13 December 2022

Cancer Australia
300 Elizabeth Street
Surry Hills NSW 2010

Via Email Only: australiancancerplan@canceraustralia.gov.au

Dear Cancer Australia,

Public consultation survey for the Australian Cancer Plan (ACP)

Lung Foundation Australia (LFA) is pleased to provide our response to the final public consultation survey for the ACP. LFA is the only national charity and leading peak body dedicated to supporting anyone with a lung disease, including lung cancer. Since 1990, we have been the national point-of-call for patients, their families, carers, health professionals and the general community.

Q.1 I am responding as a(n):

Non-government organisation and Other: Health Peak body

Q.2 Do you or your organisation represent or identify as:

(Aboriginal and/or Torres Strait Islander people; Lesbian, gay, bisexual, transgender, intersex, queer, asexual (LGBTIQA) people; Older Australians; Adolescents and/or young adults; Children; People from Culturally or Linguistically Diverse (CALD) backgrounds; People living with disability; People living with a mental health condition; People living in a rural or remote area; People living in a low socioeconomic circumstance)

None of the above.

Q.3 Have you been involved in any previous consultations to support the development of the draft Australian Cancer Plan?

Yes. LFA provided a response to the first public consultation survey in February 2022, and I attended:

- Meeting of Cancer Consumer Organisation CEOs. Monday 5 September 2022
- Workshop for Strategic Objective 1: Maximising cancer prevention. Monday 6 June 2022

STRATEGIC OBJECTIVE 1: Maximising Cancer Prevention and Early Detection

Q.4 Is the ambition statement for Strategic Objective 1: Maximising Cancer Prevention and Early Detection ambitious enough?

Agree.

Q.5 To what extent do you agree that the proposed goals and actions for Strategic Objective 1: Maximising Cancer Prevention and Early Detection collectively ensure the ambition statement is achieved?

Disagree. Actions 1.2.1 under the 5-year goal and 1.1.1 under the 2-year goal must include tobacco control/smoking cessation efforts or for these to be actions on their own. Without an effective national tobacco strategy, the ACP will never achieve the intended and very noble outcomes. At present in Australia there is limited co-ordinated 'on the ground' support for smoking cessation (for instance, dedicated clinics or nurses within hospitals or even primary care). Actions should embed smoking cessation and standardise policies, procedures, clinical guidelines, and referral pathways to

operationalise the appropriate model. In the draft ACP, smoking cessation is only referenced 4 times – 2 of those are in reference to Aboriginal and Torres Strait Islander peoples. There is overwhelming data demonstrating the importance of smoking cessation at all stages of a cancer journey, for almost all cancers. A nationally funded and supported smoking cessation program would provide multiple benefits.

Action 1.2.1 should include environmental determinants of health. Air pollution is not mentioned in the draft ACP. Exposure to ambient fine particulate matter has been associated with increased mortality risk of breast cancer, cancers of the upper digestive tract, lung cancer and cancers of the accessory digestive organs (including liver and pancreas)[i]. LFA recommends that the ACP reference current work towards the development of a National Strategic Action Plan for Air Quality that reflects the World Health Organisation Air Quality Guidelines.

STRATEGIC OBJECTIVE 2: Enhanced Consumer Experience

Q.6 Is the ambition statement for Strategic Objective 2: Enhanced Consumer Experience ambitious enough?

Agree.

Q.7 To what extent do you agree that the proposed goals and actions for Strategic Objective 2: Enhanced Consumer Experience collectively ensure the ambition statement is achieved?

Disagree. Increasing the availability of specialist cancer nurses (SCNs) must be an action for the 2-year goal. SCNs are only referenced once in the draft ACP, and this is in a quote from a public consultation submission (p.56). SCNs are proven to facilitate crucial care and support for people diagnosed with cancer, by ensuring:

- timely patient access to treatment and navigation of complex needs – by helping patients through avoidable and unavoidable health system delays.
- increased receipt of anti-cancer therapy – principally through holistic assessment practice
- decreased inadvertent and avoidable hospital admissions – through timely accessibility via phone or in-person support and guidance; and
- increased health related quality of life in the post-treatment to end of life phase.

STRATEGIC OBJECTIVE 3: World Class Health Systems for Optimal Care

Q.8 Is the ambition statement for Strategic Objective 3: World Class Health Systems for Optimal Care ambitious enough?

Agree.

Q.9 To what extent do you agree that the proposed goals and actions for Strategic Objective 3: World Class Health Systems for Optimal Care collectively ensure the ambition statement is achieved?

Disagree. An action is required to address Australia's inequitable access to life saving radiation therapy (RT). RT is an effective treatment for many cancers, however, up to 20 per cent of patients who should receive it do not, with this figure at 62 per cent for prostate and 48 per cent for lung cancer patients[ii]. LFA endorses the recommendations of Evohealth's November 2022 White Paper on RT in Australia: 1) Establish geographic nodes to ensure equitable access to best practice RT; 2) Ensure all patients and clinicians are aware of the benefits and impact of modern RT treatment through

targeted campaigns; and 3) Support a national directory of travel and accommodation for those needing to travel for cancer treatment[iii]. Equitable access to RT could occur within the proposed National Comprehensive Cancer Centre Network.

STRATEGIC OBJECTIVE 4: Strong and Dynamic Foundations

Q.10 Is the ambition statement for Strategic Objective 4: Strong and Dynamic Foundations ambitious enough?

Agree.

Q.11 To what extent do you agree that the proposed goals and actions for Strategic Objective 4: Strong and Dynamic Foundations collectively ensure the ambition statement is achieved?

Disagree. The draft ACP does not specifically refer to the role of cancer clinical registries in collectively ensuring the ambition statement is achieved. Action 4.1.1 must detail how registries will fit into an agreed national cancer data framework. Reference to the need for the development of new registries and data platforms should be included in the ACP, such as "*the need for a national data registry of newly diagnosed adolescent and young adult cancers*" stated on page 83 of the draft. LFA is strongly advocating the establishment of a nationally coordinated lung cancer clinical quality platform (LUCAP) that will engage centres across Australia in systematic data collection and service monitoring, support and co-ordination of national research. While the OCP for lung cancer care delivery has been endorsed by federal and state governments, implementation and evaluation of this pathway is not achievable without robust prospective data collection. Funding of LUCAP should be a national goal within the first two years of the ACP. Increasing timely reporting from registries and ensuring that screening program data is included in a national cancer data framework should also be reflected in Action 4.1.1.

Action 4.2.1 must have patients at the centre of access to national performance monitoring and reporting. As noted on page 82 of the draft ACP, improving the availability of real-time data is crucial to inform system accountability, performance, quality, and improvement.

Action 4.1.2 does not reference the state of inequity in research funding by cancer type – action should ensure that national investment is proportionate to the burden of disease. Lung cancer is the highest burden of any cancer in Australia yet has some of the lowest tier one research funding.

STRATEGIC OBJECTIVE 5: Workforce to Transform the Delivery of Cancer Care

Q.12 Is the ambition statement for Strategic Objective 5: Workforce to Transform the Delivery of Cancer Care ambitious enough?

Agree.

Q.13 To what extent do you agree that the proposed goals and actions for Strategic Objective 5: Workforce to Transform the Delivery of Cancer Care collectively ensure the ambition statement is achieved?

Disagree. Actions around workforce curriculums and professional development are required. The needs of people living with lung cancer and the complexity of the disease should be included in professional training and medical workforce curriculum to promote awareness and provide strategies to shift perceptions away from stigma. The ACP should lead in challenging the stigma associated with Australia's most deadly cancer.

STRATEGIC OBJECTIVE 6: Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People

Q.14 Is the ambition statement for Strategic Objective 6: Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People ambitious enough?

Agree.

Q.15 To what extent do you agree that the proposed goals and actions for Strategic Objective 6: Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People collectively ensure the ambition statement is achieved?

Neither agree nor disagree. LFA reiterates the inequity in lung cancer among Aboriginal and Torres Strait Islander peoples – they are twice as likely to be diagnosed and die from lung cancer than non-Aboriginal and Torres Strait Islander Australians. They are also more likely to be diagnosed with cancer that has progressed to an advanced stage. The well-established and internationally recognised (Australian Government) Tackling Indigenous Smoking (TIS) program should be referenced in the ACP and the program strengthened throughout the life of the ACP.

Survey Wrap-up

Q.16 Specifically for Aboriginal and Torres Strait Islander people.

Not applicable.

Q.17 Does the ACP resonate with you and your perspective of cancer control?

As detailed in response to Question 5, tobacco control/smoking cessation is key in cancer control action and must be adequately actioned in the ACP. LFA also suggests reconsideration of use of the word 'lifestyle' in the ACP. Use of this personal responsibility-laden term is at odds with the goals of creating equity and addressing the wider determinants of health[iv]. 'Lifestyle' is used 31 times in the draft ACP - there is no use in the National Preventive Health Strategy.

Q.18 Is there anything missing from the draft ACP?

Yes.

1. The draft ACP notes the proposed National Lung Cancer Screening Program (NLCSP) using low-dose computed tomography scans for people at high risk of lung cancer (p. 43) and the effectiveness of such a program to reduce deaths from lung cancer (p. 47). On October 13, 2022, the Australian Government announced that MSAC recommended the implementation of a targeted NLCSP[v]. The Program will roll out within the life of the ACP and this needs to be reflected in the document and updated as required. The eligibility criteria of the MSAC recommendation comprises an individual aged 50 to 70 years with a history of cigarette smoking of at least 30 pack-years, and, if a former smoker, quit within the previous 10 years. LFA is advocating that the criteria extend to individuals with high-risk occupations and those with a family history of lung cancer.

2. As noted in our response to the first public consultation survey in February 2022, investment in comprehensive genomic profiling (CGP) and a national approach can lead to more effective provision of the right care at the right time. This should be considered for inclusion in Strategic Objective 1. Using CGP to support lung cancer diagnosis has the potential to advance diagnostics and personalise lung cancer treatment by uncovering a tumour's genomic fingerprint. CGP at diagnosis is estimated to lower the cost of treatment by 21% per patient, due to: personalised treatment increasing progression free survival, overall survival, and response to treatment.

3. The activity suggested under Action 4.2.2 to *"Proactively invest in new technologies and emerging techniques with a view to national scalability e.g., mRNA, CAR T-cell therapies, immunotherapies, personalised medicine"* (p.95) will rely on a more streamlined Health Technology Assessment (HTA) system that can enable faster access to such new and novel treatments and diagnostics. The ACP must reference the HTA System Review that commenced in December 2022, will run for 12 months and have recommendations implemented by December 2024[vi]. The HTA Review will align with the National Medicines Policy Review and the House of Representatives Inquiry into approval processes for new drugs and medical technologies. A key aim of the independent HTA Reform is to reduce time to access for Australian patients so they can access new technologies as early as possible.

4. Exposure to silica dust needs to be specified within the modifiable risk factor of occupational exposures and hazards (p.34). The link for 'Modifiable risk factors' on page 34 that links to the Cancer Institute NSW 'Cancer risk factors' webpage also does not mention exposure to silica dust under 'Workplace and environmental risk factors' (asbestos and 'chemicals' are detailed). Silica dust is associated with increased risk of lung cancer[vii]. Research estimates that silica exposure will result in over 10,000 new lung cancer cases in Australia by 2032[viii].

5. We note the statement in the draft ACP introduction that "*This draft version of the Australian Cancer Plan will continue to evolve, and the final version will address further important considerations like the impacts of COVID-19*" (p.1). At a minimum we suggest that the ACP in the first iteration needs to reference the impact of COVID-19 on delayed diagnosis of cancer and the fact that there may be presently unknown impacts of COVID-19 on cancer care and prevention. Cancer Australia analysis of MBS claims data for 2020 showed reductions in the number of diagnostic and treatment procedures observed for 14 cancers compared with the number expected[ix].

If you would like to discuss our response further, please contact Paige Preston, Senior Manager of Policy and Advocacy at Lung Foundation Australia on paigep@lungfoundation.com.au.

Yours sincerely,

Mark Brooke
CEO
Lung Foundation Australia

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