

Inquiry into equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer

Hobart Hearing – 2 February 2024

Questions on Notice from Senator Wendy Askew regarding funding of tele-trials on pages 11-12.

CHAIR: Was that deliberate, or do you think it was just an oversight that there would be a need for people—

Dr Johnston: I'm not really sure how it came about. But, unfortunately, it did not really reflect the reality of what happens. We do have a lot of internal opportunity for us to send patients to the north, for example, and the north to send patients to the south, so that the suite of trials that we have is greater. But, unfortunately, it did not support that sort of model.

Dr Wuttke: I think it was a federal funding initiative.

Senator ASKEW: Do you know what the program was so that we could look it up? If you could find that that would be fantastic. If you could let us know, that would be really good—just to be able to do some more research into that. That would be fantastic.

Dr Johnston: Yes.

Senator ASKEW: Thanks for that

Response:

The program is the [Australian Teletrial Program](#) (ATP) which was funded by the Commonwealth Government under the Medical Research Future Fund. \$75.2 million was awarded over five years for Queensland Health (QLD) Health to lead the program and implement across Northern Territory, Western Australia, Tasmania, QLD, Victoria and South Australia. Tasmania was allocated \$1.8 million. This initiative commenced in early 2021.

Questions on Notice from Senator Wendy Askew regarding specialist nurses on page 13.

Dr Wuttke: They'll often attend further appointments, where we know they're going to get some tough news, and they'll appear at the session. Often people won't come with a family member, or don't have good support, so the nurse steps into that role. They even help with patients who have passed away, catching up with family and that follow-up care. They really have quite a broad range of activities that they're involved in.

Senator ASKEW: Of the 11 existing ones that you've referenced, what sort of number of patients would they be looking after on an individual basis?

Dr Wuttke: They do have some data on that, but I don't know it. They do record their numbers.

Senator ASKEW: It would be interesting if we could have access to that. Could you provide it on notice? That would be great.

The following table represents data collected by clinical nurse consultants:

Clinical Nurse Consultant (CNC) Role	Fraction	Public/Private/Both	Numbers
Metastatic breast nurse	0.84	South, Both	165
Prostate cancer	1.00	South, Both	260 + 130 patients discharged in last 12 months who can still call CNC
Gastrointestinal cancers	1.00	South, Public	300
Lung cancers	1.00	South, Public	328
Gynecological cancers	1.00	Statewide position, both	Didn't have overall number but noted 200 new patients in the past year
Adolescent and Young Adult	0.8	Statewide, mostly south Public	55

Data extracted from an internal database for 2021–22 suggested there are ~ 180 patients attending the Royal Hobart Hospital Medical Oncology clinics over the financial year who have an uncommon cancer not covered by another Clinical Nurse Consultant. Note that some of the 180 would be supported by our Youth and Young Adults Nurse Consultant. However, this information is not able to be ascertained. Our submission for a 0.6 Uncommon Cancers Clinical Nurse Consultant ('Tumour Agnostic Nurse') has not been funded/prioritised in the last two budget rounds. The addition of this role would ensure that all patients cared for by the medical oncology team would have a specialist nurse available to them.