

Submission Select Committee into Funding for Research into Cancers with Low Survival 31 March 2017



MEDICAL ONCOLOGY GROUP OF AUSTRALIA INCORPORATED

A.B.N 94 601 175 669

**Submission to  
The Committee Secretary  
Select Committee into Funding for Research into Cancers with Low Survival  
Department of the Senate  
PO Box 6100  
Canberra ACT 2600**

**31 March 2017**

**From the Medical Oncology Group of Australia**

Dear Senator Catryna Bilyk,

I am making this submission on behalf of The Medical Oncology Group of Australia Incorporated (MOGA), the leading professional group for medical oncologists and medical oncology in Australia. Our Association welcomed the announcement on 29 November 2016 that the Australian Senate had established a Select Committee into Funding for Research into Cancers with Low Survival Rates to inquire and report on the impact of health research funding models on the availability of funding for research into cancers with low survival rates.

As the key stakeholder group that represents the Australian medical oncology profession we are acutely aware of the many challenges that face Australian patients diagnosed with cancers with low survival rates, their families and their clinicians. This inquiry's focus on the impact of health research funding models on the availability of funding for research into cancers with low survival rates addresses only one of these important challenges and is an important step forward.

The Association would like to present the following information for the Committee's consideration:

*Australian Medical Oncology clinicians, many of whom are clinician-researchers, are committed to improving survival rates for all cancer patients including those patients diagnosed with cancers with low survival rates, also known as rare or less common cancers, which include: brain cancers and cancers of the central nervous system, blood cancers (such as multiple myeloma, adult acute leukaemia, , pancreatic, anal, small intestine, oesophageal, liver, stomach, gallbladder cancer, cancer of unknown primary, mesothelioma, neuroendocrine cancers and many more. Currently, these cancers represent just under a quarter of all cancers diagnosed and the mortality rates for this group of cancer patients has risen, unlike with many common cancers where mortality rates have fallen. Funding for research for these cancers nationally in 2016 was recorded at 13.5% of the total funding despite these cancers representing almost half of all cancer deaths.*

#### **Terms of Reference**

The impact of health research funding models on the availability of funding for research into cancers with low survival rates, with particular reference to:

- 1. the current National Health and Medical Research Council funding model, which favours funding for types of cancer that attract more non-government funding, and the need to**

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**ensure the funding model enables the provision of funding research into brain cancers and other low survival rate cancers;**

*The Association is of the view that the current NHMRC funding model needs to be reviewed and would advocate for increased national expenditure on health and medical research. Financial and consumer imperatives will continue to drive funds from all sources for research towards the more high-profile cancers. Nationally, it is recommended that provision could be made for the establishment of a separate research fund or an annual allocation of an agreed percentage of national research funds to be granted to research projects that serve the “common good”, viz., those that attract little or no non-government funding from the community or pharmaceutical sectors such as research into brain cancer and other low survival rate cancers. Priority could be given to funding projects that form part of or complement National and International clinical trials.*

**2. the obstacles to running clinical trials for brain cancers and other cancers with relatively lower rates of incidence, with regard to:**

*The Association summarises the need for systemic changes to address the obstacles of running clinical trials for brain cancers and other cancers with relatively lower rates of incidence as follows:*

*Limited or no funding=No clinical trials=lack of access to best practice treatments for patients and clinicians=high mortality rates+ small patient populations with low survival rates+self-funded=reduced feasibility of running clinical trials and lack of commercial incentives to fund trials.*

**3. funding models that could better support much-needed clinical trials, and**

*See response to 1 above. The Association also proposes that there may be merit in providing the national and international pharmaceutical industry with financial incentives (such as tax concessions) to conduct clinical trials for brain cancers and other cancers with relatively lower rates of incidence.*

**4. funding support for campaigns designed to raise awareness of the need for further research, including clinical trials;**

*The Association is of the view that a comprehensive national marketing and communications program designed to increase the Australian community’s and medical profession’s understanding of and the need for increased research funding and activities such as clinical trials and innovative research approaches in relation to cancers with lower survival rates should be considered. This would be preferable and result in more direct outcomes for the marketing investment, than a campaign focussing on “raising awareness” of a need for research funding and clinical trials. Such a campaign could also act as a means of securing additional and alternate research funding support from the Australian corporate and community sectors. The fact that there are so few survivors to advocate for an increase in research funding for cancers with low survival rates would make for a compelling and impactful marketing campaign.*

**5. the low survival rate for brain cancers, lack of significant improvement in survival rates, and strategies that could be implemented to improve survival rates and;**

*The Association is of the view that the low survival rate for brain cancers and other low survival cancers, the lack of significant improvement in survival rates, and strategies to improve survival rates must be addressed as matters of priority. A sound research infrastructure, skilled workforce and dedicated funding are all required to gather and then translate the all-important research information into improved outcomes. Recent advances in technology allowing treatments to be*

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*matched or tailored to a patient's genetic tumour profile and the associated development of personalised medicine are demonstrating potential to make significant changes to outcomes for these patient groups. Alternative and novel approaches to clinical trials and early detection have important roles to play in improving survival rates, including immunotherapy-based and basket trials. For instance, the Molecular Screening and Therapeutics Study (MoST) offers molecular profiling of patients with rare cancers and links these to both standard and new treatments where available.*

The Association thanks the Senate Committee for their consideration of our submission and would be pleased to provide any further assistance with this important initiative.

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