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| Victorian cancer plan 2020–2024 |
| Consultation paper |

# Introduction

Cancer affects many Victorians, but our survival rates are among the best in the world, with more people now living with or beyond cancer. However, outcomes are not equal for all cancers and population groups. To improve cancer outcomes, we need to work together to continually improve our world-leading cancer care system and adopt long-term approaches to these complex challenges.

This consultation paper provides an overview of the scope of the plan and invites input from the cancer control sector, health services, prevention and population health sectors, researchers, people affected by cancer and interested community members to inform how we will improve cancer outcomes for all Victorians.

## The Improving Cancer Outcomes Act

Under the *Improving Cancer Outcomes Act 2014* the Victorian Government is committed to preparing a statewide cancer plan every four years. The Act requires each cancer plan to:

* report on the status and burden of cancer in Victoria
* establish Victoria’s objectives and policy priorities with respect to cancer
* state how these objectives will be achieved based on available evidence
* specify how the state intends to work with other parties to achieve these objectives and policy priorities.

## Cancer in Victoria

Cancer imposes a considerable burden on the Victorian community. In 2017 another 34,557 Victorians were diagnosed with cancer, and 10,955 died from the disease. Five cancer types accounted for over half of all these new cases: prostate (15 per cent), breast (13 per cent), bowel (11 per cent), melanoma (9 per cent) and lung (9 per cent).

While significant progress has been made, the number of people being diagnosed continues to increase, with yearly diagnoses expected to reach more than 45,000 by 2028–2032. As the Victorian population ages, the incidence of cancer will continue to grow – in fact, one in three men and one in four women will have been diagnosed with cancer by the age of 75.

Five-year survival for cancers steadily increased from 46 per cent between 1982 and 1986, to 68 per cent between 2013 and 2016. This trend is consistent across the most common types of cancer (including prostate, bowel, breast and lung) and reflects treatment advances, as well as successes of screening programs to increase early detection.

Poorer outcomes have persisted for some cancer types and for people living in some regional areas. Aboriginal Victorians have significantly higher cancer mortality rates than non-Aboriginal Victorians. Reducing the burden of cancer requires a comprehensive approach with a focus on reducing these inequities.

## Overview of the current Victorian cancer plan 2016–2020

The [*Victorian cancer plan 2016–2020*](https://www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan) <https://www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan> provides a framework to improve cancer outcomes for all Victorians.

The cancer plan establishes long-term goals that focus our actions and guide the development of future plans. These long-term goals are to:

* halve the proportion of Victorians diagnosed with preventable cancers
* double the improvement in one- and five-year survival of Victorians with cancer
* ensure Victorians have the best possible experience of the cancer treatment and care system
  + achieve equitable outcomes for all Victorians.

The cancer plan establishes a medium-term goal to save 10,000 lives by 2025.

As the first in a series of plans, the *Victorian cancer plan 2016–2020* developed five key action areas: primary prevention; screening and early detection; treatment; wellbeing and support; and research. The action areas have policy, planning and research priorities that provide key directions related to the medium and long-term goals.

## Tracking progress and measuring outcomes

We report against the *Victorian cancer plan monitoring and evaluation framework* in the third year of each four-year cancer plan cycle. The framework uses population outcomes to monitor the cancer sector’s achievements across the cancer continuum of prevention, early detection, treatment, wellbeing and support for people affected by cancer, and research. The outcomes are to:

* improve cancer outcomes
* achieve equitable cancer outcomes for all Victorians
* prevent cancers
* detect cancers early
* optimise diagnostics and treatment
* provide the best possible experience of care systems
  + integrate research systems.

The *Victorian cancer plan monitoring and evaluation framework: baseline report* is the first report of its kind to present the most up-to-date information on trends in the state’s progress against the outcomes.

The state has met or is making progress towards several cancer-related *Victorian cancer plan 2016–2020* goals. We are on target to save 10,000 Victorians by 2025. The baseline report also confirms there are priority areas that require further attention in prevention and inequities of outcomes for people such as regional and Aboriginal Victorians.

# Victorian cancer plan 2020–2024

The *Victorian cancer plan 2020–2024* will continue to take forward the long-term vision of improving cancer outcomes for all Victorians and will provide continuity for the action areas and priorities of the current plan. The plan will build upon significant work to date including the activity detailed in the *Victorian cancer plan 2016–2020: progress report*.

The plan will seek to address the inequities identified in the *Victorian cancer plan monitoring and evaluation framework: baseline report* and the areas that require improvement as identified through the Victorian Patient Experience of Cancer Care Survey.

The plan will align with other key strategies including the *Victorian public health and wellbeing plan 2020–2024*, *Better, safer care: delivering a world-leading healthcare system*, *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027* and the *Victorian carer strategy 2018–2022*.

### Action area 1: Primary prevention

Reducing the risk of cancer involves addressing modifiable lifestyle-related risk factors including smoking, excessive exposure to ultraviolet radiation, poor diet, being overweight, low levels of physical activity, excess alcohol and exposure to viral infections. A mix of universal and targeted interventions are required to address inequalities and improve the health and wellbeing of the whole population.

Work continues to reduce health and wellbeing inequities and the burden of disease and injury through the *Victorian public health and wellbeing plan 2020–2024*.

Since 2016 we have invested in initiatives to reduce cancer risk factors related to environment, lifestyle and viral infections. These include:

* introducing legislation to ban smoking in outdoor dining areas and regulate tobacco products
* continuing to deliver smoking cessation measures through Working Together for Health, the primary program delivering prevention and early detection initiatives for Aboriginal Victorians
* providing shade and sun protection items to schools and community groups through the Shade Grants Program
* increasing skin cancer awareness through SunSmart community educational campaigns and support for general practitioners to improve early detection and treatment of skin cancer
* increasing the reach of SunSmart programs to 90 per cent of early childhood services and primary schools and to more than 5,000 outdoor workers
* reducing environmental and occupational hazards associated with exposure to radiation through enforcing the ban on commercial tanning and implementing quality assurance processes for using radiation in the workplace
* increasing the number of adults undertaking sufficient physical activity to meet national guidelines and reducing the number of adults who consume excess alcohol
* delivering the Healthy Eating Advisory Service, which provides support services to more than 2,000 Victorian organisations to help them improve the supply and promotion of healthy food and drinks
  + increasing the number of people vaccinated for hepatitis B and human papillomavirus (HPV).

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| We have identified the following areas of focus over the next four years to support Victorians to reduce their risk of cancer:  Embed support and services that help people to stop smoking as routine care across the health and human services system.  Continue to increase awareness of the risk of developing skin cancer and improve early detection.  Strengthen tracking of ionising radiation exposure by workers and develop personal radiation dose monitoring services.  Improve Hepatitis B and Human papillomavirus vaccination reporting and recording.  Improve Human papillomavirus vaccination services for children who miss school vaccinations and for priority groups.  Improve the health and wellbeing of children and adolescents by increasing physical activity, decreasing excessive alcohol consumption and decreasing the prevalence of overweight or obesity. |

**Do you agree with these focus areas?**

**Are there any other areas we should focus on over the next four years to improve cancer outcomes through primary prevention?**

### Action area 2: Screening and early detection

The early detection of cancer is enabled through the provision of organised population screening programs, opportunistic testing, risk recognition and symptom recognition. Improvements in incidence and mortality rates depend on adequate participation in cancer screening programs.

We continue to work with the Commonwealth Government and state and territory governments to deliver the three national cancer screening programs for breast, bowel and cervical cancer. Initiatives under each of these programs are working to increase participation for the target age group:

* BreastScreen Victoria continues to deliver year-on-year growth in the number of women screening, with 267,589 women screened in 2018–19 – the largest number of women ever screened in the program. Victorian participation in 2015–16 for women aged 50–74 years was 53.2 per cent compared with the national average of 54.3 per cent.
* Victoria’s age-standardised cervical screening participation rate was 57.7 per cent in 2016–17. This was 0.8 per cent above the national average rate of 56.9 per cent.
  + The Victorian participation rate for the National Bowel Cancer Screening Program is improving, with participation increasing from 41.9 per cent in 2015–16 (40.9 per cent nationally) to 43.2 per cent in 2016–17 (41 per cent nationally).

In December 2017 the cervical screening test replaced the Pap test in Australia. The transition to a new National Cancer Screening Register also occurred on this date. Victoria successfully navigated the transition to the renewed program, and women now have access to a new cervical screening test (including a new option for under-screened women to self-collect) that is expected to protect up to 30 per cent more women.

Across all cancer screening programs, there are population groups that have lower than average participation rates. We continue to work with cancer screening program partners to develop strategies to increase participation among priority under-screened groups across all three cancer screening programs. Some achievements in this area include:

* a 10 per cent increase in the number of Aboriginal women participating in breast screening
* delivering mobile BreastScreen services in seven Aboriginal community-controlled organisations
* introducing self-collected HPV testing through the National Cervical Screening Program
  + increases in the number of bowel screening kits returned by targeted under-screened populations.

We are better integrating screening approaches through the implementation of the *Strategic framework for cancer screening in Victoria*. This framework will bring together cancer screening partners, the Primary Health Networks and the Victorian Aboriginal Community Controlled Health Organisation to work collaboratively on improving data and surveillance, service delivery, participation and recruitment, and evaluation and research in cancer screening programs.

We are continuing with efforts to improve the health literacy of Victorians and the capacity of the primary care sector to detect and treat cancers earlier. This is being achieved through improving access and services through familial cancer centres and ongoing training in primary care.

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| We have identified the following areas of focus over the next four years to help Victorians recognise their risk of cancer and to have cancers detected earlier:  Work to improve participation rates in cancer screening programs.  Work to improve uptake of self-collect Human papillomavirus testing to under-screened and never-screened women. Under participation in cervical screening programs is a major barrier to further reducing the incidence of cervical cancer.  Work to ensure timely and appropriate access to services and care across the cancer screening pathway – from initial screening, timely access to follow-up diagnostic testing and transition to treatment and care for those diagnosed with a screen-detected cancer.  Embed Aboriginal self-determination principles across all Aboriginal cancer screening activities to improve Aboriginal cancer outcomes.  Support familial cancer centres services and workforce to address demand and capacity issues for genetic counselling and advice.  Improve early detection of cancers by training general practitioners and health professionals in screening and early detection and by strengthening referral pathways. |

**Do you agree with these focus areas?**

**Are there other areas we should focus on over the next four years to improve cancer outcomes through screening and early detection?**

### Action area 3: Treatment

A cancer treatment system that maximises safety, quality and outcomes will help to improve cancer outcomes in a challenging and changing environment.

The care pathway is complex for patients undergoing diagnosis and treatment for cancer. The Optimal Care Pathway resources describe optimal cancer care for more than 15 types of cancer. Providing care in line with the Optimal Care Pathways should reduce unwarranted variation in cancer treatment as well as improve efficiency, equity and patients’ experiences of care.

The Optimal Care Pathways for lung, colorectal, prostate and oesophagogastric cancer have been implemented across Victoria and monitored for variations in timeliness, consistency and quality of care through a series of audits. Unwarranted variations in care are being addressed through local and statewide service redesign activities.

Victoria has led a range of reform initiatives to improve treatment quality and patient experiences of care. These initiatives have included:

* expanding the Symptom and Urgent Review Clinic model to better manage patients receiving chemotherapy who experience symptoms related to their cancer or treatment
* developing the Victorian Therapeutics Advisory Group *Chemotherapy audit toolkit* to help monitor potentially inappropriate off-protocol prescribing
* developing and implementing an automated planning model for radiotherapy
  + expanding treatment options through the Victorian MRI-Linac and GammaKnife services at Austin Health and the Peter MacCallum Cancer Centre, respectively.

The Victorian Patient Experience of Cancer Care Survey has been delivered locally and statewide to measure patients’ experiences throughout their cancer treatment pathway. The results of the survey will be used to inform both individual service improvements and ongoing statewide reforms.

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| We have identified the following areas of focus over the next four years to ensure Victorians with cancer have timely access to optimal treatment:  Implement the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer to reduce disparities and improve outcomes and experiences.  Build on the implementation of and monitor performance against the Optimal Care Pathways to identify unwarranted variations in tumour-based clinical practice and cancer outcomes.  Monitor and assess patients’ experiences of care in a culturally safe manner and implement patient-reported outcome measures to better understand treatment impacts.  Support Victoria’s regional cancer centres in delivering appropriate, accessible, high-quality and safe cancer care across the regions.  Continue to ensure that complex treatments with a volume–outcome relationship have good referral pathways and monitored outcomes.  Continue to embed safe and high-quality chemotherapy and immunotherapy services across Victoria. |

**Do you agree with these focus areas?**

**Are there other areas we should focus on over the next four years to improve cancer outcomes through treatment?**

### Action area 4: Wellbeing and support

Cancer affects all aspects of people’s lives and drives the need for support with physical, emotional, spiritual, social and information concerns.

The prevalence of supportive care screening actions delivered to the Victorian cancer population was measured across inpatient and ambulatory settings in 2017, including patients’ experiences of having their supportive care needs identified and addressed. The study identified areas of focus to strengthen supportive care and self-management.

The Supportive Care in Cancer Refresh Project has delivered a suite of contemporary consumer and clinician-friendly resources to address the variation in supportive care screening practices and to increase knowledge about supportive care across Victoria.

Some cancer treatments are debilitating and have side effects that may last for some time after treatment is completed. People living with and beyond cancer may require support to reduce and manage the consequences of treatment and to sustain recovery.

The Victorian Cancer Survivorship Program was delivered to improve the experience and outcomes of people living with cancer through: implementing models of post-treatment care; strengthening the role of the primary and community sectors in cancer care; and contributing to the growing evidence base in cancer survivorship.

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| We have identified the following areas of focus over the next four years to ensure Victorians with cancer and their families live well:  Ensure access to supportive care in cancer resources for consumers and health professionals to support self-management and to strengthen supportive care approaches.  Embed supportive care screening as a key component of the Optimal Cancer Care Pathways.  Define survivorship standards of care and continue to build capacity and capabilities in the survivorship workforce and across systems.  Implement the *Victorian carer strategy 2018–2022* for people affected by cancer to recognise and support the important role of carers.  Expand end-of-life care skills and advance care planning education across the cancer workforce. |

**Do you agree with these focus areas?**

**Are there other areas we should focus on over the next four years to improve cancer outcomes through wellbeing and support?**

### Action area 5: Research

High-quality cancer research drives clinical practice and treatment improvements and underpins all our efforts in prevention, detection, treatment and support. Victoria’s cancer research system is supported by world-renowned medical researchers, institutes, hospitals and universities, which have made great strides in improving cancer outcomes.

The Victorian Cancer Agency continues to sustain and enhance Victoria’s excellent track record in cancer research through investing in the Victorian cancer research workforce, translational research projects and initiatives that rapidly translate research into treatments and approaches that improve clinical practice and care. Since 2006, over $200 million has been made available through the Victorian Cancer Agency to support translational cancer research, and enablers of cancer research in Victoria through investment in programs, projects, people and infrastructure.

Research programs funded through the Victorian Cancer Agency are collaborative across organisations, health services and regions; they include both metropolitan and regional researchers, clinicians, patients and/or carers, and support the training and development of early career researchers.

Victoria has made significant investment to accelerate translation of cancer research into improved clinical outcomes, including:

* establishing the Centre for Cancer Immunotherapy within the Victorian Comprehensive Cancer Centre
* establishing the Centre of Research Excellence in Brain Cancer at the Olivia Newton-John Cancer Research Institute
  + supporting research projects addressing cancers with low survival rates and to improve cancer outcomes for Aboriginal Victorians.

There are further opportunities to build translational cancer research capacity and capability across Victoria and to strengthen Victoria as an internationally recognised leader in cancer research.

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| We have identified the following areas of focus over the next four years to ensure Victoria has a strong and integrated research system:  Develop strategies to ensure equity of access to funding for cancer research in regional Victoria and to support the career progression of female researchers.  Improve patient access to cancer clinical trials in areas of unmet need such as for patients with rare and low-survival cancers, young adults with cancer and regional Victorians.  Support Aboriginal self-determination and increase career opportunities for Aboriginal Victorians in the cancer research sector.  Develop a statewide plan for personalised treatment options and genomic testing to support equitable and appropriate access for cancer patients.  Build capacity in cancer prevention, health services research and implementation science.  Promote effective collaboration across research organisations. |

**Do you agree with these focus areas?**

**Are there other areas we should focus on over the next four years to improve cancer outcomes through research?**

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