National Cancer Screening Register Bill 2016 and National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Submission 5

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21 September 2016

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Dear Committee Secretary

## RE: The Royal College of Pathologists of Australasia Submission to the Senate Inquiry National Cancer Screening Register Bill 2016

The Royal College of Pathologists of Australasia (the College) is the peak body representing pathologists in the Australia and is integrally involved in ensuring that high quality pathology services are delivered to the Australian community. All pathology laboratories in Australia that receive Medicare funding must be accredited by the National Association of Testing Authorities (NATA)/RCPA joint medical testing accreditation program. Pathologists are at the cornerstone of screening for and diagnosing cancer and all cancer diagnoses are made by pathologists. Further, laboratories play a critical role in the reporting of pathology test results to all registries throughout Australia for cancer and other notifiable diseases. The College is thus well placed to provide this submission to the Senate Inquiry into the National Cancer Screening Register Bill.

Overall, the College is fully supportive of the proposed Bill.

Australia is a world leader in both Cervical Cancer and Bowel Screening.

The College is supportive of the Renewal of the National Cervical Screening Program which is designed to ensure all Australian women have access to a cervical screening program that is safe, effective, efficient and based on current evidence.

An essential part of the introduction of the renewal process is the establishment of a National Cancer Register so that the program can be coordinated in a systematic manner. The Register will enable implementation of many important elements, including: invitations to participate; follow-up if there is non-participation; recording of Human Papilloma Virus Vaccination Status; sending out the Faecal Occult Blood Test (FOBT) kits; recording of significant screening results; ensuring positive results are acted on appropriately; and, recording of biopsy histology results and relevant clinical history to ensure optimal patient care. The current system of State and Territory based registries has the limitation that if registrants move interstate, all their screening history can be lost and frequently they are subsequently lost to follow-up. Further, a national registry will allow improved epidemiological monitoring of cancer in the community, providing important data for detecting and following up certain groups and locations for variations in cancer incidence and outcomes.

The College supports the continued 'opt out' provisions in the Bill.

One question that has been raised is in relation to the HPV vaccination status being recorded

for young women in the age range where parental or guardian consent may be considered/utilised and when this group subsequently reach an age when they are legally able/required to consent. Does there need to be a provision to enable this to occur and to allow this group of young women to opt out?

In summary the College strongly recommends that the Senate Inquiry supports the Bill as a matter of urgency as it will be of great benefit to the Australian community. Time is of the essence as there is much work still to be done to achieve the 1 May 2017 deadline for the new Cervical Screening Program and the College will be greatly concerned if the program is delayed by the Bill as there may be health consequences for Australian patients if there are disconnects during this crucial transition phase from the current to the future program.

Yours sincerely

Dr Debra Graves Chief Executive Officer