program with The Cancer Council NSW completed.



- Supporting key enabling cancer research infrastructure:
 - 26 infrastructure grants awarded.
 - 11 research equipment grants awarded.
 - Review of the key infrastructure platforms of genomics, proteomics, imaging and tissue banking completed.
- Supporting 'bench to bedside' translation of new research discoveries into patient care in the areas of prostate cancer, melanoma and targeted therapy established.
- Research Roundtable established involving funders, government, charities and researchers.
- Research Awards Night established.

KEY NEEDS

In February 2004, the Cancer Institute NSW commissioned a review of cancer research in NSW to inform the development of the NSW Cancer Plan 2004-2006. The primary aim of the review was to identify areas of strength and weakness and to provide documentation of key needs to make cancer research more effective.

The findings of the review, together with information available from workshops held by the Cancer Institute NSW, other States and national research reports and from funding bodies, were used in the development of the Cancer Institute NSW research strategy.



The key issues for cancer research in NSW were:

- Geographically dispersed cancer researchers and research groups in NSW.
- Many cancer research groups were small and not optimally competitive.
- NSW was less competitive for research funds compared to other States.
- Inadequate cancer research infrastructure (equipment, personnel, collaborations).

To address these issues, the strategic priorities of the Cancer Research Program were identified to be:

- Rapid translation of significant research findings into cancer clinical practice and policy.
- Attainment of competitive scientific depth and capacity.
- Further development of cancer research in NSW in areas including:
 - Molecular and cell biology and cancer genetics.
 - Clinical research.
 - Population health and epidemiology research.
- Cancers within the top 10 for incidence and mortality especially prostate cancer, bowel cancer, breast cancer, melanoma, lung cancer and haematological malignancies.
- Development, recruitment and retainment of outstanding cancer researchers and teams in NSW.
- Strengthening key enabling research infrastructure.
- Support and improvement of links between core research disciplines, skills and groups.

The Cancer Institute NSW Cancer Research Program was specifically designed to support these priorities.

GOALS

- To support excellent cancer researchers in their careers (NSW Cancer Plan 2004-2006: Goal 25).
- To develop high quality cancer clinical trials infrastructure in NSW (NSW Cancer Plan 2004-2006: Goal 26).
- To develop cancer research infrastructure to increase the quantity, quality and relevance of cancer research in NSW (NSW Cancer Plan 2004-2006: Goal 27).
- To provide a unified peer review process for cancer research funding in NSW (NSW Cancer Plan 2004-2006: Goal 28).
- To increase funding and competitiveness of cancer research in NSW (NSW Cancer Plan 2004-2006: Goal 29).
- To connect cancer research in NSW to major overseas cancer research groups and discoveries (NSW Cancer Plan 2004-2006: Goal 30).
- To expand the relationship between industry and cancer researchers in NSW (NSW Cancer Plan 2004-2006: Goal 31).

KEY ACHIEVEMENTS

A review of Cancer Institute NSW funded research was undertaken in April 2006. The objective of this review was to determine the impact of funding programs on cancer research capacity and enabling outcomes.

Heads of key research institutions were highly supportive of the Cancer Institute NSW research program and indicated that Cancer Institute NSW funding has led to:

- Highly significant enhancement of research capacity and future research productivity.
- Significant increase in new or strengthened collaborative projects within NSW, interstate and internationally.
- Significant change in research focus.
- Significant contributions by research and support staff employed as a result of this funding have enhanced the ability to conduct research and increase productivity.

ESTABLISHMENT OF AN INDEPENDENT, INTERSTATE RESEARCH GRANTS REVIEW COMMITTEE

The Cancer Institute NSW established an interstate committee to review and allocate all research grants. This committee is chaired by Professor John Funder and is supported by additional discipline panels of experts who are interstate or overseas. This process allows an objective view of each grant application compared to international standards.

The committee has adopted published standard operating procedures, including appeal mechanisms which are available from the Cancer Institute NSW and on the Cancer Institute NSW website. Grant allocations are based on criteria publicised with each call for applications.

Outcomes

Independent, non-conflicted peer review of research grant applications has been established to provide funding for research that is at a high international standard.

SUPPORTING CANCER RESEARCHERS

The Cancer Research Leaders Program

(NSW Cancer Plan 2004-2006 Program 25.1)

This program strengthens cancer research capacity by funding new high level academic posts and supporting outstanding research teams at NSW, hospitals, universities and/or other institutions. The program is directed to attracting outstanding research leaders from interstate and/or overseas, and their core teams of researchers.

The program is achieving its aims by supporting two new Cancer Research Leaders and their teams to be recruited to NSW. Professor Andrew Braithwaite who has an outstanding track record in the molecular basis of cancer has been recruited from New Zealand to establish a new cancer research program at the Children's Medical Research Institute, Westmead. The Garvan Institute of Medical Research is supported to establish the Petre Foundation Chair in Breast Cancer Research.

Outcomes, Program 25.1

Two high level posts have been established in NSW to provide a focus for cancer research.

The Research Fellowship Programs

(NSW Cancer Plan 2004-2006 Programs 25.2 and 29.2)

This program is currently supporting 28 Cancer Research Fellows. Its aim is to encourage the very best researchers to choose cancer research as their selected field and to continue research that is nationally and internationally competitive. These fellowships also provide a project research grant as part of the Fellowship.

Clinical Research Fellowships are supporting five clinicians who now have adequate funding to ensure protected time from clinical duties for high quality clinical research.

A Health Service Research Fellow has been funded to develop interventions to maximise utilisation of the Cancer Institute NSW Standardised Treatment Program. This research will develop an evaluation framework for assessing the program utilisation, improved clinical practice and patient outcomes.

Outcomes, Program 25.2 & 29.2

Outstanding researchers have been recruited and supported to increase cancer research capacity in NSW.



THE RESEARCH SCHOLARSHIP PROGRAM

(NSW Cancer Plan 2004-2006 Program 25.3)

This program is currently supporting 38 outstanding PhD students who have the potential to develop highly significant careers in cancer research in NSW. The program provides additional funding for the scholar's research project. It allows the scholar to attend scientific meetings to ensure the project is at the international cutting edge.

Substantial progress is being made by these young students, including research that will directly impact on patient treatment, such as delivering cytotoxins directly to tumours, making them less toxic to the body and more active towards the tumour; and characterising the nature of tumour induced inflammation and its impact on drug handling by the body. This will enable patients to better tolerate chemotherapy and improve their response to treatment.

Outcomes, Program 25.3

Talented junior researchers are being trained in NSW in cancer research. This will increase research capacity and output in NSW.



THE INTERNATIONAL COLLABORATION PROGRAM

(NSW Cancer Plan 2004-2006 Program 30.2)

This program provides funding from the Cancer Institute NSW to promote new and existing collaborative research between NSW and international cancer researchers and teams. Researchers from NSW are linked with a diverse range of internationally recognised cancer research groups/institutions including:

- Oxford University-University of Sydney collaboration for evidence-based prevention activities in general practice.
- John Wayne Cancer Institute, USA–Sydney Melanoma Unit, Royal Prince Alfred Hospital collaboration for identification of DNA and RNA prognostic markers for melanoma.
- National Cancer Institute of Canada Clinical Trials group–University of Sydney International Collaboration Network.
- Imperial College, UK (Hammersmith Hospital)–Westmead Millennium Institute to collaborate to further evaluate hepatic drug metabolism in patients with advanced ovarian cancer.

Outcomes, Program 30.2

Key international research collaborations have been developed.

TRAVELLING RESEARCH FELLOWSHIPS

(NSW Cancer Plan 2004-2006 Program 30.1)

Expressions of interest have been developed for travelling scholarships.

TRANSLATING RESEARCH DISCOVERIES INTO CLINICAL PRACTICE

The Translational Program Grants

(NSW Cancer Plan 2004-2006 Program 29.1)

This 'bench to bedside' program supports multi-disciplinary approaches to cancer research. The Program encourages the translation of research discoveries made in the laboratory directly into clinical programs or policy to directly benefit cancer patients. Three successful Translational Program Grants have been awarded:

Prostate cancer risk and screening program grant

This program supports a consortium of six hospitals led by the Garvan Institute and will investigate new methods to identify the risk of developing prostate cancer or of dying from it using genomic analysis. It will also research so called 'epi-genomic' characteristics of prostate cancer. It is hoped this study of genomic profiling for risk will lead to the identification of high risk groups, new screening tests or new therapeutic agents.

Targeted therapy program grant

Despite advances in multi-agent chemotherapy, cancer remains a major cause of mortality in our community. Molecular targeted therapy is an exciting new approach to cancer therapy. It targets specific genetic abnormalities and cell pathways causing cancer. It has the potential of being more effective and less toxic than current chemotherapy. Professor Glen Marshall of the Sydney Children's Hospital and a team of multi-disciplinary researchers are pursuing this research through funding provided by a translational grant.



Melanoma risk program grant

The Sydney Melanoma Unit translational research program is supporting two major lines of work. A clinic dedicated to the surveillance of people at very high risk of melanoma has been established. It will test the performance of current best practice techniques and genetic testing. In addition, genetic information will be assessed to determine how such information can best be used to identify those most at risk of developing melanoma. It will also study those who will benefit most from treatment of melanoma.

Outcomes, Program 29.1

Scientific depth and collaboration has been established in NSW with these program grants asking important questions most likely to substantially improve clinical practice.

CANCER CLINICAL TRIALS

The NSW Clinical Trials Program

(NSW Cancer Plan 2004-2006 Program 26)

This program aims to introduce and study new cancer treatments, increase participation of patients into cancer clinical trials, and promote a culture of research and innovation in our cancer service programs. A number of initiatives have been implemented by the Cancer Institute NSW to support these aims.

The Cancer Institute NSW is facilitating further development of the NSW Cancer Trials Group (NSWCTG). The NSWCTG provides a forum for clinical cancer researchers across all specialties and tumour types. It enables clinical researchers to exchange ideas, pursue collaborations, develop trial protocols and contribute to cancer clinical research in NSW.

In support of the newly established NSWCTG, the Cancer Institute NSW has developed partnerships to support clinical trial activity. These partnerships are with the NHMRC Clinical Trials Centre for clinical trials operations and statistics, and with Kendle Pty Ltd to audit clinical trials and clinical trials units.

The Cancer Institute NSW is supporting the national clinical trials groups based in NSW. Two new national trials groups for lung cancer and uro-genital cancers have been created and are being supported by the Cancer Institute NSW. The South Eastern Sydney and Illawarra Consortium for Rational Cancer Therapeutics is enhancing collaboration between basic research and clinical trials with support from the Cancer Institute NSW.

Twenty-nine full time clinical trials nurses and data managers have been funded to facilitate the coordination and support for clinical trials at the hospital level across NSW. Nine units without a track record of clinical trials activity are supported to expand clinical trials in these units.

A register of cancer clinical trials is currently being established. This will allow access to information about ongoing and planned cancer clinical trials.

A five year agreement commenced in 2006 between the Cancer Council NSW and the Cancer Institute NSW has amalgamated cancer trials programs from the two organisations. The agreement commits both organisations to jointly build infrastructure to expand the quality and quantity of cancer clinical trials. This development will accelerate access to new and more effective cancer treatments by cancer patients across the State.

Outcomes, Program 26

The clinical trials activity in NSW has been enhanced with the number of cancer patients on clinical trials increasing from 5999 to 9063 or a 51% increase within 12 months.

Collaborative relationships have been established to further increase the quality and quantity of cancer clinical trials in NSW.

ETHICS REVIEW

Centralised Cancer Research Ethical Review

(NSW Cancer Plan 2004-2006: Program 27.1)

Multiple ethics committee reviews have been identified as an obstacle to conducting multi-centred clinical cancer research in NSW in a timely fashion.

In 2006 the Cancer Institute NSW will establish two ethics committees to review multi-centred cancer research in NSW in consultation with NSW Health. One committee will be dedicated to the review of clinical research and the other to the review of epidemiology research. The latter committee is being re-developed jointly with NSW Health. These committees will specifically address the delay in obtaining review, duplication of the review and meet agreed standards for the quality of the review.

A retrospective review of all types of cancer research reviewed by ethics committees in NSW has been undertaken by the Cancer Institute NSW. This has provided base line data about the number and volume of cancer research proposals before hospital ethics committees, the rates of duplication and the workload associated with administration of subsequent amendments. The new program will be evaluated against this data.

Outcomes, Program 27.1

The process and consultation need to streamline ethical review of cancer research in NSW has been completed with the establishment of Central Ethics Committees underway.



POPULATION AND HEALTH SERVICE RESEARCH

The Epidemiology and Health Services Research Program

(NSW Cancer Plan 2004-2006: Program 27.2)

This program focuses on the impact of cancer, its treatment and its costs to the NSW community. The results of research will be used to improve care, service delivery and economic burden.

The Cancer Institute NSW is funding patterns of care studies in lung cancer, colorectal cancer, prostate cancer and melanoma. These studies will document current practice which can then be compared to best-practice based on agreed cancer treatment guidelines.

In addition, the Cancer Institute NSW and NSW Health are establishing a linkage unit to provide unique reports and research from available data and a costings unit. The latter will review new models of care for their impact and cost-effectiveness.

The Cancer Institute NSW has also provided a grant to study the implementation of 'patient prompter' questions in all treatment centres in NSW. These questions cover facts patients should know and allow patients to ask these questions to the health professional during their consultation. It has been shown that these questions substantially improve patients' understanding of their disease and their treatment.

Chemotherapy is an essential part of cancer treatment. Planning for efficient and equitable supply of such services is being documented through a study of chemotherapy utilisation.

Outcome, Program 27.2

Strategic funding and partnerships have been established to obtain information on patterns of care and the best service delivery models and their cost.



ENABLING INFRASTRUCTURE FOR THE BEST CANCER RESEARCH

The Infrastructure Program

(NSW Cancer Plan 2004-2006: Program 27)

Research infrastructure is important to develop cancer research in NSW. Twenty-six infrastructure grants currently support cancer researchers, groups and collaborations across the State in all research disciplines.

The program provides substantial financial support for key research platforms and core equipment. Innovative sharing arrangements to optimise use of key equipment have been specifically supported. In the short time since initiation of these grants, 25 journal articles have been written with 16 published so far. Ten scientific papers have been presented at meetings from this funding. Research capacity which is being enhanced by these grants includes:

Psycho-oncology research

The emotional and practical support of people with cancer includes effective physical and psychological care through the cancer treatment journey and its follow-up. Two key grants funded by the infrastructure program support psycho-oncology research:

- The NSW Psycho-oncology Cooperative Research Group, University of Sydney, will develop high quality research into the psychological and social impacts of the cancer experience.
- Touch screen monitors have been funded for researchers at the University of Newcastle to enable real-time routine monitoring and intervention to reduce the psychosocial impact of cancer therapy. This program has been implemented in three cancer centres with a further seven coming online within 12 months.

Proteomics in cancer research

NSW cancer proteomics and genomic research capacity is supported through the expansion of major mass spectrometry infrastructure at Macquarie University and at the Kolling Institute. These programs are complimentary in developing a cancer proteomics research network for NSW.

Cancer genetics

The Garvan Institute's cancer genetics program is supported by a multi-disciplinary team and funding through NHMRC, The Cancer Council NSW and the Cancer Institute NSW. It has the technology and the dedicated staff to operate the equipment to international standards.

Tissue banking

The infrastructure program supports the networking of tissue banks in NSW. The Breast Screen Biospecimen Resource, Westmead Institute for Cancer Research, is supported by the Cancer Institute NSW, NHMRC and the National Breast Cancer Foundation. This resource, available to all cancer researchers in NSW and elsewhere, will link breast tissue samples from Australia and New Zealand with accurate, prospectively tracked clinical data.

Equipment grants

The Cancer Institute NSW has provided new funding for essential research equipment. Equipment grants were awarded based on the international competitiveness of the research and the ability to share or network equipment with other research groups.

Outcomes, Program 27

Cancer research infrastructure has been enhanced through a number of funding schemes to increase the quantity, quality and relevance of cancer research in NSW and place it to compete at the international cutting edge.

BUSINESS LIAISON

(NSW Cancer Plan 2004-2006: Program 3 I)

The Cancer Institute NSW is working towards establishing an effective business liaison program in order to encourage interaction between researchers and the business community engaged in medical research. This is achieved through:

- Workshops with industry and Medicines Australia on a single 'lead' State ethics committee for multi-centred cancer trials.
- Industry input into the Research Round Table.
- Industry partnerships to establish the Cancer Research Awards.

Outcomes, Program 3 I

Strategic relationships have been initiated to develop partnerships with the business community in order to increase high quality international research in NSW.



**CHAPTER 9:
NSW CANCER PLAN 2004-2006:
SUMMARY TABLE**



PROGRAMS

Coordination of cancer control programs

1.1 NSW Oncology Groups:

- 20 State wide groups established.
- Projects of high priority are under development.

1.2 Cancer Coordination Forum:

- Established, met on eight occasions and is coordinating cancer planning and communication within the government health sector.

1.3 Cancer Support Groups Working Party:

- Patient Support Groups Working Party established.
- Cancer Consumer Forum met and provided advice on key cancer issues.
- Cancer Charities Round Table met to develop a voluntary code of conduct for fundraising.
- NSW Joint Patient Support Advisory Committee established between the Cancer Council NSW and the Cancer Institute NSW.

1.4 NSW Joint Cancer Control Advisory Committee has been established between The Cancer Council NSW and the Cancer Institute NSW.



Cancer prevention and early detection

2.1 Community education about the consequences of smoking:

- Nine mass media campaigns on smoking launched.
- Quitline calls have more than doubled since 2003.
- Smoking rates in NSW have dropped by 2.2% from 22.3% in 2003 to 20.1% in 2005.
- Smoking rates for adults in NSW who smoke every day is down to 15.7% (14.3% in women and 17.2% in men).

2.2 National and NSW Tobacco Implementation Strategies:

- Quitline transferred to the Cancer Institute NSW and expanded.
- Tobacco Action Plan for NSW completed.
- Legislation enacted in NSW to ban smoking in clubs and pubs by 2 July 2007.

3.1 Cancer Risk Reduction Programs:

- Melanoma campaign launched.
- Breast cancer screening awareness program developed to increase participation in screening.
- Cervical cancer screening awareness program developed.
- Bowel cancer screening awareness program developed.



3.2 Schools Cancer Program:

- Rock Eisteddfod Program supported.
- NSW Health Schools Program supported.

4 NSW Bowel Cancer Screening Program:

- Review of colonoscopy, pathology and anaesthetics services underway.
- Bowel cancer screening implementation plan developed.

5 Monitoring and evaluation of new cancer screening programs:

- Evaluation of clinical trials in lung cancer, melanoma and prostate cancer screening completed.
- Research on screening attendance completed.

6 BreastScreen NSW and Cervical Screening Programs:

- Breast and cervical cancer screening programs transferred to the Cancer Institute NSW in July 2005.
- Programs restructured, business systems improved and quality monitoring reviewed.
- Participation rates in BreastScreen NSW increased within the target age groups from 50.7% to 53% in 9 months.

7.1 General Practice Liaison Unit:

- General practice program established at the Cancer Institute NSW.
- Contract established with the Alliance of Divisions of General Practice.

7.2 General Practice Cancer Prevention and Surveillance Programs:

- General practice workshop completed.
- Projects and cancer leads established in Divisions of General Practice.
- Three general practice workshops on prostate cancer completed.

Cancer Service Provision – The Patient’s Journey

8.1 Early cancer detection and diagnostic aids program:

- General practice program for new NHMRC Guidelines for cervical cancer screening.
- New breast cancer screening awareness program implemented.
- Prostate Specific Antigen (PSA) information kit trialled in general practice.
- Workshop held on ‘Existing Diagnostic Aids and Barriers to Optimal Use’.

8.2 NSW Directory of Cancer Services:

- Publication of Directories of Support Services and Accommodation available.
- Register of NSW multi-disciplinary teams and treatment centres developed.
- Directory of services available in NSW hospitals developed.

9.1 Area-wide approach to optimising cancer care:

- Establishment of eight Directors of Cancer Services in Area Health Services.
- Establishment of eight Cancer Services Development Managers in Area Health Services.
- Data provided by the Central Cancer Registry for cancer services plans for each Area Health Service.
- Audit completed in all AHSs of compliance with the Optimising Cancer Care in NSW framework.



9.2 Lead Clinician Program:

- Established with 15 doctors recruited.
- Lead Clinicians contributing to relevant NSWOG committee programs.

10.1 Cancer Nurse Coordinators Program:

- Established with 55 cancer nurse coordinators in positions across NSW.
- Communications Training Skills provided to Nurse Coordinators.
- Professional needs analysis surveys completed by newly appointed Cancer Nurse Coordinators.

10.2 Cancer Services Collaboratives:

- Service improvement projects in progress in radiotherapy departments across NSW.

10.3 The Cancer Patient Care Plan:

- Draft treatment plan in development.
- Information sheets in plain English available from the Standard Treatment Protocol Website (CI-SCaT).
- Nurses reference group reviewing available patient information with the CI-SCaT team.

11.1 Cancer Patient Support Working Party:

- Established in 2004.
- NSW Joint Patient Support Working Party established between the Cancer Council NSW and the Cancer Institute NSW in 2006.
- Public forums held around NSW to provide feedback on patient support.
- Review of psycho-oncology services needs completed.

11.2 Area psycho-oncology teams program:

- 28 new positions established for social workers and clinical psychologists in cancer treatment programs in Area Health Services.
- Decision tool for appropriate referral for psychological support being piloted.
- Communication Skills Training given to Area psycho-oncology teams.

11.3 The NSW Cancer Volunteer Network:

- Agreement with The Cancer Council NSW to support their work with volunteers in hospitals and with cancer consumers.

12.1 Multi-disciplinary care and peer review programs:

- Educational forums on optimal multi-disciplinary teams conducted with the National Breast Cancer Centre.
- Tele-medicine links for multi-disciplinary teams funding \$950,000.
- Expansion or establishment of 118 multi-disciplinary teams in NSW hospitals with new funding of \$1.46m.
- Key performance indicators for multi-disciplinary teams established.

12.2 Area oncology team meetings:

- Directors of Cancer Services funded to conduct management and planning meetings.
- Specific grants from the Cancer Institute NSW to establish meetings of the whole cancer stream across each Area Health Service in NSW.

13 Standard Cancer Treatment Protocols Program:

- Standard Cancer Treatments (CI-SCaT) established with over 200 standard treatment protocols, patient information sheets, nursing orders and the evidence underpinning each standard treatment.
- Use of the website expanding, with over 150,000 hits per month.

14 The 'Cancer Link' General Practitioner Program:

- Role for cancer nurse coordinators to liaise with general practitioners defined.
- General practice liaison resource provided by the Cancer Institute NSW to Divisions of General Practice.

SPECIAL ISSUES IN CANCER CARE

Access to cancer care programs

15.1 Ambulatory Cancer Care Centres Review:

- Review completed.

15.2 Medical oncology, haematology and palliative care workforce review:

- Establishment of NSW Medical Oncology and Haematology Clinical Information systems Strategy.
- Medical oncology and haematology review completed. Palliative care review underway.

15.3 The Cancer Drugs Review:

- Standard treatment protocols (CI-SCaT) drug usage under review.
- Standard treatment reporting in the Clinical Cancer Registry.
- Review of use of high cost cancer drugs underway.

15.4 The Surgical Oncology Workforce Review:

- Review completed.

15.5 Imaging Technology Access Review:

- Review of access to PET scanning completed.
- Consultation with the Department of Health and Aged Care, Canberra on PET scanning.
- Access to PET program in Hunter New England Area Health Service expanded.

15.6 The Tumour Pathology Review:

- State-wide Pathology NSWOG group established.
- Three new Clinical Fellowships in Anatomical Pathology and one in haematology.

Radiotherapy

16.1 Radiotherapy Equipment Program:

- Review of equipment needs with Directors of Radiation Departments and NSW Health.
- \$8.5m in new radiotherapy equipment funded in the last two years.

16.2 The Radiotherapy Workforce Program:

- 108 Professional Development Year (PDY) training positions in interns supported (2005 and 2006).
- Four academic posts in radiation sciences created.
- Four new clinical fellowships in radiation oncology funded.

16.3 Quality improvement in radiotherapy:

- Workshop on Radiotherapy Quality completed.
- Business practice collaboratives begun in Radiation Oncology Departments.

16.4 Radiotherapy information review:

- Review completed.

16.5 Access to radiotherapy services review:

- Radiotherapy access included in rural access review and the Radiotherapy Management Information Systems Report.
- Radiotherapy Joint Advisory Committee commenced the development of the NSW Radiotherapy Strategic Plan 2006-2011 with NSW Health.



Rural oncology review

17.1 Rural Access Review:

- Completed.

17.2 Rural – city cancer partnerships program:

- Cancer Nurse Coordinators to coordinate care between cities and rural areas.
- Cancer Services Development Managers provided.
- Rural representation on NSW Oncology Groups.
- Increased travel assistance down to 100km with new funding.
- Australian Government funding obtained to enhance rural involvement in the NSW Oncology Groups (NSWOG).

17.3 Rural Cancer Nurse Coordinators Program:

- 19 nurses have been recruited in rural areas.

Cancer genetics services

18.2 Cancer Genetics Service Review:

- A review of cancer genetics services in NSW is underway.

Palliative care and symptom control

19.1 The integrated palliative care program:

- State-wide NSWOG Palliative Care group established.
- Palliative care protocols are being reviewed for posting on the CI-SCaT website.
- Chair in Palliative Care is being established.
- Review of palliative care services underway.
- Documentation of better practice models and key indicators in palliative care underway.

- Funding provided for a palliative care database.
- Palliative care clinical research group established.

19.2 Palliative radiotherapy review:

- Review of palliative radiotherapy and relevant benchmarks is underway in collaboration with NSW Health.

Complementary Therapies

20.1 Complementary Therapies information program:

- NSWOG Complimentary Therapies committee established.
- Information program established as a web based resource.
- Complementary Therapies Seminar completed.

20.2 Complementary Therapies Access review:

- Completed.

Cancer Information Programs

21.1 Cancer Information Strategy:

- Cancer Information Strategy completed and priority programs established.



21.2 Cancer Institute NSW Website:

- Interim site built.
- Final site under construction.

21.3 Information for the community, patients, their families and carers:

- A-Z Directories of Cancer Publications, Patient Accommodation and Support Groups published.
- NSW Joint Patient Information Advisory Committee established with the Cancer Council NSW and the Cancer Institute NSW.
- Position papers and news releases developed.

21.4 Cancer research information and data for clinicians, researchers and population health practitioners:

- Reporting module for the Central Cancer Registry on website.
- New reports available on cancer incidence, risk factors, cancer survival projections, extent of spread and data from smokers' survey.
- Over 16 new books and 33 new cancer journals made available to health professionals.
- Key worldwide research websites made available to NSW cancer researchers.

21.5 Cancer service information:

- Two Cancer Services Reports completed in 2004 and 2005.

22.1 The Central Cancer Registry:

- Registry moved to the Cancer Institute NSW while maintaining function.
- New reports on projections, risk factors, survival and extent of disease.

22.2 The Clinical Cancer Registry;

- Clinical Cancer Registry developed in five of eight Area Health Services.
- Reporting of clinical data based on a minimum data set begun.

Cancer Education Programs

23.1 The continuing professional education review:

- Review Completed.
- Travel Grants Program established.
- Basic Science of Oncology Program conducted 2005 and 2006.
- Conference diary available on Cancer Institute NSW website.
- 24 clinical fellowships established for cancer specialists.
- Five psycho-oncology fellowships established.

23.2 Cancer nurse professional development programs and review:

- Review completed.
- 12 nurse scholarships provided.
- 17 health professionals supported with competitive funding to key educational meetings.

Cancer Workforce Programs

24.1 Specialised cancer workforce review:

- Review completed.

24.2 The rotating specialist registrar review:

- Planning ongoing with NSW Health, specialist colleges, the Medical Training Education Committee and other stakeholders.

Cancer Research Programs

25.1 The research leaders program:

- Two Professors of Cancer Research established.

25.2 The research fellowships program:

- 27 Research Fellowships established including five clinical fellowships.

25.3 The research and training scholarship program:

- 38 PhD students supported.



26 The clinical trials program:

- 29 Clinical trials units supported.
- Five national cancer trials groups supported.
- Partnership with the NHMRC Clinical Trials Centre (operations and statistics).
- Partnership with The Cancer Council NSW to amalgamate the Cancer Institute NSW Clinical Trials Group and the Cancer Trials NSW program.
- Partnerships with Kendle Pty Ltd. for auditing trials and standard operating procedures.

27.1 Centralised cancer research ethical review:

- Two Research Ethics Committees being established.

27.2 The cancer epidemiology and services research program:

- One Health Service Fellowship awarded.
- Patterns of care studies in four cancers: melanoma, lung, prostate and bowel cancer.
- Costings and linkage units being established with NSW Health.

27.3 The cancer infrastructure program:

- 26 research infrastructure grants awarded in round one.
- 11 research equipment grants awarded in round two.

28 NSW research funding program:

- An independent interstate Research Grants Review Committee and standard operating procedures established at the Cancer Institute NSW.
- The Cancer Council NSW and Cancer Institute NSW agreement to develop a common grant allocation process.

29.1 Program grants:

- Three translational program grants have been awarded including:
 - Prostate cancer risk assessment using genomic and epigenomics.
 - Melanoma risk using clinical and genomic surveillance.
 - Targeted therapy in cancer treatment.

29.2 Project grants:

- Project grants have been incorporated into successful fellowship applications.

30.1 Travelling research fellowships:

- Expressions of interest developed.

30.2 The international collaborator program:

- Has been established with four overseas institutions.

31 The business liaison program:

- Partnerships developed for the Cancer Research Awards.
- Workshop and Roundtable completed.

Quality and Accreditation Programs

32 The quality accreditation program:

- Quality and Clinical Effectiveness Committee established.
- Key quality programs undertaken.

Cancer Fundraising Programs

33 Cancer Support Groups Register:

- Cancer Charities Roundtable established.
- Register of cancer organisations and charities being established.
- Cancer Charities code of conduct under development.



CHAPTER 10: THE NSW CANCER PLAN 2007- 2010



THE STATE'S SECOND CANCER PLAN WILL BUILD ON THE SOLID FOUNDATION OF THE FIRST STATE CANCER PLAN DESCRIBED IN DETAIL IN THIS REPORT. THE PROGRAMS ESTABLISHED UNDER THE FIRST PLAN WILL CONTINUE BUT MAY BE MODIFIED BASED ON EVALUATIONS OF THEIR SUCCESS.

The NSW Cancer Plan 2007-2010 will also rely heavily on the many reviews and the feedback developed over the last two years. These reviews and feedback give clear direction and identify needs and the relevance of cancer programs.

The process for developing the NSW Cancer Plan 2007-2010 will allow wide consultation and invite substantial input. A Discussion Paper entitled 'The NSW Cancer Plan 2007-2010 Accelerating the control of Cancer' will be launched.

A number of workshops will provide feedback on the first State Cancer Plan and on the Discussion Paper. This feedback will provide the content of the next NSW Cancer Plan.

Since many of the successful programs established will be enhanced in the next planning cycle, the Discussion Paper has grouped programs into a number of obvious categories for discussion and listed them below in 'Summary of Programs'.

NSW CANCER PLAN 2007-2010: SUMMARY OF PROGRAMS

Cancer prevention

- Tobacco control program
- Melanoma and skin cancer program
- Cancer screening awareness programs

Cancer screening

- Breast cancer screening program
- Cervical cancer screening program
- Bowel cancer screening program
- Screening other cancers



Cancer services and education

- Better coordination of care program
- Smarter models of care program
- Skilled cancer professionals program
- Comprehensive patient support program

Cancer research

- Translational research program
- Clinical trials program
- Health services research program
- Research fellowship program
- Cancer research infrastructure program

Cancer information

- NSW Cancer Registry program
- Standard Cancer Treatments program
- Patient information program
- Public cancer information program

The NSW Cancer Plan 2007-2010 will also emphasize partnerships between key stakeholders in cancer. In particular enhanced working relationships will be sought between the Cancer Institute NSW and NSW Health, Area Health Services, Cancer Charities and Consumer groups, research organisations, universities and public groups.

APPENDIX I: WORKSHOPS AND FORUMS



During 2004-2006 the following workshops took place:

- Cancer Information Strategy Priorities, 29 October 2004
- Tobacco Control Communication, 1 November 2004
- Cancer Pathways in General Practice, 5 November 2004
- Quality in Cancer Care Workshop, 5 November 2004
- Community Support for Cancer Patients Forum, 8 December 2004
- Cancer Education and Training Workshop, 17 December 2004
- Collaboratives & Organisation Process Review in Radiotherapy, 4 March 2005
- Clinical Trials Workshop, 29 June 2005
- Cancer Community Forums, May-June 2005
- Cancer Research Round Table, December 2005
- Complementary Therapies Seminar, March 2006
- Cancer Charities Round Table, May 2006

Eight community forums or ‘Town Hall Meetings’ were held in rural or outer metropolitan areas in 2004/05. These were designed to obtain broad community feedback on issues and problems facing people affected by cancer.

- Dubbo, 5 May 2005
- Broken Hill, 12 May 2005
- Western Sydney, 1 June 2005
- Newcastle, 3 June 2005
- Albury, 8 June 2005
- Wagga Wagga, 9 June 2005
- Coffs Harbour, 15 June 2005
- Old Bar, 16 June 2005

APPENDIX II: OUR COMMITTEES



OUR COMMITTEES

The Cancer Institute NSW operated 20 committees, working parties and steering groups (below) in 2004-2006. They were:

| Committee | Chairperson |
|---|-------------------------|
| Cancer Education and Workforce Advisory Committee | Prof Bernard Stewart |
| Cancer Information and Registries Working Party | A/Prof Owen Ung |
| Cancer Institute NSW Ethics Committee | Prof Stephen Leeder |
| Cancer Research Advisory Committee | Prof Peter Gunning |
| Cancer Trials Steering Group | A/Prof Ann Hamilton |
| Central Registry Advisory Committee | Prof Bruce Armstrong |
| Clinical Cancer Registry Steering Committee | A/Prof Geoff Delaney |
| Clinical Services Advisory Committee | A/Prof Paul Harnett |
| Complementary Therapies Advisory Committee | Prof Stephen Clarke |
| Grants Review Committee (Research) | Prof John Funder |
| Grants Review Committee (Clinical) | A/Prof Gillian Duchesne |
| Pap Test Register Advisory Committee | Prof Richard Taylor |
| Patient Support Working Party | Dr Catherine Mason |
| Population Health and Screening Working Party | Prof Bruce Armstrong |
| Quality and Clinical Effectiveness Advisory Committee | Prof Cliff Hughes |
| Radiotherapy Joint Working Party | Dr Colin Bull |
| Registries Studies Advisory Committee | Dr Paul Jelfs |
| Rural Cancer Services Working Party | Prof Stuart Schneider |
| Standard Cancer Treatment Protocols Steering Group | Prof Robyn Ward |
| Tobacco Campaign Reference Group | Ms Trish Cotter |

These committees provided expert advice in 2004-2006, and were pivotal in the development and implementation of the NSW Cancer Plan 2004-2006. They were developed for their expertise and were not designed to be representative of stakeholder institutions.

In addition in 2005, the Cancer Institute NSW established the NSW Oncology Group (NSWOG) and has restructured the clinical committees within this new framework (see Chapter 4, Table 4.1).

**APPENDIX III:
GENERAL PRACTICE PROJECT
SUPPORTED**



Appendix III – General Practice Projects Supported

| Division | Project Description |
|-----------------|--|
| Central Coast | Multi-disciplinary education on prevention and management of cancer in primary care, facilitation of workshops, provision of opportunities for participation in an established smoking cessation clinic. Practice nurse mentoring from CNCs and development of electronic communication between GPs and cancer services. |
| Dubbo Plains | Implementation of a skin cancer awareness campaign and screening in local practices. The project includes the provision of CPD activities for GPs and practice nurses to ensure quality services in skin cancer detection. Development of effective working relationships with local cancer services, to improve communication processes between cancer services and general practice. |
| Mid North Coast | Enhancement of an existing schools program in smoking cessation and melanoma awareness activities supported by local media campaigns. A culturally appropriate smoking cessation model will be delivered to Aboriginal and Torres Strait Islander community members. The project has also supported regular GP attendance at multi-disciplinary palliative care meetings and provided opportunities for general practitioners to undertake clinical placements within cancer care. |
| Murrumbidgee | Nurse-initiated strategies have been implemented to optimise the care and management of patients with a cancer diagnoses. Strategies have focused on systems for those who have had treatment for cancer and require clinical monitoring and evaluation; progressive symptom control and multi-disciplinary support and/or palliation. |
| New England | Facilitation of workshops to increase general practitioners knowledge and skills in the management of melanoma and non-melanoma skin cancer. Increasing education and up-skilling general practitioners in palliative care. |

| Division | Project Description |
|---------------------|--|
| Northern Rivers (1) | Locally based training and resource support for general practitioners and practice nurses to implement systems improvement and practice-based models for smoking cessation. |
| Northern Rivers (2) | Integration of general practitioners with local breast cancer multi-disciplinary team meetings and the subsequent primary medical care needs of patients. A nurse has undertaken case management to provide liaison between general practitioners and the Multi-disciplinary Team. |
| NSW Central West | Provision of education on pain management and the post chemotherapy management. The project has also established systems to ensure implementation of current best practice guidelines and encouraged improved communication between cancer services and general practice. |
| Riverina | This pilot project has developed and promoted an appropriate screening for bowel cancer to those at increased risk. This has occurred through: assessment of services, general practice training, and promotion of bowel screening including resource development. |
| Sutherland | Enhancing skills and knowledge in the management of pain and the care of patients in the palliative phase of the disease. Provision of a cancer package to GPs that is relevant and locally focused. Improving communication mechanisms and referral systems with specialist services. |
| Tweed Valley | Liaison with local cancer services and allied health to improve general practice awareness of services available. Development and implementation of systems to improve service coordination, communication and provide education and training to stakeholders. |

**APPENDIX IV:
FACT SHEETS AND
MEDIA RELEASES**



11 May 2006

NSW Cancer Patients Get Extra Help with Travel and Stays

8 May 2006

Graphic Quit Smoking Campaign: 'Amputation' starts tonight

8 May 2006

Smoking Can Cost an Arm or a Leg

20 April 2006

New Campaign Shows Smokers How to Kick the Habit

16 March 2006

Cancer Australia Begins to Take Shape

14 March 2006

Oral Cancer Still a Risk, but Awareness Drags

9 March 2006

Mammography Screening: 15 Minutes That Can Save A Woman's Life

9 March 2006

90 Lives Saved Every Year Through Breast Screening in NSW

9 March 2006

New Awards to Help the Hunter's Brightest Cancer Doctors

27 February 2006

Will Graphic Pack Warnings Change Smokers' Minds?

14 February 2006

Graphic Health Warnings to Inspire Aussie Smokers to Quit

13 February 2006

Trade in the Smokes for Flowers this Valentine's Day

2 February 2006

Cancer: What You Need to Know But Couldn't Find

10 January 2006

Cancer Institute NSW to Increase Research Funding

5 January 2006

New Melanoma Map Reveals the Highest Skin Cancer Risk Areas in NSW

22 December 2005

\$9 Million On New Awareness Campaign Corrects Misconception About Light Cigarettes

21 December 2005

Holiday Revellers Warned: Link Between Alcohol and Cancer

13 December 2005

Beauty News: Sunscreen - The Best Product to Protect Your Skin

8 December 2005

Melanoma Threat On The Increase, Says New Figures

- 7 December 2005**
NSW Looks For a Common Front in Cancer Research
- 28 November 2005**
Will Cervical Cancer get a 'Gina Gold effect'?
- 24 November 2005**
Smoking, Drugs, Genes and Vaccines - A Brave New World?
- 23 November 2005**
3rd Australian Tobacco Control Conference
- 22 November 2005**
Cancer Institute NSW Board Appointments
- 22 November 2005**
NSW GPs Get Help in Front Line Fight Against Cancer
- 16 November 2005**
Sweeter Dreams If You Quit Smoking
- 16 November 2005**
Peter Harvey Raises His Voice on Smoking
- 3 November 2005**
When Every Breath You Take Gets Harder - New Lung Disease Campaign Launch
- 18 October 2005**
NSW Cancer Treatment Gets an Online Revolution
- 12 October 2005**
\$4.2 Million to Extend Cancer Screening Services
- 2 October 2005**
Cancer Roundtable to Help Coordinate Fundraising
- 19 September 2005**
Digital Breast Screens give Technological Edge
- 19 September 2005**
Is Family the Hidden Key to Quitting Smoking?
- 4 September 2005**
Dad, You Should Have Been There
- 24 August 2005**
NSW To Get More Clinical Cancer Trials
- 24 August 2005**
Cancer Council Review Recommends Private Company
- 18 August 2005**
The Fight Against Cancer in NSW Gets Major Boost
- 8 August 2005**
The Kylie factor helps early detection of breast cancer

- 3 August 2005**
Expert Panels To Guide NSW Cancer Services
- 14 July 2005**
NSW Testicular Cancer Increases by a Third
- 28 June 2005**
Cancer Experience To Help Shape Services
- 1 June 2005**
Cancer deaths fall in new NSW snapshot
- 31 May 2005**
Quitline celebrates World No Tobacco Day with a modern twist on an old classic
- 31 May 2005**
'Change is in the air' in NSW pubs and clubs
- 19 May 2005**
Study shows low-fat diet cuts risk of breast cancer coming back
- 16 May 2005**
NSW cancer fight has a complementary side
- 12 May 2005**
Cancer teams to improve patient care in NSW
- 9 May 2005**
Smoke dreams
- 5 May 2005**
Hunter cancer research gets major boost
- 19 April 2005**
Dubbo to kick off State consultation on cancer
- 15 April 2005**
Cancer screening – Australian expert panel to advise on service improvements in city and country NSW
- 10 April 2005**
New Campaign Targets Quit Smoking
- 7 April 2005**
Over half of NSW cancer deaths preventable
- 18 March 2005**
NSW to get new beginning on lethal brain cancers
- 17 March 2005**
Global snapshot of cancer puts NSW in the picture
- 16 March 2005**
Young seem to be getting the non-smoking message
- 2 March 2005**
More funding to fight increase in prostate cancer

17 February 2005

Patient experience to guide NSW cancer care

14 February 2005

Kiss a smoker and see the difference

28 January 2005

Passive smoking study confirms disease link

21 January 2005

Genetic test could improve breast cancer survival

17 January 2005

Are You Staying QUIT?

13 January 2005

Breast screening detects pre-cancer warning signs

10 January 2005

Young Still at Risk in Sun

5 January 2005

20 fags a day? No problem for Mrs Ellis

23 December 2004

No Excuses Not to QUIT This New Year's Eve

19 December 2004

\$6 Million For Cancer Research Fellowships

15 December 2004

NSW Cancer Rates Reflect National Figures

14 December 2004

Cancer Institute NSW welcomes new breast cancer study

12 Oct 2004

Chief Cancer Officer welcomes smoking ban

17 Aug 2004

2004 Cancer patients—beware of 'cancer cures'

23 June 2004

NSW Cancer Plan launched

23 June 2004

NSW Cancer Plan Launched – good news for country patients

21 June 2004

NSW Cancer Plan addressing country cancer patient issues

31 May 2004

Paying for the habit – World No Tobacco Day

13 May 2004

Lady Killer, why risk it? campaign launched today

29 April 2004

New report provides evidence smoking in pubs and clubs kills

6 April 2004

New Institute tackling Australia's number one killer

5 April 2004

Tackling Australia's number one killer

23 March 2004

Sunburn is no indication of sun's damage

19 February 2004

Slim Dusty's family behind zero tolerance

19 February 2004

Cancer Institute NSW welcomes the proposed new regulations to ban cigarette point of sale

29 January 2004

Say NO to tobacco company sponsorship

Fact sheets

- Nicotine Dependence
- Supporting Someone to Quit
- Getting Ready to Quit
- Quitting smoking - the first few days
- Emphysema & Chronic bronchitis
- Women who smoke
- What one cigarette does
- Addiction
- Men Who Smoke
- Quitting Smoking
- Attitude of women towards Breast Screen
- Cancer survivors follow-up
- Breast Cancer follow-up
- Colorectal cancer follow-up
- Melanoma Screening
- Bowel Screen
- Cervical Screen
- Lung Screen
- Prostate screening
- Prostate cancer management
- Prostate HDR Brachytherapy
- Herceptin
- HRT
- Bone loss in cancer therapy
- Vitamin D
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Fact sheets and media releases are available from the Cancer Institute NSW website at www.cancerinstitute.org.au

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| ➤ Grants: | 82,106 |
| ➤ Grants Review Committee: | 106 |
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| ➤ International Collaboration: | 109 |
| ➤ Melanoma awareness: | 32 |
| ➤ Multi-disciplinary Teams: | 60 |
| ➤ NSW Cancer Plan: | 97,120,136 |
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| ➤ NSW Central Cancer Registry: | 94 |
| ➤ NSW Oncology Groups: | 55,56 |
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| ➤ Professional Development Year (PDY): | 80 |
| ➤ Quitline: | 18,20,30, |
| ➤ Rural Nurse: | 61 |
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Glossary of Terms, Acronyms and Abbreviations

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| Accreditation | The process by which a private or public agency evaluates and recognises an institution as fulfilling applicable standards. The determination that an institution meets these standards is also referred to as accreditation of the program or institution. |
| Allied health professionals | Specially trained and/or licensed health care workers, other than physicians, dentists. Refers to podiatrists, chiropractors, optometrists and nurses. |
| Ambulatory care | Health services provided without the patient being admitted to hospital. Also called outpatient care. |
| Cancer control | An integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation and palliation. |
| Cancer incidence | The number of new cases of cancer occurring in a defined population during a given period. |
| Cancer mortality | Deaths from cancer in a defined population during a specified period. It may be used to denote numbers or rates. |
| Cancer Nurse Coordinator | A nurse with specialist and expert training in cancer care who facilitates patient-centred cancer care, and continuity of care throughout the patient's care journey. |
| Cancer prevalence | Cancer prevalence is defined as the number of people alive on a certain date in a population who have been previously diagnosed with the disease. It includes new cancers (incidence) and pre-existing cancers and represents the number of people both newly diagnosed and surviving. |
| Cases | These are individual cancers. A person may have more than one cancer, giving rise to multiple cases in the same person. Second cases in one person are counted only if they are of different cell type or originate in a different organ. |
| Central cancer registry | Also known as a population-based cancer registry. Central cancer registries collect incidence and survival data on all cancer patients who reside in a defined geographical area or who are diagnosed and/or treated for cancer in a geographical area. Population based cancer registries are essential for assessing the extent of cancer burden in a specific geographic area. |
| Clinical cancer registry | Cancer information system that allows monitoring of quality of care and outcomes for cancer patients and their carers. |

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| Chronic disease | Diseases that have one or more of the following characteristics: they are permanent, leave residual disability, are caused by non-reversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care. |
| Clinical pathway | Multidisciplinary plans of best clinical practice for specified groups of patients with a particular diagnosis, that aid in the coordination and delivery of high quality care. |
| Clinical practice guidelines | Published guidelines issued by a central authority that are aimed at informing medical practitioners of treatment and investigation methods preferred by experts and/or proven by research. |
| Clinical trial | Research conducted with the patient's permission, usually involving a comparison of two or more treatments or diagnostic methods, with the aim of gaining better understanding of the underlying disease process and/or methods by which it may be treated. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment. |
| Combined modality treatment | The integration of two or more forms of treatment to combat cancer, ie. radiation and surgery, radiation and chemotherapy or surgery, radiation and chemotherapy. |
| Complementary therapies | A range of approaches to care provision aimed at enhancing quality of life, including (but not limited to) relaxation therapy, music, art, prayer, visualisation, guided imagery, massage, aromatherapy and dietary therapies, and other socialisation programs aimed at good health. |
| Community | The broad range of stakeholders with an interest in health services. This includes individual consumers, organisations and groups, health professionals and specific populations. <small>(Source: NSW Department of Health, Circular 2003/1, January 2003)</small> |
| Consumer | An individual who uses or is a potential user of health services, including the family and carers of patients and clients. <small>(Source: NSW Department of Health, Circular 2003/1, January 2003)</small> |
| Crude rate | An estimate of the proportion of a population that is diagnosed with (or dies from) cancer during a specified period. It is usually expressed per 100,000 people in the population per year. |
| Lead Clinician | A clinician member of an area-wide, site-specific clinical group who takes responsibility for the group's coordination and operation. This clinician need not necessarily be the most professionally or academically senior member of the group. <small>(Source: NSW Health (2003) A Clinical Service Framework for Optimising Cancer Care in NSW)</small> |

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| Linear accelerator | Machinery that produces beams of X-rays or high-energy electrons that are focused onto a tumour within the body. Also known as a linac. |
| Lymphoedema | Swelling of the subcutaneous tissues caused by obstruction of the lymphatic drainage. This results from fluid accumulation and may arise from surgery, radiation or the presence of a tumour in the area of the lymph nodes. |
| Medical oncologist | A specialist medical practitioner who studies and treats cancer using chemotherapy and other drugs. |
| Medical physicist | Scientific specialist who establishes, implements and monitors processes that allow optimal treatment using radiation, taking account of the radiation protection of patients and others. |
| Medicare | A national, Government-funded scheme that covers all Australians to help them afford medical care, by subsidising the cost of personal medical services. |
| Medicare Benefits Schedule | The listing of item numbers (including a description of procedures) claimable through Medicare. This listing shows the scheduled fee as well as 75% and 85% reimbursement rates. |
| Multidisciplinary care | An approach combining the knowledge, skills and expertise of a range of organisations and professionals, whereby all members of the team liaise and cooperate together with the patient to diagnose, treat and manage the condition to the highest possible standard of care. |
| Oncology | The science of the treatment of malignant cancers, either with surgery, radiotherapy, chemotherapy or combinations of these modalities. |
| Palliation | The alleviation of symptoms due to the underlying disease or condition. |
| Palliative care | The active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is to achieve the best quality of life for patients and their families. |
| Pathology | The branch of medicine concerned with disease, especially its structure and its functional effects on the body. |
| Peer Review | A process whereby peers professionally evaluate a colleague's work. |
| Population health | The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socioeconomic status, or cultural criteria. |
| Population health outcomes | Used to describe a change in the health status of a population due to a planned program or series of programs, regardless of whether such programs were intended to change health status. |

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| Population screening | The process of looking for disease in a defined population that has no obvious symptoms. |
| Psychosocial support | The culturally sensitive provision of psychological, social and spiritual care. |
| Quitline | Australia-wide telephone information and advice service for people who want to quit smoking. |
| Radiation oncologist | A medical practitioner who specialises in the treatment of patients suffering from cancer. |
| Radiation oncology | The study and treatment of cancers using radiation (X-rays, gamma rays or electrons). |
| Radiation therapist | A radiation treatment specialist who is directly responsible for the practical implementation of the prescribed course of radiotherapy. |
| Site | The place in the body where the cancer occurs. |
| Treatment protocol | A treatment plan or outline. In clinical trials, a protocol is the plan for using an experimental procedure or treatment. |
| AACR | Australian Association of Cancer Registries |
| ACPSEM | Australasian College of Physical Scientists and Engineers in Medicine |
| AHMAC | Australian Health Ministers' Advisory Council |
| AHMRC | Aboriginal Health and Medical Research Council of NSW |
| AHS | Area Health Service |
| AIHW | Australian Institute of Health and Welfare |
| Area | The geographical area defined by an Area Health Service |
| ASCO | American Society of Clinical Oncology |
| CALD | Culturally And Linguistically Diverse |
| CCORE | Collaboration for Cancer Outcomes Research and Evaluation |
| ACERG | Clinical Expert Reference Group |
| CME | Continuing Medical Education |
| CNC | Clinical Nurse Consultant |
| CNS | Clinical Nurse Specialist |

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| COSA | Clinical Oncology Society of Australia |
| CPAS | Cancer Patients Assistance Society |
| CPD | Continuing professional development |
| CT | Computed Tomography |
| EGFR | Epidermal Growth Factor Receptor |
| GP | General Practitioner |
| HER2 | Human Epidermal Growth Factor Receptor–2 |
| IARC | International Agency for Research on Cancer |
| MBS | Medicare Benefits Schedule |
| MRI | Magnetic Resonance Imaging |
| NBCC | National Breast Cancer Centre |
| NCCI | National Cancer Control Initiative |
| NGO | Non-government organisation |
| NHMRC | National Health & Medical Research Council |
| NPHP | Australian National Public Health Partnership |
| NSW | New South Wales |
| NSWOG | NSW Oncology Group |
| OTM | Oncology Team Meetings |
| PCAL | NSW Premier’s Council for Active Living |
| PD | Personal Development |
| PE | Physical Education |
| PET | Positron Emission Tomography |
| RACS | The Royal Australasian College of Surgeons |

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| RACGP | Royal Australian College of General Practitioners |
| RORIC | Radiation Oncology Reform Implementation Committee |
| SIGPAH | Strategic Inter-Governmental Forum on Physical Activity and Health |
| SIGNAL | Strategic Inter-Governmental Nutrition Alliance |
| SNAP | Smoking, Nutrition, Alcohol and Physical Activity Framework for General Practice |
| WHO | World Health Organization |

NSW CANCER PLAN 2004-2006

Lessening the Impact of Cancer

A Two Year Progress Report

NSW HEALTH

