

## **Submission by CNSA to the development of the NSW Cancer Plan 2011-2015**

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The Cancer Nurses Society of Australia (CNSA) is committed to achieving and promoting excellence in cancer care through the professional contribution of nurses, through education, information, leadership, networking and professionalism. The CNSA supports the Cancer Institute NSW in the development and implementation of the NSW Cancer Plan 2011-2015. The CNSA recognises the significant impact that the Cancer Institute has already made since it delivered its first statewide cancer plan in 2004 and its second in 2007, resulting in major improvements in cancer prevention. The CNSA supports the aims of the NSW Cancer Plan 2011-2015 to reduce the incidence of cancer, improve the lives of people with cancer and ultimately save lives.

### **Preventing Cancer**

#### **1. Tobacco Control**

Tobacco control programs are the most successful of all cancer prevention programs. Despite this, smoking remains the leading preventable cause of death and disease in Australia today. NSW has a 19% daily smoking rate<sup>1</sup> and one in five of all cancer deaths is still caused by smoking.<sup>2</sup> Having already achieved reductions in smoking rates through previous tobacco control initiatives the CNSA strongly advocate that the NSW government continue its commitment to decreasing these figures. Smoking cessation has major and immediate health benefits for men and women of all ages, in addition to reducing cancer risk. For maximum success, tobacco control initiatives must be aimed at children and young people, and CNSA recommends that school and higher education based initiatives be resourced to impart non smoking ideals at an early age. Evidence worldwide demonstrates that indigenous populations require specific anti-smoking strategies to reduce the burden of ill health caused by tobacco consumption. Smoking rates amongst indigenous populations in Australia, already known to be disadvantaged from a health perspective, have remained unchanged for many years. The CNSA will advocate for and support any initiatives instigated by the NSW government to assist in tobacco control, as is evident in their statement on Tobacco Control and Smoking Cessation.<sup>3</sup>

#### **2. Control of Obesity**

Australia has one of the highest rates of obesity and overweight people in the world, second only to the United States.<sup>4</sup> If left unaddressed, this rate will continue to increase unless targeted, age-specific measures are put in place. Obesity is associated with higher risk of bowel, breast, kidney and uterine cancer.<sup>4</sup> Bowel and breast cancer

are amongst the most prevalent cancers for men and women in Australia. Evidence indicates that limiting weight gain during adult life and promoting regular physical activity can substantially reduce the risks of some of these cancers,<sup>5</sup> resulting in considerable reduction in health costs and improvement in health-related quality of life. The CNSA fully supports any initiatives to raise community awareness of key health recommendations and the benefits of choosing healthy lifestyle options.<sup>6</sup> CNSA will support the NSW government to continue to promote lifestyle education, with further emphasis on weight control and increased physical activity.

## **Detecting Cancer Early**

### **1. Cervical cancer screening**

Cervical cancer is the most preventable gynaecological cancer because a precursor lesion is identifiable several years prior to the development of invasive disease. Incidence and mortality rates have fallen over the past decade, largely attributed to early detection by population screening, despite only 57% of the target age group in NSW being screened.<sup>4</sup> The introduction of the cervical cancer vaccine should see a continual decline in incidence and mortality figures into the future. The CNSA will work with the NSW government to promote the uptake of the cervical cancer vaccination program and to continue to educate women on the importance of regular two yearly Pap test screening. CNSA specifically recommends that education needs to focus on women who have never been screened, and in particular, the Indigenous population.

### **2. Breast cancer screening**

Breast cancer is the most common cancer in women and the most common cause of cancer death in women in NSW.<sup>4</sup> Early detection through screening and improvements in breast cancer treatment have resulted in decreased mortality rates. In the past ten years the age standardised incidence of breast cancer in NSW has levelled off and mortality has declined by 18%.<sup>4</sup> Hand in hand with the NSW government the CNSA, through the work of the Society's Breast Cancer Special Interest Group, will stress the importance of continued education of the target population regarding regular mammograms as a means of increasing the early detection of breast cancer. The CNSA believe that programs need to specifically focus on culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) populations.

### **3. Bowel cancer screening**

Bowel cancer accounts for about 13% of all cancers diagnosed in NSW and is the second most common cause of cancer death in NSW.<sup>2</sup> Clinical trials show that organised population based screening can reduce mortality and morbidity from bowel cancer through early detection and prevention. Following the recent Bowel Cancer Awareness program, the awareness of the signs of bowel cancer increased from 36% to 52%.<sup>7</sup> Results identified that more still needs to be done in relation to raising the profile of Bowel Cancer, changing perceptions of the disease and encouraging screening, particularly among older people over 65 years and CALD people.<sup>7</sup> The CNSA strongly recommends that the NSW government continue to resource the

bowel screening program it commenced in 2006 and promote its importance to specific high-risk populations. The CNSA supports ongoing education to promote the acceptability of bowel cancer screening and commends work already done in this area.

#### **4. Prostate cancer screening**

Prostate cancer is the most common cancer in NSW, accounting for 31% of all new cancers in males. Incidence rates have increased by 41% between 1997 and 2006,<sup>2</sup> reflecting considerable health burden on the State's health budget and on the burden of ill-health among the population. Early detection of prostate cancer is crucial for survival. 97% of men are still alive after 5 years if cancer is localised when first diagnosed.<sup>8</sup> Prostate specific antigen (PSA) testing is one way to test for prostate cancer before symptoms arise. Despite PSA testing not being a currently accepted screening method, a decline in mortality rates occurred after the first peak of PSA testing, and has continued to decline.<sup>2</sup> The CNSA recommend continued review and monitoring of prostate cancer screening and believe that ongoing clinical trial results, as these should provide better evidence that PSA testing can impact on mortality on a population basis.

### **Improved cancer services and professional development**

#### **1. Accreditation of cancer services**

Accreditation of cancer services will ensure all facilities meet the quality requirements and promote care that is streamlined, timely and appropriate for patients.<sup>4</sup> Results from the evaluation of the Pilot NSW Cancer Services Accreditation Program illustrate that a quality improvement cancer service accreditation program has broad support within cancer services in NSW.<sup>9</sup> The CNSA advocates strongly for continued rollout of the NSW government's accreditation program, ensuring continued delivery of safe and high quality services for the treatment of cancer. This accreditation program must focus on all health care sectors that provide cancer services, including public, private and not-for-profit services.

#### **2. Cancer Care Coordination**

People with cancer experience a variety of complex needs along their cancer journey, which require a coordinated response from health care services and providers. A cancer care coordinator is a position focused specifically on improving the patient journey and experience, and the CNSA strongly advocate that advanced practice cancer nurses fill these positions,<sup>10</sup> as is evident in their position statement for Cancer Care Coordinators. Work currently underway in Victoria, is beginning to demonstrate outcome benefits for patients from being cared for by Advanced Practice Nurse Cancer Care Coordinators in nurse-led services, both in terms of psychological and supportive care outcomes, but also to organisations through revenue generation. The CNSA commends the Cancer Institute NSW for funding 50 Cancer Nurse Coordinator positions to enhance the care coordination of cancer patients in NSW, particularly for improving cancer services available to people affected by cancer, in both metropolitan and rural

areas. CNSA is working closely with the Clinical Oncological Society of Australia (COSA) to develop a robust evidence base with which to demonstrate the value-addedness of these senior nursing positions to ensure that these positions are funded into the future. This will ensure that all cancer patients experience a seamless cancer journey irrespective of where they live or receive cancer care.

### **3. Professional Development**

Enhancing the skills and key competencies of the cancer workforce is a major component of improving cancer services. Developing a highly educated workforce is essential to ensure the best possible outcomes for people affected by cancer.<sup>11</sup> Achievements have already been made through the EdCan – National Cancer Nursing Education – project and the development of the Cancer Learning website. The CNSA has had major involvement in the EdCan project, which is supported by funding from the government. This project has developed a national professional development framework for cancer nursing and a suite of learning resources targeted at building capacity of the nursing workforce in cancer control, with the ultimate aim of improving health outcomes for people affected by cancer.<sup>12</sup> The CNSA has also contributed to the Cancer Learning online hub providing evidence-based learning activities, resources and information for all health professionals working in cancer care. CNSA strongly supports the provision of training programs, scholarships, fellowship programs and travel grants to provide practical resources and learning opportunities to support and develop health care professionals working in cancer. The CNSA advocates that the Cancer Institute NSW continue to provide these opportunities for the current cancer workforce, as well as the cancer workforce of the future.

## **Cancer Research**

### **1. Research Funding**

The CNSA believes that investment in translation research opportunities, from basic scientific research to implementation studies are imperative to improvements in current and future cancer control, cancer treatment, supportive care, survivorship and end of life care. CNSA supports the NSW government to continue to invest in cancer research activity in order to achieve large future health gains for the NSW population. These improvements can only be achieved with continued research funding not only for research studies but also to support innovative multi-disciplinary, clinician-research roles, if the translation of evidence into practice is to become a reality. CNSA believes that cancer researchers in NSW must be able to continue their current work, as well as develop innovations and new approaches to cancer control in the future. The CNSA strongly advocate that nursing research be encouraged and supported, with the NSW government providing research funding, as well as support for the establishment of nursing research positions.

## **2. Clinical Trials**

The aim of the NSW Clinical Trials Program is to accelerate the uptake of promising new clinical approaches into practice. Clinical trials are highly advantageous to cancer patients, with new treatments that can improve survival available substantially earlier. Trials have careful monitoring and document best practice, making them safer. They achieve better results than non-trial treatment, resulting in longer survival for cancer trial patients.<sup>4</sup> The CNSA commends the NSW Clinical Trials Program which aimed to accrue 10% of new cancer patients on to clinical trials by 2010.<sup>4</sup> However, CNSA recommends that this percentage be increased, to ensure that all cancer patients are offered groundbreaking new treatments at the forefront of cancer care.

Clinical trials nurses are integral to the success of clinical studies. They provide expert nursing care and have to demonstrate advanced level practice skills to adapt to and help support patients live with new and often unanticipated side-effects of new treatments. The CNSA stresses that adequate funding needs to be made available to support clinical trials and senior nurses in these roles to the benefit of patients into the future.

## **Relevant Cancer Data and Information**

### **1. Cancer Registry**

Accurate and timely cancer data is essential to define the impact of cancer on our community and improvements seen from interventions delivered.<sup>4</sup> This data is being collected by the NSW Central Cancer Registry, whose primary role is the monitoring and surveillance of new cases of cancer and cancer deaths. They supply reliable and valid data based on a total record of all cases of cancer diagnosed in NSW residents through regular and ad hoc reports on incidence and mortality.<sup>13</sup> This information is then made available for use by health professionals, planners, educators and research scientists allowing changes and improvements in cancer care to be made. The CNSA advocates that the work of the NSW Cancer Institute continue to be adequately resourced to ensure the collection of prospective accurate and timely data, as well as updating existing data sets to ensure they are relevant and fit for purpose.

The NSW Clinical Cancer Registry provides detailed information on service volumes and trends, access, quality of care and key cancer outcomes linked to treatment sites and modalities.<sup>13</sup> This is achieved by six area health services, who are currently collecting the national clinical cancer core minimum data set. CNSA asserts that this information is vital for planning and future improvements of cancer care in NSW. The CNSA believe that the NSW Cancer Institute needs to be resourced to maintain the registry in order to identify where results are excellent or suboptimal, and where more focused cancer programs are required in the future.

Whilst central cancer registries provide excellent information on incidence, survival and mortality rates, a larger focus on prevalence is required. The CNSA believes that the NSW government needs to collect outcomes from all cancer

treatments, not only those from people on clinical trials. The lack of data currently available on treatment patterns and outcomes for all patients is an impediment to the delivery of optimal care. A registry designed to monitor efficacy of treatment for all cancers, similar to the Australian Blood Cancer Registry, will improve the capacity to make informed and timely decisions on the diagnosis and management of people with cancer.<sup>14</sup> This will ultimately lead to better patient outcomes and allow for more appropriate resource allocation.

## **2. Screening Registries**

Cancer screening registries evaluate the benefits of cancer screening programs to determine effectiveness. In NSW, the Pap Test Registry commenced in 1996. It provides a follow-up and reminder service to women to encourage them to have regular Pap tests every two years, or as recommended by their health care provider.<sup>13</sup> It is a secure and confidential database of women's Pap test and related follow-up test results. It provides feedback to general practitioners who undertake the screening and to Area Health Services that provide the screening services. Both BreastScreen NSW and bowel screening information is being collected, but currently does not capture all screening being undertaken.

Improvements to both these screening data sets were set as initiatives in the current NSW Cancer Plan (2007-2010). The CNSA believes that the NSW Cancer Institute should be funded to ensure that improvements continue to be made and that relevant screening information is collected on both breast and bowel screening programs. In addition, CNSA advocates for ongoing funding to continue the Pap Test Registry, as it will need to adapt to changes over the next decade with the implementation of the cervical cancer vaccination program.

<sup>1</sup> National Drug Strategy Household Survey, 2007.

<sup>2</sup> Cancer in NSW, Incidence and Mortality Report, 2006.

<sup>3</sup> CNSA Position Statement on Tobacco Control and Smoking Cessation, 2009.

<sup>4</sup> NSW Cancer Plan 2007-2010.

<sup>5</sup> International Agency for Research on Cancer 2002. Weight Control and Physical Activity. IARC Press, Lyon, France.

<sup>6</sup> Cancer Institute NSW, Cancer and Lifestyle Factors, 2008.

<sup>7</sup> Bowel Cancer Awareness in NSW, Evaluation of the 2007 Bowel Cancer Awareness Campaign, 2008.

<sup>8</sup> Prostate Cancer in NSW, 2009.

<sup>9</sup> Evaluation of a Pilot NSW Cancer Services Accreditation Program, 2008.

<sup>10</sup> CNSA Position Statement for Cancer Care Coordinators, 2008.

<sup>11</sup> Cancer Institute NSW, Professional Development. At [http://www.cancerinstitute.org.au/cancer\\_inst/profes/prof\\_development.html](http://www.cancerinstitute.org.au/cancer_inst/profes/prof_development.html)

<sup>12</sup> EdCan, Welcome to EdCan. At <http://www.edcan.org/>

<sup>13</sup> Cancer Institute NSW, Programs. At [http://www.cancerinstitute.org.au/cancer\\_inst/programs](http://www.cancerinstitute.org.au/cancer_inst/programs)

<sup>14</sup> Australian Blood Cancer Registry, About ABCR. At <http://www.abcr.net.au/>