



NSW CANCER PLAN 2007-2010 - DISCUSSION PAPER: JUNE 2006

# Accelerating the Control of Cancer

Prepared by the Cancer Institute NSW  
for input by key stakeholders

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## Section 1: Introduction

### ***The Cancer Institute NSW***

The Cancer Institute NSW was established through an act of the NSW Parliament in 2003. The Institute has the statutory mandate to substantially improve cancer control in NSW and as a result decrease the devastating impact of cancer on individuals, their families and our broader society. The specific objectives of Cancer Institute NSW are to:

1. Increase cancer survival,
2. Reduce cancer incidence,
3. Improve the quality of life of cancer patients and their carers, and
4. Provide expert advice to patients, the public, health care professionals and the Government.

A major instrument for advancing these objectives has been the NSW Cancer Plan 2004-2006, the State's first cancer plan. The Institute is now developing the second NSW Cancer Plan for the period 2007-2010. This Discussion Paper has been prepared to assist in developing the second Plan. The Discussion Paper can be read with its companion document the *NSW Cancer Plan 2004-2006: Lessening the Impact of Cancer: A Two Year Progress Report*.

During its initial years the Cancer Institute NSW, assisted by intense effort by key stakeholders, built the foundations for more effective cancer control and cancer services in NSW. Many programs from the first Cancer Plan will continue. Funding is already committed to much of this ongoing work. The development of the second Plan is an opportunity to assess which initiatives are going well and what will need to be re-developed to be optimally successful.

A major theme of the next four years will be to accelerate cancer control in NSW. Development of the second Plan is an opportunity to step back and review the broad balance of existing programs and to critically review the overall strategic direction.

This Discussion Paper is designed to prompt discussion and input. Key findings of many of the reviews and surveys conducted over the last three years are summarised. Proposed programs are presented as headings only to encourage further discussion.

### ***Structure of the Discussion Paper***

The Discussion Paper commences with a brief review of progress made against the Plan for 2004-2006 (Section 2). Section 3 identifies high priority areas for consideration under the proposed plan for 2007-2010, drawing on the finding of a range of reviews undertaken during the first three years of the work of the Cancer Institute NSW. Proposed programs for the 2007-2010 plan are summarised in section 4.

Sections 5-9 provide further information on the range of initiatives proposed under each of the programs. Section 9 summarises in a table the proposed programs, goals, achievements in the 2004-2006 period, and initiatives proposed for the 2007-2010 period.

## Section 2: Progress Made in Cancer Control in NSW from 2004 to 2006

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### **Process for developing the NSW Cancer Plan 2007-2010**

This Discussion Paper and its companion document *NSW Cancer Plan 2004-2006. Two Year Progress Report: Lessening the Impact of Cancer* provide the basis for input and discussion. The Plan is to be discussed through a number of forums and committees including the Cancer Coordination Forum (which includes Cancer Institute NSW, NSW Health, Health services), the NSW Joint Cancer Control Advisory Committee (involving the Cancer Institute NSW and The Cancer Council NSW), the NSW Oncology Group, Cancer Institute NSW Expert Committees, the Cancer Research Round Table and its working group and the Cancer Charities Round Table and its working group.

In addition, input will be formally sought from key stakeholders including, Ministers and NSW Health, individual Area Health Services, cancer organisations, NGO's and cancer support or advisory groups and the public.

Eight workshops are to be held during August and September covering the following topics:

- New South Wales Oncology Group (contact - Dr Cynthia Lean)
- Cancer Research (contact - Ms Carmel Edwards)
- Clinical Trials (contact - Ms Carmel Edwards)
- Cancer Prevention (contact - Ms Trish Cotter)
- Patient Support and Information (contact -Ms Gillian Batt/Dr Nicole Rankin)
- Cancer Screening & Information and Registries (contacts - Ms Denise Thomas and Dr Paul Jelfs)
- Cancer Services and Education (contact - Mr Neville Board)
- Cancer Control Strategy (contact - Dr Parisa Glass/Ms Beth Macauley)

Documentation from workshops will be summarised after each workshop and circulated.

The NSW Cancer Plan 2007-2010 will be considered by the Board of the Cancer Institute NSW in the September-October period prior to submission to the NSW Minister for Health, and the NSW Minister assisting the Minister for Health (Cancer).

We welcome feedback from all perspectives. In addition to input provided through the various committees and workshops, feedback can also be provided directly to the Cancer Institute NSW. Submissions relating to the second NSW Cancer Plan can be submitted:

by email to: [information@cancerinstitute.org.au](mailto:information@cancerinstitute.org.au)

by mail to: Dr Parisa Glass  
Cancer Institute NSW  
PO Box 41  
Alexandria NSW 1435

## Section 2: Progress Made in Cancer Control in NSW from 2004 to 2006

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### Section 2: Progress made in cancer control in NSW from 2004 to 2006

#### Achievements of the NSW Cancer Plan 2004-2006

The NSW Cancer Plan 2004-2006 was developed in early 2004 following wide consultation with the community and health experts. It was a plan to enhance an excellent system of cancer control already delivering cancer results equivalent or better than any internationally.

The NSW Cancer Plan 2004-2006 has delivered 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.

The outcomes of the first NSW Cancer Plan are described in detail in a separate report entitled *NSW Cancer Plan 2004-2006 – Lessening the Impact of Cancer: A Two Year Progress Report*, available on the Cancer Institute NSW website [www.cancerinstitute.org.au](http://www.cancerinstitute.org.au) from July 2006.

The 2004-2006 plan articulated 33 goals which are shown in Table 1. To achieve these goals 10 programs and 72 sub-programs were identified.

## Section 2: Progress Made in Cancer Control in NSW from 2004 to 2006

**Table 1 NSW Cancer Plan 2004-2006 – Strategic Areas and Goals**

### Coordination of cancer control in NSW

**Goal 1** Promote the coordination of cancer control activities for better cancer outcomes.

### Cancer prevention and early detection

**Goal 2** Substantially reduce smoking prevalence in NSW.

**Goal 3** Promote cancer risk reduction behaviour.

**Goal 4** Reduce mortality from bowel cancer.

**Goal 5** Introduce new screening methods when they are proven to be effective.

**Goal 6** Increase the survival of breast and cervical cancer through screening.

**Goal 7** Strengthen general practice to better identify those at risk of cancer.

### Cancer service provision—the patient's journey

**Goal 8** Detect cancer early and ensure that patients receive appropriate and timely diagnostic tests and referral to appropriate specialist cancer care.

**Goal 9** Implement the Clinical Service Framework for Optimising Cancer Care in NSW.

**Goal 10** Centre cancer care on patient needs.

**Goal 11** Provide cancer patients, carers and their families with access to appropriate psychosocial and practical support.

**Goal 12** Develop multidisciplinary, peer-reviewed processes for all types of cancer.

**Goal 13** Ensure that clinical cancer practice is evidence based and research driven.

**Goal 14** Develop optimal communication between the specialist oncology team, the general practitioner and community-based health care professionals.

### Special issues in cancer care

#### Access to cancer care

**Goal 15** Provide access to specialised cancer treatment services for cancer patients in an optimal and timely manner.

#### Radiotherapy

**Goal 16** Increase the use of radiotherapy in NSW to meet recognised, evidence based benchmarks.

#### Rural oncology program

**Goal 17** Provide access for people in rural areas to optimal cancer care.

#### Cancer genetic services

**Goal 18** Identify people with a predisposition to cancer and offer optimal advice and care.

#### Palliative care and symptom control

**Goal 19** Provide cancer patients with early and appropriate access to palliative care services.

#### Complementary therapies

**Goal 20** Provide credible information about the benefits and risks of complementary approaches.

### Cancer information

**Goal 21** Tailor cancer information to the specific needs of the community, patients and their carers, clinicians, researchers and health service planners.

**Goal 22** Collect data on cancer and include the population-based cancer registry and clinical cancer collections.

### Cancer education

**Goal 23** Encourage participation by cancer health professionals in accredited continuing education programs.

### Cancer workforce

**Goal 24** Ensure alignment of cancer workforce training, retention and recruitment strategies and the projected needs of cancer patients.

### Cancer research

**Goal 25** Support excellent cancer researchers in their careers.

**Goal 26** Develop high quality cancer clinical trials infrastructure in NSW.

**Goal 27** Develop cancer research infrastructure to increase the quantity, quality and relevance of cancer research in NSW.

**Goal 28** Provide a unified peer review process for cancer research funding in NSW.

**Goal 29** Increase funding and competitiveness of cancer research in NSW.

**Goal 30** Connect cancer research in NSW to major overseas cancer research groups and discoveries.

**Goal 31** Expand the relationship between industry and cancer researchers in NSW.

### Quality and accreditation

**Goal 32** Review cancer control programs throughout NSW and accredit them.

### Cancer fundraising

**Goal 33** Inform the community about the use and accountability of all money raised for cancer from the community.

## Section 2: Progress Made in Cancer Control in NSW from 2004 to 2006

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### **Coordination of cancer control and collaboration**

Perhaps the most important achievement of the NSW Cancer Plan 2004-2006 was that it has brought together many hundreds of patients, carers, health professionals, researchers, government officials and planners to combine their efforts to beat cancer.

Over 400 individuals had input into the Plan, served on committees, or attended workshops on its implementation. Such broad involvement ensured that the cancer programs being implemented under the NSW Cancer Plan 2004-2006 were relevant, addressed real needs and were most likely to get better results.

In March 2006, The Cancer Council NSW and the Cancer Institute NSW established a Five Year Partnership Agreement. Under the agreement, The Cancer Council NSW and the Cancer Institute NSW agreed to:

- Ensure a strategy for strong and coordinated mutual support and collaboration for cancer control for NSW consistent with the NSW Cancer Plan.
- Define the respective responsibilities of The Cancer Council NSW and the Cancer Institute NSW and make these roles clear and unambiguous.
- Identify areas of overlap of responsibility where joint activities will be needed to maximise outcomes and to avoid duplication or confusion by the public of NSW.
- Harmonize activities and decision making to ensure a high level of cooperation and mutual support for both parties.
- Develop common agreed cancer messages to maximise their impact on cancer avoidance behaviour among the public of NSW.

A range of joint programs have been established under the agreement including: expert advice on cancer control, research strategies, clinical trials, cancer information, patient support and consumer liaison.

This important partnership and others established under the NSW Cancer Plan 2004-2006 could be expanded by additional collaborations under the next cancer plan.

### **Cancer Prevention**

A major focus of the NSW Cancer Plan 2004-2006 was the public anti-tobacco campaigns aimed at re-enforcing quitting behaviours amongst smokers. Nine comprehensive campaigns together with increased support for smokers through the Quitline, the introduction of new graphic health warnings on cigarette packaging (from March 2006) and smoking restrictions in pubs and clubs have changed our community's attitude to smoking.

Calls to the Quitline have more than doubled over the last two years (2003 to 2005). Smoking is disappearing from pubs and clubs with expected health benefits for staff and

## Section 2: Progress Made in Cancer Control in NSW from 2004 to 2006

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patrons with a complete ban on smoking indoors by mid 2007. In the Cancer Institute NSW's 2006 Smoking and Health Survey 51% of people indicated that quitting smoking was most likely to improve someone's health (up from 35% in 2005) and nearly 2/3 of smokers wanted to quit in the next 6 months.

In the last two years smoking prevalence in NSW fell by 2.2 percentage points from 22.3% to 20.1% - the equivalent of 100,000 fewer smokers across the state. The NSW Health Population Survey shows that the numbers of adults in NSW who smoke everyday is now only 15.7%.

### **Cancer Screening**

Cancer screening for breast and cervical cancer has reduced mortality from these cancers over the last 10 years. In July 2005, the Cancer Institute NSW assumed responsibility for the management of the breast and cervical screening programs. These screening programs are being reorganised and rejuvenated with an aim to encourage more women to participate in routine screening.

Over the last nine months, the latest audit of BreastScreen NSW data shows that participation by women aged 50-69 years in breast cancer screening has increased by 3%. Across NSW 363,369 women participated in breast screening in the two years to January 2006.

Continuous surveillance of the Pap Test Register indicates that about 90% of women in NSW have had a Pap test in the last 5 years, 73% within the last 3 years and around 60% within the last two years. The NSW Cervical Screening Program has initiated a number of new programs to increase this participation rate especially those screened every two years.

Bowel cancer screening is about to be introduced into NSW. Each year over 1600 people die of bowel cancer in NSW and only 60% will live 5 years beyond their diagnosis of bowel cancer. Clinical trials of bowel cancer screening suggest screening, when fully implemented, will reduce mortality from bowel cancer by 15-30%<sup>1</sup>, the equivalent of 240-480 lives saved.

### **Cancer Services and Education**

A major need identified for our cancer services is better coordinated care. A Cancer Coordination Forum has been established between NSW Health, the Cancer Institute NSW and Area Health Services. A NSW Joint Cancer Control Advisory Committee has been established between The Cancer Council NSW and the Cancer Institute NSW focussed on joint programs.

Over 245 new positions have been created for doctors, nurses, clinical psychologists, social workers and data managers in hospitals throughout NSW. These include 55 new

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<sup>1</sup> NCI, Colorectal Cancer: Screening, <http://www.cancer.gov/cancertopics/pdq/screening/colorectal/healthprofessional/allpages> (last accessed July 11 2006)

## Section 2: Progress Made in Cancer Control in NSW from 2004 to 2006

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oncology nurses to coordinate care in many centres. Breast care nurses are now well established with the work of these nurses a model for other cancer types.

The NSW Oncology Group (NSWOG) has been established with about 300 cancer experts, consumers and planners participating. These groups will develop optimal treatment approaches, encourage further specialised education of health professionals, review data on specific types of cancer and encourage research to improve cancer treatment.

Multi-disciplinary teams of cancer experts have been established or expanded with over 118 teams supported across the state. Multi-disciplinary teams will case conference to bring all expert opinions to the individual patient's care. This approach will ensure that all options are considered and the best practice of care is delivered routinely.

The next generation of cancer specialist doctors is being trained and supported across NSW with 24 new Clinical Fellowships in a range of cancer specialties. Five additional Fellowships have been developed in psycho-oncology. New positions have been established for over 28 new health professionals to provide emotional and practical support for those undergoing cancer treatment in hospitals across NSW.

Over the last two years \$4m has been invested in new medical equipment for cancer treatment. Grants from the Cancer Institute NSW of \$8.5m have resulted in upgraded radiotherapy equipment throughout NSW.

Five academic chairs in oncology disciplines are being established in NSW hospitals and universities.

### **Cancer Information**

New information has been made available to doctors, nurses and the public on evidence-based standard cancer treatments through the Cancer Institute NSW website with over 200 "state of the art" standard cancer treatments posted. These treatment protocols list the medical evidence behind each treatment and include a patient treatment sheet in plain English that can be down loaded for the patient. The Standard Cancer Treatment site (CI-SCaT) has received over 200,000 hits per month and is being used by both patients and clinicians alike.

The Cancer Institute NSW has developed comprehensive web-based information on complementary therapies. This website also links to other evidence based complementary approaches world-wide.

In June 2004, the Cancer Institute NSW assumed responsibility for the management of the NSW Central Cancer Registry. The Registry has been made more responsive to the needs of clinicians. More reports have been made available from the Registry including reports on cancer projections to 2011, risk factors for cancer, incidence and survival.

## Section 2: Progress Made in Cancer Control in NSW from 2004 to 2006

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A Clinical Cancer Registry is being established in 5 of the 8 Area Health Services. Through the registry clinical data will be collected following the patients on their journey through cancer treatment. Reporting and analysis of this information will help identify how and where to substantially improve results further.

### **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 to patient care as quickly as possible.

Twenty-eight new Research Fellowships have been created including five Clinical Research Fellowships. A Fellowship in health service research has been created. Thirty-eight outstanding PhD students are being supported in NSW.

Two new professorial positions in cancer research have been created under the NSW Cancer Plan 2004-2006. One of these posts will be at the Westmead Campus and one at the Garvan Institute for Medical Research.

The NSW Cancer Plan 2004-2006 has substantially increased the capacity of NSW to quickly translate research discoveries into better treatments and cancer prevention. New large research programs have been created in prostate cancer, melanoma and targeted cancer therapy. These programs will focus on the identification of those at risk, identify new tests for screening and will evaluate new therapies for cancer.

A new clinical trials network has been established to support 29 trials units to test promising new anti-cancer treatments. The clinical trials program supported by The Cancer Council NSW and the Cancer Institute NSW will be brought together to better support clinical trials in NSW following agreement between the two organisations.

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 this support.

There are many lessons we have learnt from the implementation of this cancer program that are unique to NSW. These lessons and the many reviews initiated by the Cancer Institute NSW for the first Cancer Plan have identified key areas of important need for further improvement as a focus for the next 4 years. The NSW Cancer Plan 2007-2010 will focus on these key areas of need and will build on the solid foundation of programs and collaborations established under the NSW Cancer Plan 2004-2006.

## Section 3: High Priority Needs for Cancer Control in 2007-2010

As the NSW population ages and grows, the number of men and women affected by cancer is increasing. The Cancer Institute NSW estimates that the lifetime risk (0-85years) of cancer is now one in two men and one in three women. By 2011 it is predicted over 40,000 people will be diagnosed each year in NSW with cancer - a 24% increase in the number of cases in just seven years.

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

The NSW Cancer Plan 2007-2010 aims to further reduce cancer incidence by providing better, smarter models of care for the large numbers of cancer patients expected in future years. The successful programs now established in NSW could be consolidated by the second state Cancer Plan to increase the chances of avoiding or surviving cancer. It is predicted that by 2011 at least 60% of cancer patients will survive five years or more. It should be possible to improve on this prediction.

The NSW Cancer Plan 2004-2006 delivered a comprehensive set of continuing and new programs in cancer prevention, cancer screening and early detection, health services, education and training, cancer research and cancer information. The NSW Cancer Plan 2007-2010 will build on this solid foundation with a specific focus on high priority areas of greatest need.

The Cancer Institute NSW has reviewed key issues in cancer in the last two years. This work and the extensive feedback to the Cancer Institute NSW from public forums, workshops and expert committees, have provided valuable insight into the ongoing needs of cancer patients. This information also provides a picture for the broader issues of cancer control in NSW in 2007.

Key areas of need will be discussed in the five program areas of:

- cancer prevention,
- cancer screening,
- cancer services and training,
- cancer information, and
- cancer research.

### 3.1 Cancer Prevention

A key strategy for the NSW Cancer Plan 2007-2010 will be to prevent cancer occurring. For prevention programs to be effective they must be based on clear evidence that they work and they must have sufficient funding to have an impact on cancer and to reduce cancer incidence.

### Section 3: High Priority Needs for Cancer Control in 2007

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#### 3.1.1 Tobacco Consumption

Tobacco consumption remains the single largest preventable cause of disease in our society. It is responsible for 6,600 deaths each year in NSW. It causes one in five of all cancer deaths and two in five deaths caused by tobacco are from cancer.

Collins and Lapsley<sup>2</sup> estimated that tobacco consumption costs NSW \$6.6 billion annually including nearly \$1.8 billion in direct health costs. The authors estimated that reducing smoking rates by 1 percentage point per annum over five years would save up to \$5.8 billion in NSW over the next 20 years.

Smoking rates are continuing to fall as a result of the comprehensive range of programs initiated under the NSW Cancer Plan 2004-2006. The NSW Health Population Survey shows that overall current daily or occasional smoking rates are now down from 22.3% in 2003 to 20.1% in 2005 with only 14.3% females and 17.1% of males smoking every day in 2005. Since smoking prevalence has actually fallen by 2.2 percentage points over the last 2 years in NSW this alone should deliver an estimated up to 2.3 billion in savings to NSW over the next 20 years.

Key findings from the 2005 and 2006 Smoking and Health Survey include:

- 51% of people responding to the survey in 2006 perceived that stopping smoking was the action most likely to improve someone's health – this is up from 35% in 2005.
- 56% of respondents (up from 53% in 2005) believed smoking was the leading cause of premature death.
- 63% of smokers were considering quitting in the next six months (up from 59% in 2005). 46% were seriously considering quitting (up from 42% in 2005).
- Among those who have tried to quit (or quit successfully) within the last two years, 38% reported that TV ads influenced their decision to try to quit.
- 78% of smokers had visited a GP in the last 12 months (80% in 2005) 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 (74% in 2005).

The numbers of smokers calling the Quitline for advice has increased dramatically in response to the phone number appearing on cigarette packs from March 2006 and from increased promotion of the service.

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<sup>2</sup> Collins DJ, Lapsley HM. Counting the costs of tobacco and the benefits of reducing smoking prevalence in New South Wales. NSW Health Report January 2005.

### Section 3: High Priority Needs for Cancer Control in 2007

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#### 3.1.2 Melanoma and Skin Cancer

Melanoma of the skin was the fourth most common cancer in NSW in 2003, representing 10.7% of all cancers in males and 9.2% of those in females. It is the most common cancer in men aged 25-54 years and in females aged 15-29 years. Melanoma incidence is increasing in NSW. Age standardised incidence rates increased by 15% in men and 12% in women over the last 10 years. Over 400 people die of Melanoma each year in NSW. Men are 1.6 times more likely to be diagnosed with Melanoma of the skin than females and 2.5 times more likely to die from the Melanoma.

The Cancer Institute NSW commissioned a special online survey on sun avoidance behaviour 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.

- 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 last 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 had their moles checked (either by themselves or a health professional) in the three months prior to completing the survey.

#### 3.1.3 Modifying Cancer Risk Factors

Other factors such as lack of physical activity, obesity, excessive alcohol consumption and an "unbalanced" diet increase the risk of many cancers. The prevalence of overweight and obesity in adults and children has increased rapidly over the last two decades. Decreased levels of overall activity is a major contributor to the rise in rates of overweight and obesity. Taken together, excess body weight and physical inactivity account for approximately one fourth to one third of breast cancer, cancer of the colon, endometrium, and kidney (renal cell) and oesophagus (adenocarcinoma) – according to the International Agency for Research on Cancer.<sup>3</sup>

#### 3.1.4 Breast Cancer Screening Awareness

The Cancer Institute NSW commissioned focus testing of women's attitude to breast screening. This will be used to design better approaches to encourage women in NSW to participate in mammographic breast screening every two years. Focus testing found that women who are currently screening:

- Were proud of the fact that they are already screening.
- Can't imagine why people don't screen.
- Believe mammograms work and are really effective.
- Are often waiting for reminder letters as their prompt to screen.
- May have had a health scare prompting them to take their quality of life seriously.

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<sup>3</sup> Vainio M, Bianchini F. "IARC handbooks of cancer prevention" Vol 6: Weight control and Physical activity. Lyon, France: IARC Press 2002

### Section 3: High Priority Needs for Cancer Control in 2007

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Women who are late for their screening mammogram:

- Have generally accepted screening as something they should do.
- Definitely see themselves as screeners.
- Speak positively about screening and BreastScreen NSW.
- Appreciate second reminder letters as it's easy to put the first one aside.
- Don't always appreciate the need for screening every two years – "It goes by very quickly".

For women who no longer screen regularly, some see themselves as simply "late" – believe screening is important but don't see the need for screening every two years or have "let it slip. Others have had a bad experience with screening and made a conscious decision not to continue.

A baseline survey of 600 women aged over 40 years was conducted by the Cancer Institute NSW in April 2006 examining breast screening behaviours and beliefs. The survey found:

- All women aged 40-69 years are aware of mammography. However, self examination, not breast screening, is commonly believed by women to be adequate screening.
- Most women are aware the government conducts a screening program. Awareness is higher around the primary target age group (50-69 years). None the less, there is good awareness around the secondary target age group (40-49 years).
- However, there was some confusion with aspects of breast screening in particular: the age at which it becomes free, the age at which it's recommended, and the correct frequency. Most women know it's free/recommended by the time they're 50 years old.
- Women in the primary target age group who have never had a mammogram are more likely to be in their early 50s and of non-English speaking or Aboriginal background.
- Attitudes towards breast screening and breast cancer tend to indicate a good level of knowledge on the issues and the need for breast screening. There are a minority of women who have misperceptions about breast screening.
- Key barriers (among the minority who have not had a mammogram) include inconvenience, discomfort, accessibility and no perceived need. Inconvenience and the perception of the need for screening are the key drivers for participation.

### Section 3: High Priority Needs for Cancer Control in 2007

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#### 3.1.5 Bowel Cancer Awareness

Colorectal (large bowel) cancer is the second most common cancer for men and women and is the third most common cause of cancer death in NSW. The five year survival rate for colorectal cancer in NSW is 60%. In Australia, fewer than 40% of bowel cancers are detected early.

The objectives of a bowel cancer awareness campaign are three fold:

- To promote the participation in the Australian Government's bowel cancer screening program in NSW.
- To increase public understanding and awareness of bowel cancer.
- To increase bowel cancer prevention behaviour.

Focus testing of community attitudes to bowel cancer found the general awareness of bowel cancer in the community appears quite low. Knowledge and awareness of bowel cancer are possibly limited because:

- It is still a low profile issue,
- No public awareness campaigns,
- No celebrities associated with the illness, and
- Lack of public education.

This leads to the popular assumption that bowel cancer is rarer than "high profile" illnesses. People were surprised when presented with the facts detailing the importance of this cancer compared to others. The prevalence of the disease led them to question why they hadn't heard more about it.

To gain a more accurate picture of the community awareness of bowel cancer, the Cancer Institute NSW has commissioned a survey of 1000 people aged 40+ years. The top-line results will be reported in 2006. This survey will also act as a baseline for Cancer Institute NSW campaigns in this area.

## Section 3: High Priority Needs for Cancer Control in 2007

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### 3.2 Cancer Screening

#### 3.2.1 Value of Screening

Screening is defined as “systematic testing of asymptomatic individuals for preclinical disease. The purpose of screening is to prevent or delay the development of advanced disease in the subset of patients with preclinical disease, through early detection and treatment”<sup>4</sup>.

A successful screening initiative has to consider many factors prior to introduction of screening in asymptomatic individuals. These factors include the burden of disease, the potential to detect the disease using screening, the economic costs of screening, the availability of adequate treatment, and the morbidity associated with screening.

#### 3.2.2 Breast Cancer Screening

Breast cancer is the most common cancer in women and the most common cause of cancer death in women in both NSW and Australia.

BreastScreen Australia established in 1991, is a nation wide screening program which provides fixed or mobile mammography services aimed specifically at asymptomatic women aged 50-69 years to be screened once every 2 years. Women in the 40-49 and 70 years and older may also attend. Since its introduction in 1988 and its state-wide roll-out by 1995, population-based mammographic screening has contributed to a substantial increase in the detection of breast cancer. Adherence to recommended mammography guidelines appears to help in identifying smaller and more treatable tumours resulting in better survival outcomes.

In the past 10 years the age standardised incidence of breast cancer has increased by 7% in NSW. In the same period, mortality has declined by 22%. Early detection and better treatments have resulted in these better survival outcomes with 85% of women in NSW now surviving five years post diagnosis.

Evidence suggests that mammography screening reduces breast cancer mortality by approximately 30% among women 50 to 69 years of age.<sup>5</sup> Improving the positive predictive value of current mammography techniques are likely to reduce the chance of false positive tests which has been identified as one of the barriers for non-attenders. It is also shown that non-attenders have a higher risk of more advanced breast cancer on diagnosis compared with attenders at breast screening services.

Issues in breast screening influencing participation rates include:

**Understanding of breast screening:** The 2003 Breast Health Survey conducted by the National Breast Cancer Centre found 95% of women agreed that ‘all’ women should attend mammographic screening regardless of whether they have a breast symptom. Only 1% of women knew that mammographic screening was for women ‘without’ any symptoms of breast cancer. This highlights gaps in knowledge about the risk factors of breast cancer, one of the potential reasons for delays in seeking help when symptoms are first noticed.

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<sup>4</sup> NCCI Working Group on Lung Cancer Screening 2003 [http://www.ncci.org.au/projects/lung/lung\\_screen.htm](http://www.ncci.org.au/projects/lung/lung_screen.htm) (last accessed July 11 2006)

<sup>5</sup> National Cancer Institute, U.S. National Institute of health, Breast cancer Screening <http://www.cancer.gov/cancertopics/pdq/screening/breast/healthprofessional> (last accessed July 11 2006)

### Section 3: High Priority Needs for Cancer Control in 2007

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This emphasises the importance of appropriate and possibly targeted educational programs for women with a history of non-attendance.

**False positive tests:** Women who are falsely diagnosed as positive on a mammogram tend to show lower re-attendance rates. The level of satisfaction with care during screening seems to be associated with the type of diagnosis. Women who are screened as false positive or those with breast cancer detected report lower satisfaction with care than women with negative screening results. Anxiety may be a barrier following a poor experience with a falsely positive result. In this instance anxiety could be a barrier for re-attendance since false positive screening is usually followed by more invasive procedures such as biopsy.

Outcomes of screening are important factors to consider when analysing women's re-attendance rates for future screening. Efforts can be targeted at reducing the levels of false positive tests not only to reduce un-necessary costs associated with such diagnoses but also to positively influence women's attitude to screening. Education may also be a useful intervention to improve re-attendance.

**Social issues:** Research indicates that being single and unemployed are strong predictors of non-attendance for breast screening. In NSW, women in higher socioeconomic status and income are less likely to take advantage of the public BreastScreen NSW program.

**Media:** Interest in breast screening appears closely associated its prominence in the media, particularly when celebrities have been diagnosed with the disease.

**Attitudes and roles of GPs:** A woman's GP's perception of the importance of breast cancer may influence breast screening attendance. Women who are actively encouraged by their GP to comply with the breast screening guidelines and are encouraged to attend such programs have been shown to have a significantly higher participation rate.

**Beliefs and health behaviours:** Beliefs and ideas about the risk and susceptibility to breast cancer are related to participation in breast screening. Hypochondriacal beliefs, disease phobia and fear of symptoms may be related to participation levels. Attendance could be improved by targeting women's attitudes and beliefs about breast screening, for example through advice provided by GPs, practice nurses, and other health professionals.

**Accessibility:** Women living close to screening centres have a higher attendance than women in more distance regions, particularly women living in remote and isolated regions.

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#### 3.2.3 Cervical Cancer Screening

Cervical cancer accounts for 1.7% of all cancers in females in NSW. Cervical cancer ranks 14<sup>th</sup> for incidence and 20<sup>th</sup> for mortality. In the 10 years to 2003, the incidence rate of cervical cancer in NSW has fallen by 46% and mortality has fallen by 52%. Recent data indicates that the survival of cervical cancer 5 years post diagnosis is 73%.

The rapid fall in cervical cancer incidence and mortality of cervical cancer is largely attributed to early detection via population screening programs and the treatment of precancerous abnormalities.

Cervical screening has been available to Australian women since 1960s. However, it wasn't until 1995 that the program became known as the National Cervical Screening Program. Up to 85% of cervical screening is performed by GPs.

Australia has the second lowest incidence of cervical cancer in the world among countries with comparable cancer registration systems. This is mainly attributed to the successful screening program preventing up to 70% of squamous cancer.

National Cervical Screening Program is funded mainly through Medicare (61%) with the remainder being by the Australian Government special funding to state and territory governments (23%) and these governments' own revenue sources (16%). Cervical cancer screening policy is determined nationally with state registries operating at all states and territories.

The National Health and Medical Research Council (NHMRC) has recently issued the revised guidelines *Screening to Prevent Cervical Cancer: Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities*. These guidelines have been developed following an intensive review of latest research and data brought together by experts in the field, in consultation with all relevant professional bodies and a broad range of clinicians and consumers. The guidelines are designed to give medical practitioners evidenced-based recommendations to better manage patients with abnormal Pap smears and help raise women's awareness of the benefits screening. The guidelines do not address issues related to the screening interval and frequency, or give detailed information about the treatment of invasive cervical cancer, as these were outside the terms of reference for the Review. The NHMRC has recommended that the screening intervals in Australia be reviewed as soon as possible to ensure the consistency with national program with international best practices.

The current screening recommendations are that all women who have been sexually active have a Pap test every 2 years until the age of 70. Women over the age of 70 with 2 or more normal biennial Pap tests in a 5 year period may cease screening. The target group for screening is women aged between 20-69 years who have not had a hysterectomy.

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The Cancer Institute NSW encourages all medical practitioners to review these guidelines and continue their involvement in current National Cervical Screening Program.

#### 3.2.4 Bowel Cancer Screening

In 2003 bowel cancer accounted for 13% of all cancers diagnosed in NSW. There were 4262 new cases of bowel cancer, 2306 males and 1956 females. Bowel cancer is the third most common cause of cancer death in NSW. In total 1637 people died from bowel cancer related death, 888 males and 749 females. The five year relative survival experienced in 1994–2000 was 60% for males and females.

Clinical trials show that organised population based screening can reduce mortality and morbidity from bowel cancer via early detection and prevention. The risk of bowel cancer increases from the age of 40 years with a sharp rise after the age of 50 years. Survival rates can significantly improve if treated early thus making screening for this cancer highly beneficial.

Population based screening programs based on Faecal Occult Blood Test (FOBT) have been demonstrated to be effective, although other screening approaches are being evaluated. The American College of Radiology Imaging Network is currently conducting a National CT colonography (virtual colonoscopy) trial to evaluate the performance, acceptance and cost-effectiveness of this procedure compared with colonoscopy.

Faecal Occult Blood Test (FOBT) bowel cancer screening takes advantage of the physical changes that occur in the bowel resulting in presence of blood in the faeces. The presence of blood in the faeces prompts further diagnostic follow-up tests. If FOBT is positive it is recommended that a colonoscopy be performed allowing the visualisation of the entire colon.

Five randomised controlled trials have been completed or are in progress evaluating the efficacy of FOBT as a single methodology for colorectal cancer screening. The benefits of FOBT are clearly established through these randomised trials resulting in an estimated 15-33% reduction in mortality from bowel cancer<sup>6</sup>.

In 1999 the National Health and Medical Research Council (NHMRC) released its guidelines and recommendations on the prevention, early detection and management of colorectal cancer which was then followed by proposal from the National Cancer Control Initiative (NCCI) to conduct Pilot feasibility studies for bowel screen in Australian subjects aged over 50 years as recommended by the NHMRC.

The Bowel Cancer Screening Pilot Program ran between November 2002 and June 2004 at three sites: Melbourne, Adelaide and Mackay targeting men and women between 55-74 years of age. The Program had an overall participation rate of 45.4%. Such a high

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<sup>6</sup> NCI, Colorectal Cancer: Screening, <http://www.cancer.gov/cancertopics/pdq/screening/colorectal/healthprofessional/allpages> (last accessed July 11 2006)

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participation rate is encouraging considering that this Program could not take advantage of any form of advertising campaigns.

The Final Evaluation Report found that bowel cancer screening would be feasible, acceptable and cost-effective in Australia. There are some concerns about the pressure a screening program will impose on colonoscopy services “particularly with regard to the number of skilled colonoscopists to support follow-up assessment of participants with a positive FOBT” (*Australia’s Bowel Cancer Screening Pilot and Beyond. Final Evaluation Report 2005*). Other issues identifiable from the final report include the poor return of information to the registry in some areas and the lower participation by some ethnic groups.

The Australian Government, assisted by NSW Health and the Cancer Institute NSW, will implement a bowel screening program in NSW. This program aims to ensure that a safe, efficient and sustainable bowel cancer screening process is introduced and rolled out in NSW, accessible to all those who may benefit from such screening. The Cancer Institute NSW and NSW Health are fundamentally committed to supporting an evolving and sustainable bowel cancer screening program.

A screening pathway has been defined by the Australian Government. The key elements of the pathway involve a national bowel cancer screening registry responsible for issuing invitations to participate and following up people with positive FOBTs, mail out of FOBTs kits to eligible people, pathology testing for FOBTs, and referral for colonoscopy for people with positive FOBTs.

The provision of services in this pathway will mainly be the responsibility of the Australian Government. The federal budget has allocated \$43.4 million for the three years to 2007-8 in order to implement the plan. Funding will support:

- The national bowel cancer screening registry,
- Mail out of FOBTs kits to eligible people,
- Pathology testing for FOBTs,
- A national helpline,
- Information materials for medical practitioners, and
- National monitoring and evaluation of the program.

In addition, the Australian Government will also contribute Medicare rebates for:

- Additional GP visits that may result from the program,
- Colonoscopies and histopathology provided in the private sector,
- Privately referred non-inpatients, and
- Other follow-up (such as specialist visits) provided in the private sector.

The program will commence in August 2006 and will be phased in over number of years. This program will be initially offered to people turning 55 or 65 years and those who were invited to participate in the pilot program. In the first year of operation 146,000 people

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across NSW will be invited to participate. With a 45% participation rate an estimated 66,000 FOBTs will be returned. An estimated 8% of these tests will be positive resulting in 5,270 referrals for colonoscopy.

Capacity for colonoscopy provision was an area for concern raised by the national bowel screening pilot. There is currently a workforce capacity survey ongoing to further understand this issue. In the interim, colonoscopy will be provided using the current service provision.

#### **3.2.5 Screening for other cancers**

This topic has been extensively reviewed in the *NSW Cancer Plan 2004-2006, a Two Year Progress Report: Lessening the Impact of Cancer*. The Cancer Institute NSW will provide ongoing monitoring of developments in this area.

### **3.3 Cancer Services and Education**

#### **3.3.1 NSW Cancer Services Review 2004**

Cancer represents approximately 19% of the total state's disease burden with the number of new cases projected to increase. Thus, it becomes important to evaluate the current provision of cancer services and to find areas where improvement is necessary to cope better with the current and future burden of this disease.

In November 2004, the Minister for Health, Mr Morris Iemma and the Minister assisting the Minister for Health (Cancer), Mr Frank Sartor requested a review of Cancer Services in NSW. The review was conducted in partnership between NSW Health and Cancer Institute NSW.

The overall objectives of the review were to identify gaps in cancer service provision, review the cancer professional workforce and its distribution, identify better and more sustainable methods to provide services while improving cancer results within existing budgets, and assess the roles of NSW government organisations and their budgets.

The outcome of this review emphasised the importance of cancer control planning, prevention, early detection and more efficient provision of services underpinned by research. Area requiring further development included:

- Standard treatment guidelines,
- Coordination of care,
- Access to cancer information,
- Cancer practice improvement,
- Patient support,
- Radiotherapy access,
- Cancer genetics services, and
- Professional workforce.

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The role of Cancer Institute NSW and NSW Health in cooperation with all Area Health Services across the state was noted to be important in planning cancer control strategies.

#### 3.3.2 Rural Access Review 2005

The Rural Access Review was conducted in 2005. The review assessed cancer services in rural areas, including access to accommodation and specialist services. The review also examined:

- obstacles for rural and outer metropolitan cancer patients in accessing cancer services,
- travel support and accommodation needs of rural NSW patients and the adequacy of the IPTAAS program in addressing these needs,
- current accommodation facilities for patients and carers and issues affecting access and utilisation,
- possible partners such as government, non-government organisations, other organisations and communities to develop programs to close identified gaps, and
- access for rural practitioners to the oncology team and vice versa in metropolitan based continuing education programs and in participating teaching hospitals.

Findings included:

- Cancer incidence for some rural communities is higher than overall state average.
- Cancer related mortality is higher in some rural communities.
- Rural patients have difficulty accessing specialists care and information. This is further complicated by social support issues.
- There are health workforce shortages across the continuum of cancer care in rural regions.
- Radiotherapy workforce is an important factor limiting patient access.
- GP cancer training and continuing education is an important issue in rural areas.

In responding to the review, the Cancer Institute NSW has funded 19 rural cancer nurse coordinator positions. A NSW Rural Oncology Group was established with professional and consumer representation from rural areas to continually monitor the issues faced by rural services

Travel to specialised services was identified as an obstacle, limiting access for some patients. The Cancer Institute NSW has further assisted patient access. The travel distance attracting support has been reduced to 100km one way from 200km. An additional \$0.50m will be provided by the Cancer Institute NSW in 2006/07 to provide this assistance.

#### 3.3.3 Professional Workforce Review 2004

In 2004, the Cancer Institute NSW commissioned a review of the cancer health professional workforce by the National Health Workforce Secretariat. The workforce review

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was undertaken to assess the adequacy of the cancer services workforce and project future workforce requirements. The review focused the specialist cancer workforce including: surgeons working in cancer, medical oncologists, haematologists, palliative care physicians and clinical geneticists working in cancer.

Radiation oncology was not examined, as there had been a recent review of the radiation oncologist workforce where shortfalls were uncovered. The Cancer Institute NSW has provided four new academic posts and additional training positions for this specialty in 2005/2006 to address some of this shortage issue. Cancer nursing, allied health and the pathology workforce were not examined in the review.

The workforce review concluded that overall, the total number of surgeons in NSW is adequate. For surgery, the median time to wait for cancer surgery was short, for a breast biopsy 11 days, colectomy 10 days, mastectomy 9 days and radical neck dissection 9 days. These results compare favourably around the world.

While there are adequate total numbers of surgeons in NSW, data is inadequate to determine adequacy of the number of surgeons sub-specialising in specific cancers. The numbers of surgeons specialising in breast cancer appears low when considering evidence suggesting increasing numbers of breast cancer patients. Data for other surgical sub-specialities is poor and was not able to be critically assessed.

The review found an increasing tendency for surgery to be performed in private hospitals.

NSW is training more palliative care physicians compared with other states. However, there may be too few palliative care physicians currently in training for future needs. The review found numbers of haematologists in training and practicing was adequate. More medical oncologists may be required in the future given the changing needs of practice with more interventions required to get the best result. The average waiting time for an urgent clinical problem for these specialists is only 1.7-2.3 days.

The finding of the workforce review need to be interpreted with some caution. For example, new projections of cancer numbers released by the Cancer Institute NSW in 2005 suggest a 24% increase in cancer cases between 2003 and 2011 to over 40,000 per year. These projections may require more training positions than suggested in the Report. In the future, better information for planning workforce requirements will be available through the Clinical Cancer Registry which will more accurately identify patients, their therapy and their team of health professionals.

In addition new programs and treatments will have workforce impacts which are not yet clear. Implementation of the population bowel cancer screening program may have workforce implications for bowel cancer surgery, colonoscopy and the management of early bowel cancer with chemotherapy. The introduction of new and effective treatments 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 and the medical oncology workforce.

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Palliative care needs are changing. Today there are more cancer survivors with death rates falling. Cancer patients at a terminal phase frequently prefer to die at home using GPs or community nurses rather than hospital based palliative care services. Thus, training may need to be particularly directed at the workforce available for home based palliative care.

In responding to issues identified in the workforce review and through other sources, the Cancer Institute NSW has designed a workforce enhancement program and a professional development program to further expand and up-skill the cancer professional workforce. The enhancement program has funded over 240 additional new positions for cancer health professionals. In addition, a fellowship program has established over 24 fellowships for new cancer specialists.

The workforce review highlighted the importance of ongoing monitoring of the cancer medical workforce in NSW in order to better manage the growing demand.

#### **3.3.4 Review of Ambulatory/Outpatient Chemotherapy and Haematology Services in NSW**

In November 2005, the Cancer Institute NSW completed a review of outpatient chemotherapy and haematology services in NSW and the ACT, across the private and public sectors.

A survey of services elicited information on the treatment centre's physical location, human resources, physical infrastructure, business management systems, access to pathology services, access to imaging services, and the supply of chemotherapy. The survey quantified patient and business activity at each of the treatment centres. Seventy units providing chemotherapy responded to the survey 35 in metropolitan areas and 35 in rural areas. Fourteen units were private.

Overall, over 600 chairs provided around 125,000 patient chemotherapy visits annually supported by 241 nursing staff. On average the first course of treatment comprised 10 visits. Overall, 81% of patient chemotherapy visits to units were for first treatments. Analysis of the survey concluded:

- Many units have unused capacity.
- Levels and models of service provision vary across units.
- Additional educational support and training for nursing staff in these units is required.

#### **3.3.5 Review of Access to Complementary Therapies**

A review was conducted in mid 2005 to provide information and baseline data about current complementary therapies and supportive services that people are able to access through cancer services in NSW. The review examined:

- What complementary therapies are offered,
- What information is provided,
- How are referrals made,

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- What health professionals would like to offer, and
- What resources and/or knowledge they require.

The review compiled the information through pre-interview checklist and semi-structured telephone interviews of nurses, social workers and psychologists, cancer nurse coordinators and project officers.

Differential access to complementary therapies was evaluated across metropolitan and rural areas, area health services, public and private sectors and across various types of cancers.

This review identified current availability of complementary therapies, the perceived gaps, and the types of resources and knowledge that would be helpful to health care professionals working with cancer patients and their families. The review found information was available but not consistently across the State. There is a need for evidence based information and guidelines for clinicians. Other needs identified included:

- Information on evidence to support the use of massage, meditation, relaxation and other commonly used approaches.
- Improved availability of services such as dietary advice and psycho-social support.
- Research to identify the value of complementary therapies to the cancer patient.

#### 3.3.6 Review of Psycho-Oncology Services in NSW

Between January and June 2005, the Cancer Institute NSW reviewed psycho-oncology services in NSW. This review was a first step in better understanding how to establish new or enhance existing psycho-oncology teams.

Twenty-six cancer services from 8 Area Health Services in NSW participated in the review. The selection of services ensured inclusion of large teaching hospitals, different models of cancer care (in their provision of surgical, medical and/or radiation oncology and other facilities), regional services, community based services and private facilities.

A total of 71 oncology health professionals from the sites either participated in a case study that included a face-to-face interview or completed an in-depth telephone survey. Participants represented a broad range of professions working in cancer services. The review captured information regarding the level of speciality of each cancer service, and the quality and availability of psychosocial care.

The review confirmed the need for organised activity at the local service level to further develop an effective team approach to psycho-social support. The review identified sites that provide this care which can be used as leaders to influence and improve support elsewhere.

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This review has been used by the Cancer Institute NSW to address some of these needs by developing additional dedicated staff in cancer services, providing generic triaging tools and suggested pathways of care.

The outcomes of the review will be further considered and used to guide the Cancer Institute NSW's future programs. Currently the Cancer Institute NSW is working with Area Health Services to identify a supporting structure for psycho-oncology staff in the cancer services across NSW.

#### **3.3.7 Palliative Care Review**

The NSW Cancer Plan 2004-2006 identified the need for a review of the palliative care services. A review has been established by the Cancer Institute NSW and will report later in 2006. The review is overseen by the NSW Palliative Care Group. The review's objectives are to examine:

- the structure underpinning palliative care services in NSW,
- patient pathways involving palliative care,
- palliative care services, gaps and issues,
- gaps in the palliative care workforce,
- education and training requirements for palliative care personnel,
- information and data systems used in each service, and
- all palliative care research being undertaken.

#### **3.3.8 Cancer Genetics Review 2006**

The NSW Cancer Plan 2004-2006 identified the need for a review cancer genetic services in NSW. The review has commenced and will report later in 2006. The aim of the review is to provide information and baseline data about the current cancer genetics services that people at risk of familial cancer are able to access through NSW across both rural and metropolitan areas. This review will allow the Cancer Institute NSW to identify key trends and priority needs and will inform the basis of future program development in this area.

#### **3.3.9 Education Reviews 2004-2006**

In 2005, the Cancer Institute NSW commissioned the Collaboration for Cancer Outcomes Research and Evaluation (CCORE) to conduct an education audit to identify the ongoing cancer educational activities available to cancer specialists and other allied health professionals involved in cancer care. The audit aimed to identify any shortfalls in the ongoing education and training activities throughout the state for consideration in the future. Forty-eight specialists and 52 other professionals participated in a survey, which has provided base-line information on the exiting cancer educational activities available to cancer specialists and other professionals.

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A similar review of general practitioner educational needs was also conducted in 2005. It was found that it is uncommon for GPs to participate in educational activities relating to cancer. In particular, it was noted that rural areas had particular educational needs to ensure GPs are adequately supported to deliver clinical cancer services.

During 2004, the Nursing and Health Services Research Consortium audited cancer related nurse education for the Cancer Institute NSW. The audit identified existing programs that could support the development of cancer nurses and their contribution towards cancer care.

The findings from these reviews and other information assisted the Cancer Institute NSW to further develop its professional development programs. As a result the next generation of cancer health professionals are being trained and supported across NSW in various areas of cancer care.

#### 3.3.10 Cancer Information Review 2004

Provision of adequate and accessible information is an essential part of a cancer patient's journey. To support this process it is important that an audit of existing material and services available to cancer patients, carers and families was undertaken. The audit examined:

- Printed material available at the point of care in NSW,
- Cancer websites in Australia and the major international sites,
- Phone Helplines and Support Groups,
- Points of access for diagnostic and cancer treatment services,
- Support services for cancer patients,
- Disease information including physical effects of treatment and of the disease
- Benefits available, and
- Important contact details of the treating doctor, clinic and emergency services.

The findings of this report paved the way for the Cancer Institute NSW to produce a number of publications designed to assist cancer patients, their families, carers and health professionals. The publications include:

- *A-Z Directory of Support Groups 2005*: A list of support groups operating in suburbs, towns and cities throughout New South Wales and the services they offer.
- *Accommodation Guide 2005*: A directory of accommodation providers near to all the major cancer treatment centres in New South Wales.
- *A-Z Directory of Cancer Publications 2005*: Lists over 200 cancer publications, a summary of each brochure's contents and details of how to obtain them.

These publications are designed to be improved by feedback and revision cooperatively managed by The Cancer Council NSW and the Cancer Institute NSW.

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#### 3.3.11 Cancer Accommodation Review

The Cancer Institute NSW and The Cancer Council NSW have initiated a review of Cancer Patient Accommodation. The review will:

- Assess accommodation options for cancer patients accessing cancer services in NSW,
- Develop a strategic proposal to develop cancer patient accommodation in NSW,
- Identify funding sources to implement the proposal,
- Consult with key stakeholders providing support for cancer patients, and
- Make recommendations to the parties before December 2006.

#### 3.3.12 Review of People Affected by Cancer

The experience of cancer patients is a powerful force for improving the availability and quality of services. In order to inform the development of cancer services, community forums were held across NSW. Patients, their carers and their families were invited to share their experiences and identify ways in which cancer treatment services, including access to information and supportive care could be improved to meet their specific needs.

The review describes the first of a series of patient forums that will provide a useful baseline for monitoring changes in patient experience. It details the experiences of patients and their carers on five key themes and makes 12 recommendations. This review also includes an analysis of a survey describing the needs and experiences of people affected by cancer.

Access to cancer support groups was one of the main gaps identified by patients. Subsequently, the Cancer Institute NSW has developed the *A-Z Directory of Support Groups 2005* as well as the publication of *Accommodation Guide 2005*.

#### 3.3.13 Mapping Patient Information Needs 2005

The Cancer Institute NSW commissioned the Cancer Council Victoria to map information pathways that mirror the clinical experience of a cancer patient for the top five cancers affecting the population - breast, bowel, lung, prostate and skin cancer.

Pathways include pre-diagnostic tests, diagnosis, staging, treatment, side effects, associated procedures, ongoing care and follow-up protocols. Pathways were prepared for each cancer site, highlighting test procedures and ongoing care needs of patients affected by cancer requiring the development of information resources. This exercise provided a roadmap for clinicians and consumers along the cancer patient's journey. The review found:

- Information available to patients has improved over time.
- Information provided to patients is mostly technical based and difficult to understand.
- An evidence-based central resource of information for patients and health care professionals is necessary.

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The pathway provides writers a guide for developing patient information resources. Since the completion of this review, the Cancer Institute NSW has developed additional cancer information resources. For example, the establishment of Standard Cancer Treatment site (CI-SCaT) provides patients with a state-of-the-art resource and evidence based treatment protocols that are in plain English. The review has also assisted the discussions of the NSW Joint Patient Information Advisory Committee with The Cancer Council NSW.

#### **3.3.14 Cancer Quality and Accreditation Report 2006**

The Cancer Quality and Accreditation Report was prepared to provide direction to the implementation of a planned accreditation program. The report highlights the current work completed on an accreditation system for cancer services and makes a number of recommendations. The key priorities are to:

- Identify an appropriate model for accreditation of NSW Cancer Services,
- Define appropriate standards,
- Design and implement tools to be used to assist services being accredited,
- Identify other accreditation programs that should be incorporated into the Cancer Institute Accreditation program,
- Establish compliance, sanctions and remediation processes, feedback mechanisms and evaluation of the process,
- Develop a detailed implementation plan for the pilot, and
- Develop an of evaluation plan for the programme.

### **3.4 Cancer Information and Registries**

#### **3.4.1 Review of NSW Central Cancer Registry 2002**

The Review of NSW Central Cancer Registry was conducted in 2002 prior to the establishment of the Cancer Institute NSW. The purpose of the review was to advise on future directions of the Registry. The review identified all activities that the Central Cancer Registry is engaged in along with its performance and achievements for the period July 2000 to June 2002.

In June 2004, the NSW Central Cancer Registry was transferred from The Cancer Council NSW to the Cancer Institute NSW. The transfer occurred with full function maintained. The Cancer Institute NSW operates the Registry on behalf of NSW Health. Although not conducted by the Cancer Institute NSW, the review is being used to assist the redesign process for the Registries. Information gained through this review and various other sources has been used by the Cancer Institute NSW to continue to update the operations of the Registries.

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#### 3.4.2 CI-SCaT Evaluation

To deliver optimal treatment to cancer patients, oncology clinicians need to have a full understanding of contemporary literature, key evidence, and internationally acceptable standards.

A review of practice treatment protocols has revealed that each hospital writes, reviews, and updates standard treatment protocols for cancer patients. This requires expert and detailed attention, drawing considerable resources away from treating patients. Regional services typically lack the specialist expertise and resources to maintain currency across all protocols.

The Cancer Institute NSW has launched the evidence-based Standard Cancer Treatments (CI-SCaT) for patients, cancer practitioners, and general practitioners throughout Australia. The site receives over 200,000 hits per month. A formal evaluation of this program and its impact is underway. This will be conducted by a funded Health Service Fellowship with other evaluations also planned.

#### 3.5 Cancer Research

##### 3.5.1 Review of Cancer Research Activity in New South Wales 2001-2003

In March 2004 the Cancer Institute NSW gathered information on cancer research activity in NSW in the previous three years to assist the development of a strategic plan and future funding priorities for cancer research. The review revealed key strengths and weaknesses of cancer research activity that could either be improved and/or harnessed to ensure internationally competitive cancer research into the future. Key findings were:

- Disaggregation of cancer researchers into small groups with poor communication.
- NSW is less competitive than other states in capturing competitive research funds available from the Australian Government.
- Research infrastructure is poorly supported by trained personnel and is not well networked or shared.

This information, together with information from other states and national reviews and discussions with key stakeholders and workshops, informed the development of plans for:

- Cancer researchers to be up-skilled, retained or recruited to NSW.
- Capacity to perform research to international standards.
- Translation of research discoveries in to health practice in a timely fashion.
- Enabling research infrastructure with new equipment, personnel and networking to improve efficiency.

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#### 3.5.2 Review of Research Platforms and Technologies

A joint review of research infrastructure was undertaken by the Cancer Institute NSW and the NSW Office for Science and Medical Research (OSMR). The results of this review will inform the development of strategic programs, both by the Cancer Institute NSW and the OSMR that will address issues of capacity, relevance and competitiveness of research infrastructure across NSW.

This review was undertaken with specific reference to proteomics, genomics, imaging and tissue/cell/DNA banking. These technology platforms were reviewed in the context of cancer research, and in addition tissue/cell/DNA banking was reviewed more broadly across all medical research fields.

The purpose of the review was to map current capabilities in each of these platform technology areas, identify key capability gaps and make some recommendations for the consideration of the Cancer Institute NSW and OSMR in relation to how these gaps can be addressed.

Key findings included:

- Areas of significant concentration of capability across proteomics, genomics and imaging platform technology, although these programs were not well linked. In relation to biobanks, with few exceptions, additional capability needs to be developed.
- The most pressing gaps identified were related to skills, capability and people to manage infrastructure and networking between different research groups.

#### 3.5.3 Review of Cancer Institute NSW funded research

Cancer Institute NSW funded research during 2004-2006 was reviewed to assess its impact. The review also sought views about the value to individual programs and gaps in cancer research funding opportunities. The information gathered will help refine strategic programs and address issues of capacity, relevance and competitiveness of cancer research in NSW.

Despite the short timeframe in which Cancer Institute NSW has been providing competitive research funding, the majority of heads of cancer research institutions consider that:

- Staff employed and equipment purchased as a result of funding have made significant contribution to the ability of the institute to conduct its research and improve its competitiveness on the national and international stage.
- Funding has led to new and strengthened collaborative projects within the state as well as nationally and internationally.
- Future research productivity has been enhanced.

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Generally the existing programs are thought to be comprehensive. The strengths of the research programs include support for career development, infrastructure, capacity building and program funding.

Gaps identified for consideration in expanding the research programs include additional career development opportunities for early to mid career post doctoral fellows, training and funding skilled personnel to support research infrastructure, and additional program grant funding for all types of translational research.

#### **3.5.4 Ethics review of cancer research activity**

Baseline data collection of the volume and duplication of all types of cancer research in NSW in 2005 has been undertaken to understand the volume of activity that will be expected for the Joint Ethics Committee NSW Department of Health and Cancer Institute NSW. This baseline data will also be used to evaluate the activity of the Joint Ethics Committee NSW Department of Health and Cancer Institute NSW in the future by undertaking the same data collection activity.

### **3.6 Cancer Fundraising**

#### **3.6.1 Overview of cancer fundraising**

Cancer fundraising by not-for-profit foundations and charities is a critical part of the cancer control effort in NSW. Over 80 active organisations have been issued with an Authority to Fund Raise by the Charities Office of the NSW Government. The cancer charities sector is a mix of national charities with a NSW presence, not-for-profit foundations established to support a single facility, charities for specific cancer types, general cancer charities and patient support organisations.

The sector raises in excess of \$100m per annum and provides funds for a variety of purposes such as cancer research, patient and carer information, accommodation, counselling, and other support services. Within NSW there is one significant State-based cancer charity, The Cancer Council NSW, with fundraising capacity of over \$46m, two large charities for children and a number of middle sized charities which raise between \$3M-\$5m annually.

The Cancer Institute NSW has sought to engage the NSW cancer charities in discussions on non intrusive ways in which the Cancer Institute NSW can facilitate and assist them in strengthening their positions in the public fund-raising market. A Cancer Charities Fundraising Round Table was held in May 2006 as part of this process. Possible initiatives under discussion include a voluntary cancer charities register which will be publicly accessible and a statement of principles or code of conduct to underpin the voluntary register.

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#### **3.6.2 Public opinion on cancer fundraising**

Public opinion polling in NSW delivers a clear message that the public is strongly supportive of fundraising for cancer control. The Cancer Institute NSW commissioned opinion polling of over 4,000 people in May 2006 which found cancer research ranked first amongst the public as a cause which is considered the most important for donations. The poll however, found that the community and welfare sector is the cause which ranked first for receiving donations over the previous twelve months.

The poll also found that almost two thirds of those polled would like to know more about cancer charities. A large segment (41%) of the polling sample had concerns that money given to a charity may not be used in the way in which the cause is promoted.

From these results there are opportunities for the sector to strengthen its position in the fundraising market and to provide greater confidence to the donating public about the use of funds raised. These findings were provided at the Cancer Charities Fundraising Round Table held on 10 May 2006.

The Cancer Institute NSW believes a successful, vibrant cancer charity sector is essential for funding vital research efforts and patient support services.

**Section 5: Detecting Cancer Early**


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**Section 4: Proposed Programs for the 2007-2010 NSW Cancer Plan**

For the 2007-2010 NSW Cancer Plan five priority areas are proposed, with 20 programs these are described in Table 2. The following sections provide further information on the range of initiatives proposed under each of the programs.

**Table 2 NSW Cancer Plan 2007-2010 –  
Proposed Priority Areas and Programs**

<p><b>Priority 1 Preventing Cancer</b></p> <p>1.1 Tobacco Control Program</p> <p>1.2 Melanoma and Skin Cancer Program</p> <p>1.3 Cancer Screening Awareness Program</p> <p><b>Priority 2 Detecting Cancer Early</b></p> <p>2.1 Breast Cancer Screening Program</p> <p>2.2 Cervical Cancer Screening Program</p> <p>2.3 Bowel Cancer Screening Program</p> <p>2.4 Screening Other Cancers</p> <p><b>Priority 3 Improving Cancer Services</b></p> <p>3.1 Better Coordination of Care Program</p> <p>3.2 Smarter Models of Care Program</p> <p>3.3 Skilled Cancer Professionals Program</p> <p>3.4 Comprehensive Patient Support Program</p> <p><b>Priority 4 Accelerating Improvement through Research</b></p> <p>4.1 Translational Research Program</p> <p>4.2 Clinical Trials Research Program</p> <p>4.3 Health Services Research Program</p> <p>4.4 Research Fellowship Program</p> <p>4.5 Cancer Research Infrastructure Program</p> <p><b>Priority 5 Relevant Cancer Information</b></p> <p>5.1 NSW Cancer Registry Program</p> <p>5.2 Standard Cancer Treatments Program</p> <p>5.3 Patient information Program</p> <p>5.4 Public Cancer Information Program</p>
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**Question for consultation**

Do the proposed five priorities and associated programs appropriately reflect the range of initiatives required to meet the objectives of the Cancer Institute NSW? These are to:

- Increase cancer survival,
- Reduce cancer incidence,
- Improve the quality of life of cancer patients and their carers, and
- Provide expert advice to patients, the public, health care professionals and the Government.

## Section 5: Preventing Cancer

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### Section 5: Preventing Cancer

The programs from the NSW Cancer Plan 2004-2006 will continue especially in anti-tobacco mass media campaigns. It has been estimated that every dollar spent in tobacco control saves two dollars in the health system<sup>7</sup>. The expertise established by the Cancer Prevention Division of the Cancer Institute NSW will be extended to include melanoma awareness, breast screening, cervical screening and bowel cancer. In addition, the Cancer Institute NSW will work with NSW Health to promote healthy messages about diet. This campaign will be aimed at obesity and physical activity to reduce the risk of a range of illnesses including bowel cancer.

#### 5.1 Tobacco Control Program

The aim of the tobacco control program is to contribute to an annual reduction of one percentage point per annum in smoking prevalence rates. New initiatives will include:

- Targeting and monitoring smoking rates.
- Quitline development program.
- Quitline campaign.
- Graphic warnings campaign.
- Excuses campaigns.
- New campaigns and an evaluation framework.

#### 5.2 Melanoma and skin cancer program

The aim of this campaign is to reduce the annual risk of sunburn, promote sun protection behaviour and to reduce the incidence of melanoma and other skin cancers. New initiatives include:

- Melanoma campaign targets development.
- New campaigns and an evaluation framework, including the use of the NSW Health Population Health Survey program.

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<sup>7</sup> Collins DJ, Lapsley HM. Counting the costs of tobacco and the benefits of reducing smoking prevalence in New South Wales. NSW Health Report January 2005.

## Section 5: Preventing Cancer

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### 5.3 Cancer screening awareness programs

The programs are aimed at increasing participation in cancer screening programs. These awareness programs will emphasise the importance of screening to motivate people to use the programs.

**Breast cancer screening awareness** initiatives will include:

- Awareness of the value of breast screening program development.
- Breast awareness campaign 2006/07.
- Evaluation framework.

**Cervical cancer screening awareness** initiatives will include:

- Awareness of the value of cervical screening program development.
- Cervical cancer screening awareness campaign 2006/07.
- Local follow-up from the Pap Test Register letter to GPs and women.
- Evaluation framework.

**Bowel cancer screening awareness** initiatives will include:

- Awareness of the value of bowel cancer screening program development .
- Bowel cancer screening awareness campaign for 2006/07.
- Evaluation framework.

#### **Questions for consultation**

##### *Tobacco Control*

- Should the Cancer Institute NSW emphasise the tobacco control program?
- What anti-tobacco strategies work best?

##### *Melanoma and skin cancer program*

- Which prevention strategies for sun avoidance work best? What evidence supports these strategies?
- What partnerships are needed to assist with melanoma and skin cancer awareness?

##### *Breast cancer screening awareness*

- Given relatively high awareness, what perceptions do women have about breast screening?
- What are the key messages about breast screening which should be conveyed to women? Are these messages being conveyed?

##### *Bowel cancer screening awareness*

- What should be the goals for bowel cancer awareness in NSW?
- What communication is necessary (a) to the public (b) to medical practitioners?

##### *Preventing Cancer - General*

- What other cancer prevention strategies should have a priority?
- Should alcohol consumption, diet and physical exercise be emphasised – if so, what should be the priorities?
- How important are other carcinogens? Are there any important ones that are currently being overlooked?
- What is the place of chemoprevention in cancer control?

## Section 6: Detecting Cancer Early

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### Section 6: Detecting Cancer Early

#### 6.1 Breast Cancer Screening

The Breast screening participation program will increase the participation of women aged 50 to 69 years in NSW in biennial breast mammography. The program aims to increase participation in breast cancer screening by women within the target age group from 52% to 68% by 2010. Proposed initiatives include:

- Media campaign.
- GP campaign.
- Customer service program.
- Policy and business development program.
- Breast screening infrastructure program.
- Accreditation program.
- Breast screening monitoring and research program.
- Evaluation framework.

#### 6.2 Cervical Cancer Screening

The Cervical screening program aims to increase participation by women aged 20-69 years by 3% per annum especially in the hard to reach groups and those not re-presenting for screening every 2, 3 or 5 years. Proposed initiatives include:

- NHMRC Guidelines Implementation Program.
- HPV vaccine program.
- Hard to reach women's program.
- Cervical screening monitoring and research.
- Evaluation framework.

#### 6.3 Bowel Cancer Screening

Bowel cancer screening aims to achieve participation rates of above 50% for the target age groups of 55 and 65 year olds. Proposed initiatives include:

- Bowel screening infrastructure program. Increased capacity in colonoscopy, pathology, bowel cancer coordination and data on bowel cancer incidence.
- Bowel screening information.
- Evaluation framework.
- Developing data collection on adenomas.

## Section 6: Detecting Cancer Early

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### 6.4 Screening for other cancers

Screening for other cancers will be monitored. Some specific areas of work may include:

- Genetic profiling review.
- High risk lung cancer screening review.
- Prostate Cancer screening updates.
- Evaluation criteria.

#### **Questions for consultation**

##### *Breast Cancer Screening*

- What are the goals for breast screening in NSW?
- Should screening rates be increased from the current level?
- What are the major obstacles for breast screening services?

##### *Cervical Cancer Screening*

- In the era of the HPV vaccine, where should we focus our efforts?
- Do screening rates need to be increased and if so, for whom?
- Who do we need to influence or partner to achieve our goals?

##### *Bowel Cancer Screening*

- What are the goals from the NSW perspective? Are there any critical priorities on which to focus (such as public awareness)?
- How are these goals to be achieved?
- What practical steps should be taken in the immediate future?

## Section 7: Improving Cancer Services

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### Section 7: Improving Cancer Services

The priorities cited in Chapter 3 have identified four key areas for further development in the NSW Cancer Plan 2007-2010:

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

For each of these major program areas, the structures and programs created by the NSW Cancer Plan 2004-2006 will be expanded or re-developed based on need and program evaluations.

#### 7.1 Better Coordination of Care Program

- NSW Oncology Groups program.
- Cancer Nurses program.
- Multi-disciplinary Teams program.
- Cancer Services Infrastructure Support program.
- Cancer Services Accreditation Program for cancer services planned in partnership with NSW Health and Clinical Excellence Commission.
- Evaluation framework.

#### 7.2 Smarter Models of Care Program

- Radiotherapy business program.
- Ambulatory Care business program.
- Standard Cancer Treatment and Management pathways.
- Evaluation framework.

#### 7.3 Comprehensive Patient Support Program

- Psycho-oncology teams project.
- Patient information program.
- Patient counselling program.
- Complementary therapy program.
- Evaluation framework.

## Section 7: Improving Cancer Services

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### 7.4 Skilled Cancer Professionals Program

- Clinical Fellowship and Registrar program.
- Professional Development and Scholarship program.
- Overseas Training Scheme.
- Travel Grants Scheme.
- Academic Chairs Program.
- Evaluation framework.

#### ***Questions for consultation***

- What are the respective roles of the Cancer Institute NSW and the NSW Department of Health in cancer services and cancer workforce education? How can the roles between the two organisations be better delineated and complemented?
- Which areas should have the highest priority?
- Does the proposed work plan identify the best investment for the best outcomes?
- What partnerships are needed?

## Section 8: Accelerating Improvement through Research

### Section 8: Accelerating Improvement through Research

Cancer research will drive improvements in cancer control in NSW in the next four years. To stimulate innovation and new approaches to cancer control, cancer research in NSW must be at the international cutting edge and well connected to international centres of excellence.

Cancer researchers in NSW should access the best available research expertise available by increasing collaborations through scientific networks and planning to develop key expertise collaboratively and over the longer term.

NSW should attract and retain the best cancer researchers and support them to be as productive as possible. The strengths that exist in NSW must be shared and exploited by all cancer researchers to leverage a greater share of available research funding.

Above all, cancer research must be applied to improve treatment, detection or prevention as quickly as possible. This will require a greater effort to translate research discoveries from Australia and around the world into clinical programs.

Cancer research will be further developed in the NSW Cancer Plan 2007-2010. The Cancer Research Program will:

- Support cancer research that can be quickly translated into benefits for cancer patients, prevention of cancer or early detection.
- Recruit and support researchers in NSW to become more skilled and more internationally competitive.
- Provide enabling infrastructure to improve international competitiveness and relevance.

The NSW Cancer Plan 2007-2010 will further develop, the NSW Cancer Research Strategies Working Party, the NSW Cancer Research Round Table, the Ethics Review Program, Public Health Program and the NSW Joint Grants Review Scheme. Research Programs supported by the NSW Cancer Plan 2007-2010 include:

- Translational Research Program.
- Clinical Trials Program.
- Health Services Program.
- Research Fellowship Program.
- Cancer Research Infrastructure Program.
- NSW Cancer Research Evaluation Framework.

#### **Questions for consultation**

- How can cancer research in NSW become more competitive for national research grants and industry funding?
- What should be the focus for cancer research in NSW? How can it be strengthened?
- Is the strategy of supporting both cancer researchers at all levels (Graduate students to Fellows) and building research infrastructure achieving results? Should there be any changes?

## Section 9: Relevant Cancer Information

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### Section 9: Relevant Cancer Information

Cancer information will be made more standardised, relevant and accessible to clinical staff, administrators, policy makers, planners, researchers, government and the public. Key program areas include:

- NSW Cancer Registry Program.
- Standard Cancer Treatment Program.
- Patient Information Program.
- Public Cancer Information Program.

#### 9.1 NSW Cancer Registry Program

This program will support the collection, maintenance and analysis of cancer data by creating the NSW Cancer Registry. The Registry will make cancer data from a number of sources more easily accessible to cancer health professionals, patients, Area Health Services to government. This program consists of:

- Population based Cancer Registry (Central Cancer Registry, Hereditary Cancer Registry).
- Clinical Cancer Registry (including service activity reports).
- Cancer Screening (including the Pap Test Register, Breast Screening Register, Bowel screening data).
- A Monitoring and Evaluation Unit to provide analysis of these and external data sources.
- Data linkage facility to provide access to linked cancer data for research, monitoring and evaluating the outcomes and performance of the health services.
- Evaluation framework.
- Support of the NSW Biostatistical Officer Training Program to build analytical capacity in cancer epidemiology in NSW.

#### 9.2 Standard Cancer Treatment Program

The program develops standardised cancer treatment protocols and based on the most up to date medical evidence and research and following extensive consultation between experts in the field.

- This program will be further extended in 2006/07 to include palliative care protocols and radiotherapy protocols.
- This program will support development of treatment/management pathways.
- Evaluation framework.

## Section 9: Relevant Cancer Information

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### 9.3 Patient Information Program

This program will be developed jointly between The Cancer Council NSW and the Cancer Institute NSW for patients and their carers. Key elements supported by this program includes:

- Cancer Helpline.
- Cancer Publications and their dissemination.
- Fact Sheets.
- Web based materials.
- Resources for general practitioners.
- Evaluation framework.

### 9.4 Public Cancer Information

Further development of the public cancer information services will be done in partnership with many key stakeholders. The Cancer Institute NSW website and its links will be further developed to facilitate the credible public information available through new resources and linkage to the resources of other stakeholders.

#### ***Questions for consultation***

- What information do clinicians need to better treat patients?
- What information do patients need and when?
- What information is needed state-wide to improve performance?
- What can we do to improve cancer information?

Section 10: Summary of Proposed Programs, Goals and Initiatives

**Section 10: Summary of Proposed Programs, Goals and Initiatives**

*Proposed Programs*

*Goals*

*Achievements  
2004-2006*

*Proposed Initiatives  
2007-2010*

**Priority 1 - Preventing Cancer**

<p>Tobacco Control</p>	<p>Substantially reduce smoking prevalence in NSW (<i>Goal for 2004-2006</i>). Reduce smoking prevalence in NSW by one percentage point per annum (<i>New goal proposed for 2007-2010</i>).</p>	<p>Smoking rates down from 22.3% to 20.1% New graphic health warnings on cigarette packaging (from March 2006) Extended smoking restrictions in pubs and clubs Calls to the Quitline more than doubled Changed community's attitude to smoking</p>	<p>Targeting and monitoring smoking rates Quitline development program Quitline campaign Graphic warnings campaign Excuses campaigns New campaigns and an evaluation framework</p>
<p>Melanoma and skin cancer</p>	<p>Reduce the annual risk of sunburn through promoting sun protection behaviour (<i>New goal proposed for 2007-2010</i>).</p>		<p>Melanoma campaign targets development New campaigns Evaluation framework</p>
<p>Cancer screening awareness</p>	<p>Increase participation in cancer screening programs through cancer screening awareness (<i>New goal proposed for 2007-2010</i>).</p>	<p><i>Breast Cancer Screening</i> Focus testing of women's attitudes to breast screening Baseline survey of breast screening behaviours and beliefs  <i>Bowel Cancer Screening</i> Focus testing of community attitudes to bowel cancer screening Baseline survey of bowel cancer screening behaviours and beliefs</p>	<p>Awareness of the value of breast screening program development Breast awareness campaign 2006/07 Awareness of the value of cervical screening program development Cervical cancer screening awareness campaign 2006/07 Local follow-up from the Pap Test Register letter to GPs and women. Awareness of the value of bowel cancer screening program development Bowel cancer screening awareness campaign for 2006/07 Evaluation framework</p>

## Section 10: Summary of Proposed Programs, Goals and Initiatives

Proposed Programs	Goals	Achievements 2004-2006	Proposed Initiatives 2007-2010
<h3>Priority 2 - Detecting Cancer Early</h3>			
Breast cancer screening	Increase the survival for breast cancer through screening (Goal for 2004-2006).	Increase in participation rates of three percentage points over last nine months.	Increase participation within the target age group by 4 percentage points per annum for 4 years (52% to 68%), Breast screening awareness program Media campaign GP campaign Customer service program Policy and business development program Breast screening infrastructure program, Accreditation program Breast screening monitoring and research program Evaluation framework.
	Increase participation in breast cancer screening by women within the target age group from 52% to 68% by 2010 (New goal proposed for 2007-2010).		
Cervical cancer screening	Increase the survival for cervical cancer through screening (Goal for 2004-2006).	Participation rates in cervical cancer screening are 60% over two years, 73% over three years and 90% over five years.	Increase biennial participation rates in women aged 20-69 years by 3 percentage points per annum for 4 years. NHMRC Guidelines Implementation Program HPV vaccine program Hard to reach women's program Cervical screening monitoring and research Evaluation framework
	Increase participation rates in women aged 20-69 years by 3% per annum especially in the hard to reach groups and those not re-presenting for screening by 2, 3 or 5 years. (New goal proposed for 2007-2010).		
Bowel Cancer Screening	Reduce mortality from bowel cancer (Goal for 2004-2006).	National bowel cancer screening program based on Faecal Occult Blood Test (FOBT) to commence in August 2006.	Achieve participation rates of above 50% for the target age groups. Bowel screening infrastructure program. Increased capacity in colonoscopy, pathology, bowel cancer coordination and data on bowel cancer incidence. Bowel screening information Evaluation framework Developing data collection on adenomas.
	Achieve participation rates for bowel cancer screening of above 50% for the target age groups (New goal proposed for 2007-2010).		
Screening for other cancers	Introduce new screening methods when they are proven to be effective.		Genetic profiling review High risk lung cancer screening review Evaluation criteria.

**Section 10: Summary of Proposed Programs, Goals and Initiatives**

*Proposed Programs*  
2007-2010

*Achievements*  
2004-2006

*Goals*

**Priority 3 - Improving Cancer Services**

<i>Proposed Programs</i>	<i>Goals</i>	<i>Achievements</i> 2004-2006	<i>Proposed Initiatives</i> 2007-2010
Better Coordination of Cancer Care	Centre cancer care on patient needs ( <i>Goal for 2004-2006</i> ). Detect cancer early and ensure that patients receive appropriate and timely diagnostic tests and referral to appropriate specialist cancer care ( <i>Goal for 2004-2006</i> ). Develop multidisciplinary, peer-reviewed processes for all types of cancer ( <i>Goal for 2004-2006</i> ). Develop optimal communication between the specialist oncology team, the general practitioner and community-based health care professionals ( <i>Goal for 2004-2006</i> ). Review cancer control programs throughout NSW and accredit them ( <i>Goal for 2004-2006</i> ).	NSW Cancer Services Review completed in 2004 NSW Oncology Group established with an estimated 300 cancer experts, consumers and planners participating. Multidisciplinary teams of cancer experts have been established or expanded with over 118 teams supported across NSW. Cancer quality and accreditation report completed in 2006 Cancer Coordination Forum established between NSW Health, the Cancer Institute NSW and Area Health Service.	NSW Oncology Groups program Cancer Nurses program Multi-disciplinary Teams program Cancer Services Infrastructure Support program Cancer Services Accreditation Program planned in partnership with NSW Health and Clinical Excellence Commission Evaluation framework
Smarter Models of Care Program	Ensure that clinical cancer practice is evidence based and research driven ( <i>Goal for 2004-2006</i> ). Increase the use of radiotherapy in NSW to meet recognised, evidence based benchmarks ( <i>Goal for 2004-2006</i> ).	NSW Cancer Services Review completed in 2004 \$4m invested in new medical equipment. Ambulatory chemotherapy/haematology review	Radiotherapy business program Ambulatory Care business program Standard Cancer Treatment and Management pathways Evaluation framework
Comprehensive Patient Support Program	Provide cancer patients, carers and their families with access to appropriate psychosocial and practical support ( <i>Goal for 2004-2006</i> ). Provide credible information about the benefits and risks of complementary approaches ( <i>Goal for 2004-2006</i> ).	Psycho-oncology review completed in 2005 Complementary therapies review completed in 2005 Palliative care review commenced Cancer patient accommodation review commenced	Psycho-oncology teams project Patient information program Patient counselling program, Complementary therapy program Evaluation framework

**Section 10: Summary of Proposed Programs, Goals and Initiatives**

<i>Proposed Programs</i>	<i>Goals</i>	<i>Achievements</i> 2004-2006	<i>Proposed Initiatives</i> 2007-2010
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**Priority 3 - Improving Cancer Services (continued)**

<p><b>Skilled Cancer Professionals Program</b></p>	<p>Ensure alignment of cancer workforce training, retention and recruitment strategies and the projected needs of cancer patients (<i>Goal for 2004-2006</i>). Encourage participation by cancer health professionals in accredited continuing education programs (<i>Goal for 2004-2006</i>).</p>	<p>245 new positions created for doctors, nurses, clinical psychologists, social workers and data managers throughout NSW. 28 new positions to provide emotional and practical support to patients 24 new clinical fellowships established across cancer specialties; 5 additional fellowships in psycho-oncology; 5 professorial chairs established. Professional workforce review completed in 2004 Cancer specialist education review completed in 2005 Nurse education audit completed in 2004</p>	<p>Clinical Fellowship and Registrar program Professional Development and Scholarship program Overseas Training Scheme Travel Grants Scheme Academic Chairs Program Evaluation framework</p>
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**Section 10: Summary of Proposed Programs, Goals and Initiatives**

*Proposed Programs*  
2007-2010

*Achievements*  
2004-2006

**Priority 4 - Accelerating Improvement through Research**

<i>Proposed Programs</i>	<i>Goals</i>	<i>Achievements</i> 2004-2006	<i>Proposed Initiatives</i> 2007-2010
Translational Research program	Support cancer research that can be quickly translated into benefits for cancer patients, prevention of cancer or early detection ( <i>New goal proposed for 2007-2010</i> ).	Research programs created in prostate cancer, melanoma and targeted cancer therapy.	NSW Cancer Research Strategies Working Party NSW Cancer Research Round Table Ethics Review Program
Clinical Trials program	Develop high quality cancer clinical trials infrastructure in NSW ( <i>Goal for 2004-2006</i> ). Increase funding and competitiveness of cancer research in NSW ( <i>Goal for 2004-2006</i> ). Provide a unified peer review process for cancer research funding in NSW ( <i>Goal for 2004-2006</i> ). Connect cancer research in NSW to major overseas cancer research groups and discoveries ( <i>Goal for 2004-2006</i> ).	New clinical trials network established to support 29 trial units across NSW. Review of cancer research activity in NSW completed in 2004. Review of Cancer Institute NSW funded research completed in 2006. Review of cancer research in NSW in 2005 to identify activity expected for central Cancer Institute NSW Ethics Committee.	NSW Joint Grants Review Scheme NSW Cancer Research Evaluation Framework.
Health Services program		Research fellowship in health services research established.	
Research Fellowship program	Support excellent cancer researchers in their careers ( <i>Goal for 2004-2006</i> ). Recruit and support researchers in NSW to become more skilled and more internationally competitive ( <i>New goal proposed for 2007-2010</i> ).	28 new research fellowships created including 5 clinical research fellowships. 38 PhD students supported. 2 new professorial chairs in cancer research created.	
Cancer Research Infrastructure program	Provide enabling infrastructure to improve international competitiveness and relevance of cancer research in NSW ( <i>New goal proposed for 2007-2010</i> ).	Review of research infrastructure undertaken by the Cancer Institute and the NSW Office for Science and Medical Research.	

**Section 10: Summary of Proposed Programs, Goals and Initiatives**

<i>Proposed Programs</i>	<i>Goals</i>	<i>Achievements</i> 2004-2006	<i>Proposed Initiatives</i> 2007-2010
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**Priority 5 - Relevant Cancer Information**

NSW Cancer Registry Program	Collect data on cancer and include the population-based cancer registry and clinical cancer collections ( <i>Goal for 2004-2006</i> ).	Clinical Cancer registries established in 5 of the 8 Area Health Services.  NSW Central Cancer registry transferred from the Cancer Council NSW to the Cancer Institute NSW in June 2004.	Population based Cancer Registry (Central Cancer Registry, Hereditary Cancer Registry) Clinical Cancer Registry (including service activity reports.) Cancer Screening (including the Pap Test Register, Breast Screening Register, Bowel screening data.) A Monitoring and Evaluation Unit to provide analysis of these and external data sources. Data linkage facility to provide research, monitor cancer and the performance of the health services. Evaluation framework
	Support the collection, maintenance and analysis of cancer data through the NSW Cancer Registry ( <i>New goal proposed for 2007-2010</i> ).		Development of palliative care protocols and radiotherapy protocols. This program will support development of treatment/management pathways. Evaluation framework
Standard Cancer Treatment Program	Ensure that clinical cancer practice is evidence based and research driven ( <i>Goal for 2004-2006</i> )..	Information available on standard treatment protocols the CI-Scat site on the Cancer Institute NSW web site. The site provided state of the art information on treatments and their evidence. Information is tailored to reflect needs patients, cancer practitioners and general practitioners. The site receives 200,000 hits per month.	Cancer Helpline Cancer Publications and their dissemination Fact Sheets Web based materials Resources for general practitioners Evaluation framework
Patient Information Program	Tailor cancer information to the specific needs of the community, patients and their carers, clinicians, researchers and health service planners ( <i>Goal for 2004-2006</i> )..	See above Comprehensive information in complementary therapies available through the Cancer Institute NSW web site.	Further develop the Cancer Institute NSW website to facilitate the credible public information.
Public Cancer Information	Tailor cancer information to the specific needs of the community, patients and their carers, clinicians, researchers and health service planners ( <i>Goal for 2004-2006</i> )..	See above.	



NSW CANCER PLAN 2007-2010 - DISCUSSION PAPER: JUNE 2006

# Accelerating the Control of Cancer

Prepared by the Cancer Institute NSW  
for input by key stakeholders