Sustainable Health Review Secretariat
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Dear Panel Secretariat,

Submission to the Sustainable Health Review

Cancer Council Western Australia (CCWA) welcomes the opportunity to provide a submission to the Sustainable Health Review Panel.

CCWA is a not-for-profit, incorporated association and has been the leading non-government cancer agency in Western Australia since 1958. Our vision is to achieve a cancer-free future for the people of Western Australia. Our mission is to minimise the incidence and impact of cancer on our community through advocacy, research, education and by providing people affected by cancer with support to enhance their quality of life.

Every year in Western Australia, more than 12,000 people hear the words, "you have cancer." Sadly, there are around 4,000 cancer deaths among WA residents each year (1). In addition, more than 80,000 non melanoma skin cancers are treated each year in WA. The burden of cancer in the community and on the health system is high, and is set to increase with an ageing population and, paradoxically, improved treatments that lengthen survival. Cancer accounts for a major proportion of total health system expenditure in Australia (2).

Our recommendations focus on three key areas:

- investments in cancer control (primary prevention and early detection),
- strengthening cancer services and ensuring equitable access; and
- increased funding for cancer services data and local cancer research.

We are confident that improvements in these areas will reduce the future health and cost burden and make a significant contribution to a more sustainable, patient centred health system in WA.

We thank the Panel for the opportunity to contribute to the Review to help shape the future of the WA health system. Should you require clarification of any matter raised in this submission, or would like to request additional information, please do not hesitate to contact me.

Yours sincerely,

Ashley Reid
Chief Executive Officer, Cancer Council Western Australia

Key Area: Improvements in Population Health Aspects of Cancer Control

In this section, we make a case for population health aspects of cancer control, which encompasses both the primary prevention and early detection of cancer. Population-level interventions can accrue long term financial benefits, and cuts in this area are very likely to represent a false economy (3).

Primary Prevention

Primary prevention, with respect to cancer, means avoiding new cases of cancer by reducing people's exposure to known modifiable factors that increase their risk of developing the disease. A recent Australian study made a conservative estimate that about one third of all invasive cancers are preventable. The authors concluded that up to 37,000 cancers could be prevented in Australia each year if the population avoided exposure to 13 common factors known or strongly suspected to cause cancer (4). Of those that can be prevented, almost all are caused by exposure to these risk factors: tobacco smoke (13.4%), UV radiation (6.2%), inadequate diet (low fibre intake, low fruit intake, excess red meat) (6.1%), overweight and obesity (3.4%), infections (2.9%), alcohol (2.8%), insufficient physical activity (1.6%), hormones – menopausal hormone therapy (MHT) (0.5%), insufficient breast feeding (0.2%), hormones – combined oral contraceptive pills (OCPs)(0.1%)

Recommendation: Increase investment in skin cancer prevention

Non-melanoma skin cancer accounts for the second highest health expenditure at a national level (2). This reflects the situation in WA, where it is estimated that **81,402 cases of skin cancer were treated in 2015, at a cost of more than $65 million** (5). This makes non-melanoma skin cancer a very common and expensive cancer.

Additionally, malignant melanoma exerts a growing burden on the health system. The annual **estimated cost for treatment of all new cases of in situ and invasive melanomas in Australia is $201 million** (6).

Skin cancer is almost entirely preventable and significant opportunities remain to reduce the impact of this disease through the application of effective health promotion strategies. It follows that increased efforts to prevent skin cancer will reduce the substantial cost burden of this disease on primary care, hospitals and patients. Effective strategies in this area include public education campaigns, promoting evidence-based UV policies and practices in key settings, enhancing early detection and primary care and engaging with local governments to promote the use of shade in public areas.

Progress is being made in that there has been a marked decline in the rates of melanoma in people under the age of thirty-nine in WA over the past decade or more (7). This age cohort represents the first generation to grow up with SunSmart's "Slip Slop Slap" message. This strong decline in incidence is not yet evident in the older age groups, however melanoma incidence seems to have plateaued in the 40 – 59 age group over this period. This suggests some benefit of prevention efforts in this age group is being realised. Both are encouraging signs that early investment in skin cancer prevention is producing dividends. To abandon such efforts now risks a setback in skin cancer prevention efforts and a subsequent increase in disease (and cost) in future generations of Western Australians. There is no doubt that skin cancer prevention is highly cost-effective (8).

Recent intentions signalled by the WA Health Promotion Foundation (Healthway) to remove skin cancer prevention as a priority area is a concerning development in this regard.

Recommendation: Maintain investment in tobacco control and prioritise tobacco law reform

Although smoking rates in WA are at a record low of 9.1% for adult daily smokers (9), this still means that around 187,000 West Australians are at risk of death and diseases caused by tobacco. Every year, 1,600 people in WA die because they smoked, and each day 52 people are admitted to West Australian hospitals as a result of their smoking (10). In 2009/10, CCWA commissioned research to determine the costs of smoking in WA. For that financial year, **the total direct health care costs attributable to smoking were estimated to be $202 million** (11). As smoking continues to be a heavy burden on the health system, there is no room for complacency.

A wealth of Australian and international evidence shows that sustained investment in mass media campaigns, such as Make Smoking History, and strong public policy on tobacco control will allow WA to accelerate further declines in smoking prevalence. If WA was to become complacent and reduce its investment in mass media campaigns, we have strong evidence to suggest it would quickly undo the gains that have been made. A study examining the impact of ceasing funding of South Australia's anti-tobacco mass media campaign illustrates the alarming results of complacency (12). Decreases in smoking prevalence were observed across most subgroups during a high intensity advertising period over three years. However, smoking prevalence increased to baseline levels for males and for the most socio-economically disadvantaged after the campaign ceased.

Recommendation: Maintain investment in the prevention of overweight and obesity, and the harmful consumption of alcohol

Obesity is a significant risk factor for eleven cancers including bowel, kidney, pancreatic, oesophageal, endometrial and breast (in postmenopausal women) (13). In Australia in 2011-12, around 63% of Australians aged 18 years and over were overweight or obese (14). Australians are obtaining around a third of their energy from less healthy, discretionary food and beverages (15), (16) Overweight and obesity increase the risk of many other chronic diseases, putting considerable pressure on the health system. **In 2011, the total acute hospital costs in WA attributed to excess body mass were $253.2 million, or 5.7% of all acute hospital expenditure** (17). This cost is projected to increase to $530.2 million (in constant price dollars) by 2021, largely due to increased costs for diabetic renal dialysis. This reinforces the importance of sustained investment in comprehensive programs, such as LiveLighter, to encourage people to eat well, be physically active and maintain a healthy weight.

The harmful consumption of alcohol is associated with several cancers, cardiovascular conditions, injuries, mental illness, liver cirrhosis, Type 2 diabetes and Foetal Alcohol Spectrum Disorder (FASD), among others (18). It remains a leading cause of preventable death, injury and disease and, in 2006, **total hospitalisation costs associated with alcohol were more than $33 million**. In addition, **the cost of alcohol-related presentations to emergency departments for injury and assault alone was $7.15 million** (19).

Early Detection & Population Screening

In this submission, we use 'early detection' to mean diagnosis of cancer at an early stage of the disease, in order to reduce disease severity, complications and improve prognosis. Population screening refers to the systematic screening of people who have no clinical signs and symptoms of cancer.

Recommendation: Lift participation in and effectiveness of bowel cancer screening

With around 1,229 people diagnosed in WA each year, bowel cancer is the most common invasive cancer affecting both men and women (1). Bowel cancer is the second most common cause of death by cancer, after lung cancer. **At a national level, bowel cancer accounts for the highest health system expenditure on cancer** (2). The National Bowel Cancer Screening Program using the faecal occult blood test (FOBT) was established in 2006. However, awareness of bowel cancer screening is low in WA and there is confusion around the screening process and eligibility criteria (20). In WA, 41% of eligible people participated in the National Bowel Cancer Screening Program in 2015/15, which is slightly above the national average of 38.9% (21). State Government investment to promote bowel cancer screening and increase the participation rate would save lives and reduce the high economic impact of bowel cancer.

Recommendation: Ensure successful transition to the renewed National Cervical Screening Program

Major changes to the National Cervical Screening Program will be implemented from 1 December 2017. Two-yearly Pap smears will be replaced by cervical screening every five years to detect the presence of HPV (22). In March this year, an online petition signed by more than 70,000 Australians highlighted confusion and persistent misconceptions about the new program (23). In order to ensure a successful transition, and to avoid a fall in participation rates, a local strategy should be devised for communicating these changes to WA women. This should be supported by adequate resources. This strategy is also needed to counter beliefs that women who have been vaccinated against HPV no longer need Pap smears. There is emerging evidence that vaccinated women have a lower participation rate in cervical screening than their unvaccinated counterparts (24).

Australia is among the world leaders in reducing the burden of cervical cancer. We sit on the verge of eradicating a cancer as we have the technology to prevent, better screen for and treat early stage disease. This eradication can be achieved with wider reach of existing and emerging programs. Reaching more vulnerable populations such as rural, remote, Aboriginal and culturally and linguistically diverse populations should be a priority so as to allow the vision of eradicating this cancer to become a reality in Western Australia.

Key Area: Strengthening Cancer Services and Ensuring Equitable Access

This section considers how the management of WA cancer services can be optimised to improve the patient journey from suspected diagnosis to survivorship or transition to end of life care. In this respect, there is also a need to ensure equitable access to cancer services.

Recommendation: *Continue to ensure an integrated state-wide cancer service strategy is in place*

The commencement of cancer services at FSH and shifts at SCGH and other metropolitan hospitals highlighted significant system barriers to coordinated cancer care in the state in 2015-16. A Cancer Care Taskforce (the Taskforce) was established to investigate and seek recommendations to rectify system challenges. With an aim to, "optimise the management of cancer services across WA Health to minimise waiting times and maximise an efficient and safe patient pathway, ensuring that all patients are seen and treated within recommended clinical time frames" (25), the Taskforce identified a number of recommendations for implementation. As this work was underway, significant changes to WA's health system took effect, with the DoH becoming System Manager. The implementation of the Taskforce recommendations now rests with Area Health Boards and there is uncertainty on if and how the Taskforce recommendations will be supported. It is essential that this program of work remains adequately resourced and outcomes reported to ensure improved access to cancer services, timeliness of care, safety, quality and an improved overall patient experience.

We would caution against further fragmentation of cancer services and of particular concern is the decentralisation of our world class Cancer and Palliative Care Network (WACPCN). The WACPCN holds dual roles of system strategic oversight and clinical care coordination and it is central to ensuring the continuation of a well governed, strategically placed equitable care for all cancer patients.

The introduction and adherence to the National Cancer Expert Reference Group (NCERG) agreed optimal care pathways (26) in WA are crucial to ensure all cancer patients receive standardised access to care and treatment. Resources will be required to ensure both adherences to the OCP and data collection to evaluate patient outcomes and variability when optimal care pathways are not reached.

With 85,000 people in WA living with cancer, there is a need to address survivorship issues (27), including community-based support and access to psychosocial services and interventions. Although many more people are living after their cancer, there is an increasing burden of patients whom are not living well. Be that physical and/or emotional disability to loss of income, to reduction in quality of life due to effects of cancer treatment. A sustainable health system requires coordinated

survivorship management including late effects clinics for those patients at risk of chronic disease and secondary cancers.

Recommendation: Provide funding for Cancer Nurse Coordinators dedicated to Aboriginal cancer care

The incidence of cancer in Aboriginal people is around 10% higher than for non-Aboriginal people, with mortality 30% higher for Aboriginal people and 65% higher for Aboriginal people living remotely (28). Aboriginal people are three times as likely to develop liver and cervical cancer, and around twice as likely to develop lung cancer and cancer of unknown primary site. Because Aboriginal people are more likely to be diagnosed at a later stage (29), may have difficulty accessing cancer services, are more likely to have chronic disease comorbidity and are less likely to be offered, choose or complete curative treatment (28), they have poorer survival rates (30). Integrating and implementing the recommendations from the National Aboriginal and Torres Strait Islander Cancer Framework 2015 (31) will play a significant role in meeting the needs of Aboriginal cancer patients and their families. Dedicated Cancer Nurse Coordinators for Aboriginal people would ensure that they have access to culturally appropriate support and guidance in decision making and access to treatment.

Recommendation: Address the divide between metropolitan and regional cancer patient outcomes

People living in rural and remote areas of Western Australia have poorer cancer survival outcomes compared to those in Perth (32). With more people retiring in country areas, this is putting pressure on regional cancer services. Patients living north of Geraldton have no option but to travel to Perth for chemotherapy. Although some patients may be eligible for a travel and accommodation subsidy through the Patient Assisted Travel Scheme (PATS), the rebate has not kept pace with the actual cost, leaving patients with a considerable cost burden. Cancer Council WA has observed an increase in requests for financial assistance, and strong demand for our accommodation at Crawford and Milroy Lodges. We are appreciative of the support to continue the “Find Cancer Early” campaign in regional WA. Programs such as this can only help reduce the gap between city and country cancer patients if adequate diagnosis and treatment services are available to people from regional WA.

Key Area: Increased Funding for Cancer Services Data and Local Cancer Research

This section addresses the need for timely, high quality data about the performance of WA’s cancer services, and local research to drive high quality efficient and effective program and service delivery as well as breakthroughs in the prevention, early detection and treatment of cancer. This increased knowledge will improve the efficiency of WA’s healthy system and ensure the best possible outcomes for cancer patients.

Recommendation: Collect State-wide data about the performance of WA’s cancer services

A dedicated and secure state-wide Cancer Registry that provides timely and accurate data on the performance of WA’s cancer services will allow informed planning that can have a significant impact on the incidence and impact of cancer in WA. Such a system would enable existing data to be linked to screening, diagnostic, multidisciplinary care and survival data to provide a better understanding of patients’ journey through the WA health system. The expansion of the Registry to capture and report cancer stage data is a vital next step to better drive the precision of data and therefore improvements in efficiency in programs and services. This is essential because patients often move between different treatment centres. Although not particularly costly, the ability to access this information could identify areas in which services can be provided more efficiently, thus resulting in savings for the health system.

Recommendation: Increase funding for targeted, local cancer research

Research should be the underpinning of high quality, efficient cancer prevention, early detection and care. Increased funding for cancer research through the Future Health Research and Innovation Fund is needed to ensure that talented local researchers are able to remain in WA, and to attract national and international funding. High-quality research is the primary driver of advances in the prevention and treatment of cancer. Increased funding would also enable more

WA patients to take part in clinical trials, which may improve their prognosis. Funding for cancer research should be informed by the latest survival statistics from the WA Cancer Registry, contained in the Cancer Effect Report (33). There has been a nearly 20% increase in the relative survival rate since the 1980s, which the Cancer Effect Report attributes to:

- "earlier detection of cancer via national screening programs (eg. breast, colorectal);
- greater education about and awareness of possible cancer-related signs and symptoms; and
- advances in medical treatments."

Medical research has led to substantial improvements in the treatment and survival rate of certain cancers, such as breast cancer. But for some cancers, such as pancreatic, lung, liver, brain and stomach & oesophageal, the prognosis remains poor. Given that lung cancer is both common and has a low survival rate, there is a strong case for increased funding associated with this disease (34).

Embedding research into the WA health system also has the advantage of ensuring evidence based practice that is efficient and effective. Specifically, better support for clinician researchers is vital. Clinicians in leadership positions in WA Health are best able to advance quality and efficiency if they are engaged with high quality research. There is also the prospect of better underpinning a sector that can attract additional resources through national and international competitive research funding programs. Locally conducted research ensures that the latest developments from elsewhere in the world are more quickly adapted and adopted to benefit the Western Australian community.

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