EXECUTIVE SUMMARY

This inquiry gave the Senate Standing Committee on Community Affairs a unique opportunity to meet with many people in the gynaecological cancer sector, including women with gynaecological cancers, survivors, gynaecological oncologists, medical and allied health professionals, representative bodies and consumer advocacy groups.

Throughout this inquiry, the Committee heard from witnesses who commented that the inquiry's terms of reference had given the gynaecological cancer sector reason to reflect on the current challenges facing them and future directions.

The Committee's focus throughout the inquiry remained primarily with the women with, or at risk of, gynaecological cancers and their needs. Evidence suggested that women in Australia were generally able to access appropriate care and that the gynaecological cancer sector performed well when compared to other countries. Despite this, it was clear that much more still needed to be done to improve health outcomes for women and to lessen the impact of cancer on their lives.

Many of the issues and concerns that arose during this current inquiry were similar to those that the Committee considered during its June 2005 inquiry into cancer services and treatment – *The cancer journey: informing choice* – and its March 2006 Roundtable discussion on gynaecological health issues.

In the area of research, evidence strongly indicated that recurrent funding was needed to drive new developments in gynaecological oncology, particularly a screening test for ovarian cancer to enable earlier identification of the disease. Better funding support was also thought to be essential for maintaining the vitality and the enthusiasm of researchers and for minimising the burden of fundraising on community groups.

The provision of high quality treatment and wider health support programs was also argued to be a critical element in improving health outcomes for women with gynaecological cancers. However, the Committee heard that access was not equal across the community with disproportionate rates of women from rural and remote areas and from culturally diverse populations generally having limited or no access to the services they needed. Evidence suggested that this inequality was particularly evident in the areas of psychosocial and psychosexual support. Allocation of increased funding for treatment and support programs and more targeted national health strategies were considered to be important areas of need.

A pre-requisite for the timely referral of women to specialist care is a strong level of knowledge amongst professionals about gynaecological cancers. It was argued that there were varying levels of awareness amongst the medical community and effort was needed to continually improve the delivery of gynaecological oncology education on a formal and continuing basis. Better support for professionals, particularly general practitioners and nurses, to pursue educational opportunities was also highlighted as a critical need. A more targeted approach in the delivery of messages and programs were thought to be the key to appropriate referral of women to gynaecological oncologists.

The Committee heard that education for women and the broader community about gynaecological cancers was just as important, if not more so, than education for the medical community. In order for women to be aware of symptoms and to make informed decisions, information needed to be visible and accessible to women and the broader community. Coordination of existing efforts and the development of clear and consistent messages to women – possibly through a national awareness campaign on gynaecological cancers – were argued to be important elements in the way forward.

Evidence to the Committee questioned the extent to which expertise and experience in gynaecological oncology and related issues was being utilised effectively by the national health agencies, particularly Cancer Australia, that advise the Commonwealth Government. The majority of submissions that discussed the issue of representation suggested to the Committee that the gynaecological cancer sector would benefit from having its own structure, its own infrastructure and its own way of doing things. In recognition of the value of bringing people together, many recommended that a national centre be established to strengthen understanding of gynaecological cancer issues at the political and policy level and to provide many of the 'answers' needed to lessen the impact of these cancers on women.

This report has made a number of recommendations. Key amongst these is the call for initial funding from the Commonwealth Government for the establishment of a stand-alone Centre for Gynaecological Cancers within the auspices of Cancer Australia to provide a 'national voice' for gynaecological cancer issues. In making this and other recommendations the Committee saw that real change would only happen if greater emphasis was placed on the needs of women in Australia with, or at risk of, gynaecological cancers.