

16 June 2006

The Secretary
Senate Community Affairs References Committee
Parliament House
Canberra ACT 2600

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Submission to the Senate Inquiry into gynaecological cancer in Australia, 2006

The Cancer Council Victoria commends the Senate for this Inquiry.

The Cancer Council Victoria is an independent volunteer based charity whose core business is cancer control. We conduct and support research, as well as deliver statewide support and prevention programs, and advocate regulation and other interventions to reduce the physical and emotional burden of cancer. We believe that every person with a cancer diagnosis should have access to the best quality treatment and supportive care.

The Cancer Council Victoria is a member organisation of The Cancer Council Australia, and is an affiliate of the Clinical Oncological Society of Australia.

The Cancer Council Victoria hereby submits comments relating to the Terms of Reference.

a. level of Commonwealth and other funding for research addressing gynaecological cancers;

The Commonwealth's commitment to research in its Strengthening Cancer Care policy is commended. This funding will contribute to central coordination of clinical trial research for gynaecological cancer in Australia through the Australian Gynaecological Oncology Group. However, support for trial participation in the clinic is still under-resourced. Additional funding for appointment of research nurses and clinical research associates for local (hospital-based) clinical research management is required.

Funding is also needed to support national research programs to address risk factors, early detection and screening for gynaecological cancers. The survival rates for ovarian cancer are far lower than breast cancer, yet research funding is significantly less. An increased level of research funding would produce significant advances in identifying risk factors and developing screening technologies to reduce the burden of gynaecological cancers in the near future. We therefore urge the Commonwealth to establish a nationally coordinated and well-funded research program for gynaecological cancer.

In addition, resources are required for state cancer registries to extend the recording of staging and treatment data to accurately measure and publish clinical outcome data. These data are important in assessing the standard of clinical care at both the state and national level.

b. extent, adequacy and funding for screening programs, treatment services, and for wider health support programs for women with gynaecological cancer;

Cervical cancer screening is adequately supported throughout the majority of Australia. The Cancer Council Victoria contributes to the national cervical screening program.

Our cervical cancer screening education program "PapScreen Victoria" is effective in reaching women from multicultural backgrounds, as well as in regional areas. Currently, there are no technologies or investigations available for population-screening programs for other gynaecological cancers. We urge the Commonwealth to allocate research funding to investigate and trial new screening technologies, especially for ovarian cancer.

The current best practice for gynaecological cancer treatment is in dedicated centres with multi-specialist clinical teams. These centres are well established in Australia's metropolitan hospitals, however regional/remote areas are still under-serviced. To access best treatment, women in regional/remote areas are required to travel considerable distances. We support increased resources for women in regional/remote areas to access appropriate health services, and in particular support for travel and temporary accommodation.

The Cancer Council's Cancer Information and Support Service (CISS) provide women with information and individual support, access to peer-support and support groups. Other state cancer councils provide similar support programs. However, there is little or no funding for psychosocial and psychosexual care for patients and families affected by gynaecological cancers. The diagnosis and treatment of a gynaecological cancer is a distressing experience and will likely affect a woman's sexuality, body image and/or reproductive capability. We refer the Committee to the NBCC "Clinical practice guidelines for the psychosocial care of adults with cancer." This document describes the importance of psychosocial care, but there are very limited resources available to ensure adequate provision of this very important aspect of clinical cancer. We therefore urge the Commonwealth and state governments to commit much needed resources to this area.

We commend the Commonwealth on its establishment and continuing support of the Ovarian Cancer Program managed by the National Breast Cancer Centre. This program has contributed greatly to increasing awareness of ovarian cancer. We support extending this program with the establishment of a National Gynaecological Cancer Centre to cover all gynaecological cancers and urge the Commonwealth to commit appropriate resources.

c. capability of existing health and medical services to meet the needs of Indigenous populations and other cultural background; and those living in remote regions;

We refer the Committee to the COSA report "Mapping Rural and Regional Oncology Services in Australia, March 2006".

d. extent to which the medical community needs to be educated on the risk factors, symptoms and treatment of gynaecological cancers;

The NHMRC *Clinical Practice Guidelines for the Management of Women with Epithelial Ovarian Cancer*, released in 2004, have been widely distributed to the medical community. We support allocation of Commonwealth funding for the development and distribution for clinical practice guidelines for cervical, endometrial, vaginal and vulval cancers.

As the symptoms of some gynaecological cancers are vague and ill-defined, General Practitioners may miss early diagnoses. Education programs for GPs are conducted by various groups on an ad-hoc basis. We support the development of a nationally coordinated GP education program on gynaecological cancer. The NBCC guide "*The investigation of a new breast symptom – a guide for General Practitioners*" (February 2006) is highly commended and a similar resource for GPs would be beneficial in identification, investigation and appropriate referral of women with a suspected gynaecological cancer. National Gynaecological Cancer Centre could coordinate such activities. We urge the Commonwealth to commit funding to this important area.

e. extent to which women and the broader community require education of the risk factors, symptoms and treatment of gynaecological cancers; and

The initiatives of the Ovarian Cancer Program have created an awareness of ovarian cancer, however greater publicity for all gynaecological cancers is required. We support an increase in resources for

development and dissemination of educational material on all gynaecological cancers, covering risk factors, prevention and early symptoms. This would require a careful analysis of exactly which messages would be beneficial to convey to the public, followed by the design of appropriate communication strategies. Again, the establishment of a National Gynaecological Cancer Centre would focus this work. A National Gynaecological Cancer Centre would provide strategic direction and leadership, develop and standardize resources, produce clinical guidelines, coordinate research and education programs.

f. *extent to which experience and expertise in gynaecological cancer is appropriately represented on national health agencies, especially the recently established Cancer Australia.*

We support broad representational appointment of professional and community members to national health agencies.

Thank you for the opportunity to provide comment to the Inquiry into research, treatment and support for gynaecological cancer in Australia.

Yours truly



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