

Cancer in Australia a critical election issue



The next Australian government is uniquely placed to reduce the impact of our most feared disease

An Australian who dies prematurely is more likely to die from cancer than any other cause;¹ an Australian who lives to age 85 has a one-in-two chance of developing cancer. This year alone around 115,000 Australians will leave their doctor's rooms after being told they have a potentially fatal cancer.² And around 650,000 Australians are living with cancer now.³

The numbers of Australians diagnosed with cancer, their survival and quality of life all depend on evidence-based health policy. Decisions made by the next Australian government will have a profound impact on cancer outcomes in Australia – not just over the next three years, but well into the future.

Australia falls short of our potential to find cancer early and improve access to care; and one-in-three cancer deaths in Australia could be prevented through informed lifestyle change.¹

The 2010 election provides an ideal opportunity for the next Australian government to commit to an evidence-based blueprint to reduce the impact of cancer in Australia. Cancer Council Australia calls on the next Australian government to:

- Implement the National Bowel Cancer Screening Program
- Re-introduce the National Skin Cancer Awareness Campaign
- Abolish duty-free tobacco sales and set a minimum floor price
- Support a comprehensive obesity strategy
- Review alcohol taxation, marketing and promotion
- Review gene patent laws
- Fix remote patient travel schemes
- Announce a national cancer research strategy
- Commit to a cancer workforce review.

Implement the National Bowel Cancer Screening Program

Bowel cancer kills more Australians than any other cancer except lung cancer² and is one of only three cancers (along with breast and cervical cancers) for which population-based screening is recommended.⁴

The absence of a full screening program is the most conspicuous deficiency in Australia's national cancer control response, particularly in view of these facts:

- nine years have passed since bowel cancer screening emerged as an election issue⁵ and the successful screening pilot programs commenced;
- four years have passed since the piecemeal program commenced – and no implementation plan has been released;
- new data has added to evidence confirming the program's cost-effectiveness;⁶
- the latest cost analysis shows Australia's annual bowel cancer treatment bill has hit \$1 billion, inflated by delayed diagnoses in the absence of full screening;⁷

- recent data shows that even the current piecemeal program is picking up more than twice the number of early stage cancers than those diagnosed through symptoms;⁸
- Australia's effective breast cancer screening programs was fully operational within five years of the Australian Health Ministers' Conference committing to its implementation.⁹

Both sides of politics campaigned on a commitment to phase in the National Bowel Cancer Screening Program in 2004, yet two terms of office later it remains available once-off only to people turning 50, 55 and 65, instead of every two years to everyone aged 50 and over – as the Government's own expert medical body recommended in 1997.¹⁰

With Labor and the Coalition committed to the program in principle, we assume it is a question of funding priorities. And there is no better national investment than bowel cancer screening for immediately reducing Australia's cancer burden.



These priorities are endorsed by the Clinical Oncological Society of Australia, the nation's peak multidisciplinary society for health professionals working in cancer.

Re-introduce the National Skin Cancer Awareness Campaign

An analysis of Australian government skin cancer awareness campaigns shows that every dollar invested returns \$2.32 in reduced healthcare costs and \$90 million in productivity gains. Maintaining the campaign over 20 years would cut melanoma by 20,000 and non-melanoma skin cancer cases by 49,000.¹¹

Each year skin cancer costs the Australian health system almost \$300 million¹² and claims more than 1700 lives.¹³ GP consultations to treat non-melanoma skin cancer alone increased by 14% between 1998-2000 and 2005-2007, from around 836,500 to 950,000 visits each year.¹⁴

Australia cannot afford to be the world's skin cancer capital. The election is an ideal opportunity to shake this unwanted tag permanently, with the next Australian government uniquely placed to commit to an ongoing national skin cancer awareness campaign.

Both Labor and the Coalition supported the campaign while in government, even before we had evidence of its effectiveness. Now that the benefits are clear, the campaign should be an ongoing part of Australia's public health framework.

Abolish duty-free tobacco sales and set a minimum floor price

The continued availability of duty-free tobacco products at Australian airports is a conspicuous hole in an increasingly tight national tobacco control policy response.

As well as costing around \$200 million in lost annual revenue (as estimated in the 'Henry' review of taxation),¹⁵ provision of duty-free tobacco promotes smoking and flouts our obligations under the WHO Framework Convention on Tobacco Control.¹⁶

The "Henry" review makes a clear case (recommendation 75): "There should be no duty-free allowance on tobacco for international travellers entering Australia".¹⁵ The next Australian government should support this recommendation, to further de-normalise smoking. Australia's most lethal and unregulated common consumer item should not be available in heavily discounted form to encourage bulk purchasing and excise avoidance.

Australia also urgently requires a mechanism to ensure there are no loopholes for retailers to reduce tobacco product prices in a way that could compromise the public health benefits of increased tobacco excise.

The Government's published projections of the benefits of its 25% increase in excise announced in the 2010-11 budget were based on a standard 25-pack costing \$15. The retail availability of discount cigarettes would undermine the public health effect of the excise.

Cancer Council Australia calls on the next Australian government to urgently introduce legislation to set an indexed minimum floor price for tobacco, products to prevent retailers from selling low-cost tobacco products.

Support a comprehensive obesity strategy

Australia's all-time high obesity rates are a cancer time bomb. Obese Australians are 23% more likely to die from cancer (excluding lung and upper aero-digestive tract cancers) than people in a healthy weight range, while being overweight increases the risk by 8%.¹⁷

Unless rates of obesity/overweight are reduced, common cancers such as bowel cancer (9% attributed to obesity/overweight) and breast cancer (17%)¹⁸ are set to surge, while rarer forms such as endometrial cancer (49%), oesophageal cancer (35%) and kidney cancer (24%) may become common,¹⁸ given that:

- two in three Australian adults¹⁹ and one in four Australian children²⁰ are now overweight or obese, with prevalence even higher among disadvantaged groups;¹⁹
- Australia's adult obesity rate is the fifth highest among OECD countries;²¹
- in 2008, obesity alone was estimated to afflict 3.8 million Australians and cost Australia \$58bn, including \$8.3bn in financial costs;²² and

- based on past trends, and without effective interventions in place, 6.9 million Australians are likely to be obese by 2025.²²

Cancer Council Australia calls on the next Australian government to implement a comprehensive obesity strategy as recommended by the National Preventative Health Taskforce,²³ built on:

- protecting children from exposure to junk food advertising, which evidence indicates is by far the most cost-effective intervention for addressing obesity in adolescents;^{24,25}
- expanding on the Australian Government's May 2010 response to the taskforce recommendations²⁶, by establishing a National Framework for Active Living to encourage increased physical activity; and
- a National Food and Nutrition Framework for the Australian food supply, which includes a robust strategy to help consumers make healthier food choices, such as implementing a front-of-pack nutrition labelling scheme using traffic light colours on processed foods.

Alcohol policy reform

In 2005, 1376 Australians died of an alcohol related cancer² – more than double the number of alcohol road deaths.^{27,28} Alcohol is a group 1 carcinogen,²⁹ linked to more than 3000 new cases of cancer in Australia each year,² including common cancers such as breast cancer (up to 22% of all cases).³⁰

So reducing long-term alcohol consumption is a critical cancer control issue, particularly in view of Australia's well-documented culture of alcohol use.

Cancer Council Australia calls on the next Australian government to expand on current short-term harm minimisation approaches and the Preventative Health Taskforce's recommendations with a comprehensive alcohol strategy, built on:

- an improved alcohol taxation system, encompassing:
 - taxing products according to their alcohol content
 - regulation of minimum prices to achieve real shifts in per capita consumption
 - allocating tax revenues to fund or recover costs of alcohol prevention, treatment programs and other costs arising from alcohol-related disease
 - continuing to adjust alcohol excise every six months in line with the Consumer Price Index
 - continual monitoring and independent evaluation of the alcohol taxation system, and research into potential improvements.
- restricting marketing and promotion of alcohol advertising, particularly for the protection of younger people, including:
 - a legislative framework (including phased-in restrictions to reduce exposure of young people to advertising) to regulate alcohol advertising in Australia
 - phased-in restrictions to alcohol sponsorship of major events (including sports)
 - phased-in restrictions on alcohol advertising, commencing with restrictions on alcohol advertisements during live sport broadcasts on television
- mandatory nutrition information and warning labels for alcohol products under the Australia New Zealand Food Standards Code.

Review gene patent laws

Human genetic material is not an invention and should not be patented. A simple amendment to the Patents Act 1990, excluding human genetic material from patenting, would protect the public interest from commercial gene monopolies.

The patent system should reward innovation in medical science. But applying 17th century patent laws to the discovery of human genetic material that requires no inventive step, is a serious threat to competitive cancer research and the future of genetic testing.

Nothing in the law protected Australian women from a commercial demand in 2008 that public laboratories cease testing for genetic breast and ovarian cancer risk; only a voluntary decision by the company, following a public outcry at the move to enforce its

gene patents, enabled public laboratories to continue the tests. And the technology is only in its infancy. The law needs amending now, before genetic technology for predicting and treating cancer becomes commonplace.

A US district court ruling in March, 2010, invalidating the patents for breast and ovarian cancer gene mutations, provides an international precedent that should guide legal reform in Australia, as the decision was based on the principle that biological materials in purified form are discoveries, not inventions.

The next Australian government can show global leadership by committing to a much-needed review of gene patent law.

Fix remote patient travel schemes

Capital investment in regional cancer centres will only reach its full potential to improve treatment outcomes for rural and remote patients if the next Australian government commits to fixing the longstanding problem of inadequate patient travel and accommodation assistance.

A number of recent developments have laid the platform for a long-awaited national solution to fix remote travel and accommodation schemes, including:

- the historic announcement in 2009-10 of \$560 million in capital funds for a national network of regional cancer centres – which will only achieve their potential to reduce inequity if remote patients can travel to them for treatment;

- a Commonwealth commitment announced in 2010 to “the development of an improved national approach to patient assisted travel”;³² and
- the National Health and Hospitals Reform Commission’s call for a travel scheme “funded at a level that takes better account of the out-of-pocket costs of patients and their families and facilitates timely treatment and care”.³³

Cancer Council Australia and the Clinical Oncological Society of Australia (COSA) call on the next Australian government to lead a national agreement with the states and territories to uniformly improve remote patient travel and accommodation assistance, through increased funding, minimum standards and streamlined administration.

Announce a national cancer research strategy

With cancer incidence increasing along with patient expectations and pressures across the health system, now is the time to build on recent national developments in clinical cancer control with an integrated national cancer research strategy based on:

- recurrent funding for independent cancer clinical trials;
- a national tissue bank; and
- a strategy for adopting new technologies such as genetic medicine.

Independent clinical trials conducted by cooperative groups produce the vast majority of advances in cancer care.³⁴ Recurrent funding for the groups (Commonwealth funds run out this financial

year) would maximise return on investment by providing long-term stability, while a coordinated national bio-specimens bank would significantly improve trial efficiency.

A national cancer research strategy should also include a plan for adopting new technologies such as genetic medicine, to ensure Australia takes a proactive rather than reactive approach to harnessing future developments in clinical cancer control. Substantial recent capital investments in cancer centres have laid a platform for such an approach.

Cancer Council Australia and COSA call on the next Australian government to show leadership in clinical cancer control with a visionary national research strategy.

Commit to a cancer workforce review

Workforce shortages and systemic inefficiencies are restricting access to care across the cancer control spectrum. Documented examples include:

- a recent study showing chemotherapy utilisation in Australia could be as low as 19% (50.8% of cancer patients should receive chemotherapy³⁵), due largely to medical oncologist shortages;³⁶
- ongoing under-utilisation of radiotherapy,^{37,38} linked to shortfalls in the radiation oncology workforce; and
- widely reported barriers for cancer patients requiring psychosocial support.³⁹

The next Australian government has a timely opportunity to address such challenges, given recent developments including:

- the establishment of Health Workforce Australia (HWA), reporting to all jurisdictions through COAG to plan for Australia's changing health workforce needs;
- the allocation of \$429 million in 2010 for new medical training places;
- HWA's plan to allocate up to \$145 million per annum for new clinical training places; and;
- more than \$2.5 billion in Commonwealth capital funds invested into cancer infrastructure over the past two years, which will only reach their potential if supported by a workforce strategy.

Cancer Council Australia and COSA call on the next Australian government to build on these developments with a review of the cancer workforce, in partnership with the independent multidisciplinary cancer community.

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