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| Victorian cancer plan monitoring and evaluation framework  |

# Summary

This framework is population-outcomes based to monitor the cancer sector’s achievements. The framework is across the cancer continuum of: prevention; early detection; treatment; wellbeing and support for people affected by cancer; and research. To cover the cancer continuum, the framework includes indicators and measures to: improve cancer outcomes; achieve equitable outcomes for all Victorians; prevent cancers; detect cancers early; optimise diagnosis and treatment; provide the best possible experience of care systems; and integrate research systems.

Please read this framework in conjunction with the Victorian cancer plan monitoring and evaluation framework report and data dictionary, both available at [Cancer care](https://www2.health.vic.gov.au/about/health-strategies/cancer-care) <https://www2.health.vic.gov.au/about/health-strategies/cancer-care>.

| Outcome | Key result area | Indicator | # | Measure |
| --- | --- | --- | --- | --- |
| Improve cancer outcomes | Decrease incidence of preventable cancers | Incidence of preventable cancers | 1.1 | Incidence of preventable cancers |
| Lifetime risk of cancer | 1.2 | Lifetime risk of cancer before the age of 85 years |
| Incidence of lung, colorectal, melanoma, breast, liver and cervix cancer | 1.3 | Incidence of lung cancer |
| 1.4 | Incidence of colorectal cancer |
| 1.5 | Incidence of melanoma |
| 1.6 | Incidence of female breast cancer |
| 1.7 | Incidence of cervix cancer |
| 1.8 | Incidence of liver cancer |
| Decrease deaths due to cancer | Deaths due to cancer | 2.1 | Death rate due to cancer |
| 2.2 | Premature death rate due to cancer[[1]](#footnote-1) |
| Lives saved | 2.3 | Number of deaths averted  |
| Improve survivorship quality of life | Long term quality of life  | 3.1 | Quality of life post active therapy (TBD) |
| Equitable outcomes for all Victorians | Equitably reduce cancer incidence |  Inequality of incidence of preventable cancers | 4.1 | Rate ratio of preventable cancer incidence between Integrated Cancer Services |
| 4.2 | Rate ratio of preventable cancer incidence between socioeconomic disadvantage quintiles |
| 4.3 | Rate ratio of preventable cancer incidence between Aboriginal and non-Aboriginal Victorians |
| Equitably reduce cancer deaths |  Inequality of premature death due to cancer | 5.1 | Rate ratio of premature death due to cancer between Integrated Cancer Services  |
| 5.2 | Rate ratio of premature death due to cancer between socioeconomic disadvantage quintiles |
| 5.3 | Rate ratio of premature death due to cancer between Aboriginal and non-Aboriginal Victorians |
| Prevent cancers | Decrease smoking and harmful alcohol consumption | Smoking of adults and adolescents | 6.1 | Proportion of adults who smoke daily1 |
| 6.2 | Proportion of adolescents 12–17 years who currently smoke1 |
| Alcohol consumption of adults and adolescents | 6.3 | Proportion of adults who consume alcohol at lifetime risk of harm1 |
| 6.4 | Proportion of adolescents 12–17 years who consume alcohol monthly1 |
| Increase healthier eating and active living | Fruit and vegetable consumption of adults, adolescents and children | 7.1 | Mean daily serves of fruit in adults1 |
| 7.2 | Mean daily serves of fruit in adolescents 10–17 years1 |
| 7.3 | Mean daily serves of fruit in children 4–12 years1 |
| 7.4 | Mean daily serves of vegetables in adults1 |
| 7.5 | Mean daily serves of vegetables in adolescents 10–17 years1 |
| 7.6 | Mean daily serves of vegetables in children 4–12 years1 |
| Red meat and processed meat consumption | 7.7 | Mean number of times per week that adults eat red meat |
| 7.8 | Mean number of times per week that adults eat processed meat |
| Physical activity of adults, adolescents and children | 7.9 | Proportion of adults who are sufficiently physically active1 |
| 7.10 | Proportion of adolescents 10–17 years who are sufficiently physically active1 |
| 7.11 | Proportion of children 5–12 years who are sufficiently physically active1 |
| Decrease obesity  | Overweight and obesity of adults, adolescents and children | 8.1 | Proportion of adults who are overweight or obese (measured)1 |
| 8.2 | Proportion of adults who are overweight or obese (self-report)1 |
| 8.3 | Proportion of children 5–17 years who are overweight or obese (measured)1 |
| Decrease UV exposure | Sunburn incidence among adults  | 9.1 | Proportion of 18–69 year olds who report getting sunburnt on the weekend |
| Sun protection behaviour of adults | 9.2 | Proportion of 18–69 year olds wearing a combination of hats and/or sunscreen with one other key sun protective behaviour |
| Decrease HPV and viral hepatitis impact | Fully vaccinated against HPV | 10.1 | Proportion of adolescents 15 years of age fully vaccinated against HPV |
| Notifications of vital hepatitis | 10.2 | Notification rate of unspecified hepatitis B |
| 10.3 | Notification rate of unspecified hepatitis C |
| Late stage diagnosis of viral hepatitis | 10.4 | Proportion of people with hepatitis B diagnosed with liver cancer, whose hepatitis B was diagnosed late |
| 10.5 | Proportion of people with hepatitis C diagnosed with liver cancer, whose hepatitis C was diagnosed late |
| Detect cancers early | Increase early stage diagnosis | Cancers diagnosed at stages 1 and 2 | 11.1 | Proportion of all cancers diagnosed at stages 1 and 2 |
| Breast, colorectal, cervix and lung cancers diagnosed at stages 1 and 2 | 11.2 | Proportion of female breast cancers diagnosed at stages 1 and 2 |
| 11.3 | Proportion of colorectal cancers diagnosed at stages 1 and 2 |
| 11.4 | Proportion of cervix cancers diagnosed at stages 1 and 2 |
| 11.5 | Proportion of lung cancers diagnosed at stages 1 and 2 |
| Cancers diagnosed at late stage | 11.6 | Proportion of solid tumours diagnosed at metastatic stage |
| Optimal diagnostics and treatment | Increase adherence to optimal care pathways | Timely initiation of treatment | 12.1 | Median days from diagnosis to start of primary curative treatment |
| Access to advanced imaging modalities | 12.2 | Proportion of patients receiving PET prior to primary treatment where appropriate |
| Access to molecular diagnostics | 12.3 | Proportion of patients receiving molecular diagnostics prior to primary treatment where appropriate (TBD) |
| Access to radiotherapy | 12.4 | Proportion of patients receiving curative radiotherapy as part of their primary treatment where appropriate |
| Access to systemic anti-cancer therapy | 12.5 | Proportion of patients receiving systemic anti-cancer therapy within recommended time lines and where appropriate |
| Complex surgery at appropriate facilities | 12.6 | Proportion of complex surgery taking place at appropriate volume facilities |
| Referral to fertility preservation treatment | 12.7 | Proportion of patients aged less than 40 years referred to fertility preservation treatment as part of their primary treatment |
| The prevalence of malnutrition in cancer patients  | 12.8 | Proportion of admitted cancer patients with a LOS > 1 day who have been coded as having malnutrition |
| Shared decision making across the cancer pathway | 12.9 | Proportion of patients who reported being involved in the decisions about their care and treatment as much as they wanted to |
| Multidisciplinary treatment and care | 12.10 | Proportion of newly diagnosed patients with evidence of multidisciplinary treatment plan in the patient records |
| Local recurrence of primary tumour | 12.11 | Proportion of patients with local recurrence of primary tumour within two years of surgical resection or curative radiotherapy of a primary tumour |
| End-of-life care | 12.12 | Proportion of patients receiving specialist palliative care within 12 months prior to death |
| 12.13 | Proportion of patients receiving aggressive interventions within 30 days prior to death |
| 12.14 | Proportion of deaths due to cancer that occur in hospitals |
| Increase one- and five-year survival | One-year survival  | 13.1 | One-year survival from all cancers |
| One-year survival from selected cancers | 13.2 | One-year survival from lung cancer |
| 13.3 | One-year survival from pancreas cancer |
| 13.4 | One-year survival from ovary cancer |
| 13.5 | One-year survival from colorectal cancer |
| 13.6 | One-year survival from brain cancer |
| 13.7 | One-year survival from oesophagus cancer |
| 13.8 | One-year survival from acute myeloid leukaemia  |
| Five-year survival | 13.9 | Five-year survival from all cancers |
| Five-year survival from selected cancers | 13.10 | Five-year survival from lung cancer |
| 13.11 | Five-year survival from pancreas cancer |
| 13.12 | Five-year survival from ovary cancer |
| 13.13 | Five-year survival from colorectal cancer |
| 13.14 | Five-year survival from brain cancer |
| 13.15 | Five-year survival from oesophagus cancer |
| 13.16 | Five-year survival from acute myeloid leukaemia  |
| Five-year survival of early and late detected cancers | 13.17 | Five-year survival from all cancers diagnosed at stages 1 and 2 |
| 13.18 | Five-year survival from all cancers diagnosed at stages 3 and 4 |
| Improve quality of life | Health related quality of life | 14.1 | Health related quality of life following primary treatment (TBD) |
| Best possible experience of care systems | Improve patient experience of healthcare | Patient experience of inpatient healthcare | 15.1 | Proportion of adults admitted to public hospitals due to cancer who report positive overall healthcare experience |
| 15.2 | Proportion of children and adolescents admitted to hospital due to cancer who report positive healthcare experience (TBD) |
| Patient experience of transition from inpatient healthcare  | 15.3 | Proportion of adults admitted to public hospitals due to cancer who report positive transition from care index score |
| Patient experience of emergency department healthcare | 15.4 | Proportion of adults attending emergency departments due to cancer who report positive overall healthcare experience (TBD) |
| Patient experience of outpatient healthcare | 15.5 | Proportion of people attending hospital outpatients due to cancer who report positive healthcare experience (TBD) |
| Patient experience of primary healthcare | 15.6 | Proportion of people attending primary care due to cancer who report positive healthcare experience (TBD) |
| Improve patient experience of screening | Client satisfaction with BreastScreen Victoria | 16.1 | Proportion of women who have a mammogram by BreastScreen Victoria, who rate the service as highly satisfactory |
| Breast cancer rescreening rate  | 16.2 | Proportion of women who are rescreened at BreastScreen Victoria within 27 months after the first screen |
| Cervical cancer rescreening rate | 16.3 | Proportion of women who are rescreened for cervix cancer within 30 months after the previous screen |
| Bowel cancer rescreening rate | 16.4 | Proportion of adults who are rescreened by National Bowel Cancer Screening Program |
| Integrated research systems | Innovations and improved evidence of best practice | Embedded research into the health system | 17.1 | Number of new enrolments in cancer intervention clinical trials |
| 17.2 | Number of recruiting cancer intervention clinical trials |
| 17.3 | Number of human research ethics committee approved cancer-related studies |
| Accelerate translation of research into prevention and clinical practice | 17.4 | Ratio of eligible patients who receive new SACT medications within 12 months of listing on the PBS to cancer incidence |
| 17.5 | Quit ratio of rate of sustained ex-smokers to rate of ever smokers |

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1. Victorian public health and wellbeing outcomes framework measure. [↑](#footnote-ref-1)