

4 March 2022

Cancer Australia
Locked Bag 3
Strawberry Hills NSW 2012
Via email: australiancancerplan@canceraustralia.gov.au

RE: Consultation - The Australian Cancer Plan 2023-2033

Dear Cancer Australia,

The Thoracic Society of Australia and New Zealand (TSANZ) is grateful for the invitation to provide feedback on the development of the Australian Cancer Plan (ACP) to ensure improved health outcomes for Australians who are, or have been, affected by cancer.

[About the TSANZ](#)

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure, and relieve disability caused by lung disease. TSANZ is the only Peak Body in Australia that represents all health professionals working in all fields of respiratory health.

The TSANZ has a membership base of over 1800 individual members from a wide range of health and research disciplines. The TSANZ is a leading provider of evidence-based guidelines for the treatment of respiratory disease in Australia and New Zealand and undertakes a large amount of professional education and training. The TSANZ is also responsible for significant research administration and coordinates an accredited respiratory laboratory program.

As the leaders in lung health, we promote the:

- highest quality and standards of patient care
- development and application of knowledge about respiratory health and disease
- highest quality air standards including a tobacco smoke free society and effective regulation of novel nicotine delivery systems
- collaboration between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community
- professional and collegiate needs of the Membership

The Australian Cancer Plan 2023–2033

Vision for the Australian Cancer Plan

Foreword

In Australia, cancer accounts for 18% of the burden of ill health, with over 1 million alive Australians currently living, or having lived, with cancer.¹ In 2021, an estimated 151,000 people were diagnosed with cancer, a number that is expected to increase to 185,000 in 2031.¹ The TSANZ sees the development of the ACP as an opportunity to improve the burden of cancer in Australia through enhancing education for both awareness and cancer prevention in all communities and end-users. The community and primary care settings are key targets for preventative measures, as well as being drivers to improve and extend existing screening programs which will increase early detection and cancer outcomes. A key opportunity is the establishment of future clinical quality registries to improve understanding about cancer outcomes, the patient journey, comorbidities, and potential unknown risks. This opportunity is underpinned by embracing technology and overhauling the jurisdictional health platforms so that an integrated and forward-looking platform can be developed.

1. What would you like to see the Australian Cancer Plan achieve?

The Thoracic Society hopes to see a positive impact of the ACP through the development of public health campaigns to target various cancer types and causes based on their burden of disease and the potential magnitude of impact. For example, lung cancer remains the leading cause of cancer mortality in Australia, accounting for 18% of cancer deaths in 2021.¹ In large part, this is due to lung cancer diagnosis occurring in an advanced stage of disease. A targeted screening program of at-risk populations will capture individuals with early-stage disease and will therefore increase the proportion of individuals amenable to curative treatment. The benefits of research on improving outcomes in cancer are undisputed. Sustained investment in high-burden cancers will result in improvements in survival rate.

It is also crucial that the future ACP includes primary prevention of cancers. This framework would need to be broad in its approach and include both environmental and occupational factors, lifestyle factors including obesity, infections (e.g., viral infections which can lead to cancers like Hep C, EBV etc), social factors including deprivation and stress, and the societal and political factors which lead to these. Diseases (especially cancers) are inextricably linked with social factors and cannot be addressed without ameliorating inequalities. Evidence also suggests that tailoring cancer prevention through the integration of precision medicine (matching to known genomic and environmental factors) will allow for additional risk stratification.²

Meanwhile, despite declines in tobacco use with 11% of Australians smoking daily, this affliction continues to cause 22% of cancers, 78% of the lung cancer burden, 41% of respiratory disease,³ and causes more deaths than all other external risk factors put together.⁴ A 2021 Australian cohort study of 229,028 participants over 45 years of age, found almost half of current smokers (48.3%) will develop

¹ Australian Institute of Health and Welfare 2021. Cancer in Australia 2021. Cancer series no. 133. Cat. no. CAN 144. Canberra: AIHW

² Loomans-Kropp HA, Umar A. Cancer prevention and screening: the next step in the era of precision medicine. NPJ precision oncology. 2019 Jan 28;3(1):1-8.

³ National Drug Strategy Household Survey 2019. PHE 270; <https://www.aihw.gov.au/getmedia/77d8ea6e-f071-495c-b71e-3a632237269d/aihw-phe-270.pdf>

⁴ AIHW Australian Burden of Disease study 2019 Series no 19 Cat no BOD22; <https://www.aihw.gov.au/reports/burden-of-disease/burden-disease-study-illness-death-2015/summary>

cancer by the age of 80 years.⁵ Australians with higher levels of socioeconomic disadvantage continue to experience a higher rates of tobacco use, where those living in the lowest socioeconomic areas are almost four-times more likely to smoke daily (18.1%), compared to those in the highest socioeconomic areas (5.0%).⁶ Similarly, 25% of Indigenous Australians continue to be current daily smokers, which is a substantial decline from 35% prevalence rates in 2010, which should be applauded and celebrated. However, with one quarter of Aboriginal and Torres Strait Islander peoples still smoking daily, success cannot overshadow the need for continued dedication and concerted efforts to empowering successful long-term quit attempts across communities. Use of electronic cigarettes (e-cigs) is also a particular concern, with a 22% increase in uptake Australia-wide. Most concerning is the change identified in current e-cig use among youth aged 18-24 years and 25-29 years, with an observed 275% increase and 380% increase respectively, between 2016 and 2019.

Public health campaigns are urgently needed to disrupt traditional approaches to health communication with youth, to prevent initiation of tobacco smoking, as well as cigarette alternatives including e-cigs. It is well documented that anti-smoking campaigns in Australia regularly fall well below the best-practice minimum benchmarks.⁷ This is despite research demonstrating that public education through mass media is an effective means of reducing smoking prevalence and increasing uptake of evidence-based best-practices services such as Quitline. Meanwhile, novel and innovative technology-enhanced approaches aimed at youth are being called for to counter the insidious tactics being used by Big Tobacco thought outlets such as social media, influencers, and other channels.⁸ Better resource and promotion of existing evidence-based strategies⁹ and pharmacotherapies,¹⁰ known to be highly effective in supporting quit attempts, must be prioritised in Australia's national cancer agenda. Particularly given evidence of gross underutilisation,^{11, 12, 13} that have led to assumptions of low efficacy¹⁴ and therefore an opportunity for misinformation to spread, including concerning reports where Australian clinicians lack knowledge about cigarette alternatives with their primary source of information coming via the media. Promotion of existing best-practice tobacco control strategies would simultaneously address economic loss, whereby approaches capitalising on existing financial investments and assets that are proven to successfully reduce tobacco use, would

⁵ Weber et al. 2021; Int J Cancer <https://pubmed.ncbi.nlm.nih.gov/34015143/>

⁶ National Drug Strategy Household Survey 2019. PHE 270; <https://www.aihw.gov.au/getmedia/77d6ea6e-f071-495c-b71e-3a632237269d/aihw-phe-270.pdf>

⁷ Tobacco in Australia – Facts & Issues. <https://www.tobaccoinaustralia.org.au/chapter-14-social-marketing/14-3-public-education-campaigns-to-discourage-smoking> <https://www.tobaccoinaustralia.org.au/chapter-14-social-marketing/14-3-public-education-campaigns-to-discourage-smoking> Accessed 4 March 2022

⁸ Carson-Chahhoud KV, Ameer F, Sayehmiri K, Hnin K, van Agteren JEM, Sayehmiri F, Brinn MP, Esterman AJ, Chang AB, Smith BJ. Mass media interventions for preventing smoking in young people. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD001006. DOI: 10.1002/14651858.CD001006.pub3. Accessed 04 March 2022.

⁹ Hartmann-Boyce J, Livingstone-Banks J, Ordóñez-Mena JM, Fanshawe TR, Lindson N, Freeman SC, Sutton AJ, Theodoulou A, Aveyard P. Behavioural interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database of Systematic Reviews 2021, Issue 1. Art. No.: CD013229. DOI: 10.1002/14651858.CD013229.pub2. Accessed 04 March 2022.

¹⁰ Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database of Systematic Reviews 2013, Issue 5. Art. No.: CD009329. DOI: 10.1002/14651858.CD009329.pub2. Accessed 04 March 2022.

¹¹ Carson KV, Smith BJ, Brinn MP, Peters MJ, Fitridge R, Koblar SA, Jannes J, Singh K, Veale AJ, Goldsworthy S, Litt J. Safety of varenicline tartrate and counseling versus counseling alone for smoking cessation: a randomized controlled trial for inpatients (STOP study). *nicotine & tobacco research*. 2014 Nov 1;16(11):1495-502.

¹² Carson-Chahhoud KV, Smith BJ, Peters MJ, Brinn MP, Ameer F, Singh K, Fitridge R, Koblar SA, Jannes J, Veale AJ, Goldsworthy S. Two-year efficacy of varenicline tartrate and counselling for inpatient smoking cessation (STOP study): A randomized controlled clinical trial. *PloS one*. 2020 Apr 29;15(4):e0231095.

¹³ Luxton, N.A., P. Shih, and M.A. Rahman, Electronic cigarettes and smoking cessation in perioperative period of cardiothoracic surgery: views of Australian clinicians. *International Journal of Environmental Research and Public Health*, 2018. 15(2481): p. 1-14.

¹⁴ McCausland K, Maycock B, Leaver T, Wolf K, Freeman B, Jancey J. E-cigarette advocates on Twitter: Content analysis of vaping-related tweets. *JMIR public health and surveillance*. 2020 Oct 14;6(4):e17543.

be maximised, which would subsequently lead to reduced burden of disease, reduced health care expenditure and improved quality of life, among a score of additional known benefits.

Awareness campaigns are also necessary to support the burden-driven focus related to other aspects of this proposal. All awareness campaigns should include a significant focus on vulnerable populations including regional/remote areas, Indigenous people, and those from other culturally and linguistically diverse backgrounds, as these groups remain at greatest risk and have worsened outcomes. Indigenous Australians are more likely to be diagnosed with cancer and are 40 per cent more likely to die from cancer than non-Indigenous Australians due to higher prevalence of cancer-related risk factors, coupled with a lower uptake of screening and diagnostic services, and notable difficulties in accessing appropriate health services.¹⁵ Additionally, individuals from culturally and linguistically diverse backgrounds have lower participation in prevention and screening programs than other Australians and often receive a later cancer diagnosis, which leads to poorer prognoses and outcomes.¹⁶

The ACP provides the opportunity to regularly review existing and future public health campaigns to ensure that cancer types with the highest burden magnitude are addressed properly through person-centred approaches and communications of culturally appropriate and targeted public health campaigns. This regular review should be able to measure the impact that ACP interventions have made over the course of each project. Furthermore, there should be consideration in determining the implementation plan and linked budget of the future ACP. The Thoracic Society would like to see a strategic and considered plan to address burden and inequities relating to cancer prevalence and outcomes across Australia.

While the most common cancers – with the largest populations – are inherently associated with the highest direct costs, the ACP should also include a focus on less common and rare cancers in both primary care and community settings. Less common and rare cancers will, by definition, never exceed the burden of the single most common or deadly cancers, however, they collectively have an immense impact, accounting for 30% of new diagnosed cancer cases and 42% of all cancer deaths in 2017.¹ The Thoracic Society would like to see these numbers decrease through more frequent and targeted public health campaigns to improve current diagnosis, treatment and care pathways to ensure Australians are receiving adequate clinical care and early detection for all cancer types. These less common and rare cancers are also key areas for research funding to improve the timeliness of detection and prognosis. A key infrastructure for all cancers is finding a space in the national cancer screening programs. There are significant opportunities presented by screening at-risk individuals, collecting data, and making that available for further investigation. One such opportunity is to link these programs to a national clinical quality registry to capture and utilise longitudinal data.

2. What are the opportunities with the greatest potential to realise your vision?

Extension of current cancer screening programs

Currently, there are only three population-based cancer screening programs in Australia – breast, cervical and bowel cancers. Yet, among the most commonly diagnosed cancers are prostate, melanoma of the skin, and lung cancer, which collectively had 49,000 cases nationally in 2021.¹ Cancer screening programs are integral in increasing the likelihood of early detection, which facilitates appropriate and timely treatments and ultimately, contributes to better overall outcomes.¹⁷

¹⁵ Australian Institute of Health and Welfare (2018) Cancer in Aboriginal & Torres Strait Islander people of Australia, AIHW, Australian Government. Accessed 23 February 2022.

¹⁶ Croager, E. Cancer doesn't discriminate by culture - nor should we. Cancer Council Australia. 1 Sept 2012 <https://www.cancer.org.au/blog/cancer-doesnt-discriminate-by-culture-nor-should-we> Accessed 23 February 2022.

¹⁷ (Australian Institute of Health and Welfare, 2020)

The implementation of a national screening program for lung cancer would be an integral element of improving current systems, as it has proven to be effective in increased detection and substantial reductions in mortality cases when high-risk populations are screened. In 2011, a landmark US National Lung Screening Trial found a 20% reduction in lung cancer specific mortality in the group that received three annual rounds of screening with low-dose CT compared to those who received standard chest radiography.¹⁸ These findings are further supported by a systematic review and meta-analysis of randomised controlled trials up to 2019, which confirmed a significant reduction in mortality between low-dose CT groups compared to those receiving standard care.¹⁹ Consequently, the development of a national targeted screening program for lung cancer in at risk-populations would improve the capacity to capture individuals with early-stage disease and increase the proportion of individuals amenable to curative treatment.

The TSANZ supports the extension of national cancer screening programs to include the most commonly diagnosed cancers, primarily with a focus on lung cancer screening, in order to address the overall burden of cancer in Australia by providing cost-effective, equitable, accessible, and acceptable national screening programs.

Health cancer screening linked to clinical quality registries

An integral path to increasing the number and impact of national screening programs will involve the capacity to support and capture longitudinal data through the establishment of clinical quality registries (CQR) linked to national cancer screening programs in accordance with the Australian Commission on Safety and Quality of Health Care (ACSQHC) framework. In combination, national cancer screening programs and such CQRs will primarily improve cancer detection, as well as allowing for the exploration of clinical features, development, and prognosis of diagnosed patients using practice-based evidence.

As registries are associated with supporting robust data mining for variables, such as comorbidities and their links to cancer, the Thoracic Society recommends that CQRs are fully integrated between jurisdictions including provision to auto-retrieve data from existing health records to generate more accurate data around different cancer types and their burden on the Australian healthcare system. These CQRs should support continuous clinical quality improvement using algorithms recommended by the WHO to navigate outcomes and explore early interventions. A national cancer CQR will provide an easy-to-use database for clinicians, as well as providing the option for patients to interact with their own records through entering their own data and quality of life assessments.

Under Objective 6 of the WHO Global NCD Action Plan 2013-2020, the WHO has recommended the development, maintenance, and strengthening of cancer registries as a policy option to better understand national needs under their objective's aim "to monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control"²⁰. The need for a national registry to collect vital data around cancer diagnosis, treatment pathways and frequency of recurrence post-treatment is widely recognised in Australia as essential to improving the capacity to provide accurate data on trends and patterns of cancer care, health service utilisation and cancer outcomes.²¹

¹⁸ Moyer VA. Screening for lung cancer: U.S. preventive services task force recommendation statement. *Annals of Internal Medicine*. 2014;160(5):330-8.

¹⁹ Huang KL, Wang SY, Lu WC, Chang YH, Su J, Lu YT. Effects of low-dose computed tomography on lung cancer screening: a systematic review, meta-analysis, and trial sequential analysis. *BMC pulmonary medicine*. 2019;19(1):126.

²⁰ World Health Organisation 2013. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. World Health Organisation. Geneva

²¹ Cancer Australia 2022. Improving Cancer Data: Stage, Treatment and Recurrence (STaR). Accessed 16 February 2022. <https://www.canceraustralia.gov.au/research/data-and-statistics/cancer-data/improving-cancer-data>

Infrastructure to support programs

To achieve optimal outcomes for Australians living with cancer, there needs to be adequate resources to support the development of equitable, accessible, and acceptable national programs such as the screening programs and national cancer CQR. This will require national leadership to address skill shortages through continued workforce development, as well as increased financial support for existing services and for digital and in-person health innovations.

3. What examples and learnings can we build on as we develop the Australian Cancer Plan?

New Zealand Cancer Registry

The New Zealand Cancer Registry (NZCR) provides an example of a notable national cancer registry. The NZCR is used as comprehensive national resource that collects data for almost all primary malignant disease (invasive and in-situ), providing critical information to researchers, epidemiologists, and policymakers to address the health burden of cancer in New Zealand. The records in the registry collect demographic information on age, gender, and ethnicity, as well as information on the tumour including the state of diagnosis of the tumour, site of primary cancer, type of cancer test, morphology, grade, staging information, and site-specific information.

The NZCR uses geographical coding and the two clinical coding systems, The WHO International Statistical Classification of Diseases and Related Health Problems (ICD) and the WHO International Classification of Diseases for Oncology (ICD-O), to classify both the tumour site and morphology.

The Thoracic Society believes that the NZCR provides a robust example of a national cancer registry that collects relevant information to inform incidence and mortality for monitoring service needs, patterns of care and national outcomes.

Smoke-Free Aotearoa 2025

Smokefree Aotearoa 2025 provides a primary example of an integrated policy process that incorporates the voices of most affected populations to facilitate sustainable action towards a smokefree goal by 2025.

In 2011, the New Zealand government adopted the Smokefree Aotearoa 2025 goal, which had the goal to reduce the daily smoking prevalence to less than five per cent of all population groups in New Zealand.²² In December 2021, the government launched the Smokefree Aotearoa 2025 Action Plan to meet the stated goal and address existing and persisting inequities. They identified three main outcomes as part of the Action Plan to reduce smoking rates and smoking-related harm:

1. Eliminate inequities in smoking rates and smoking-related illnesses
2. Create a smokefree generation by increasing the number of children and young people who remain smokefree
3. Increase the number of people who successfully quit smoking

Notably, the Action Plan includes six key focus areas that incorporate Māori leadership and decision-making across all levels; increased funding to health promotion and community activities; providing tailored wrap-around support; reducing addictiveness and appeal of smoked tobacco products;

²² Ministry of Health. 2021. Smokefree Aotearoa 2025 Action Plan - Auahi Kore Aotearoa Mahere Rautaki 2025. Wellington: Ministry of Health.

restricting availability of smoked tobacco products; and the enforcement of legal obligations for the tobacco industry and retailers.

The Action Plan highlights the need to focus on multi-faceted approaches and evidence-based measures to implement strong and ambitious national public health policies to address smoking-related inequities, smoking rates and smoking-related harm in all population groups in New Zealand, particularly Māori, Pacific peoples, and disadvantaged communities.

Closing remark

The Thoracic Society looks forward to future consultations with Cancer Australia when the time comes to address specific cancers down the track. This is where we can provide the most meaningful comment and provide the professional vision for lung cancer management and improved clinical outcomes.

Yours sincerely,



Professor John Upham

MBBS FRACP FThorSoc PhD

President, Thoracic Society of Australia and New Zealand