

Draft Queensland Cancer Strategy Consultation

Context:

Cancer care in Queensland

Currently, more than 33,000 Queenslanders receive a new cancer diagnosis each year and Queensland Health provides cancer-related care to more than 78,000 people in our facilities. Demand for cancer care is expected to grow.

Proposed focus areas for future cancer care

In response to the growth in demand and to harness opportunities for innovation and improvement, the draft strategy has 5 focus areas:

1. Better coordinated care with consumers, families and carers.
2. Improved access to cancer prevention, screening and early detection services.
3. Enhanced services and treatment through redesign, growth and innovation.
4. A more holistic approach to health and wellbeing throughout the cancer journey.
5. Maximised research collaboration and education opportunities.

Health equity and co-design

Health equity in cancer care is a priority that will underpin all focus areas. There is much work to be done to improve cancer outcomes for some populations including Aboriginal and Torres Strait Islander peoples. Driving a health equity approach in cancer care means every person has fair opportunity to access to holistic cancer services and achieve good health.

**Options below are "agree," "agree with amendments," and "disagree" – only the latter two options enable comments.*

1. Do you agree with focus area 1 and related strategies?

Better coordinated care with consumers, families and carers at the centre.

Agree with amendments.

We support this focus area. We note that:

- The stated strategies regarding data collection – e.g. "1.2: Collect and analyse data on consumer outcomes, access to care and disparities" – need to align with the data work underway under the Australian Cancer Plan. This is important not just to maximise impact, but also to avoid burdening services with duplicative requests.
- The Leukaemia Foundation is well-placed to assist regarding implementation of several of this strategies, as they strongly align to services we currently deliver. For example:
 - "Partner with non-government organisations to provide flexible and tailored information to individuals affected by cancer, their families and carers" (1.9)

- "Increase the number of care coordinator roles to improve access and navigation of cancer services for individuals at all stages of their cancer journey" (1.5)

2. Do you agree with focus area 2 and related strategies?

Improved access to cancer prevention, screening and early detection services.

Agree with amendments.

We support strategy 2.19:

- "Explore the ethics, access issues and cost-benefits of genetic testing in cancer prevention and develop a model of care detailing service scope. This should outline how and when to offer genetic testing and screening of affected individuals"

However, while genomic testing is critical, its utility extends beyond pre-screening for certain genes. Focus Area 3 rightly acknowledges the place of genomics in better diagnosing cancers and enabling better treatments. We support maintaining this acknowledgement in the finalised Plan, and caution against focusing only on genetic screening when it comes to genomics.

3. Do you agree with focus area 3 and related strategies?

Enhanced services and treatment through redesign, growth and innovation.

Agree with amendments.

We welcome Strategy 3.10 "Align KPIs with published Optimal Care Pathways and support continued implementation of existing and new Optimal Care Pathways as outlined in the Australian Cancer Plan."

It is important that an emphasis on increasing uptake remains. Over 20 OCPs have already been developed (including five newly released for blood cancers in May 2024), but they will not have an impact if they are not used, and there is evidence that awareness remains low.

Further to our comments under question 3, we strongly support strategy 3.8: "Increase access to **cancer genomic testing** for all Queenslanders **with a confirmed cancer diagnosis** where feasible."

4. Do you agree with focus area 4 and related strategies?

A more holistic approach to health and wellbeing throughout the cancer journey.

Agree with amendments.

We strongly support the need identified under this heading for "Holistic support services that address emotional and practical challenges associated with a cancer diagnosis, such as counselling, access to peer support, and **financial assistance for parking, travel and accommodation where this is needed.**"

However, it is not apparent which of the specific proposed strategies this will fall under. There is therefore a risk it will not be delivered by the Plan.

The Leukaemia Foundation has long advocated for reform to the Patient Travel Subsidy Scheme, including lifting the rate and making clinical trial participants eligible. We would welcome opportunities to discuss this further.

Under "Improve paediatric transition to adult care", we note strategy 4.15: "Develop an optimal cancer care pathway to adult care, for adolescents and young adults with cancer."

The Leukaemia Foundation has supported Australia's Blood Cancer Taskforce to produce 11 (plus two existing) blood cancer OCPs. This includes for ALL, the most common cancer in children. As the Plan notes, 40% of cancers diagnosed in Queensland for children (0-19) are for blood cancers.

We therefore would welcome the opportunity to discuss how we might build on this for the proposed OCP, and also strongly suggest that it should strongly align with these existing OCPs (and the pre-existing children's OCP) given the crossover.

We also strongly suggest OCP work progressed under the Queensland Plan aligns with the draft National OCP Framework currently being developed (which also includes national standards so that OCPs are developed and updated in a consistent way).

**5. Do you agree with focus area 5 and related strategies?
Maximised research collaboration and education opportunities.**

Yes

6. Do you agree with the approach to health equity in the draft strategy? (Yes/No)

Yes

7. Do you agree with the approach to co-design the draft strategy? (Yes/No)

Yes

8. Do you have any additional feedback on the draft strategy?

Yes:

We reiterate the need to consider equity not just for specific population groups, but also across different types of cancers where some of these measures (e.g. screening) are not relevant.

Unlike many solid tumour cancers, blood cancers are neither preventable nor can they be easily identified through population screening.

Instead, reducing mortality relies on public health messaging to alert individuals to the signs and symptoms of blood cancer, access to prompt and accurate diagnosis, access to best practice treatment and care, and further scientific discovery that enhances treatment and care.

Blood cancers are also uncommon, non-hereditary, and challenging to readily diagnose in primary care settings. Many healthcare providers (allied health and GPs), while specialised in assessing risk and undertaking disease stratification assessment of patients, often have limited direct experience with blood cancers, particularly the rarer subtypes.¹

This underscores the importance of ensuring Australian blood cancer patients have access to effective treatment options and services, regardless of where they live.

We are currently designing a pilot for a new approach to rural and regional care in regional Queensland, and would welcome the opportunity to discuss the further involvement of Queensland Health in this work.

Elements will include:

1. Increasing community awareness through education of individuals in the community and primary healthcare workers, other than a GP.
2. Development of a decision-making tool to support GP decision making and enable automated alerts for GPs when a patient presents with blood cancer symptoms.
3. "Phone a Friend" specialist haematologist advice for primary healthcare practitioners who have identified the possibility of blood cancer.
4. Creation of a Blood Cancer Wellness Program that provides patients with information and evidence informed practices for living well with blood cancer.

This program aligns with the stated intension of the draft Queensland Cancer Plan, such as draft strategy 3.2: "Implement targeted programs in underserved populations, including rural and remote, Aboriginal and Torres Strait Islander, and culturally and linguistically diverse communities."

¹ National Action Plan, p.24: https://www.leukaemia.org.au/wp-content/uploads/2020/09/National-Strategic-Action-Plan-for-Blood-Cancer_June-2020.pdf