

29 June 2006

Mr Elton Humphrey
Secretary
Australian Senate Community Affairs
Parliament House
Canberra ACT 2600

Dear Mr Humphrey

Response to Senate Inquiry into Gynaecological Cancer

Thank you for asking the Royal College of Pathologists of Australasia to make a submission to the above inquiry.

Pathologists play a very important role in the screening, diagnosis and management of women with gynaecological cancer as they are involved in assessing specimens for cytological and histological evidence of cancer, and its precursors as well as being actively being involved with other clinicians in managing these women. Further, Pathologists are involved in the molecular diagnosis of Human Papilloma Virus (HPV) infection which is associated with cervical cancer.

There are a number of points the College wishes to emphasise, prior to raising specific issues with the Senate Inquiry;

- Cervical screening has been very successful in reducing cervical cancer incidence and mortality.
- Cervical screening prevents cancer by identification of and removal of precursor lesions. This is different to other screening programs which identify small invasive good prognosis cancers.
- Cervical screening has relied on the Pap Smear for this success.

There have also been a number of recent advances worth flagging:

- Recognition of Human Papilloma Virus (HPV) infection specifically persistent infection as central but not sole cause of cervical cancer.
- Identification of high risk HPV types as responsible for most cervical cancers.
- Development of safe, effective vaccines protective against HPVs will allow primary prevention of cervical cancer. The vaccine which Australian Pathologist, Professor Ian Fraser was directly involved in developing, is already FDA approved in USA and will be available in Australia shortly. Such vaccines will prevent 70% of cancers. It must be stressed that vaccinated women will still need to be screened.

There are eight points the College would like to raise with the Inquiry:

1) Human Papilloma Virus Testing

There now exists good scientific evidence that supports the use of HPV testing for triage of smears reported as ASCUS/possible LSIL. There is also new evidence that supports this approach is cost effective. This evidence was not in existence when the Medical Services Advisory Committee (MSAC) last considered this issue in 2002. It would be prudent and timely for MSAC to perform a further assessment for HPV testing for this purpose.

Evidence published overseas shows that primary Screening using molecular tests for High Risk Human Papilloma Virus (HR HVP) in conjunction with Pap smear triage of test positive women holds great promise for the future. It would be prudent and timely for Australia to draw together its foremost exports in this field to assess what evidence and data, pertinent to local conditions, needs to be collected to inform decisions related to the introduction of such methodology into Australia.

2) Shortage of Pathologists and Scientists

There is a workforce crisis in pathology work for Pathologists (the medical specialists) and Scientists in both Australia and internationally.

When one considers each gynaecologic cancer or pre cancer is diagnosed by a pathologist and that screening for cervical cancer involves scientists, this has serious implications for the country as to how we will be able to manage gynaecologic cancer in the future.

For Pathologists the issue relates insufficient funds for training positions. The Government's own Australian Medical Workforce Advisory Committee report on Pathology Workforce of 2003 recommended that Australia needed an extra 100 training positions per year for at least 5 years. It is now year 3 of these recommendations and we have only 39 positions (10 federally funded, 1 combined Medical Industry/private and public laboratory and 29 by other states that includes :17 Queensland, 4 New South Wales, 2 South Australia, 3 Western Australia, 1 Australian Capital Territory, 1 Tasmania).

There are many laboratories ready and willing to train pathologists, there are more medical students wishing to train in pathology than there are training places, the issue is purely the availability of funding for training. This issue requires urgent attention.

3) Research : Coordination Funding

As in all areas of medicine, the key to ensuring the best practice for the management any disease is high quality coordinated research projects that provide the necessary data for an evidence based approach to management of the disease. The College would welcome further Government support of co-ordinated research into gynaecological cancers, their prevention and early detection. Initiatives that bring clinicians, pathologists and researchers together are required.

4) Promoting the Importance of Screening

While the cervical screening program has been very successful there is still a considerable number of women who do not have regular Pap smears. This needs to be addressed. Indigenous and women of some ethnic groups are underscreened. Initiatives to improve participation particularly in these women are required.

5) Improved Education for GP's and the Public

Some of the guidelines and official documents on gynaecological cancer are very long and complex to digest. For busy doctors this will often mean that they do not read them. Further, many are too complex for the general public. Some simplification and applying good communication tools to such material, along with easy access via central website repositories may be useful.

6) Pap Screen Registry

The various State and Territory Cervical Screening Programmes Registry protocols differ around Australia. Clearly it would be desirable to have a single national register that would allow for the more timely national data to be produced.

7) NH&MRC Guidelines

As expressed repeatedly during their developing the College continues to have serious concerns about the management guidelines for low grade lesions in the NH&MRC Guidelines 'Screening to Prevent Cervical Cancer: Guidelines for the management of Asymptomatic Women with Screen Detected Abnormalities'. The College is in the process of formulating a Position Statement on this and will provide this to the Committee as soon as it is finalized.

8) Issues with other Gynaecological Cancer (Endometrial and Ovarian)

It should be noted that there is an increasing incidence of Endometrial Cancer and there are also chronic problems in diagnosis and management of Ovarian Cancer. These will have implications for workforce.

Thank you once again for asking the College to provide a Submission to the Inquiry.

Yours Sincerely,



Dr Debra Graves
Chief Executive Officer