Cancer Council Australia 2013 Election Priorities

Cancer Council Australia calls on the next federal government to take the following evidence-based measures to reduce the nation's short and long-term cancer burden:

- Implement the National Bowel Cancer Screening Program by 2020, with a five-year plan commencing July 2015, to save 35,000 Australian lives over the next 40 years.
- Build on the work of the National Cancer Expert Reference Group to develop a multidisciplinary National Cancer Work Plan that addresses the unprecedented cancer care challenges of an ageing population.
- Implement the recommendations of the McKeon review of health and medical research, such as indexing NHMRC grants to increases in health expenditure, and a shift towards priority-driven cancer research funding.
- Reinforce the federal government's commitment to the National Tobacco Strategy 2012-18 and its performance benchmark of reducing the smoking rate to 10% of Australia's population, and halving the 2009 Indigenous smoking rate, by 2018.
- Implement the independent recommendations of the Asbestos Management Review, including, in the next term of office, a national plan for asbestos management and increased public awareness.
- Boost public education about the cancer risks of sun exposure, obesity and alcohol; lead a federal plan for phasing out solariums.
- Lead a federal response to inequitable patient travel and accommodation schemes.

Implement the National Bowel Cancer Screening Program by 2020

The most urgent cancer initiative for the next Australian Government is a full rollout of the National Bowel Cancer Screening Program, over five years from July 2015.

Cancer Council Australia's five-year plan is estimated to save an additional 875 Australian lives each year – 35,000 lives over the next 40 years.*

In 2004 the Coalition and Labor both committed to phase in a National Bowel Cancer Screening Program.[1, 2] Almost a decade later, program implementation remains piecemeal; millions of Australians are missing out on a screening test that could save their lives.

Cancer Council analysis of published research shows the program could be fully implemented within five years on a cost-effective and clinically effective basis.[3, 4, 5, 6]

Our analysis of peer-reviewed, published estimates indicates gross program costs at full implementation, including colonoscopy services, would be around $175 million a year, with annual health system savings of more than $100 million.[7, 8, 9]

Savings would be achieved by:

- reduced bowel cancer incidence through increased detection of low-cost precancerous adenomas ($50m);
- a more than doubling of cancers detected at early stage when tumours are comparatively inexpensive to treat ($30m); and
- reduced use of colonoscopy as an ad hoc screening tool ($20m).[10, 11]

These are conservative estimates, based in part on baseline data that pre-dated both the listing on the Pharmaceutical Benefits Scheme of specific high-cost drugs for advanced bowel cancer and subsequent studies showing greater program effectiveness.[12, 13, 14]

** Analysis based on the MISCAN-colon modelling, an evidence-based formula for calculating the benefits of bowel cancer screening.*

The priorities in this document are endorsed by the Clinical Oncology Society of Australia, the nation's peak multidisciplinary society for health professionals working in cancer.

On these estimates, Australia could have a complete National Bowel Cancer Screening Program for a recurrent net health system cost of around $75 million per year – extraordinarily good value for money in a lifesaving cancer screening program.

Australia cannot delay program implementation any longer – while bowel cancer remains the second deadliest cancer in Australia, despite being easy to treat when detected early.[16]

Bowel cancer kills more Australian men and women than breast and cervical cancers combined.[17] National screening programs for cervical and breast cancers have been fully funded since 1991 and 1995 respectively; their benefits in lives saved are well-documented.

In the 2005-06 federal budget, the Government announced $35.6 million over three years to phase in the National Bowel Cancer Screening Program, with a plan to shift to full implementation after an evaluation in 2008.[18] Government and independent analyses have since confirmed that the program is highly effective in detecting bowel cancers at an early stage, when patient outcomes are optimal and treatment costs reduced.[19, 20, 21, 22]

Cancer Council welcomed the 2005-06 announcement, and subsequent program expansion. However, in view of the program's potential for saving lives and reducing treatment costs, and the timeliness in which BreastScreen Australia was implemented, progress is unacceptably slow.

Bowel cancer imposes the highest public hospital costs of any cancer,[24] with expenditure increasing significantly for cases diagnosed at an advanced stage.[25]

Cancer Council Australia calls on the next Australian Government to commit to a five-year plan for expediting the National Bowel Cancer Screening Program's implementation, from July 2015.

Bowel cancer screening – the bottom line

The following graph shows how the National Bowel Cancer Screening Program should be fully implemented from its current piecemeal structure to a full program within five years, commencing July 2015.

The model is based on maximum lives saved on the most cost-effective basis over a five-year period, through the addition of the age groups (in orange).

The bottom line shows how a completed program should look, according to NHMRC guidelines.

Year	Screening age groups to be added; blocks = ages from 50 to 74																								
2015	50					55					60					65					70*		**72**		**74**
2016	50					55					60				**64**	65			**68**		70		72		74
2017	50				**54**	55			**58**		60				64				68		70		72		74
2018	50				54				58		60		**62**		64		**66**		68		70		72		74
2019	50		**52**		54		**56**		58		60		62		64		66		68		70		72		74

* Addition of 70s in 2015-16 funded in 2012-13 federal budget.

Lead the development of the National Cancer Work Plan

On current trends, cancer care in Australia will be unsustainable unless there is improved federal coordination of funding and administration according to population need.[26,27,28,29]

The shortfall in clinical, technical and allied health providers is projected to worsen, as both the population and the workforce age. Access to essential services such as radiotherapy and medical oncology will be significantly compromised unless all jurisdictions work together on improved planning and service delivery. Australia's cancer patient caseload is expected to increase by a third over the next decade.

It is critical that the next Australian Government builds on the work of the National Cancer Expert Reference Group to develop and implement a comprehensive, evidence-based National Cancer Work Plan, including:

- streamlined, consistent patient referral protocols based on agreed best practice
- an agreed framework for sustainable service delivery
- joint protocols for promoting patient-centred, multidisciplinary cancer care as standard practice
- enhanced professional development, including the use of clinical practice guidelines

There is also an opportunity for the next Australian Government to address flaws in the drug regulatory process, and further reduce cost-shifting in cancer care. Additional investments in screening, prevention and integrated research, as outlined in this document, are also pivotal to a sustainable cancer care sector.

Cancer Council Australia and Clinical Oncology Society Australia (COSA) call on the next Australian Government to address the challenges of population ageing head-on by developing and implementing the National Cancer Plan.

Implement McKeon review recommendations

Evidence is the key to improved cancer outcomes; rigorous scientific research is the only way to collect new evidence.

Australians diagnosed with cancer between 1998 and 2004 had a 61% chance of surviving for five years.[33] This is a significant improvement in survival since 1998, due largely to improved prevention, screening, diagnosis and treatment. The integration of public health and clinical research into policy and comprehensive cancer care has been the driver of these improvements.[34]

Australia has extraordinary potential to build on its successes in health and medical research. The comprehensive, independent recommendations of the 'McKeon review' provides a blueprint for enhancing the research sector. In relation to cancer, key recommendations include:

- an enhanced clinical trials sector, including streamlined ethics approvals, a national liability insurance scheme, improved patient recruitment (including patients in rural areas - see PATS) and increased funding for independent, co-operative trials
- indexing National Health and Medical Research Council grants to health expenditure, to help ensure research investment keeps pace with demand and is targeted to need
- supporting a shift to priority-driven research, including establishing an expert panel to prioritise cancer research grants towards 'forgotten cancers' (those for which survival has not improved) and towards improved cancer outcomes in Indigenous Australians, which are significantly poorer than outcomes for non-Indigenous Australians
- benefiting from economies of scale by building national infrastructure in areas such as bio-banking and integrated patient databases
- building capacity in public health research by expanding partnership schemes, establishing a dedicated public health research grants program, and supporting the Australian National Preventive Health Agency.

Cancer Council Australia and COSA call on the next Australian Government to take forward these landmark independent recommendations,35 to build a more sustainable and responsive health and medical research sector in Australia.

Commit to the National Tobacco Strategy 2012-18

Smoking causes more preventable cancer deaths in Australia than any other modifiable risk factor.[36, 37]

While we rightly celebrate the historical reductions in smoking prevalence in Australia,[38] more than one in seven Australians continue to smoke daily; more than 8000 Australians die of tobacco-caused cancer each year.[39]

The National Tobacco Strategy 2012-18 is an evidence-based framework for further reducing the human and economic costs of tobacco use in Australia.[40]

In December 2012, the Council of Australian Governments committed to the strategy, using a smoking prevalence target as a performance benchmark:[41]

By 2018, reduce the national smoking rate to 10 per cent of the population, and halve the Indigenous smoking rate, over the 2009 baseline.

Governments across nine jurisdictions, and from both sides of politics, have committed to the strategy and its performance benchmark. While all jurisdictions will need to maintain their support, including a continuation of the current national media campaign, the Australian Government must take on a national coordinating role to help ensure the benchmark is met.

Pivotal to that support should be a commitment to a mid-term report in 2015, as set out in the strategy, against the agreed progress benchmarks of:

- fewer young people smoking regularly
- fewer young people making the transition to established patterns of smoking
- fewer adults smoking regularly
- more smokers attempting to quit
- fewer women smoking while pregnant
- fewer children exposed to second-hand smoke at home
- fewer adults exposed to second-hand smoke at home
- fewer adults smoking regularly among Aboriginal and Torres Strait Islander people, people of low socioeconomic status and other groups with a high smoking prevalence.

Cancer Council Australia calls on the next Australian Government to re-confirm its support and take a leadership role in implementing the National Tobacco Strategy, to ensure these agreed benchmarks are met.

Implement Asbestos Management Review recommendations

Australia's widespread use of asbestos containing materials in the 20th century has led to our nation having the world's highest reported per capita rates of mesothelioma and other asbestos-caused diseases.[42]

The National Health and Medical Research Council has advised that "... asbestos is ... a highly toxic, insidious and environmentally persistent material that has killed thousands of Australians, and will kill thousands more this century".[43]

Asbestos mining and manufacture were banned in Australia in the 1980s; all other uses of asbestos was banned from 2003. The time lag between exposure and disease means that tens of thousands of Australians will continue to be diagnosed with, and die from, asbestos-related illnesses over coming decades.[44]

As advised by the World Health Organisation, there is no minimum level of risk-free exposure to asbestos fibres.[45] Yet complacency about risk, and the volume of asbestos containing materials in Australian homes, are together leading to a new wave of asbestos-related disease in home renovators.[46]

The sheer abundance of asbestos containing materials in Australian buildings calls for a national management plan to help reduce the future incidence of asbestos-caused disease.

While a comprehensive national asbestos management plan is developed, public awareness of the dangers of asbestos exposure must be raised as a priority, particularly among home renovators and other do-it-yourself builders.

The Asbestos Management Review,[47] and the National Strategic Plan of the Asbestos Safety and Eradication Bill [section 54] recommend a set of evidence-based measures for reducing the death and disease caused by asbestos exposure in Australia.

Cancer Council Australia calls on the next Australian Government to implement the recommendations of the Asbestos Management Review. This should include, as a priority, the development of a communications strategy for raising awareness of the risks of exposure for DIY builders.

Boost public education on cancer and obesity, alcohol and sun exposure

Overweight, poor diet, physical inactivity and alcohol consumption together cause an estimated 7500 new cancer cases in Australia each year.[48, 49, 50]

This is a conservative estimate, as the effects of joint risk attribution make it difficult to account for co-factors such as poor diet and physical inactivity.[22]

As well as contributing to common cancers such as breast and bowel cancer, these factors cause a high percentage of less common cancers. On current trends, rarer cancers, such as uterine (39% caused by obesity), oesophageal (37%) and kidney cancer (25%) will become common compared with historical rates.[31,51]

While Australians are increasingly aware of the link between tobacco and cancer, awareness of these other important cancer risk factors is low. In addition, while tobacco use is declining, obesity is at unprecedented levels.[52,53] Alcohol continues to be consumed at harmful levels, with no reduction in recent years despite a number of government strategies.[54]

Community education is a key to enabling and encouraging individuals to make more informed lifestyle choices to reduce their risk of developing the cancers caused by these factors, as well as other chronic diseases.

Skin cancer awareness

Skin cancer is the most common cancer diagnosed in Australia.[3] Increased awareness and early detection have led to gradual decreases in melanoma death rates since the mid-1980s.[20] However, with population growth and ageing, and the time-lag of UV exposure, aggregate numbers of melanoma diagnoses and deaths continue to increase.[55]

Cases of non-melanoma skin cancer also continue to increase. GP consultations for treating non-melanoma skin cancer increased from around 400,000 in 1997 to 770,000 in 2010, and are projected to reach just under one million in 2015.

Medicare rebates for the GP consultations alone are projected to be $110 million in 2015; the combined health system costs of consultation, diagnosis, pathology and treatment are expected to reach $700 million in the same year.[56]

Skin cancer is the most preventable of all common cancers. The savings to the health budget from increased awareness of skin cancer risk are substantial. Independent analysis of the Government's national skin cancer awareness campaign, initially funded in the 2005-06 budget, showed a return of $2.32 for every dollar invested.[57]

Cancer Council Australia calls on the next Australian Government to continue and build on the work of 'Promoting a Healthy Australia' to improve community education and awareness of cancer risk factors.

Federal plan for phasing out solariums

The health risks of solarium (sunbed) use are well-documented.[58, 59, 60] In 2007, the Australian Government through then Minister for Health, Tony Abbott,[61] sought uniform state and territory regulation to improve solarium safety. This was followed in April 2008 by formal COAG agreement.[62] For greater safety, a number of governments have since moved to phase out commercial solariums in Australia.[63]

There is an opportunity for the next Australian Government to take the next step and lead a coordinated federal approach to the banning of solariums in Australia.

Lead a federal response to address inequitable PATS schemes

Evidence shows the further from a metropolitan centre a cancer patient lives, the more likely they are to die within five years of diagnosis.[64,65,66] For some cancers, remote patients are up to 300% more likely to die within five years of diagnosis.[67] Cancer care is less accessible as geographical isolation increases with survival rates correlating directly to quality and availability of services. Geographic isolation, shortage of healthcare providers and a higher proportion of disadvantaged groups are contributing factors.[69]

The establishment of 20 regional cancer centres across the country under the Rural Cancer Centres Initiative will reduce geographic inequity in cancer care outcomes. However, while the centres will reduce patient travel times, remote patients still need support to travel vast distances. For complex cancer cases, patients will require treatment at large tertiary hospitals in city centres.

Remote patients are also significantly disadvantaged by poor access to cancer clinical trials.[70]

Appropriate government-funded travel and accommodation assistance is therefore a critical component of improving access to care for patients in rural and remote areas – and one that has been overlooked for decades. While state-based schemes have received modest funding increases in recent years, unwieldy administration, the absence of minimum standards and cross-border inconsistencies continue to compromise patient support.

Despite long-term calls for a federal plan to improve the schemes, a Senate report and recommendations from the National Health and Hospitals Reform Commission,[71,72] PATS improvements have been conspicuously absent from the federal policy agenda.

Cancer Council Australia and the Clinical Oncology Society of Australia call on the next Australian Government to lead a national agreement with the states and territories to improve remote patient travel and accommodation assistance through increased funding, minimum standards and streamlined administration.

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