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Mr Elton Humphery Committee Secretary Australian Senate Community Affairs Parliament House CANBERRA ACT 2600

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE: INQUIRY INTO GYNAECOLOGICAL HEALTH IN AUSTRALIA

Submission from Gynaecological Cancer Service at Peter MacCallum Cancer Centre, Locked Bag 1, A'Beckett Street, Victoria, Australia, 8006

This submission uses the Peter Mac as an example of a large public cancer hospital providing gynaecological cancer services and highlights some of the deficiencies The gynaecological cancer service at Peter Mac is capable of providing leading edge and innovative patient care, as evidenced by published articles in peer reviewed journals (1,2,3) The Peter Mac, for example, provides highly specialised treatment of advanced cervical cancer which is not available elsewhere in Victoria - or indeed Australia. The full potential of this service is, however, not realised because it is not comprehensive in its scope as funding is limited.

Multidisciplinary care is an important aspect of the management of cancer patients. Gynaecological cancer treatments often involve surgery, radiotherapy or chemotherapy. Treatments are complex and require co-ordination of management and follow-up to obtain the best outcomes. Adequate staffing of departments of gynaecological oncology and cancer centres across the country is important and must be improved. There is an urgent need for increased numbers of **nurse co-ordinators** and other **support staff** such as appointment and secretarial staff.

The nature of gynaecologic cancers cause much distress for women and their families. Support from **psychologists**, and **sex counsellors** is lacking. Adequate psycho-sexual counselling from appropriately trained professionals is vital.

The radiotherapy for gynaecological cancers is sophisticated and technically challenging, especially the planning of brachytherapy treatments. For this reason dedicated **radiation therapists** are needed in gynaecology. Inadequate numbers often make this important specialist approach difficult.

Research and training in gynaecological cancer is also limited by resources. Public hospitals focus on the delivery of clinical services and medical staff and oncologists are seldom paid or encouraged to participate in research. There is an urgent need for adequate funding for **data management**, post-doctoral **research fellows** and **clinical fellows** in training.

Screening services are often undervalued and inadequately funded. Identifying and managing premalignant and early stage cancers is vitally important for any cancer centre. The triage and management of premalignant gynaecological conditions is not provided for at Peter Mac because of lack of funds. There is no **colposcopy service** or gynaecological **screening clinic** providing information to family practitioners or the public. A familial cancer service covering genetic issues is located at Peter Mac.

The clinical follow-up and **support of women in rural and remote areas** also needs consideration and a co-ordinated plan.

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References:

- (1) Allen D, Narayan K. Managing Advanced Stage Cervical Cancer. In: Best Practice and Research Clinical Obstetrics and Gynaecology 19: 591-609. Elsevier 2005.
- (2) Narayan K, Fischer R, Bernshaw D. Significance of tumor volume and corpus uteri invasion in cervical cancer patients treated by radiotherapy. Int J Gynecol Cancer. 2006 Mar-Apr;16(2):623-30
- (3) Narayan K. Arguments for a magnetic resonance imaging-assisted FIGO staging system for cervical cancer. Int J Gynecol Cancer. 2005 Jul-Aug;15(4):573-82.