RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Submission to Cancer Australia's survey on the Australian Cancer Plan

February 2022

About The Royal Australasian College of Physicians (RACP)

We connect, train and represent 28,000 medical specialists and trainee specialists from 33 different specialties, across Australia and Aotearoa New Zealand. We represent a broad range of medical specialties including addiction medicine, general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and geriatric medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Foreword

The RACP welcomes the development of the Australian Cancer Plan (ACP) and appreciates the opportunity to provide this submission.

Whole-of-government leadership, commitment, investment and coordination will be essential to ensure effective implementation of the ACP and achieve improved outcomes in the incidence and impact of cancer.

It will also be vital to ensure that the ACP has strong links to relevant national strategies and plans including Australia's Long-term National Health Plan, the National Preventive Health Strategy 2021-2030, the Aboriginal and Torres Strait Islander Health Plan 2021-2031, the National Agreement on Closing the Gap, the National Strategic Framework for Chronic Conditions and the forthcoming National Obesity Prevention Strategy and the National Tobacco Strategy 2022-2030.

We recognise that Cancer Australia is at an early stage in developing the ACP and consequently the matters addressed in the consultation survey are broad and high level. The RACP looks forward to having further opportunities to provide input to the development of the ACP.

What would you like to see the Australian Cancer Plan achieve?

The development of the ACP offers a critical opportunity to provide national leadership and direction on cancer control and to overcome the existing silos in cancer prevention, screening, diagnosis, treatment and follow up.

The RACP agrees that the ACP should be ambitious and future-focused to address inequities and priorities across the whole cancer journey for key population groups. This must include an unwavering commitment to closing the gap on the disparities in incidence and impact of cancer in Indigenous and non-Indigenous communities.

The ACP should adopt a strategic, life course approach that considers the risks and opportunities for prevention and intervention across antenatal care, early childhood, school, tertiary education, working life and retirement. As outlined below, it should include a much stronger and sustained focus on cancer prevention with emphasis on system change and creating supportive environments.

The RACP calls for stronger policy focus on occupational cancer as a significant preventable contributor to cancer incidence and deaths, with an estimated 11% of cancers in men and 2% of cancers in women that may be attributed to exposure to carcinogens in the workplace.[1]

Key priorities and opportunities for national action

Close the gap on Indigenous Disadvantage

Indigenous people are more likely to die from cancer due to a higher prevalence of cancer-related modifiable risk factors, poorer access to health services, and lower uptake of screening and diagnostic testing.[2] Indigenous people also have a higher likelihood of being diagnosed with cancer at an advanced stage, and a higher incidence of cancers that are more likely to be fatal.[3] These disparities in cancer outcomes are significantly influenced by the social determinants of health – factors such as education, employment, contact with the justice system, income and housing that affect a person's health and wellbeing at each stage of life.[4]

[1] Occupational cancer in Australia. Safe Work Australia, 2006

[2] Australian Institute of Health and Welfare: Cancer in Aboriginal and Torres Strait Islander people of Australia. Cat. no. CAN 109. Canberra, AIHW, 2018. Cancer in Aboriginal & Torres Strait Islander people of Australia, Report editions - Australian Institute of Health and Welfare (aihw.gov.au)

[3] Ibid.

[4] NSW Ministry of Health: NSW Aboriginal Health Plan 2013–2023. North Sydney, NSW Ministry of Health, 2012

Closing the gap in cancer disparities of Indigenous and non-Indigenous Australians should be embedded across all priority areas and include specific targets and actions. This priority area must be centred on strong collaboration, partnership and co-design with the Aboriginal Controlled Community Health sector and Indigenous consumers in development and implementation of the Plan.

Improving identification of Indigenous status of patients and collection of data on the care experience of Aboriginal and Torres Strait Islander people is critical to inform policy and program planning and monitor progress on outcomes.

Strong and sustained focus on health promotion and cancer prevention

The ACP should include a strong and sustained focus on broadscale improvements in social determinants of health to promote population-level health and wellbeing, paired with an emphasis on clinical cancer prevention. The ACP must have clear linkages with the National Preventive Health Strategy 2021-2030. We note that while the ACP is intended to set key national priorities and action areas over the next ten years across the cancer control continuum the Communique from the Ministerial Roundtable appears to focus more on treatment than prevention.

Prevention efforts must include a focus on systems change, creating supportive environments and addressing the social, occupational and economic determinants of health to shift the dial on the incidence and impact of cancer.

Implementing evidence-based measures to reduce the harmful impacts of alcohol

Alcohol consumption is a well-recognised risk factor for six forms of cancer, including mouth and throat, larynx, esophagus, colon and rectum, liver as well as breast[5]. This risk is proportional to the amount of alcohol consumption[6]. The World Health Organisation (WHO) has identified that the most cost-effective actions to reduce the harmful use of alcohol include increasing taxes on alcoholic beverages, enforcing restrictions on exposure to alcohol advertising, and restrictions on the physical availability of retailed alcohol.[7]

Key measures should include:

- Statutory restrictions on marketing of alcohol, including banning alcohol advertising in sport, as a first step towards phasing out of all promotion of alcohol to young people.
- Restrictions on the number and opening hours of liquor outlets, minimum pricing of alcohol and volumetric taxation.
- Regulation of on-line sales and delivery, in line with the recommendations of FARE, including requiring ID checks upon delivery and ban on unattended delivery, to ensure alcohol is not supplied to children or people who are intoxicated.
- Mandatory warning labels for all alcoholic beverages.

Further information on the rationale and evidence for these measures is outlined in the RACP Alcohol policy (2016).

Accelerating action to prevent obesity through evidence-based approaches

There is consistent evidence indicating that obesity increases the risk of several cancer types and is linked to cancer survivorship[8]. The burden of cancer attributable to obesity is about 12% in men and 13% in women globally[9]. Obesity increases not only several types of cancers, but also the risks of many non-communicable diseases such as type 2 diabetes mellitus, and cardiovascular disease.

Key measures should include:

[5] CDC: Alcohol and Cancer. https://www.cdc.gov/cancer/alcohol/index.htm
[6] CDC: Alcohol and Cancer. https://www.cdc.gov/cancer/alcohol/index.htm
[7] https://www.who.int/health-topics/alcohol#tab=tab_3

[8] National Cancer Institute. Obesity and cancer. https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet#what-is-known-about-the-relationship-between-obesity-and-cancer-
[9] Avgerinos KI et al. Obesity and cancer risk: Emerging biological mechanisms and perspectives. Metabolism. 2019 Mar 1;92:121-35.

- Establishing mandatory regulations to restrict the marketing of unhealthy diets to children and young people, including regulation to protect children from digital marketing and ensuring public spaces and events are free from unhealthy food marketing.
- Implementing an effective tax on sugar-sweetened beverages to encourage reformulation and reduce consumption – and to use the revenue generated to facilitate access to healthy diets
- Revise the Health Star Rating system with stronger emphasis on sugar content and require that the labelling be mandatory to encourage consumers to choose healthier options and motivate food manufacturers to develop healthier products.
- Promote a health-in-all policy approach across all levels of government, in urban planning design and transportation to prioritise and promote participation in physical activity and active recreation.

The rationale and evidence for these measures is outlined in the RACP Position Statement on Obesity (2018).

Prevention initiatives focusing on community education and changing individual behaviours should include:

- Building health literacy of all Australians to understand cancer and its risk and preventive factors. The ACP should consider the opportunities for targeted community education across the life course, starting in early childhood education and primary school. Targeted community education initiatives should include a focus on raising awareness within Indigenous communities, culturally diverse communities and other priority population groups.
- Prevention and education in the workplace on the risks and controls of occupational cancers using opportunities for employers to understand the carcinogenic and other hazards of their workplaces, and to recognise how to minimise the risks of adverse health outcomes in their workers by applying the hierarchy of controls. Occupational risk management strategies are key to reducing preventable occupational cancers.

Accelerate screening and early detection

Evidence-based cancer screening and early detection plays a key role in cancer prevention and better treatment outcomes. However, there is evidence showing that cancer screening rates across socioeconomic areas can vary in Australia. For example, the 2021 AIHW monitoring report of national bowel cancer screening program[10] found that the participation rate was lowest for those living in the lowest socioeconomic areas and in very remote areas.

The RACP supports a continued focus on increasing rates of evidence-based cancer screening, particularly in population groups or geographical areas where cancer screening rates are low.

The COVID-19 pandemic has put immense strain on the broader health system including disruptions to vital screening services and delayed cancer diagnosis. Throughout the COVID-19 pandemic, for example, breast cancer screening services have been paused or had reduced capacity. The Productivity Commission's Report on Government Services 2022 shows a decrease in breast cancer screening rates nationwide from 2018-19 to 2019-20. While this is due in part to deferral of screening due to lockdowns, even those states less impacted by lockdowns have seen significant drops in rates.[11]

This highlights the need to accelerate efforts focused on catch-up for evidence-based preventative checks and screening. It is also vital to plan for and minimise any future disruption and delays in screening, diagnosis and treatment during any future lockdowns (or future pandemics).

Improve timely and equitable access to cancer treatment, care and support

All people with cancer deserve timely and equitable access to treatment, care and support. The ACP should have a sustained focus on overcoming the financial, geographic and cultural barriers that impact on equitable access to care and treatment.

[10] AIHW monitoring report of national bowel cancer screening program. 2021. https://www.aihw.gov.au/getmedia/9d83956b-37bc-4152-af0a-cbe14ce21d7d/aihw-can-139-National-Bowel-Cancer-Screening-Program-monitoring-report-2021.pdf.aspx?inline=true

[11] Productivity Commission, Report on Government Services 2022, Part E, 2022, https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/health/primary-and-community-health

These priority areas should include:

- Strengthening integration and multidisciplinary care – this should include a focus on collaborative care delivery models and incorporation of non-cancer specialties into cancer models of care (see discussion on the RACP Model of Integrated Chronic Care below).
- National leadership on cancer workforce development and addressing skill shortages.
- Addressing the exorbitant costs of non-generic cancer drugs and the related issue of lack of cost transparency.
- Improving quality research and access to new cancer therapies where there is evidence of benefit while also addressing the financial burden for cancer patients by reducing out-of-pocket expenses.
- Scaling-up provision of telehealth and digital health innovation (and sustaining current initiatives, including phone consultations, beyond the COVID-19 pandemic).
- Assisting cancer survivors, who are often younger, to remain in the workforce during treatment and recovery, and to have support for their familial and other needs.
- Ensuring that high quality palliative and end-of-life care services are available to all people with cancer who want or need them.
- Promoting value-based health care and reducing low-value care (for an example of a RACP-led initiative, see the section on the Evolve program, below).
- Strengthen investment in research, clinical trials and knowledge translation.

The ACP should include a strong focus on priority-driven national research funding, clinical trials and knowledge translation. This should include a focus on expanding research to address health inequities and disparities in cancer outcomes for Aboriginal and Torres Strait Islander communities, people living in rural and remote areas and those in lower socioeconomic groups.

Investment in research should have much greater focus on building the evidence base for cancer prevention. The Ministerial Roundtable presentation by Professor Grant McArthur from the Victorian Comprehensive Cancer Centre identifies critical areas of cancer research that are currently underfunded. Notably, in the period from 2006 to 2011, only 2% of research funding was allocated to projects focused on cancer prevention.

Research must also address inherited cancer risks with a view to improving their screening, prevention and treatment. Genomic testing identifies high risk families for screening and prevention while somatic testing is used to target therapies and apply precision care. Support for genomics is needed across Australia, with all paediatric cancer patients (and in some cases their adult family members) likely to benefit from this area of treatment.

What examples and learnings can we build on as we develop the Australian Cancer Plan?

In developing the ACP, the drafters should consider the following initiatives.

Strengthening integrated and multidisciplinary care – the RACP Model of Chronic Care Management

Chronic conditions often require care and treatment across the primary, secondary and tertiary sectors. Without appropriate expert complex care, delayed and uncoordinated treatment of people with multi-morbidities can lead to preventable unplanned, reactive hospital admissions due to exacerbations of one or more of their conditions.

A cross-disciplinary, cross-organisational approach is fundamental to effective integrated models of care, especially for patients with chronic, complex health issues. Improved collaboration across health sectors and between healthcare providers has been shown to reduce the incidence of preventable hospital admissions, improve health and wellbeing and transitions of care, improve the interface between hospital and community providers, and provide additional support to caregivers.

For patients with chronic conditions, there is a pressing need to have GPs and physicians enabled to work collaboratively for their patients, based on the same care plan.

Some states have supported more integrated care models. However, the RACP advocates for more sustained and consistent implementation of integrated care approaches across the nation.

The RACP Model of Chronic Care Management (PDF) for people with co-morbidities at an 'intermediate' level of care makes multidisciplinary team care more accessible and patient-centred. This is a non-Fee for Service model that has two pathways to the integrated care program: from primary care or from secondary care.

There are two key pillars fundamental to the RACP vision for integrated care:

1. Supporting specialists to undertake their role in informing, planning and contributing to care for patients with chronic, complex and multiple healthcare needs.
2. Supporting specialists to work in community-based ambulatory settings – whether physically or virtually.

These pillars are supported by seven principles – patient-centred, flexible, locally implemented and multidisciplinary healthcare that provides for measurable outcomes, and that focuses on quality of care and patient safety.

The model includes a care coordinator who has clinical nurse expertise. The coordinator role is integral to the model of care because this will be the common point of contact for the patient and each of the care providers included in the consumer's cancer care plan. The coordinator will assist the patient and family/carers to better navigate the multiple care pathways required to improve outcomes and patient satisfaction. This role therefore requires knowledge of treating local physicians within the hospital(s) and general and allied health practices.

Smokefree Aotearoa 25

Smokefree Aotearoa 25 offers an example of a comprehensive policy framework which contrasts with the more common incremental and piecemeal approaches to achieve smokefree goal.

In 2011, the New Zealand Government set a goal for Smokefree 2025 – that is, by 2025 less than 5% of its population will be smokers. Smokefree 2025 proposes to attain this ambitious goal by:

- protecting children from exposure to tobacco marketing and promotion
- reducing the supply of, and demand for tobacco
- providing the best possible support for quitting.

To accelerate progress towards Smokefree 2025 goal, the New Zealand Government launched the Smokefree Aotearoa 2025 Action Plan in December 2021. This clearly sets out specific actions and policies that the Government will take to materialise tobacco endgame and beyond, and the measures for its success.

The Plan has three key outcomes:

- Eliminating inequities in smoking rates and smoking-related illnesses.
- Ensure children and young people never start smoking and remain smokefree.
- Increase the number of people who successfully quit smoking.

It comprises six focus areas and associated potential actions, ranging from Māori leadership and decision-making to giving smokers the wrap-around smoking cessation support, and making tobacco products less accessible, affordable and addictive. Key proposed actions to achieve tobacco endgame include:

- The introduction of a smokefree generation policy
- the significant reduction in availability of tobacco products, including a 'sinking lid' policy
- the reduction of nicotine in smoked tobacco products to very low levels.

The development and implementation of the recently released draft of Australia's new National Tobacco Strategy offers an opportunity to review the current policy settings to reduce tobacco-related harm. The College looks forward to participating in the consultation process.

Evolve

As part of a global movement, Evolve is a flagship initiative led by physicians and RACP to drive high-value, high-quality care in Australia and New Zealand. Evolve is a founding member of Choosing Wisely in Australia and New Zealand, with all Evolve 'Top-Five' recommendations part of the Choosing Wisely campaign.

Evolve aims to reduce low-value care by supporting physicians to be leaders in changing clinical behaviour for better patient care, make better decisions, and make better use of resources. Evolve has developed several 'Top-Five' recommendations that are relevant to the cancer care continuing and is continuing promotion and development of its Top Five lists and recommendations.

Comprehensive cancer centres

In the US, the National Cancer Institute (NCI) funds and recognises cancer centres that meet rigorous standards for transdisciplinary, state-of-the-art research focused on developing new and better approaches to preventing, diagnosing, and treating cancer. The cancer centres develop and translate scientific knowledge from promising laboratory discoveries into new treatments for cancer patients. Currently there are 71 NCI designated cancer centres in 36 states, each of which meet rigorous standards as either a cancer centre, a comprehensive cancer centre, or a basic laboratory cancer centre. Comprehensive cancer centres are recognised for their leadership and resources, in addition to demonstrating an added depth and breadth of research, as well as substantial transdisciplinary research. The cancer centres serve their local communities with programs and services tailored to their unique needs and populations.

The Victorian Comprehensive Cancer Centre (VCC) is a purpose-built building for cancer research, treatment, care and education in Melbourne. The VCC Alliance, a partnership between 10 leading medical, research and academic institutions is based at the centre. The VCC Alliance provides education and training to build a skilled cancer workforce, leadership and collaboration and research development focusing on accelerating translation of research findings into clinical practice.

Genomics testing in childhood cancer patients: ZERO childhood cancer program

Children's Cancer Institute's ZERO childhood cancer program seeks to improve the outcome of childhood cancer patients through the implementation of precision medicine. Through its pilot and national PRISM trials, the ZERO program has demonstrated the feasibility of using comprehensive molecular profiling and preclinical drug testing in real time for high-risk childhood cancer patients. ZERO seeks to build on these findings to further improve the outcomes of all childhood cancer patients. ZERO2 will look at the benefits of genomics testing in all childhood cancer patients where possible.

Other examples and learnings we can build on

- Learning from the success of population-based tobacco control interventions in reducing smoking rates in Australia and applying these learnings to other areas of preventative health.
- EU Tobacco Directive on Tobacco products including rules relating to packaging, labelling and use of e-cigarettes in public places.
- There may be an opportunity to establish a local champion network approach in underserviced areas to assist in providing health promotion, education and vaccination. This has been successfully applied in other countries.

Governance, funding and accountability

Strong whole-of-government leadership, commitment, investment and coordination are essential to ensure effective implementation of the ACP. Robust mechanisms for governance, funding, and accountability will be required to successfully coordinate and implement system-wide changes across jurisdictions, sectors and government portfolios.

The ACP should define a clear governance and oversight structure with clear mechanisms for review, evaluation and transparent public reporting on progress. The governance mechanisms should include representation of health consumer groups, medical professional bodies and the Aboriginal Community Controlled Health Sector.

Implementation plans should include specific actions, clarity on the stakeholders and on who is responsible and accountable, and milestones and measurable targets to drive coordinated efforts for each priority area.

Continued efforts are needed to strengthen national data linkage and reporting on cancer stage, treatment and recurrence. This should focus on the establishment of standardised nationally agreed metrics to measure

cancer outcomes and inform planning of equitable cancer care across the care continuum. This should include a strong emphasis on improving the quality of data relating to identification of Indigenous patients and their experiences of care. It should also include a focus on addressing existing gaps in data relating to occupational cancer.