

Victoria's Cancer Action Plan 2008-2011

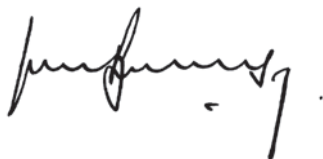
In brief



A Victorian
Government
initiative

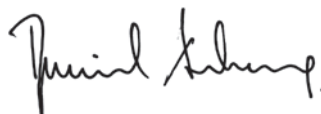


I have nominated tackling cancer as one of my top priorities for Government...we will make sure that Victorians have access to the best possible cancer care, informed by world-class research. We will invest in innovative prevention and treatment strategies in order to improve care and save lives.



The Hon John Brumby MP
Premier of Victoria

This Plan builds on our current strengths to unlock the potential for further improvements in cancer care. Through implementation of the plan we aim to save 2,000 Victorian lives by 2015 that would otherwise have been lost to cancer. I have a strong personal commitment to the plan, and will be chairing the Cancer Action Plan Implementation Committee charged with bringing the actions to fruition.



The Hon Daniel Andrews MP
Minister for Health

Action Area 1:

- Priority 1:** Reduce the prevalence of established risk factors for cancer in the Victorian population
- Priority 2:** Increase participation rates in population-based cancer screening programs
- Priority 3:** Increase access to genetic screening and new diagnostic technology

Action Area 2:

- Priority 1:** Sustain and strengthen Victoria's leadership role in linking cancer research to clinical outcomes within Australia
- Priority 2:** Invest in translational research and develop partnerships with industry
- Priority 3:** Further develop institutional structures, platforms and support systems to facilitate cancer research and its effective translation into clinical practice in Victoria

Action Area 3:

- Priority 1:** Improve cancer service capacity across Victoria
- Priority 2:** Improve the quality of cancer services through the consistent implementation and monitoring of evidence-based care
- Priority 3:** Improve access to cancer diagnostic and treatment equipment and ensure a sustainable cancer workforce

Action Area 4:

- Priority 1:** Create better experiences for cancer patients and carers
- Priority 2:** Ensure the needs of adolescent and young adults with cancer are addressed and that long-term effects of treatment for survivors of childhood cancers are managed
- Priority 3:** Increase capacity of palliative care services to provide care for patients in the place of their choice



Prevention and effective screening will help our communities live longer healthier lives and spend more time with their family and loved ones

Breast cancer is the leading cause of cancer death in Victorian women. The disease has a major impact on individuals, families and communities.

Among the many targets of *Victoria's Cancer Action Plan* is funding for an extra 20,000 breast screens per year for women in the 50–69 year-old age group.

The Plan will also commit to working with the Commonwealth Government to achieve a 60 per cent participation rate in the eligible population in the National Bowel Cancer Screening Program. Increasing the HPV vaccine participation rate to 75 per cent of Year 7 secondary school girls is another goal.

The Victorian Government has committed to rolling out digital mammography across Victoria.

Australian first

Digital mammography has been installed on the rural mobile breast screening van and is linked to a wireless network. Previously images had to be couriered to a fixed site for processing. Now they may be viewed immediately on the van. If further images are required for technical reasons these can be done immediately rather than women having to make a second visit. The new technology also enables some women who need further assessment views to have these done on the van, thus removing the need for those women to travel to fixed BreastScreen assessment clinics. For many rural women this saves a round trip of hundreds of kilometres. Images are sent across the state for assessment, in real time, to a radiologist who may be located at a considerable distance.



BreastScreen Victoria mobile van

Translating the best in cancer research into the best in cancer treatment

Patients expect that their cancer treatment and care is underpinned by the highest quality research. Research and clinical trials are essential components of identifying new preventative techniques, improving diagnostics and developing novel treatments.

Linking cancer research with bedside care is critical to accelerating access to the latest and best treatments for Victorian cancer patients.

Victoria's Cancer Action Plan commits over \$40 million over the next four years on essential translational research activity through the Victorian Cancer Agency.

Combined with increased industry partnerships and increased participation in cancer clinical trials, this research will translate into better care and improved outcomes for the Victorian communities.

Cutting edge

Associate Professor Ian Davis, Medical Oncologist, received a clinical research fellowship from the Victorian Cancer Agency in 2007. Ian is currently completing a three year project to study the role of the immune system in controlling cancer. The immune system plays an important role in controlling the development of cancers; however it is not known exactly how this happens or why the system sometimes breaks down. The aim of the study is to understand better why the immune system works differently in cancers compared to other parts of the body.

Associate Professor Davis hopes to use this information to identify opportunities to employ the immune system to fight disease in cancer patients.



Participation and collaboration within the cancer community - working together to save lives

We are uniquely placed to make a major impact on cancer in Australia. Through continued investment, and the commitment of our talented clinicians, researchers, partners and experts, Victoria has developed strong alignments and partnerships to improve cancer care.

Victoria's Cancer Action Plan builds on the strengths of these partnerships including Victoria's Integrated Cancer Services, ensuring strong coordination and planning across geographical areas and the provision of key linkages between cancer treatment centres and services.

The Cancer Action Plan Implementation Committee will explore approaches to improving coordination of care, including with general practitioners and private health providers.

Care closer to home

Sue is a 48 year-old cancer patient and mother of three who lives in northern Victoria. It is important for Sue to be able to access the radiotherapy treatment she needs, in and around her local community.

Through arrangements between Wodonga Hospital and the private radiotherapy service in Wodonga, Sue is able to receive radiotherapy coordinated with her local public hospital care.

This saves her travelling by ambulance to a more distant public radiotherapy service.

Sue is one of the many Victorians in the public health system who have benefited from partnerships like this, which allows her access to care closer to home.



A childhood cancer journey is the longest journey

A diagnosis of cancer is a difficult and major event in people's lives, and a time when they need great sensitivity and care. Not only for their physical needs, but also for their emotional and supportive care. The complexity of the treatment and the number of health professionals involved means that a high degree of coordination and information is required for patients and carers to feel supported throughout their cancer journey.

A significant proportion of survivors of childhood cancers experience new health problems as a result of the disease and its treatment, with up to 60 per cent having one or more chronic health problems five years later. There is a need to identify survivors of childhood cancers who are at high risk of developing long-term effects from treatment and provide appropriate support services.

Victoria's Cancer Action Plan will provide recurrent funding for the establishment of a new Victorian Statewide Long-Term Effects Follow Up Program for survivors of childhood cancer.

The plan also commits to the development and implementation of a comprehensive service for adolescents and young adults with cancer. This will improve care for adolescents and young adults being treated for cancer by adult cancer services across Victoria.

The service will expand access to appropriate clinical and psychosocial follow-up and care for these patients.

onTrac@PeterMac

Jill, a 19-year-old apprentice, was diagnosed with a bone tumour. Jill received 14 months of treatment, including chemotherapy, surgery and further chemotherapy. To manage the situation, Jill found she had to move back home with her parents.

During the experience Jill became frightened, confused and overwhelmed.

As a young person, she was referred to the onTrac@PeterMac service. The service team assessed Jill's needs and worked out with Jill the support she needed in all areas of her life, not just the cancer treatment. Jill participated in a peer support group that included a music program and led to the production of a CD. Jill was able to discuss the side effects and long-term implications of the treatment, including fertility and reproductive issues and receive education and careers advice as well as help to develop strategies to maximise her independence, enhance her self-esteem and enable her to focus on her future prospects.

Today, Jill is about to complete her apprenticeship and move out of home again.

Summary of key numeric targets

By 2010 we aim to have an additional 10 percent of those adolescents and young adults at highest risk of poor outcomes enrolled in appropriate clinical trials.

By 2011 we will increase the immunisation rate against HPV for cervical cancer to 75 percent for Year 7 secondary school girls.

We will work with the Commonwealth Government to enhance the overall bowel cancer screening program and agree on a target participation rate of 60 percent in the eligible population (currently 50, 55 and 65 year olds) by 2011.

We will provide an additional 2,700 patient appointments in clinical cancer genetics across Victoria each year until 2011.

By 2011 the Victorian Cancer Agency will source an additional \$10 million of funding from non-government sources for translational cancer research.

We will expand the medical imaging workforce through the provision of up to 30 additional medical imaging internships in public health services each year until 2011.

We will increase the number of cancer patients in palliative care who are supported to die in their place of choice with the aim to increase the proportion of patients who realise their preference by 10 percent each year until 2011.

By 2012, 25 percent of the Victorian Cancer Agency research investment will be in research projects developed since the creation of the Victorian Cancer Agency.

By 2012 we will increase patient participation in cancer clinical trials from 6 percent to 9 percent and to 15 percent in 2020.

By 2012 we will increase the level of Victorian Cancer Agency funding directed into supportive care, palliative care and survivorship by 50 percent.

We will work to increase the number of newly diagnosed cancer patients with a documented multidisciplinary care treatment plan by 20 percent each year with the aim of achieving 80 percent documentation by 2012.

We will aim to document supportive care screening for 50 percent of newly diagnosed cancer patients by 2012.

By 2012 we aim to have 80 percent of newly diagnosed survivors of childhood cancers with a long-term follow-up plan developed and documented through the new long-term follow-up service.

By 2013 we will deliver a 20 percent decline in smoking rates within the Victorian adult population.

By 2013 we will reduce smoking rates among pregnant women by 50 percent.

By 2013 we will reduce smoking among adult Aboriginal and other high-prevalence groups by at least 20 percent.

By 2013 we will increase breast cancer screening participation rates in Aboriginal and Torres Strait Islander and culturally and linguistically diverse groups by 10 percent.

By 2013 we will increase cervical and bowel cancer screening participation rates in Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse groups by 10 percent from a measured baseline.

By 2013 we will increase breast cancer screening participation rates by offering 20,000 additional screening tests per annum.

We will provide an additional 5,000 gene and predictive tests over four years for breast, bowel and other familial cancers.

We will develop shared cancer care arrangements with private radiotherapy services to improve public access that will provide care for up to 600 additional cancer patients from disadvantaged areas.

Accessibility

If you would like to receive this publication in an accessible format, please phone 9096 2136 using the National Relay Service 13 36 77 if required, or email: canceractionplan@dhs.vic.gov.au

www.health.vic.gov.au/cancer

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