Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2014 - 2015, 2/3 June 2014

Ref No: SQ14-00673

OUTCOME: 1 - Population Health

Topic: Cancer Screening

Type of Question: Written Question on Notice

Senator: McLucas, Jan

Question:

The Government has committed an additional $95.9 million over four years to accelerate the full implementation of the National Bowel Cancer Screening Programme. Can the government advise on their commitment to improving screening, diagnostics and treatment for the broad range of cancers?

Answer:

SCREENING

National Bowel Cancer Screening Programme
The National Bowel Cancer Screening Programme (NBCSP) provides eligible Australians the opportunity to undertake free screening for bowel cancer. Eligible Australians receive an invitation in the mail, including a self-administered Faecal Occult Blood Test (FOBT) kit and information booklet. People who wish to participate return their completed kit via mail for laboratory analysis at no cost. Test results are sent to participants (and their GPs, where nominated) and if positive, participants are advised to visit their GP for referral to colonoscopy services for further diagnosis.

Under the NBCSP, states and territories are funded to provide a follow-up service for participants who return a positive FOBT result but are not recorded on the programme Register as having visited their GP or where appropriate, made an appointment for a colonoscopy.

Screening reduces the number of Australians who die each year from bowel cancer by finding abnormalities at the precancerous stage and by detecting bowel cancer at a treatable stage.

Over the next four years the Australian Government will offer an additional 2.3 million eligible Australians the opportunity to undergo free bowel cancer screening as part of the programme.

Implementation will be incremental as follows:

- 2015-16: 74 year olds;
- 2016-17: 72 and 64 year olds;
- 2017-18: 68, 58 and 54 year olds;
- 2018-19: 66 and 62 year olds; and
- 2019-20: 56 and 52 year olds.

Once implemented, the screening interval will be consistent with National Health and Medical Research Council Guidelines[1].

BreastScreen Australia Program

The Australian Government has a long term commitment to breast screening with BreastScreen Australia, introduced in 1991, aiming to reduce breast cancer morbidity and mortality. BreastScreen Australia actively invites women in the target age group of 50-74 years of age to attend for free two yearly screening. Women 40-49 years of age and 75 years of age and older are also eligible to receive free screening mammograms but do not receive an invitation to attend.

Since the inception of BreastScreen Australia in 1991, there has been a reduction in mortality in women 50-69 years of age of approximately 36.5 per cent [2]. This is attributable to early detection through screening and advances in management and treatment of breast cancer.

BreastScreen Australia's target age range is being expanded over 4 years, from women 50-69 to women 50-74 years of age. A project agreement with the state and territories to implement the expansion has been executed. This initiative will mean more than 220,000 additional screening services can be delivered throughout BreastScreen Australia over the next four years.

National Cervical Screening Program

The Australian Government is committed to reducing cervical cancer incidence and mortality by co-funding the National Cervical Screening Program (NCSP) with state and territory governments. The NCSP encourages women aged between 18 and 69 years to have a Pap smear every two years. Incidence and mortality have both halved since the NCSP was introduced in 1991, remaining at their historic lows of 9 new cases and 2 deaths per 100,000 women since 2002[3].

In July 2009, the Australian Health Ministers' Advisory Council (AHMAC) agreed to renew the NCSP to ensure that all Australian women have access to a cervical screening programme that is acceptable, effective, efficient and based on current evidence. Through the renewal process the Medical Services Advisory Committee (MSAC) has recommended to the Australian Government that a new cervical screening test should replace the current Pap smear.

Changes to the Medicare Benefits Schedule (MBS) will require consideration by the Australia Government. Other changes to the NCSP, including registry functions, will be for consideration by the AHMAC.

DIAGNOSTICS and TREATMENT

Medicare Benefits Schedule

The Australian Government supports cancer care through a range of MBS and related

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1 National Health and Medical Research Council *Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer 2005.*

2 AIHW 2013. BreastScreen Australia monitoring report 2010-2011. Cancer series no. 77. Cat. no. CAN 74. Canberra: AIHW

3 AIHW 2014. *Cervical screening in Australia 2011–2012*. Cancer series no.82. Cat. no. CAN 79. Canberra: AIHW.

mechanisms. This includes providing: $1.6 million for high priority cancer radiotherapy related research; the ongoing funding of external beam radiation oncology equipment through Radiation Oncology Health Program Grants totalling approximately $65 million committed each year; and a range of workforce support grants to increase the number of trained medical physicists. Funding for radiation oncology and oncologist professional attendances is also provided through the MBS.

The Australian Government supports access to diagnostic imaging services for cancer diagnosis with a number of Medicare funded services including: magnetic resonance imaging for cancer staging items for cervical and rectal cancer, and breast cancer scans for at-risk women younger than 50 years; mammography and ultrasound services for breast cancer detection; positron emission tomography services for cervical cancer, oesophageal cancer, melanoma, non-small cell lung cancer, sarcoma, head and neck cancer, ovarian cancer, colorectal cancer and lymphoma; and ultrasound services for patients with prostate cancer.

MSAC assesses new and evolving treatments and services for radiation oncology and diagnostic imaging. There are currently four applications for radiation oncology and seven applications for diagnostic imaging relating to cancer care being assessed by MSAC.

Pharmaceutical Benefits Scheme

The Australian Government continues to provide Australians with access to innovative cancer medicines through the Pharmaceutical Benefits Scheme (PBS), which are provided at an affordable cost to patients. Currently, there are approximately 100 cancer treating medicines available on the PBS, costing the Australian Government close to $1.2 billion a year in expenditure.

Since its election, 221 new or amended PBS items have been listed, or will soon be listed, under the Australian Government's new process.

This includes medicines to treat cancer such as: - dabrafenib (brand name Tafinlar®), gefitinib (Iressa®), sunitnib (Sutent®) and erlotinib (Tarceva®) for the treatment of advanced melanoma, lung cancer and pancreatic cancer at a cost of $94,000, $15,000, $57,000, and $20,000 per patient. This also includes three cancer medicines listed on the PBS on 1 April 2014: denosumab (Xgeva®); panitumumab (Vectibix®) and an extension to the listing of temozolomide (Temodal®) for the treatment of giant cell tumour of the bone, colorectal cancer and glioblastoma (brain cancer) at a cost of $5,850, $22,800 and $7,900 per patient.

More recently, on 1 June 2014, the Australian Government listed everolimus (Afinitor®) for the treatment of advanced breast cancer, at a cost $38,000 per patient, per year.