



Government of Western Australia
Department of Health

WA Cancer Plan 2020–2025

Acknowledgment of Country and People

WA Health acknowledges the people of the many traditional countries and language groups of Western Australia. It acknowledges the wisdom of Elders both past and present and pays respect to Aboriginal communities of today.

Use of the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

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Contact information

For further information contact Health Networks, Western Australian Department of Health on (08) 9222 0200 or healthpolicy@health.wa.gov.au

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Key definitions

Cancer control

Cancer control aims to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care. Comprehensive cancer control addresses the whole population, while seeking to respond to the needs of the different subgroups at risk.

Burden of disease

Burden of disease is a measure of the years of healthy life lost from living with, or dying from disease and injury.



References

World Health Organization. *Cancer Control: Planning. WHO guide for effective programmes.* s.l.: World Health Organization, 2006.

Australian Institute of Health and Welfare. *Australian Burden of Disease Study 2015: Interactive data on disease burden.*

Minister for Health foreword

I am pleased to release the **WA Cancer Plan 2020–2025 (the Plan)**. This important Plan provides a basis for action over the next five years to provide the best possible cancer care for the community of Western Australia (WA).

It builds on the previous achievements in cancer care in WA and addresses the State Government's commitment to establish a long-term plan for cancer research.

Cancer survival has never been better. Recent results from the International Cancer Benchmarking Partnership project show WA cancer survival rates are among the best in the world. The number of WA cancer patients living five years after diagnosis has continued to increase from 52 per cent (1985–89) to 71 per cent (2013–17).

Exciting opportunities are on the horizon, with rapidly advancing technology, infrastructure and emerging new treatment options including breakthroughs in personalised medicine which will change the experience of cancer for many people.

Telehealth, for example, continues to drive innovation in country cancer care. A TeleChemotherapy service was launched at the Karratha Health Campus in September 2019 with further sites identified for 2020 and beyond.

This service is improving the treatment experience for country patients by reducing the need to be away from home, their family and support networks during low-risk cancer treatments.

But despite progress such as this, cancer remains a significant burden for Western Australians, especially for Aboriginal people and those living in rural and remote locations. Our chance of developing cancer increases as we age and our population is growing older. Raising awareness of symptoms to drive early detection has never been more important than it is today.

With improved survival rates and an ageing population comes a rise in demand for diagnostic and treatment services. This leads to an increased strain on the health system to care for patients with complex needs. Such patients are generally at higher risk of further cancers and thus face physical, psychological and financial challenges. There is also increased demand for palliative care services.

Implementing the strategies of the Plan will include both continuation of what we are already doing and commencement of new work. The WA health system is implementing an unprecedented agenda of reform to re-shape and improve the way it works. The strategies will be supported by some of these new initiatives and investments such as the *WA Digital Health Strategy 2020–2030*, the *Sustainable Health Review 2019* and the Parliamentary Joint Select Committee's report on End of Life Choices (*My Life, My Choice*) and the Future Health Research and Innovation Fund.

Other strategies will require new investments. The State Government is already seeking to develop a central system to capture, manage and share cancer data across its hospitals and together with the Australian Government's commitment of \$19 million will develop genomic testing for Western Australians.

The release of the Plan follows considerable consultation with the people of WA – those affected by cancer, the community and those who work in the cancer sector – which has informed its priorities and provided a basis for our future strategies at a time when many changes and challenges face the WA healthcare system.

There is much to be done and we will continue to build on an already solid foundation – drawing on partnerships and resources from within the health sector and beyond to create a well-coordinated, high standard, consumer-focused cancer care system of prevention, screening, early detection, treatment, survivorship, palliative care, supportive care and research.

I thank the many dedicated, driven and committed people involved in producing this important Plan for WA and look forward to its roll out across the State's healthcare system and the impact it will have on cancer services and research, now and into the future.



Hon Roger Cook MLA
Minister for Health

Introduction

The *WA Cancer Plan 2020–2025* (the Plan) provides high level direction to guide the optimal delivery of cancer control and research to meet the needs of Western Australians impacted by cancer.

The Plan will continue the achievements of the *WA Cancer Plan 2012–2017* and assist WA towards ensuring cancer services are well-coordinated, high quality and consumer focused. In addition, the Plan addresses the State Government's commitment to deliver a long-term approach to cancer research.

Socioeconomic factors, health behaviours, cultural factors, genetic factors and the physical environment all play a role in health outcomes¹. As recognised by the *Sustainable Health Review 2019* there is a need for the State Government to strengthen partnerships across sectors to address the complex factors that affect people's health and wellbeing. This is particularly true for cancer where people's experience of care is often delivered over a range of settings and services which can result in fragmentation of care.

The Plan aligns to a number of strategies and recommendations within the *Sustainable Health Review 2019*. The Plan supports cancer control and research organisations to embrace innovation and change, be outward looking and fit for the future and to build on partnerships – particularly with consumers.

Scope

The Plan addresses a range of factors that impact cancer control and cancer research. Such factors include processes across the health system that influence the:

- quality of care
- outcomes and experiences of people affected by cancer
- availability of and the communication between services and programs
- quality improvement and decision making processes across the public health system

The Plan builds upon existing achievements and prioritises areas of need as identified through a vigorous current state assessment of cancer in WA. The objectives and strategies in the Plan are set within the context of the existing socioeconomic and geographical challenges impacting the WA community and health system.

Priority populations

This Plan applies to all people affected by cancer in WA. However, it is recognised that targeted interventions to reduce inequities and assist those in the community who have a higher risk of exposure to cancer risk factors is essential. The priority populations for this Plan include population groups with a higher prevalence of risk factors, higher cancer incidence and poorer cancer survival rates than the general population. These groups include Aboriginal people and people living in rural and remote areas.

Context

The impact

Cancer is the leading cause of disease burden in Western Australia². A diagnosis of cancer can significantly impact individuals, families and communities. Over 13,000 Western Australians were diagnosed with cancer in 2017 and over 4,000 died as a result of cancer. It is expected that cancer incidence will continue to increase with the growing size of the population and an ageing population. This increase will bring new challenges to the delivery of cancer services for the WA community³.

Cancer has a large impact on the WA health system, accounting for more than 158,000 cancer related hospital admissions per year (14.4 per cent of total hospitalisations)⁴. Nationally, the expenditure on cancer between 2003

and 2033 is projected to increase from \$3.5 billion to \$10.1 billion. This growth is expected to be mostly due to increases in the number of services provided to each person (\$3.7 billion), population growth (\$1.4 billion) and the ageing of the population (\$2.4 billion). Increases in costs for admitted patients over the same period are projected to increase from \$2.2 billion to \$6.8 billion⁵.

It is important to recognise that survival rates for cancer in WA have improved substantially in the past 30 years. The five-year survival rate increased from an average of 55 per cent between 1988 and 1992 to 72 per cent between 2013 and 2017⁶. However, Aboriginal people and people living in rural and remote areas continue to experience lower cancer survival rates in comparison to their non-Aboriginal and metropolitan based counterparts.

The services

Cancer services require integration across multiple health providers and various settings. Care along the cancer continuum includes prevention campaigns to reduce risk factors; early detection (including screening and diagnosis); treatment including surgery, radiation therapy, chemotherapy, biological or cellular therapies; and palliative and supportive services that help improve the quality of life of people at risk of or living with cancer both during and after their treatment⁷.

Survivors of cancer have unique and ongoing healthcare needs with many facing physical, psychological and financial challenges during and after their treatment¹. Patient expectations are changing with an increasing focus on their experience of cancer control, including the provision of holistic support and the best possible quality of life⁸.

“For patients the outcome measure of their cancer care is not simply about their quantity of life, whether they live or die, but, crucially, outcome is also about their quality of life through their treatment and beyond: that depends on the care pathway that they traverse”.

| Dr Susannah Morris, consumer and member of the WA Cancer Plan Advisory Group

Rapid advances in technology are leading to earlier detection of cancers, improved treatment options and increased patient survival. The development of new cancer drugs and therapies continues to provide funding and ethical challenges for government and patients. Emerging technologies impact clinical practice, service design, financing and potential investments for cancer control.

The research

Research plays a significant and well-established role in improving prevention, screening, diagnosis, treatment, palliation, survivorship and quality of life of cancer patients. It is also pivotal in attracting and developing a high quality, motivated and innovative cancer workforce.

WA has established itself as a strong contributor to the cancer research community with some ground-breaking discoveries that have translated into improvements in patient care and health policy.

WA provides a vibrant landscape in which cancer control and cancer research can continue to grow and improve. Collaboration is essential to the fulfilment of the objectives and strategies within the Plan. The next five years will involve the establishment of new partnerships and the strengthening of existing partnerships to ensure Western Australians affected by cancer have the best possible outcomes.

Cancer in WA

Cancer is the leading cause of disease burden in WA in relation to years of life lost and years lost due to disability⁴. In 2017, 13,346 Western Australians were diagnosed with cancer and 4,142 died from cancer^{6,9}. The chance of developing cancer increases with age and in WA's older population (people aged 65 years and over) it is projected to increase by 50 per cent over the next 10 years¹⁰. By 75 years of age, one in three males and one in four females will have cancer⁶. It is predicted that in 2025 more than 17,000 people will be diagnosed with cancer and more than 5,500 will lose their lives to cancer⁶.

In 2017, prostate, melanoma, bowel, lung and lymphoma were the top five cancers diagnosed in males, accounting for 67 per cent of the total cancer burden. Among females, breast, bowel, melanoma, lung and lymphoma were the top five cancers diagnosed, accounting for 66 per cent of total cancer burden⁶.

Survival rates for cancer have improved significantly in the past 30 years with the five-year survival rate in WA increasing from an average of 55 per cent between 1988 and 1992 to 72 per cent between 2013 and 2017⁶. Improvements in survival rates can be attributed to cancers being detected at earlier stages when treatments are likely to be more effective and to improvements in available treatment³.

Recent international comparisons have shown that Australia has higher survival rates than other high-income countries participating in the International Cancer Benchmarking Partnership (ICBP) project¹¹. WA was the best performing of the Australian jurisdictions, with the highest five-year survival rates for cancer of the ovaries, bowel, pancreas and stomach.

Although the survival rates for many cancers have improved, the survival rates for some cancers have not improved. Five-year survival rates from 2013–2017 did not improve for liver (24 per cent), brain (22 per cent), pancreas (14 per cent) and mesothelioma (8 per cent)⁶.

Aboriginal people and those living in rural and remote areas

The Plan includes a focus on addressing disparities in cancer outcomes for people living in rural and remote WA and Aboriginal people.

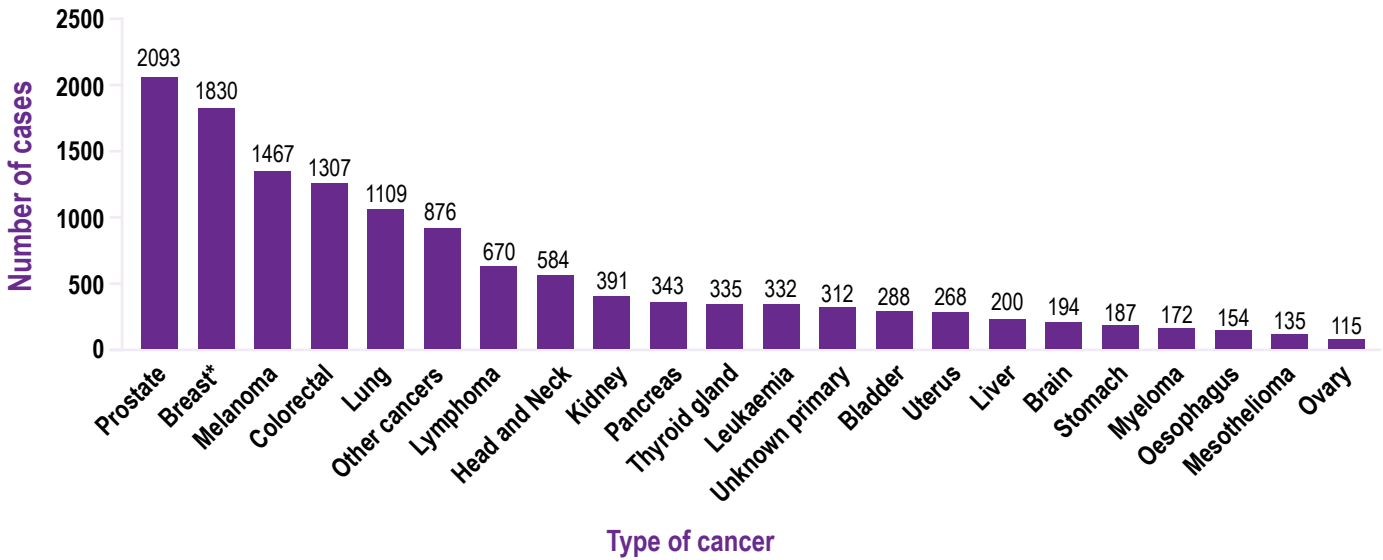
People living in remote areas often have limited access to primary healthcare services and educational and employment opportunities³. People in lower socioeconomic groups are more likely to participate in behaviours that increase the risk of cancer such as smoking and alcohol use, have poorer nutrition and be less likely to participate in screening programs³. People living in rural and remote areas are 20–30 per cent more likely to die within five years of a cancer diagnosis than those in metropolitan areas¹².

Aboriginal people represent 3.9 per cent of the WA population; of these 38.1 per cent live in major cities, 7.4 per cent live in inner regional, 14.4 per cent live in outer regional, 17 per cent live in remote, and 23.1 per cent live in very remote areas¹³. The high proportion of Aboriginal people living in regional and remote areas (over 60 per cent) contributes to lower cancer survival rates and higher exposure to risk factors for cancer compared with non-Aboriginal people¹⁴.

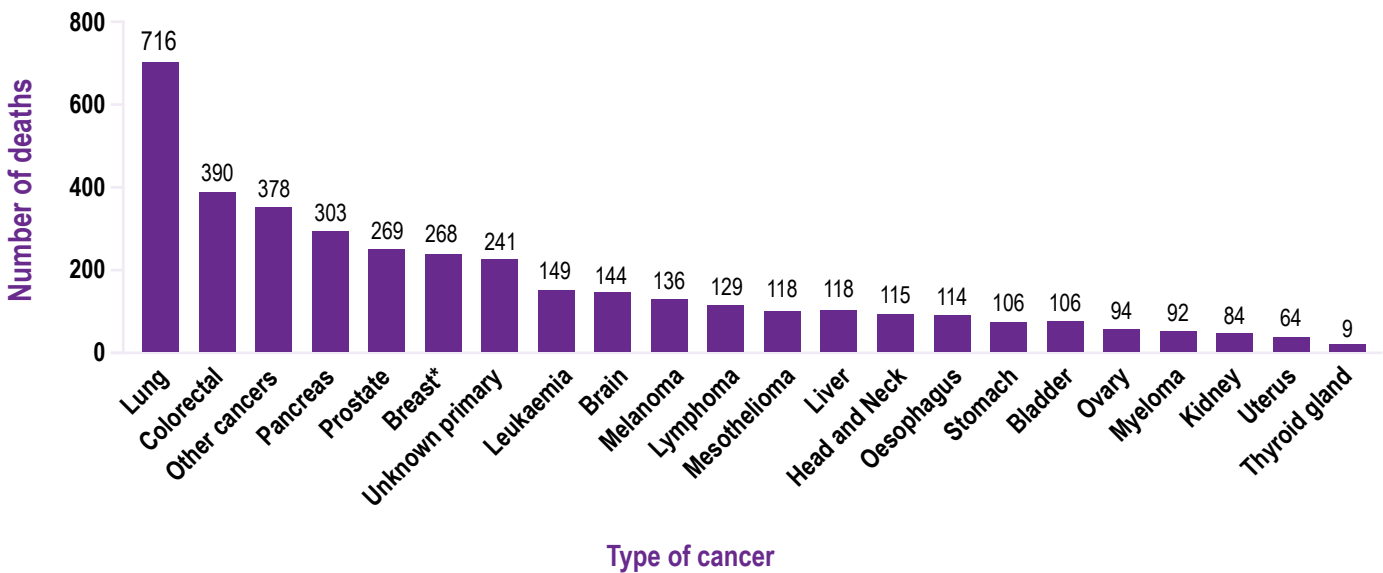
Aboriginal people have a different pattern of cancer incidence compared with non-Aboriginal people. Some cancers occur more commonly in this population group such as cervical, liver, lung, uterine, pancreatic and cancer of unknown primary site. Aboriginal people have a higher incidence of cancers that are more likely to be fatal (lung and liver cancer)⁵.

The Plan sets out to improve the health and wellbeing of Aboriginal people affected by cancer. It aims to empower and inform those affected by cancer and improve access to culturally secure, optimal care that is provided on Country whenever possible. Importantly, the Plan prioritises partnerships with Aboriginal people across cancer control and cancer research in WA.

Cancer incidence in WA, 2017



Cancer mortality in WA, 2017



*Women only

Source: WA Cancer Registry 2019.



CANCER

is the leading cause of disease burden in WA

2017 Statistics

2025 Predictions

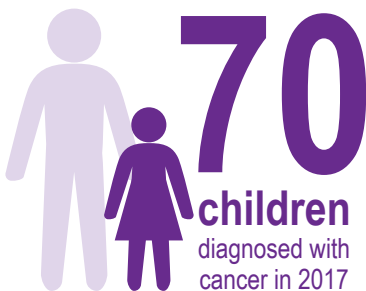
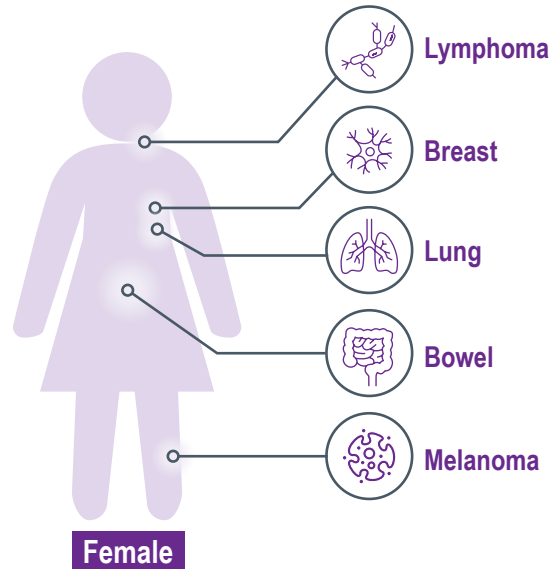
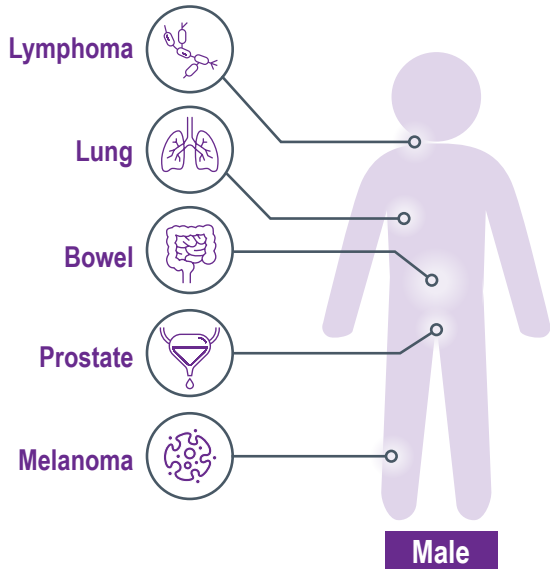
13,346 cancer diagnoses

More than **17,000** cancer diagnoses

4,142 cancer deaths


More than **5,000** cancer deaths

Top 5 cancers diagnosed in 2017



Most common cancers diagnosed in children in 2017

 **Leukaemias (26%)**

 **Tumours of the central nervous system (14%)**

Most common cancers for Aboriginal people



Cervical



Liver



Lung



Uterine



Pancreas



Cancer of unknown primary site

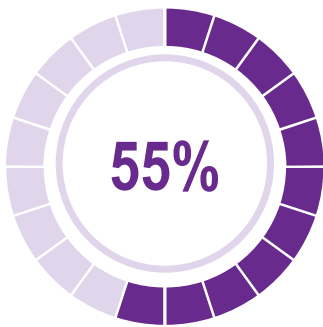


People living in rural and remote areas are

20–30% *more likely to die within 5 years of cancer diagnosis*

...than those living in metropolitan areas.

Five-year survival rates



1988–1992

WA has the highest **five-year survival rates** in Australia for these cancers



Ovaries



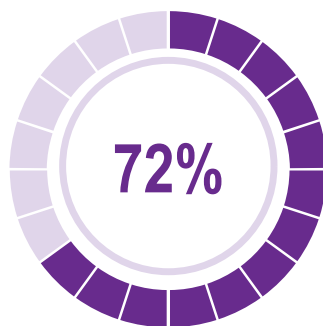
Bowel



Pancreas



Stomach



2013–2017

Five-year survival rates from 2013–2017 **DID NOT** improve for



Liver (24%)



Brain (22%)



Mesothelioma (8%)

Cancer research in WA

Research provides the foundation for cancer control. It provides the evidence on which cancer control services and programs along the cancer continuum of prevention, early detection, diagnosis, treatment, survivorship and palliative care are based.

Research generates new ideas to prevent, treat and manage disease, improve access to services, improve quality and safety of care, and address gaps in service delivery. It can lead to the development of new technologies, underpin innovation, encourage partnerships across disciplines and sectors, and attract and retain a high-quality motivated workforce. It can uncover cost savings and better value for the health system through the discovery of cost-effective and appropriate healthcare and reduction in waste and low-value care¹⁴.

Cancer research is funded by a broad cross section of organisations which include the National Health and Medical Research Council (NHMRC), the Medical Research Future Fund (MRFF) the Australian Research Council (ARC), the Cancer Council WA, the Government of Western Australia, and a variety of charitable and philanthropic organisations, commercial companies (including pharmaceutical companies), hospitals and universities.

The WA Government is establishing the Future Health Research and Innovation (FHRI) Fund to provide a long-term secure source of funding for WA researchers. This Fund, available from 2020, represents a significant step forward in developing a culture of innovation and research.

The establishment of the WA Health Translation Network in 2017 has increased opportunities for networking and coordinating research efforts, especially for providing opportunities for research translation in WA.



International Cancer Benchmarking Partnership

WA is one of three Australian health jurisdictions participating in the ICBP project that tracks cancer survival rates for seven types of cancer: oesophageal, stomach, colon, rectal, pancreatic, lung and ovarian.

In all, 19 jurisdictions from seven countries participate in the ICBP project. The seven countries are Australia, Canada, Denmark, Ireland, Norway, New Zealand and the United Kingdom. The ICBP study found that in the 20 years to 2014:

- cancer patient survival increased in all seven participating countries but was consistently highest in Australia, and
- Australia outperformed all countries in five-year survival rates for five of the seven cancers (oesophagus, stomach, colon, rectum and pancreas) and came second only to Canada and Norway for lung and ovarian cancers respectively.

WA was the best performing of the Australian jurisdictions, with the highest five-year survival rates for ovarian, colon, pancreatic and stomach cancer. The ICBP continues to explore factors that influence cancer outcomes such as stage at diagnosis, co-morbidities and treatments¹¹.

Through the Department of Health, WA has been a partner to the ICBP study since 2016. Data for the study came from the WA Cancer Registry.

About the *WA Cancer Plan 2020–2025*

The *WA Cancer Plan 2020–2025* is a statewide plan led by the Department of Health. It builds on the *WA Health Cancer Services Framework 2005–2010*, the *2015 WA Cancer Care Taskforce Recommendations and Implementation Plan* and the *WA Cancer Plan 2012–2017*. The Plan addresses the WA Government's commitment to develop a cancer research plan for the state.

It outlines priority areas to strengthen existing partnerships and develop new ones to achieve cancer control suitable to all people affected by cancer.

The Plan acknowledges the unique needs of population groups such as people who are:

- Aboriginal
- Culturally and Linguistically Diverse (CALD)
- living with a disability
- experiencing homelessness
- part of the Lesbian, Gay, Bi-sexual, Trans-gender and Intersex (LGBTI) community
- experiencing mental health issues
- living in rural and remote WA.

It acknowledges these people often experience stigma, discrimination and/or racism, which causes significant barriers to accessing cancer services and negatively impact health and wellbeing. Providing programs and services that are responsive, competent, respectful and accessible to all is essential to improving cancer outcomes for Western Australians.

The Plan has been informed by key stakeholders in the cancer system and its consumers. Widespread consultation has been undertaken to understand the current strengths and challenges and to develop the future state of cancer control and research for WA. Consultation has included over 670 touch points of engagement including a cancer control forum, a cancer research forum, targeted interviews and engagement with consumers in partnership with the Health Consumers' Council WA and public online submissions. Consultation has included people affected by cancer, community members, leaders in cancer control and research, health professionals, government and non-government organisations.

Our goals

The following are the goals of the *WA Cancer Plan 2020–2025*:

1. To reduce the impact of cancer.

2. To ensure consumers have the best experience of cancer control.

3. To drive cancer control that is based on data and research.

These goals are reflected in the priorities of the Plan for the next five years. The priorities are focused on prevention and early detection, patient experience, equity of access, informed choice, quality of life, evidence-based treatments and leadership that looks for new ways of working to meet the demands of delivering cancer control and research.

An overview of the *WA Cancer Plan 2020–2025* is provided below:

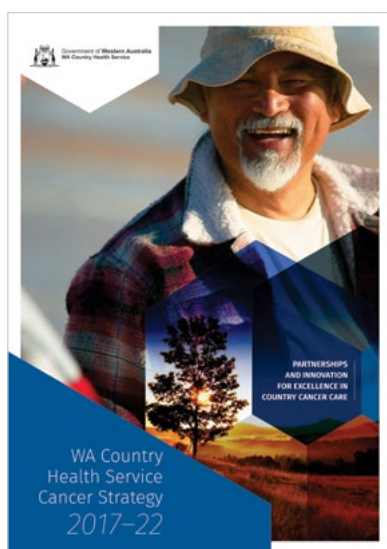
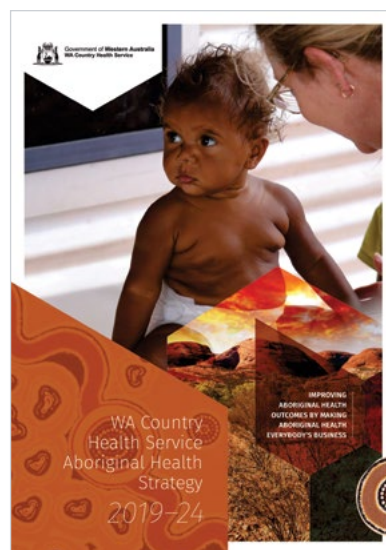
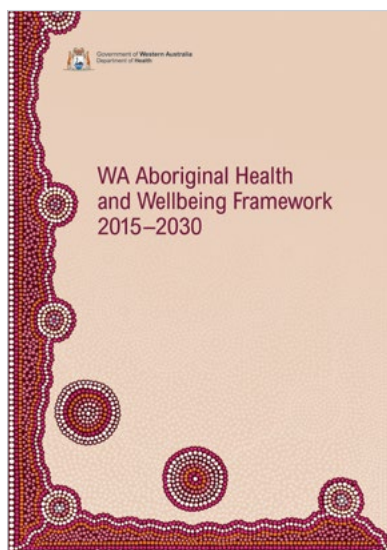
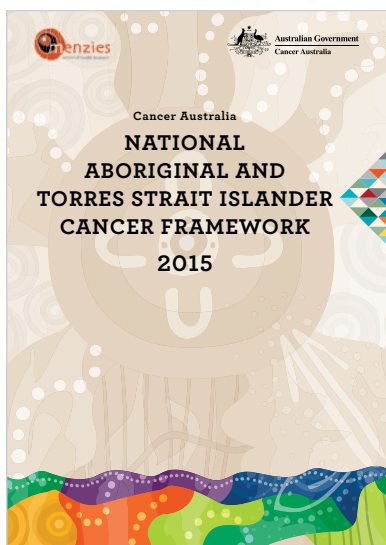
Priority One Reduce the cancer burden for Western Australians	Priority Two Western Australians receive optimal care	Priority Three Western Australians with cancer and their families live well	Priority Four Western Australia has a globally connected cancer research system	Priority Five Western Australia has a robust, contemporary and sustainable cancer care system
Objectives <ul style="list-style-type: none"> • Reduce exposure to risk factors for cancer • Find cancer early • Improve participation in cancer screening 	Objectives <ul style="list-style-type: none"> • Improve outcomes through safe, coordinated and evidence-based care • Empower consumers to make well-informed decisions about their care 	Objectives <ul style="list-style-type: none"> • Empower cancer survivors to live well • Support people affected by cancer • Integrate palliative care services 	Objectives <ul style="list-style-type: none"> • Integrate research and clinical trials throughout the cancer care system • Build a supportive environment for cancer research and clinical trials • Innovative cancer research and clinical trials workforce 	Objectives <ul style="list-style-type: none"> • Provide strategic coordination and innovative leadership • Develop partnerships that enable integrated, coordinated and efficient care • Develop an agile, sustainable and skilled workforce

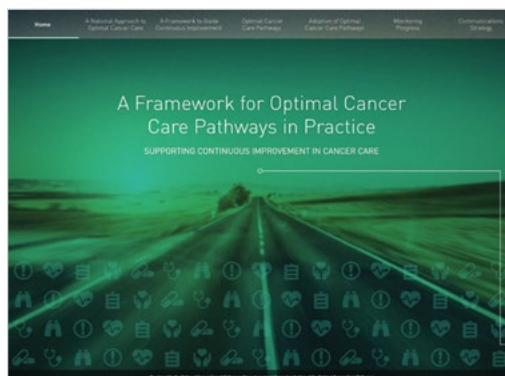
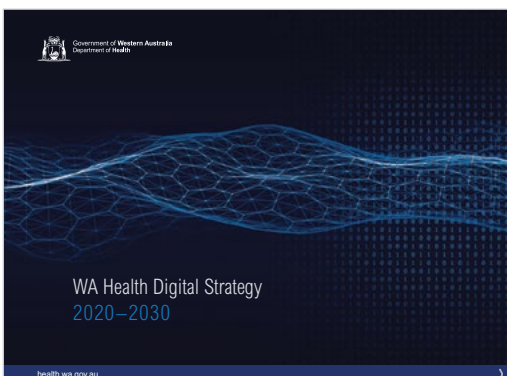
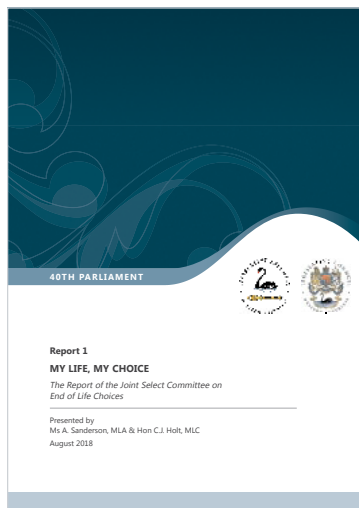
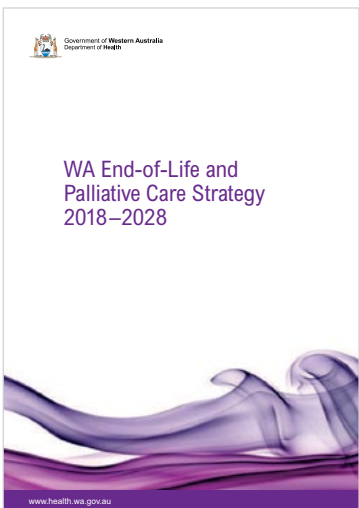
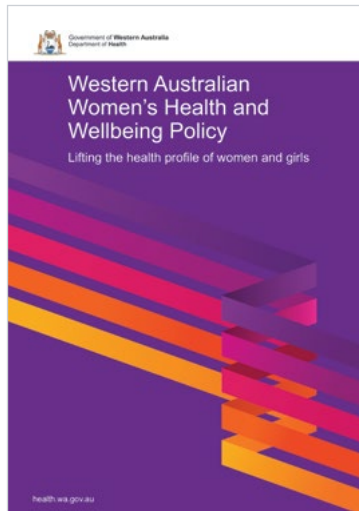
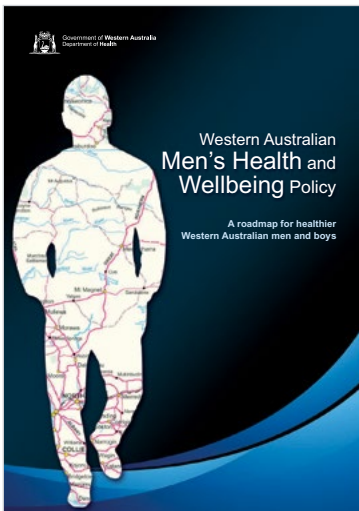
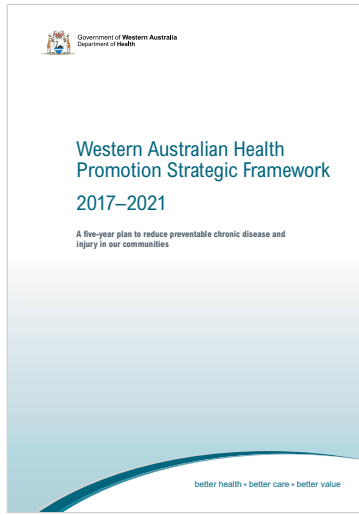
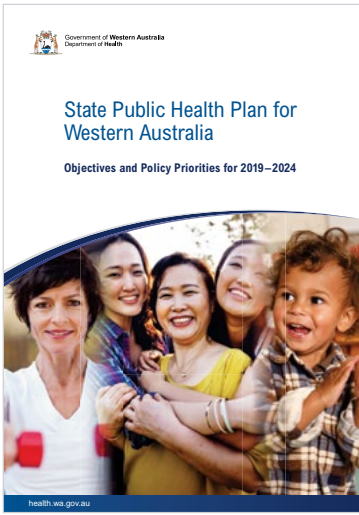
Policy environment

The *WA Cancer Plan 2020–2025* is supported by several statewide policies, strategies and plans such as the:

- *WA End-of-Life and Palliative Care Strategy 2018–2028*
- *My Life, My Choice Report*
- *Sustainable Health Review 2019*
- *WA Aboriginal Health and Wellbeing Framework 2015–2030*
- *WA Health Promotion Strategic Framework 2017–2021*
- *State Public Health Plan for WA 2019–2024*
- *WA Health Digital Strategy 2020–2030*.

This Plan is underpinned by the enduring strategies of the Department of Health's *Sustainable Health Review 2019*. Cancer control is delivered by multiple providers that span the healthcare system. Provision of cancer control in a responsible and efficient manner has the potential to rapidly place the WA health system on a more sustainable trajectory. The Plan aligns with and is supported by the policies, strategies and plans below and overleaf.





Priority One

Reduce the cancer burden for Western Australians

Cancer has lasting physical and psychological effects for those living with a cancer diagnosis and causes premature death. Cancer burden can be reduced through evidence-based prevention and early detection (screening and diagnosis).

The *Sustainable Health Review 2019* recognises that a strong focus on prevention is fundamental to sustainability, reflecting a greater focus on supporting health and wellbeing, rather than the focus on mainly treating acute illness. Importantly the *Sustainable Health Review 2019* highlights the need to ensure mitigation and adaptation strategies are in place to respond to the health impacts and risks of climate change. Such strategies are important for the continued monitoring of emerging evidence about environmental factors which may increase risk of cancer.

There are several well-established prevention campaigns that support the uptake of healthy behaviours through policy change, empowerment, and the development of supportive environments and personal skills. Approximately 30 to 40 per cent of cancer cases can be prevented through reduced exposure to modifiable risk factors such as^{15,16}.

- tobacco smoking (including occupational environmental tobacco smoke)
- physical inactivity
- alcohol use
- poor nutrition
- overweight and obesity
- UV radiation
- occupational and environmental carcinogens (e.g. silica dust, asbestos, diesel engine exhaust, welding fume, arc and air pollution)
- medical radiation.

Prevention campaigns lead to long-term reduction in cancer incidence and subsequent savings for the health system³⁹. An example is the anti-smoking campaigns that have been delivered across WA for the past 20 years. The aim of the campaigns has been to reduce the prevalence of smoking in the community. As a result of this sustained commitment, WA now enjoys the lowest smoking rate in Australia¹⁷. Supporting and enhancing existing initiatives that aim to reduce exposure to modifiable risk factors is vital to supporting people to make well-informed decisions regarding their health.

Screening programs (for bowel, breast and cervical cancers) aim to detect cancer at earlier stages of development among healthy individuals who are not experiencing symptoms. Treatments are known to be more effective for cancers that are detected at an early stage of their development¹⁸. Raising the public's awareness of the early signs and symptoms of cancer, providing evidence-based screening programs and addressing inequities in access to safe, timely and affordable diagnostic services will increase the likelihood of cancers being detected earlier, and improve survival rates¹⁹.

It is likely that an increase in screening participation will lead to an increase in cancer diagnoses, subsequently leading to heightened demand on health services³. The potential increased demand on health services needs to be considered in resource allocation for cancer services. Similarly, screening population groups that are considered to be low-risk can cause distress for consumers and unnecessary use of system resources. Thus efforts to increase screening participation rates should be targeted to relevant high-risk groups³.

Aboriginal people and people living in regional and remote WA are known to have high rates of exposure to risk factors for cancer and low rates of participation in cancer screening and diagnostic services³. These groups experience higher rates of cancer and cancer-related deaths compared to the broader WA population and are more likely to be diagnosed at advanced stages. Inequitable outcomes for these groups are due to several factors including disproportionate exposure to risk factors, limited geographical access to services, lack of culturally appropriate services and competing socioeconomic priorities³. It is vital to recognise the importance of culture, connection to Country and spirituality to Aboriginal people and how these factors influence access to, and quality of, cancer services and subsequent cancer outcomes²⁰.

Policy alignment

WACHS Aboriginal Health Strategy 2019–2024

Western Australian Health Promotion Strategic Framework 2017–2021

State Public Health Plan for Western Australia 2019–2024.

Sustainable Health Review 2019

Recommendation 1

Increase and sustain focus and investment in public health, with prevention rising to at least 5 per cent of total health expenditure by July 2029.

Recommendation 2

Halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by July 2029. Reduce harmful alcohol use by 10 per cent by July 2024.

Recommendation 3

Reduce inequity in health outcomes and access to care with focus on:

- Aboriginal people and families in line with the *WA Aboriginal Health and Wellbeing Framework 2015–2030*
- CALD people
- people living in low socioeconomic conditions.



Priority One

Objectives and strategies

Objectives

- Reduce exposure to risk factors for cancer.
- Find cancer early.
- Improve participation in cancer screening.

Strategies

- 1. Reduce exposure to risk factors for preventable cancers by supporting initiatives for:**
 - tobacco control
 - skin cancer prevention
 - reducing lifestyle-related risk factors for obesity, physical inactivity and inadequate diet
 - reducing alcohol use
 - vaccination programs (hepatitis B and human papilloma virus)
 - hepatitis C treatment
 - reducing environmental, occupational and other emerging hazards
 - optimising delivery of health promotion activities to under-served populations.
- 2. Reduce Aboriginal people's exposure to risk factors for preventable cancers by supporting targeted prevention initiatives that address specific barriers and enablers to minimise cancer risk.**
- 3. Raise awareness of cancer signs and symptoms and the need for early intervention in the community.**
- 4. Increase equitable access to and participation in screening programs.**
- 5. Enable increased participation of Aboriginal people in screening and early intervention programs by ensuring services are accessible, promoted and delivered in a culturally safe manner.**
- 6. Advocate for improvements to the quality and analysis of national cancer screening data to improve services.**
- 7. Improve access to standardised diagnostic pathways with subspecialist assessment where appropriate.**
- 8. Improve pathways for local early intervention and diagnostic services throughout rural and remote WA.**

Tackling Indigenous Smoking

Genuine trust and partnerships are vital to the successful implementation of programs with Aboriginal people, as is working collaboratively with Aboriginal Community Controlled Health Organisations (ACCHOs). The Tackling Indigenous Smoking (TIS) Program, rolled out nationally in 2014, aims to reduce tobacco use and related harm and improve the health of Aboriginal and Torres Strait Islander (ATSI) people through health promotion activities tailored to meet the specific needs of local communities.

TIS activities have led to increased community understanding of the health impacts of smoking and quitting pathways. It has also led to a positive change in attitudes among the ATSI community regarding smoking²¹.

The TIS program is an example of how a targeted prevention initiative that focuses on the barriers and enablers unique to a population can result in positive change.

Cancer Council WA

Non-government organisations provide valuable services and advice across the cancer continuum to consumers, health services and government.

Cancer Council WA (CCWA) is the leading cancer organisation in the State and is the only charity that works across the cancer continuum for all cancer types and cancer research. For people affected by cancer CCWA provides support from the point of diagnosis through to treatment and beyond.

CCWA plays a significant role in the prevention and early diagnosis of cancer through community education of risk factors and symptoms, social marketing campaigns and change to public policy.

Social marketing campaigns delivered by CCWA have significantly changed public opinion and awareness of the risks and symptoms for cancer. Major campaigns include:

- LiveLighter®. A healthy lifestyle campaign that aims to halt and reverse the increasing trends of adult overweight and obesity in WA by increasing awareness of health issues associated with being above a healthy weight, and advocating to ensure public policy supports healthy eating and physical activity.
- Make Smoking History (MSH). A multifaceted, mass media, population-based campaign that has involved collaborative efforts from CCWA, the WA Department of Health and Healthway to reduce adult smoking rates across the State over the past 20 years.
- SunSmart. A comprehensive program which uses a range of strategies including hard-hitting TV-led campaigns to reduce overexposure to UV radiation, the major cause of melanoma, by developing personal skills and creating supportive environments.
- Find Cancer Early. A public education program for regional Western Australians, that uses mass media and staff on the ground in each region to increase awareness of common cancer symptoms and motivates people to see their doctor immediately if they have a symptom.



Dr Annette McWilliams and Professor Fraser Brims, at Fiona Stanley Hospital

Lung cancer screening trial

Western Australian Respiratory Physician Dr Annette McWilliams and Consultant Physician Professor Fraser Brims are part of a ground-breaking international study looking at how to effectively detect lung cancer in people who are deemed to be at high risk but do not have symptoms.

Lung cancer is one of the more aggressive cancers and often symptoms such as coughing or impaired breathing only present when the cancer is too advanced to operate. Lung cancer is the leading cause of death for both men and women in Western Australia and the fourth leading cause of cancer. In 2017 there were 716 deaths caused by the disease.

As with breast and bowel cancer, lung cancer screening can reduce deaths by detecting cancers at an early stage when they are easier to treat.

The only recommended screening test for lung cancer is low-dose computed tomography. The International Lung Screening Trial is looking to test ways to increase the effectiveness of this screening method.

Approximately 500 current and former Western Australian smokers have joined more than 5,000 people from across Australia, Canada, Hong Kong and the United Kingdom to participate in the International Lung Screening Trial through Fiona Stanley Hospital and Sir Charles Gairdner Hospital.

The outcomes of this trial will inform how lung cancer is diagnosed in Australia.

Priority Two

Western Australians receive optimal care

To ensure the best outcomes optimal cancer care should be accessible to all. Optimal care is person-centred, safe, high quality, multidisciplinary, supportive, well-coordinated and interwoven with research opportunities where possible²².

This priority aligns with commitments made in the *Sustainable Health Review 2019* regarding the quadruple aim of health care. The quadruple aim prioritises patient experience; staff engagement; quality, safety and population health; and the reduction of waste and costs.

Optimal Care Pathways (OCPs) are evidence-based, nationally-endorsed resources that outline the components and timelines for best practice care for several tumour types. Importantly, there is an OCP specifically for Aboriginal people with cancer that outlines principles and steps to support the culturally safe delivery of cancer care. It is vital to collaborate with ACCHOs to ensure tumour-specific OCPs are appropriately delivered across the cancer continuum.

A lack of knowledge about what comprises optimal cancer care, particularly in relation to safe timelines for diagnosis and referral, can result in uncertainty, distress and disempowerment among consumers. OCPs guide the delivery and measurement of standardised, quality care and provide a reference point for consumers and healthcare professionals alike.

A multidisciplinary approach to cancer care is linked to better cancer outcomes and is highlighted in the OCPs as a core component of optimal care²³. All people undergoing cancer treatment should be reviewed by a multidisciplinary team. In order to achieve this the WA health system must continue to engage with primary and community care thereby acknowledging that the health system extends beyond hospitals.

Sustaining strong partnerships with primary and community care providers will improve the outcomes and experiences of people with cancer, and enable ongoing provision of optimal care. Primary and community care providers require mechanisms that foster a more collaborative approach to the delivery of patient care. This may include timely access to accurate information regarding patients and their treatment, support to communicate and link with cancer services and educational opportunities.

The cancer control system is complex, crosses disciplines and organisations and multiple care providers. Consumers often find it challenging to navigate the system and make well-informed decisions about their care. The fragmented nature of cancer services is a known factor which impacts effectiveness, satisfaction of health professionals and consumer outcomes. There are various causes of fragmentation including poor communication between cancer control service providers, unclear referral pathways, inadequate data systems and geographical barriers. This is amplified for those living in regional and remote WA. Enhanced coordination and communication between service providers is key to improving patient experience and outcomes.

Consumers are increasingly active in their use of technology and have an expectation of access to immediate, comprehensive and accurate information. The provision of credible resources and tools, increased transparency on service quality and support to navigate the currently complex system is required to empower people to make informed choices regarding their care.

As advances in personalised medicine are made there will be increasing opportunities to tailor interventions to better target specific high-risk groups such as those with inherited or rare cancers.

The area of personalised medicine is changing rapidly. The Australian Government has committed \$19 million over the next four years to develop statewide genomic testing capability in WA. There is an urgent need to implement genomic profiling of tumours into routine patient care, develop key policy frameworks to govern the introduction of this initiative, monitor changes in practice and support the necessary upskilling of the workforce.

Policy alignment

Sustainable Health Review 2019

Recommendation 3a

Reduce inequity in health outcomes and access to care with focus on Aboriginal people and families in line with the *WA Aboriginal Health and Wellbeing Framework 2015–2030*.

Recommendation 4

Commit to new approaches to support citizen and community partnership in the design, delivery and evaluation of sustainable health and social care services and reported outcomes.

Recommendation 10

Develop a partnership between the WA Primary Health Alliance and the Department of Health, and partnerships between Primary Health Networks and Health Service Providers to facilitate joint planning, priority setting and commissioning of integrated care.

Recommendation 12

Improve coordination and access for country patients by establishing formal links between regions and metropolitan health service providers for elective services including outpatients and telehealth, patient transfers, clinical support and education and training.

Recommendation 16

Establish a systemwide high-value healthcare partnership with consumers, clinicians and researchers to reduce clinical variation and ensure only treatments with a strong evidence base and value are funded.

Recommendation 17

Implement a new funding and commissioning model for the WA health system from July 2021 focused on quality and value for the patient and community, supporting new models of care and joint commissioning.



Priority Two

Objectives and strategies

Objectives

- Improve outcomes through safe, coordinated and evidence-based care.
- Empower consumers to make well-informed decisions about their care.

Strategies

1. Implement Optimal Care Pathways to guide the delivery of consistent, safe, high quality and evidence-based care.
2. Collaborate with ACCHOs to ensure the Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer is used to complement implementation of cancer pathways in a culturally secure manner.
3. Ensure each patient's treatment and support options are reviewed and planned by a multidisciplinary team.
4. Actively engage primary and community care practitioners as key care providers across the cancer pathway.
5. Improve the timeliness and efficient sharing of relevant patient information with those who need it.
6. Provide consumers with reliable information about their cancer care, treatment pathway and potential costs.
7. Improve access to evidence-based cancer control services across regional WA.
8. Provide coordinated care for people with rare cancers and those at increased risk of inherited cancers.
9. Develop and implement statewide genomic sequencing capability to inform treatment.

Optimal Care Pathways

Optimal Care Pathways are national guidelines that promote best practice cancer care for specific cancer types. OCPs describe the key steps in a person's cancer journey and expected standards of care at each stage. They aim to improve cancer outcomes by promoting quality care and ensuring that all people diagnosed with cancer receive the best care, regardless of where they live or receive their treatment. The OCPs also ensure that service providers understand how to coordinate care between each stage.

The OCPs were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They are nationally endorsed by the National Cancer Expert Reference Group, Cancer Australia and Cancer Council Australia. The Australian Health Ministers' Advisory Council and Council of Australian Government (COAG) Health Council endorsed Optimal Cancer Care Pathways as national guidelines from February 2018.

Importantly, in addition to OCPs for tumour types, there is also an OCP for Aboriginal and Torres Strait Islander people that complements the best practice information provided in the tumour-specific pathways to facilitate the delivery of culturally safe and competent care. It outlines the aspects of the cancer care pathway that need to be responsive to the needs of Aboriginal and Torres Strait Islander people with cancer^{22,24}. OCPs underpin the objectives of this Cancer Plan.

Cancer Nurse Coordinators

Traversing the cancer care pathway can be difficult for many. It may involve moving between public and private providers, across multiple hospitals and multiple departments within hospitals.

For those with particularly complex cases this journey can be even more difficult and result in anxiety, missed appointments, unnecessary travel, time away from home and family and result in sub-optimal care and outcomes. Complexity can be the result of the number of treatments and investigations required, family situation, language barriers, multiple co-morbidities and/or the need for complex multimodal treatments.

The statewide Cancer Nurse Coordinator service, established in 2006, is a team of highly qualified, specialist nurses located in Perth and throughout regional WA. The nurses sit outside of any one institution, are part of an established statewide network and have an overview of the entire patient journey.

They apply their specialist knowledge and use their state-wide networks to assist complex patients across the continuum of care. They provide a point of contact for the patient and their family, coordinate appointments, provide disease and treatment specific information and collaborate with health professionals across specialities and hospitals to ensure cancer patients with complex needs receive the best possible outcomes.



Kim, consumer

Country WA man, Kim, knows how a disconnect between cancer services can be difficult not only for those affected by cancer but also for the people delivering cancer care.

Following diagnosis, surgery, chemotherapy and radiotherapy for cancer at the base of his tongue Kim ended up with a temporary trachea and gastric feeding tube for 12 months. He was grateful for the cancer nurse coordinator who provided information and assisted with coordinating his treatment across the many cancer services he needed.

During his recovery Kim was informed that the particular dressing he needed was only available to hospital patients and not to outpatients. In need of the dressings Kim approached the manufacturer only to be informed that the dressing was only sold to organisations and not individuals. Without access to the dressing, Kim and his wife experienced unnecessary anxiety at the potential for complications to his recovery. Kim's experience highlights the need to improve coordination across the cancer journey.

Stakeholder consultation for the *WA Cancer Plan 2020–2025* identified fragmentation and lack of clarity around pathways and responsibilities for care as challenging for consumers and clinicians alike. A statewide and systemwide approach to cancer service planning, roles and responsibilities is required. The *WA Cancer Plan 2020–2025* proposes several strategies to address this.

Priority Three

Western Australians with cancer and their families live well

The Plan aims to ensure Western Australians affected by cancer live well across all stages of the cancer continuum. Survivorship, the transition from paediatric to adult health services for young people affected by cancer, and palliative and end-of-life care are key times along the cancer continuum that offer opportunities for improvement.

This priority aligns with the commitments made in the *Sustainable Health Review 2019* to partner with consumers to design, manage and evaluate their care, ensure consumers have a dignified end-of-life and receive optimal palliative care. The *Sustainable Health Review 2019* also recognises the importance of pursuing high value outcome-based care, and ensuring there are mechanisms in place to monitor, evaluate and report on value, outcomes and efficiency of services.

Australians have some of the highest cancer survival rates in the world. Improvements in early detection, screening, diagnostic methods and advances in treatment are contributing to more Western Australians surviving cancer.

Cancer survivors often face ongoing complex physical, practical, psychological and financial challenges and there are improvements to be made in the management and support for cancer survivors, where the focus shifts to:

- maintaining and improving overall health and wellbeing
- improving quality of life
- ongoing treatments
- awareness and management of long-term and late effects of cancer and its treatment.

It is vital to empower and support cancer survivors to seek care from community services. Communication between healthcare providers requires improvement to ensure the treatment needs and health information of cancer survivors is available when necessary. Survivorship care plans and treatment summaries are key to achieving this as they facilitate a coordinated, consistent approach to survivorship care.

As young people grow into adolescence, they transition from comprehensive, clinician-led care that involves their family at a paediatric service to an adult service where care is provided across various locations where they may be required to coordinate their own care requirements.

A holistic and collaborative transition into adult health services is crucial for a young person to optimise their health and wellbeing. Such a transition is also important to enable young people to engage with ongoing cancer support and treatment.

The experience of cancer treatment often involves distress and suffering²⁵. Quality of life is as important as length of life. There is a growing need and expectation to provide access to psychosocial and supportive care and other factors that influence quality of life. For Aboriginal people, psychosocial care and supportive care services must take into account their unique needs and be provided in a culturally secure manner.

The WA health system is working to strengthen the way end-of-life and palliative care is managed and delivered. It is recognised that timely end-of-life planning and introduction of palliative care contributes to improving the quality of life for those with cancer.

Key factors that impact on timely referrals to end-of-life and palliative care services include provision of education and support for health professionals to refer patients and provision of education and support to patients by health professionals.

Completing Advance Care Planning (ACP) documents and Goals of Patient Care (GoPC) Clinical Documents are key aspects of end-of-life planning. ACP involves engaging in open and ongoing discussions regarding an individual's goals, values, beliefs and preferences for their future treatment. The GoPC Clinical Document identifies the aims for a person's medical treatment while in hospital that is agreed to by the person, their family, carers and healthcare team²⁶. ACP and the GoPC Clinical Document can reduce anxiety and thus improve the wellbeing of consumers, their families and carers²⁷.

Collecting and analysing data on how patients perceive their experience of cancer control is crucial to determining if Western Australians with cancer and their families are living well. Reporting of Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS) is required to monitor and evaluate how cancer control impacts consumers and to inform improvements across cancer control.

Policy alignment

WA End-of-Life and Palliative Care Strategy 2018–2028

My Life, My Choice: Report of the WA Parliament Joint Select Committee on End of Life Choices

Sustainable Health Review 2019

Recommendation 4

Commit to new approaches to support citizen and community partnership in the design, delivery and evaluation of sustainable health and social care services and reported outcomes.

Recommendations 8

Actively partner in a whole-of-government approach to supporting children and families in getting the best start in life to become physically and mentally healthy adults.

Recommendation 9

Achieve respectful and appropriate end-of-life care and choices.

Recommendation 16

Establish a systemwide high value healthcare partnership with consumers, clinicians and researchers to reduce clinical variation and ensure only treatments with a strong evidence base and value are funded.



Priority Three

Objectives and strategies

Objectives

- Empower cancer survivors to live well.
- Support people affected by cancer.
- Integrate palliative care services.

Strategies

1. Ensure access to supportive and psychosocial care for all following a cancer diagnosis.
2. Enhance provision of culturally secure supportive care, communication and information for Aboriginal people, their family, carers and community across the cancer continuum.
3. Co-develop and implement Survivorship Care Plans and Treatment Summaries in partnership with cancer survivors.
4. Empower cancer survivors to access appropriate services to self manage the long-term effects of cancer and to engage in healthy lifestyle behaviours.
5. Co-develop and implement Transition Care Plans in partnership with young people and their family and carers.
6. Ensure appropriate palliative care services and end-of-life care are accessible to all.
7. Ensure Advance Care Planning and Goals of Patient Care clinical documents are available to all.
8. Establish transparent public reporting of patient reported experience and outcomes and monitoring of systemwide performance indicators.

The WA Psycho-Oncology Service

Everyone's experience of and response to cancer is unique. It is common to experience feelings (including fear, sadness, anger and anxiety), thoughts and physiological responses (such as temporary changes in appetite, sleep and motivation). This can be a normal and healthy response to cancer. However, some people with cancer experience distress and suffering which overwhelms their ability to cope and which may disrupt their cancer treatment.

The WA Psycho-Oncology Service (WAPOS) is a statewide service that provides specialist clinical psychology assessment and treatment to adults with cancer. WAPOS is involved in providing therapy to patients whose mental health functioning adversely impacts on adjustment to diagnosis, optimal engagement in cancer care or transition to end of life.

In addition to clinical psychology intervention, WAPOS provides case consultation, supervision and liaison to health workers across the State. This supervisory and educational function is designed to enhance the capacity of health services to deliver quality, evidence-based psychosocial care to people affected by cancer. WAPOS contributes to the development of psycho-oncology care in WA and participates in consumer education events.



Tilly, consumer

The cancer journey for 18-year-old Tilly started during her final year of school when she noticed a small lump on her left ring finger. Two years later the lump had grown to the size of a pea and a rare and aggressive malignant tumour buried in the soft tissue was discovered. Rather than have a simple procedure to remove what she thought was a cyst, Tilly had to have her entire finger amputated.

In the space of a few weeks, Tilly had to deal with a rare cancer diagnosis, surgery and a recovery pathway more focused on her mental health than her physical health. As well as adjusting to day-to-day tasks, Tilly found herself struggling to adjust to a 'new normal'. She didn't feel confident socialising with friends, talking to strangers or even leaving the house, preferring isolation to dealing with the impact of her cancer experience.

With the help of CanTeen (a cancer organisation specifically for young people from 12 to 25), Tilly was able to rebuild her confidence and connect with other young people who were going through similar experiences. This supportive care helped Tilly to realise that everything she was experiencing was normal and she quickly found her self-esteem returning.

'I wish I knew about CanTeen sooner – connecting with other young people was the best thing I ever did, and the relief I felt when I spoke to a CanTeen counsellor was enormous.'

The challenges associated with a cancer diagnosis are often exacerbated in young people with cancer who are at a transformative stage of life. In addition to physical care, supportive care that meets the unique needs of young people is critical to ensuring psychological and social wellbeing.

Tilly is studying Laboratory Medicine at Curtin University and wants to become a cancer researcher.



Tilly at Elizabeth Quay



Nina at Whiteman Park

Nina, consumer

As a CALD woman living in WA, Nina experienced first-hand, the difficulties navigating the healthcare system when she was diagnosed with Hodgkins Lymphoma.

Unable to speak English and socially isolated, Nina describes her cancer experience as incredibly challenging.

Nina's family, who travelled to Australia to support her, did not speak English either. Their silence was often misinterpreted as coping but in reality they were fearful for her survival and in need of support and information.

Research shows that cancer patients from CALD backgrounds report higher psychological distress and inferior quality of life, compared to their English-speaking, Australian-born counterparts²⁷. Many CALD communities have lower participation in prevention and screening programs than other Western Australians and are more likely to be diagnosed with cancer at a later stage, present with cancers that have a poorer prognosis and often have poorer outcomes even after cancer is diagnosed.

As the diversity of WA's population continues to expand, health services must become better equipped to support people from CALD backgrounds.

Priority Four

Western Australia has a globally connected cancer research system

The integration of research and innovation into the delivery of cancer services and programs is essential to ensure cancer control is underpinned by evidence. Achieving an integrated research system will involve a focus on linking cancer research to health system priorities; translating research findings into policy and practice; pursuing partnerships with consumers and research funders; supporting research; providing opportunities for innovation and commercialisation; and developing the cancer research workforce.

Research leads to new ways to prevent, diagnose and treat cancer. It can identify areas of clinical variation against OCPs and reduce low value care, waste and inefficiency. A shared approach to spreading new ideas, innovation and changing practice is needed to enable the effective translation of research findings into policy and practice¹⁴.

The *Sustainable Health Review 2019* supports innovation and research as a means to achieving sustainability and economic benefits. In particular it advocates for research strategies that set systemwide research priorities, address public reporting on health research and research translation activities through development of implementation pathways.

The WA Government is establishing the FHRI Fund to provide a long-term secure source of funding for health and medical research, innovation and commercialisation in WA. The vision for the FHRI Fund will be provided by a strategy underpinned by four strategic themes: People; Partners; Platforms; and Policy.

Once established the FHRI Fund will dramatically change the landscape of research funding in WA.

Although consumer engagement in research is well established, there is opportunity to increase consumer involvement in order to improve the relevance of research to consumers' needs, improve quality of care and health outcomes, enable more effective research translation, and improve public confidence in research.

Clinical trials provide patient access to the latest treatments. For rare childhood cancers, participation in clinical trials is considered standard care. Equitable access to clinical trials is necessary to improve cancer outcomes. This is especially important for those living in rural and remote WA who have limited or no access to clinical trials. Clinical trials not only improve outcomes but also contribute approximately \$1 billion to the Australian economy each year²⁸. Presently, the Australian Government is leading a body of work to improve the Australian clinical trials environment. There is a strong philanthropic community in WA which also contributes to new funding opportunities and partnerships to reduce the burden of cancer in our community.

WA is developing its inaugural data sharing and privacy legislation. Development of policy to guide the consent, sharing and release of data for research is needed to reduce barriers and change attitudes to conducting research. Using new technologies, such as digital records, machine learning and artificial intelligence may improve sustainability of managing cancer data and biological specimens into the future.

In addition to advancing health and medical knowledge and informing policy and practice, research can lead to the development of new technology and contribute to the attraction and development of a high calibre workforce.

The commercialisation of research and innovation can lead to economic gains, job creation and career development. However, the path to successful commercialisation is long, risky and costly and requires specialised advice, clear pathways and incentives.

The career pathway for a researcher is challenging due to the ongoing cycle of securing funding through competitive processes. The insecure nature of research funding also impacts research support roles, such as data managers, clinical trials staff and research nurses. In addition to retaining local talent at all stages of their careers, the Plan aims to attract national and international cancer researchers to WA.

Policy alignment

WA Health Digital Strategy 2020–2030

Strategic theme 6: Embedded innovation and research

Sustainable Health Review 2019

Recommendation 16

Establish a systemwide high-value healthcare partnership with consumers, clinicians and researchers to reduce clinical variation and ensure only treatments with a strong evidence base and value are funded.

Recommendation 29

Ensure that future research activities and investments are linked to the priorities of the WA health system and are actively translated into practice.



Priority Four

Objectives and strategies

Objectives

- Integrate research and clinical trials throughout the cancer care system.
- Build a supportive environment for cancer research and clinical trials.
- Innovative cancer research and clinical trials workforce.

Strategies

1. Commission research that addresses variations in cancer outcomes.
2. Develop mechanisms for cancer research to be translated into practice or policy.
3. Increase and advocate for consumer involvement in cancer research.
4. Enhance opportunities for cancer patients to be part of studies, especially clinical trials.
5. Build strategic partnerships with the philanthropic and private sectors to leverage cancer research funding.
6. Streamline access to patient cancer data for researchers.
7. Provide opportunities for cancer researchers to access innovation and commercialisation initiatives in WA.
8. Develop targeted strategies to attract and retain an internationally recognised cancer research workforce for the future.

The Australian Genomic Cancer Medicine Program

Rare and less common cancers collectively account for 25 per cent of cancer diagnoses in Australia. Sadly, due to limited treatment options, they account for about 40 per cent of cancer deaths.

Through partnership with the Garvan Institute of Medical Research, NSW, Western Australian patients with rare and advanced-stage cancers are able to access research trials under the Australian Genomic Cancer Medicine Program without having to travel interstate.

Since 2018, WA patients matched to one of the trials are able to undergo genetic testing locally through PathWest and if suitable, receive treatment at Linear's clinical facility based at the QEII Medical Centre.





Professor Christobel Saunders in theatre



Professor Christobel Saunders, Cancer Lead for Research and Data

Embedding the patient perspective into the planning and delivery of cancer services is critical to ensuring patient experiences shape cancer control initiatives and improve patient outcomes. A deeply rooted consumer voice is integral to the Continuous Improvement in Care – Cancer (CIC – Cancer) program, with the patient front and centre of all care decisions.

The CIC – Cancer program aims to address variations in cancer care and patient outcomes by measuring outcomes important to patients, identifying gaps in care pathways and trialling new interventions to improve care that matters most to patients.

This program of work will look at how to achieve the best cancer outcomes across a variety of cancers in patients treated in both public and private settings and at the cost of delivering the best outcomes so we can improve the efficiency of our care.

Professor Christobel Saunders has 30-years of experience looking after people with breast cancer and melanoma. As a busy WA cancer surgeon and international researcher, Christobel undertakes extensive collaboration with patient advocacy groups, governments and professional bodies to acquire new treatments and develop guidelines for best practice. Christobel works to ensure clinicians and patients are educated regarding optimal pathways to manage their cancer.

“Ensuring research that investigates new clinical treatments and that looks at outcomes that matter to patients is translated into clinical practice is key to improving outcomes.”

Professor Christobel Saunders is the WA Cancer and Palliative Care Network Lead for Research and Data, Head of Division of Surgery, the University of Western Australia, Consultant Surgeon.

Priority Five

Western Australia has a robust, contemporary and sustainable cancer care system

The WA health system and its partners share a commitment to deliver high quality, safe cancer control services for consumers. To maintain and grow this focus now and into the future requires influential leadership, improvement of data collection and management, digital innovation, contemporary workforce models and fostering partnerships across the system, particularly with consumers.

As outlined in the *Sustainable Health Review 2019* innovative leadership, meaningful partnerships and shaping a fit-for-purpose workforce are essential for developing a strong systemwide approach to sustainability. In addition, a move towards improvement through digital innovation and the use of technology to drive better health outcomes is supported through the *WA Health Digital Strategy 2020–2030*.

In WA, cancer control activities are delivered by a range of government, non-government and private providers. Statewide leadership is necessary to improve the effective, sustainable and efficient coordination of cancer control services and research. In particular to:

- set clear principles for planning, design and commissioning of cancer services
- ensure future technology, research, innovation and new developments that impact cancer control are incorporated into service planning
- ensure research that is consumer-informed and data-driven is commissioned to inform State Government priorities.

Cancer control extends beyond hospitals and is strongly inter-dependent with primary care and a range of health and community services. Creating and fostering purposeful partnerships between the WA health system, communities, non-government organisations and private providers is required to ensure that cancer services are contemporary, sustainable and equitable.

Figure 1 summarises the current data collection activities, both cancer and health specific, that enable the monitoring and evaluation of cancer control activities across the WA health system.

Expanding the scope of data collected to include additional key metrics such as cancer stage, treatment, management and outcomes and/or recurrence of cancer will enable a greater understanding of how cancer control services and programs are impacting patient outcomes, experiences, safety and quality and the efficiency of services.

Establishing a central database and embedding data collection when planning patient care through multi-disciplinary team meetings will enable the WA health system to monitor and evaluate its services and patient outcomes. There is a requirement to invest in data, information and biological-specimen related technologies that will support the delivery of innovative, safe and efficient cancer control and research now and into the future.

Leveraging digital innovation and adopting new ways of working that is enabled by technology will allow consumers to be more connected with health professionals and health information in more direct and efficient ways. Digitally-enabled cancer control services will also further support the health workforce to provide quality and accessible care. This is particularly relevant to people affected by cancer living in rural and remote areas who will benefit most from receiving telehealth and other virtual care services.

In conjunction with investing in new and existing technologies, there is a need to ensure the WA health system is strategic in the use of existing infrastructure for cancer control services. Developing innovative funding models to

facilitate access to technology and equipment across public and private providers will optimise the use of existing resources and ensure high value care is being delivered to consumers. Investment decisions for technology and infrastructure need to be aligned with strategic decisions for the future delivery of cancer services and research in WA.

Options to introduce, evaluate or expand workforce roles, scope of practice and advance skills should be considered. An agile workforce that is well supported to make best use of emerging technologies and contemporary workforce models of care will be able to drive real and enduring change in the delivery of cancer control services.

There exists a strong, skilled and growing Aboriginal health workforce that spans clinical, non-clinical and leadership roles. Continuing to grow this workforce will help break down barriers to accessing care and meeting the needs of Aboriginal people affected by cancer. It is recognised that the WA health system must continue to collaborate and engage with Aboriginal people, Aboriginal health workers and ACCHOs in the planning, design and delivery of cancer control services and research to facilitate culturally secure cancer control care.

Policy alignment

WA Health Digital Strategy 2020–2030

Sustainable Health Review 2019

Recommendation 21

Invest in analytical capability and transparent, real-time reporting across the system to ensure timely and targeted information to drive safety and quality, support decision making for high value health care and innovation, and support patient choice.

Recommendations 23

Build a systemwide culture of courage, innovation and accountability that builds on the existing pride, compassion and professionalism of staff to support collaboration for change.

Recommendation 24

Drive capability and behaviour to act as a cohesive, outward-looking system that works in partnership across sectors, with a strong focus on system integrity, transparency and public accountability.



Priority Five

Objectives and strategies

Objectives

- Provide strategic coordination and innovative leadership.
- Develop partnerships that enable integrated, coordinated and efficient care.
- Develop an agile, sustainable and skilled workforce.

Strategies

1. Establish a coordinated approach and clear pathways for addressing statewide cancer-related issues.
2. Formalise patient referral pathways, based on the principles of Optimal Care Pathways, across the health system.
3. Establish a fit-for-purpose systemwide information system to share multidisciplinary team treatment recommendations and outcomes.
4. Facilitate the review and update of policy and legislation to support improvements in cancer data collection.
5. Provide digital options to deliver and support optimal cancer care closer to home.
6. Foster collaboration between the WA health system and its partners to facilitate integrated and coordinated cancer care.
7. Engage in interagency collaboration and cross-sector engagement to improve the broader social determinants of health relevant to cancer control.
8. Enhance engagement with Aboriginal people, Aboriginal health workers and Aboriginal Community Controlled Health Organisations in the planning, design and delivery of services and research.
9. Support the wellbeing of the cancer workforce.
10. Support education and upskilling of the cancer workforce to be responsive to the unique, diverse and emerging needs of the population.
11. Support growth, strengthening and upskilling of the Aboriginal health workforce.

Tele-Oncology

The WA Country Health Service (WACHS) is using technology to connect consumers with healthcare professionals using telehealth technology. New services and partnerships have been established to expand cancer services across rural and regional WA bringing cancer care closer to home and on Country.

Tele-Oncology enables country patients to have appointments with their cancer specialists via telehealth from their nearest town.

Tele-Chemotherapy allows country patients to receive chemotherapy locally under the supervision of cancer specialists and nurses using telehealth.

Tele-Oncology and Tele-Chemotherapy reduces travel time, stress and time away from family and support networks during treatment.

WA Cancer Registry

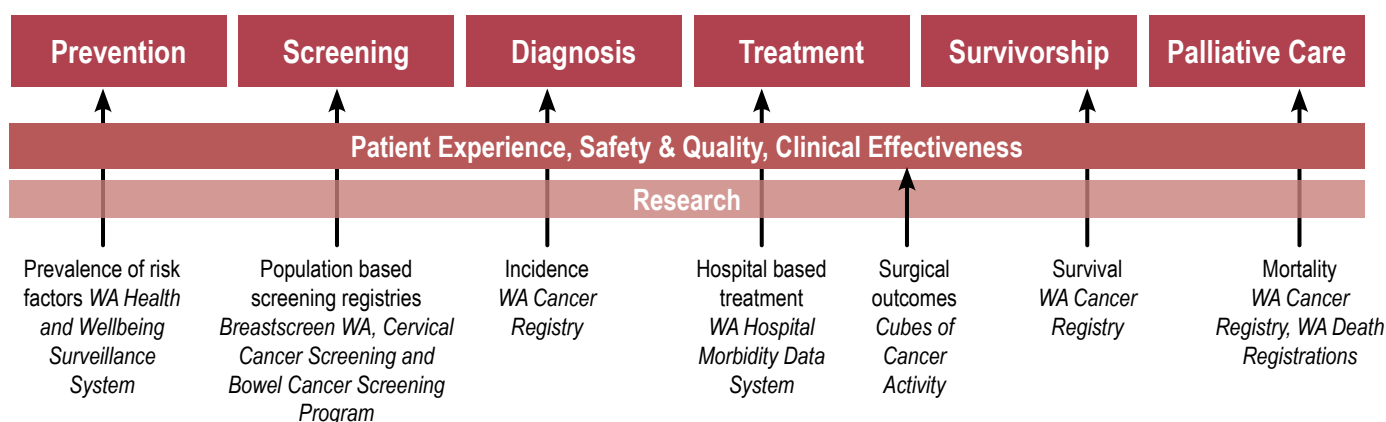
Since 1982 the WACR has provided population-based cancer data for use in the planning of healthcare services and the support of cancer-related research at local, national and international levels.

The WACR primarily reports on incidence and mortality of invasive tumours, or cancers, using standardised collection, coding and epidemiological practices that are aligned with Australian and international cancer registries.

The main information sources are reports from pathologists, haematologists, death registrations, hospital statistical discharge records, information from hospital files and clinical information systems, and responses to enquiries directed to treating medical practitioners.

The WACR is managed by the WA Department of Health.

Figure 1: Statewide data collections across the cancer control continuum



1. Cancer continuum diagram adapted from Cancer Australia and National Cancer Institute (Cancer Australia, 2019) (National Cancer Institute: Division of Cancer Control & Population Sciences, 2019)
2. Data collections listed are not exhaustive of all data collections in WA.

WA Cancer and Palliative Care Network

Dr Lisa Miller is the Medical Advisor and Adjunct Associate Professor Violet Platt is the Director of Nursing for the Western Australian Cancer and Palliative Care Network (WACPCN). The WACPCN brings together consumers, medical, nursing and allied health staff with State Government policy makers to plan, coordinate, deliver and evaluate high quality cancer control, palliative care and research in WA.

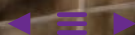
Lisa and Violet provide leadership and expert advice to the WA health system regarding clinical matters and program implementation and facilitate key networking opportunities across the system. Networking with cancer stakeholders is critical to achieving change, finding innovative solutions to complex statewide problems, avoiding duplication of effort, reducing inefficiencies across the system and optimising cancer control for consumers.

Lisa and Violet are strong advocates for involving frontline staff in all aspects of healthcare planning, design and delivery and ensuring consumers are at the heart of all decisions being made.

Throughout 2020–2025 the network will continue to bring together key health care professionals, consumers and other key stakeholders to implement the *WA Cancer Plan 2020–2025* and improve the experience and outcomes for people affected by cancer in WA.



Dr Lisa Miller and Assoc Professor Violet Platt at Cottesloe Beach



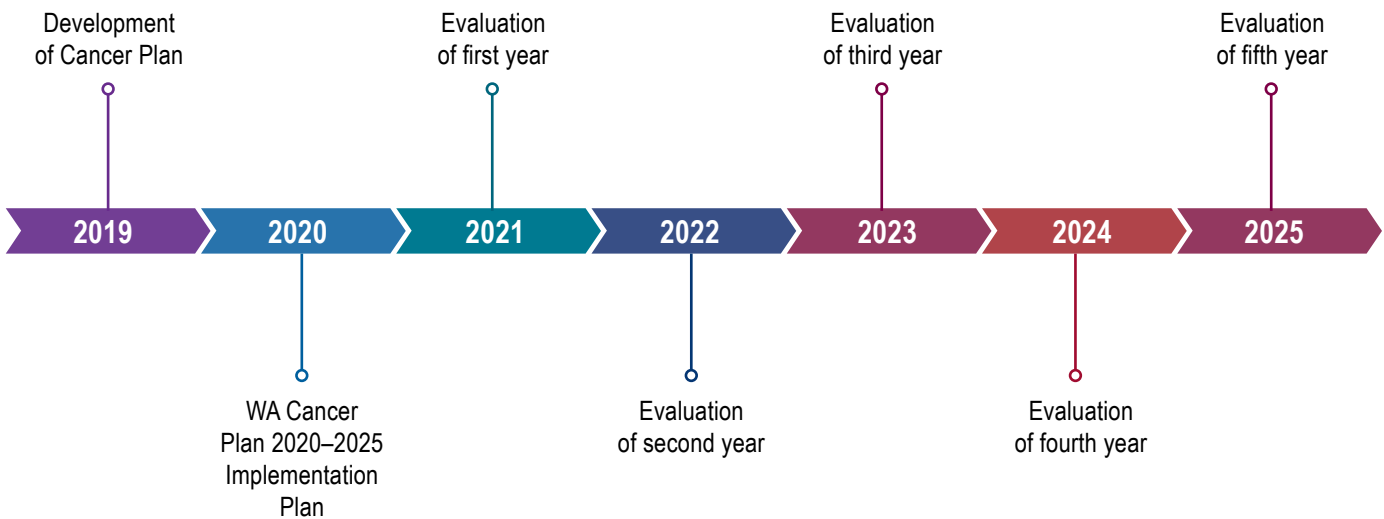
Next steps

The *WA Cancer Plan 2020–2025* provides direction for the next five years.

The objectives and strategies of the Plan will be implemented through ongoing engagement with our partners and Western Australians. Guiding Principles for Implementation (Appendix 1) have been developed to ensure optimal standards and equitable access to care and research is maintained.

Planning across short-, mid- and long-term horizons is being undertaken to inform and expedite implementation of the Cancer Plan. Implementation will be supported by a *WA Cancer Plan 2020–2025 Implementation Plan* (Implementation Plan) and the *WA Cancer Plan 2020–2025 Evaluation Framework* (Evaluation Framework). Development of the Implementation Plan and Evaluation Framework will commence in early 2020. They will set out how actions will be prioritised and supported, how feedback to Government and the community will be provided and how progress towards achieving the aims of the Plan will be measured.

It is anticipated that the Implementation Plan will be an iterative plan that will allow for a responsive and agile approach in order to maximise new developments and opportunities as they occur.



Acronyms and abbreviations

Acronym	Definition
ACCHOs	Aboriginal Community Controlled Health Organisations
ACP	Advance Care Planning
ARC	Australian Research Council
CALD	Culturally and Linguistically Diverse
CIC – Cancer program	Continuous Improvement in Care – Cancer program
CNC	Cancer Nurse Coordinator
COAG	Council of Australian Government
CT	Computed Tomography
Evaluation Framework	WA Cancer Plan 2020–2025 Evaluation Framework
FHRI	Future Health Research and Innovation Fund
GoPC	Goals of Patient Care
ICBP	International Cancer Benchmarking Partnership
ICT	Information and Communication Technology
Implementation Plan	WA Cancer Plan 2020–2025 Implementation Plan
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MRFF	Medical Research Future Fund
NHMRC	National Health and Medical Research Council
OCPs	Optimal Care Pathways
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
The Plan	The WA Cancer Plan 2020–2025
TIS	Tackling Indigenous Smoking program
WA	Western Australia
WACPCN	Western Australian Cancer and Palliative Care Network
WACR	Western Australian Cancer Registry
WAPOS	WA Psycho-Oncology Service

Glossary

Term	Definition
Advance Care Plan	Advance Care Planning is an ongoing discussion between a patient and their carers, family and health professionals about the patient's values, beliefs, treatment and care options. It focuses in particular on the patient's preferences for their future treatment and care should they no longer be able to make or communicate their decisions at the time they are needed ²⁹ .
Aboriginal Community Controlled Health Service	Primary healthcare services initiated and operated by local Indigenous communities to deliver comprehensive, holistic and culturally appropriate health care to the community, which controls it through a locally elected board of management ³⁰ .
Age standardisation	Rate for which the influence of age is removed by converting the age structures of the different populations to the same 'standard' structure. This provides a more valid way to compare rates from populations with different age structures ³¹ .
Burden of disease	Burden of disease is the most comprehensive and comparable assessment of a population's health. It improves our understanding of the impact particular diseases and risk factors have on a community. By enabling us to see which diseases and risk factors are affecting the community most we can better prioritise our public health efforts and set the foundation for more informed health policy. Burden of disease measures the gap between current health and ideal health situations in the population. While one disease may be responsible for considerable loss of life due to early death, another may cause significant loss from disability. The total burden, Disability Adjusted Life Years (DALY) combines both premature deaths (YLL) and disability (YLD) into a single measure. It is a common unit of measurement calculated for each disease, enabling them to be compared like-for-like ² .
Cancer	Cancer is a term used for diseases in which abnormal cells divide without control and can invade nearby tissues. Cancer cells can also spread to other parts of the body through the blood and lymph systems. Cancers can develop from most cell types and are distinguished from one another by the location in the body where the disease began or by the cell type involved ³ .
Cancer control	All actions that reduce the burden of cancer in the community. It includes every aspect of care, from prevention and early detection to curative treatment and palliative care, all underpinned by the best scientific evidence available ³² .
Cancer continuum	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or palliative care ³² .
Clinical trial	Research conducted with the patient's permission that usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment ³² .

Term	Definition
Consumer	A term that can refer to: patients and potential patients, carers, organisations representing cancer consumer interests, members of the public who are targets of cancer promotion programs, and groups affected in a specific way as a result of cancer policy, treatments or services ³² .
Culturally and Linguistically Diverse (CALD)	People among Australia's population who were born overseas, have a parent born overseas or speak a variety of languages ³³ .
Diagnosis	The process of identifying cancer based on its signs and symptoms. A definitive diagnosis of cancer can only be made by a pathologist ³⁴ .
Early detection	In medicine means finding a disease as early as possible, perhaps before there are any symptoms ³² .
End-of-life	End-of-life is the timeframe during which a person lives with, and is impaired by, a life-limiting/fatal condition, even if the prognosis is ambiguous or unknown. Those approaching end of life will be considered likely to die during the next 12 months ³⁵ .
Genomics	The study of the complete set of DNA (including all of its genes) in a person or other organism. Almost every cell in a person's body contains a complete copy of the genome. The genome contains all the information needed for a person to develop and grow. Studying the genome may help researchers understand how genes interact with each other and with the environment and how certain diseases progress ³⁴ .
Goals of Patient Care (GoPC)	Goals of patient care identify the aims for a person's medical treatment as agreed between the person, their family, carers and healthcare team. Goals of patient care may also include non-medical goals such as returning home or reaching a particular milestone. Medical goals of patient care may include cure of a reversible condition, a trial of treatment to assess reversibility of a condition, treatment of deteriorating symptoms, or the primary aim of ensuring comfort for a dying person ²⁶ .
Health	The Plan adopts the holistic World Health Organization definition of health: 'complete physical, mental and social wellbeing and not merely the absence of disease and infirmity'. It also recognises the spiritual dimensions of health and wellbeing.
Health Service Provider (HSP)	Established under section 32 of the <i>Health Service Act 2016</i> and includes the: <ul style="list-style-type: none"> • Child and Adolescent Health Service • East Metropolitan Health Service • Health Support Services • North Metropolitan Health Service • PathWest • Quadriplegic Centre • South Metropolitan Health Service • WA Country Health Service.

Term	Definition
High value care	Is the use of an intervention which evidence suggests ‘confers benefit on patients, or probability of benefit exceeds probable harm, or, more broadly, the added costs of the intervention provide proportional added benefits relative to alternatives’ ¹⁴ .
Incidence	The number of new cases of a disease diagnosed each year ³² .
LGBTI	Throughout this document the acronym LGBTI is used to refer to lesbian, gay, bi-sexual, transgender, intersex or otherwise diverse people in sex characteristics, gender and sexuality. It is recognised that many people and populations have additional ways of describing their distinct histories, experiences and needs beyond this acronym. The use of this acronym is not intended to be limiting or exclusive of certain groups ³⁶ .
Low value care	The use of an intervention where evidence suggests it confers no or very little benefit to patients, or risk of harm exceeds likely benefit, or, more broadly, the added costs of the intervention do not provide proportional added benefits ¹⁴ .
Mortality	The death rate or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease, live in one area of the country, or who are of a certain sex, age, or ethnic group ³² .
Multidisciplinary team	A healthcare team consisting of a group of experts, including doctors, nurses and other health professionals who specialise in the treatment of specific types of cancer. Most doctors who treat the common types of cancer work with experts in a multidisciplinary team. A multidisciplinary team can include a general practitioner, a surgeon, a medical oncologist, a radiation oncologist, a palliative care specialist, a nurse consultant, nurses, a dietician, a physiotherapist, an occupational therapist, a social worker, a psychologist, a counsellor and a pastoral care worker ³⁰ .
Palliative Care	<p>An approach that improves the quality of life of people and their families/carers facing the problems associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems – physical, psychosocial and spiritual. Palliative care provides relief from pain and other distressing symptoms and:</p> <ul style="list-style-type: none"> • affirms life and regards dying as a normal process • intends neither to hasten nor postpone death • integrates the psychological and spiritual aspects of patient care • offers a support system to help people live as actively as possible until death • offers a support system to help the family cope during the person’s illness and in their own bereavement • uses a team approach to address the needs of people and their families/carers, including bereavement counselling if indicated • will enhance the quality of life and may also positively influence the course of illness • is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications³².

Term	Definition
Patient-centred care	Patient-centred care considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes patients and their families an integral part of the care team who collaborate with healthcare professionals in making clinical decisions. Patient-centred care provides an opportunity for patients to decide important aspects of self-care and monitoring. Patient-centred care ensures that transitions between providers, departments and healthcare settings are respectful, coordinated, and efficient. When care is patient centred, unneeded and unwanted services can be reduced ³² .
Patient Reported Experience Measures	PREMs gather information on the impact of care processes on patient's experience to inform quality improvement, audit and evaluation ¹⁴ .
Patient Reported Outcome Measures	PROMs are questionnaires which patients complete. They ask for the patient's assessment of how health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity and other dimensions of health which only patients can know. PROMs can be used to identify whether healthcare interventions actually make a difference to people's lives ¹⁴ .
People affected by cancer	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, caregivers and family members ³² .
Prevalence	The number or proportion (of cases, instances, etc.) present in a population at a given time ³² .
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health ³² .
Regional	Regional Australia includes all of the towns, small cities and areas that lie beyond the major capital cities ³⁷ .
Research	Looking into something in a systematic and logical way to find out new facts about it. Cancer research looks into new treatments, but can also find out many other things about cancers, for example, who is at risk, how to prevent cancer and how to lessen side effects of treatment ³² .
Risk	A measure of how likely a person is to develop a disease or a side effect ³² .
Risk factor	A substance or condition that increases an individual's chances of getting a particular type of cancer ³² .
Screening	An organised program (tests, examinations or other procedures) to identify disease such as cancer, or changes which may later develop into disease such as cancer, before symptoms appear. Can only be done if there is a reliable and simple test for the disease, such as the cervical smear test or mammogram ³² .
Social determinants of health	The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics ³³ .
Supportive care	Supportive care means treatment and physical care given to control cancer symptoms and reduce the side effects of cancer treatments. Supportive care aims to give patients the best possible quality of life and is often compared to new treatments for symptoms in palliative care clinical trials ³² .

Term	Definition
Survivorship	In cancer, survivorship focuses on the health and life of a person with cancer beyond the diagnosis and treatment phases. Survivorship includes issues related to follow-up care, late effects of treatment, second cancers and quality of life. Family members, friends, and caregivers are also part of the survivorship experience ³² .
Telehealth	The use of telecommunication techniques for the purpose of providing telemedicine, medical education and health education over a distance ³⁴ .
Treatment plan	A detailed plan with information about a patient’s disease, the goals of treatment, the treatment options for the disease and possible side effects, and the expected length of treatment. A treatment plan may also include information about how much the treatment is likely to cost and about regular follow-up care after treatment ends ³⁴ .
WA health system	<p>The WA health system is comprised of the Department of Health, Health Service Providers including:</p> <ul style="list-style-type: none"> • Child and Adolescent Health Service • East Metropolitan Health Service • Health Support Services • North Metropolitan Health Service • PathWest • Quadriplegic Centre • South Metropolitan Health Service • WA Country Health Service <p>and to the extent that contracted health entities provide health services to the State, the contracted health entities.</p>
Wellbeing	A state of health, happiness and contentment. It can also be described as judging life positively and feeling good. For public health purposes, physical wellbeing (for example, feeling very healthy and full of energy) is also viewed as critical to overall wellbeing. Because wellbeing is subjective, it is typically measured with self reports, but objective indicators (such as household income, unemployment levels and neighbourhood crime) can also be used ³⁸ .

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Members of the Subject Matter Expert groups, the WA Cancer Plan Advisory Group and the project team included:

Name	Organisation
Prof Benhur Amanuel	PathWest
Dr Tina Bertilone	Patient Safety and Clinical Quality, Department of Health
Ms Kerriane Blondel	Health Consumers' Council WA
Dr Keiron Bradley	WA Cancer and Palliative Care Network
Ms Pip Brennan	Health Consumers' Council WA
Dr Belinda Burns	Office of Population Health Genomics, Department of Health
Ms Carol Cameron	WA Cancer and Palliative Care Network, Clinical Implementation Unit
Prof Richard Carey-Smith	Sir Charles Gairdner Hospital
Ms Wendy Casey	Public and Aboriginal Health, Department of Health
Ms Valerie Colgan	WA Cancer and Palliative Care Network Clinical Implementation Unit
Dr Jeremy Croker	Sir Charles Gairdner Hospital
Ms Somer Dawson	PriceWaterhouseCoopers
Dr Oliver Duncan	Fiona Stanley Hospital
Dr Hooi Ee	Sir Charles Gairdner Hospital
Mr Samuel Flynn	PriceWaterhouseCoopers
Dr Jacquie Garton-Smith	Royal Perth Hospital and Health Networks Branch
Dr Shannyn George	WA Youth Cancer Service
Dr Daren Gibson	Fiona Stanley Hospital
Mr Darren Gibson	Research Development Unit, Department of Health

Ms Kelsey Gill	Health Networks Branch, Department of Health
Mr Richard Gillett	Patient Safety and Clinical Quality, Department of Health
Prof Nick Gottardo	Perth Children's Hospital
Ms Debbie Hanlin	East Metropolitan Health Service
Prof Dickon Hayne	Fiona Stanley Hospital
Ms Emily Howe	WA Cancer and Palliative Care Network Policy Unit, Department of Health
Mr Kim Hutchinson	Health Consumers' Council WA
Mr Andrew Jones	WA Cancer and Palliative Care Network Policy Unit, Department of Health
Ms Jae Joseph	PriceWaterhouseCoopers
Prof David Joske	Sir Charles Gairdner Hospital
Dr Eric Khong	BreastScreen WA
Dr Linda Kohler	WA Primary Health Alliance
Dr Wei-Sen Lam	Fiona Stanley Hospital
Ms Cynthia Leal	BreastScreen WA
Ms Melissa Ledger	Cancer Council WA
Prof Peter Leedman	Harry Perkins Institute of Medical Research
Dr Andrew Lindsay	Sir Charles Gairdner Hospital
Ms Sara MacMillan	Project Management Office, Department of Health
Mr Lachlan Manser	PriceWaterhouseCoopers
Ms Melanie Marsh	Cancer Council WA
Dr Annette McWilliams	Fiona Stanley Hospital
Ms Sharon Mears-Pugl	WA Cancer and Palliative Care Network Policy Unit, Department of Health
Dr Lisa Miller	WA Cancer and Palliative Care Network, Department of Health
Dr Raj Kader Ali Mohan	King Edward Memorial Hospital
Ms Karina Moore	Health Networks Branch, Department of Health
Dr Susannah Morris	Health Consumers' Council WA
Ms Clare Mullen	Health Consumers' Council WA
Dr Kristen Nowak	Office of Population Health Genomics, Department of Health
Ms Kathleen O'Connor	WA Cancer and Palliative Care Network Clinical Implementation Unit
A/Professor Moira O'Connor	Curtin University of Technology
A/Prof Nick Pachter	King Edward Memorial Hospital

Ms Meg Plaster	Sir Charles Gairdner Hospital
Adj A/Professor Violet Platt	WA Cancer and Palliative Care Network Clinical Implementation Unit
Ms Melissa Pola	WA Country Health Service
Ms Stacey-Mae Prokopyszyn	WA Cervical Cancer Prevention Program
Dr Andrew Redfern	Fiona Stanley Hospital
Mr Ashley Reid	Cancer Council Western Australia
Mrs Sharyn Rodger	WA Cancer and Palliative Care Network Policy Unit, Department of Health
Prof Christobel Saunders	Royal Perth Hospital
Ms Nerida Steel	WA Cervical Cancer Prevention Program
Dr Denise Sullivan	Public and Aboriginal Health, Department of Health
Ms Ursula Swan	East Metropolitan Health Service
Dr Ernest Tan	Sir Charles Gairdner Hospital
Dr Karen Taylor	WA Cancer and Palliative Care Network Clinical Implementation Unit
Dr Mary Theophilus	Royal Perth Hospital
Ms Rachel Thomas	Project Management Office, Department of Health
Mr Richard Trevithick	Western Australian Cancer Registry, Department of Health
Ms Selena West	East Metropolitan Health Service
Ms Tanya West	PriceWaterhouseCoopers
Dr Michael Winlo	Linear Clinical Research
Ms Margie Winstanley	Public and Aboriginal Health, Department of Health

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Appendix One

Guiding principles for implementation

To achieve the goals of the WA Cancer Plan 2020-2025, implementation of the strategies will need to be underpinned by strong and clear principles.

Optimal, safe and sustainable care

It is essential to ensure quality care that is safe, evidence-based, effective and aligned with the Optimal Care Pathways continues to be provided.

To achieve this, implementation of the *WA Cancer Plan 2020-2025* strategies will need to focus on clinical excellence and continuous improvement whilst addressing the needs of a changing environment.

It is essential that the design, planning and implementation of strategies focuses on value while expanding access and improving outcomes. Resources must be efficiently used and cost and waste reduced (high-value care). Implementation of strategies must align with the enduring strategies of the *Sustainable Health Review 2019*.

Person-centred care with equitable access

It is essential to improve the experience of people affected by cancer. It is important for consumers to collaboratively design, plan, implement and evaluate cancer control initiatives ensuring that their preferences and holistic needs are at the core of initiatives. This means sufficient time and resources to support active participation of consumers' needs to be provided.

It is also essential to address disparities in access and in cancer outcomes for priority populations. This means a strong focus on improving access to services, availability of inclusive and culturally secure services, a fit-for-purpose workforce and efforts to improve health literacy.

It is essential to focus on improving quality of life and empowering consumers to make informed decisions about their care.

Engagement of stakeholders and partnerships

It is essential to provide a coordinated approach to cancer control across WA in order to reduce the incidence of cancer and improve the experience and outcomes of people affected by cancer. Partnerships across different and related sectors will be required to work together and to share knowledge to achieve quality programs and services to benefit Western Australians.

A focus on long-term and collaborative system planning to best meet community needs must bring together previously siloed areas and ensure that pressure points in the system are addressed in a timely and cost-effective manner.

Implementation of strategies will rely on collaborative efforts and partnerships to provide optimal and timely care, improve equitable access and to shift the system further towards prevention and community-based care.

Prevention across the care pathway

Wherever possible, it is essential to focus on education, prevention and early detection (screening and diagnosis), signifying a greater focus on supporting health and wellbeing and expanding the current focus on diagnosis and treatment of cancers.

We must aim to increase prevention activities, acknowledging that the return on investment will be realised in the longer-term rather than the short-term. This means a focus on preventing the onset of cancer; finding cancer early and reducing mortality through health promotion and delivery of national screening programs.

It is recognised that education and primary prevention activities may be best placed outside the WA health system.

Appendix Two

Enduring strategies of the Final Report of the Department of Health's *Sustainable Health Review 2019*

- 1 Strategy 1 – Commit and collaborate to address major public health issues.
- 2 Strategy 2 – Improve mental health outcomes.
- 3 Strategy 3 – Great beginnings and a dignified end of life.
- 4 Strategy 4 – Person-centred, equitable, seamless access.
- 5 Strategy 5 – Drive safety, quality and value through transparency, funding and planning.
- 6 Strategy 6 – Invest in digital healthcare and use data wisely.
- 7 Strategy 7 – Culture and workforce to support new models of care.
- 8 Strategy 8 – Innovate for sustainability.



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