



Australian Government

Cancer Australia

# CANCER AUSTRALIA

Strategic Plan 2014-2019





# **CANCER AUSTRALIA**

Strategic Plan 2014-2019

Cancer Australia Strategic Plan 2014–2019 was prepared and produced by:

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## Foreword from the Minister

Cancer Australia was established in 2006 with an important responsibility, on behalf of all Australians, to provide national leadership in cancer control.

This is achieved through the successful delivery of Government policies and programs which improve the quality of life of people affected by cancer and contribute to reducing cancer incidence and mortality.



Cancer continues to be the major cause of burden of disease in Australia, with significant impacts on individuals, families and the community. It is estimated that 128,000 Australians will be diagnosed with cancer in 2014, an average of 350 people each day. While overall cancer outcomes in Australia are among the best in the world, not all Australians experience the same survival benefits.

This new Strategic Plan builds on the excellent platform of work of Cancer Australia and sets the direction for the agency over the next five years in building the evidence base to inform policy and define best practice care; demonstrating new models of care in specific cancers; addressing variations in cancer outcomes; and informing consumers and the community about cancer.

Cancer Australia's Strategic Plan is designed to maximise the benefits and impacts from our national cancer control efforts. I acknowledge the considered input of the cancer community and commend Cancer Australia's Chief Executive Officer, Professor Helen Zorbas AO, for her leadership and vision in the development of this Plan.

I look forward to continuing to work closely with Cancer Australia to reduce the impact of cancer in Australia and improve the wellbeing of Australians affected by cancer.

A handwritten signature in blue ink, which appears to read "Peter Dutton". The signature is fluid and cursive.

The Hon Peter Dutton MP  
Minister for Health

## Introduction from the Chief Executive Officer

Cancer remains a national health priority in Australia with significant implications for individuals, families, communities and the health system. Cancer Australia's Strategic Plan 2014–2019 has been developed taking account of the current and projected cancer impact, the Australian cancer control context and the unique contribution of Cancer Australia within that context.



This Strategic Plan brings together the shared views and considered input of our many and varied stakeholders gleaned through an extensive consultation process. We sincerely thank the government and non-government organisations, clinical colleges and individuals across Australia representing all sectors, population groups and jurisdictions, who participated so enthusiastically in the development of this Strategic Plan.

Some key themes emerged through the consultations. Cancer Australia's leadership role was strongly endorsed as the agency to shape the cancer control agenda, define best practice in cancer care and to guide investment in cancer. There was also strong endorsement of Cancer Australia's authoritative and trusted voice and national influencing role. Strategic, collaborative engagement and an evidence-based approach were identified as hallmarks of Cancer Australia's methodology, and critical to its success.

The importance of a strategic approach to national cancer control remains as strong and relevant as ever. There is a clear imperative for investment decisions to deliver optimal outcomes for people with cancer as well as value for the health system. The demand for the analysis and interpretation of the best available evidence to underpin these decisions will increase, as will the need for innovative and sustainable responses to current and emerging challenges.

Cancer Australia, as the Government's national cancer agency, has specialist capability to address these challenges. However, national cancer control also requires partnership. Cancer Australia looks forward to working with Government and the cancer control community around a shared agenda, to deliver informed and effective cancer control and ultimately better outcomes for all people affected by cancer in Australia.

A handwritten signature in black ink, which reads "Helen Zorbas". The signature is fluid and cursive, with a large, stylized loop at the end of the name.

Professor Helen Zorbas AO

## Cancer control

*focuses on addressing the impact of cancer  
by reducing cancer **incidence** and **mortality**  
and improving **quality of life**  
for **people** affected by cancer,  
through the systematic implementation  
of **evidence-based strategies**  
for prevention, screening, early detection,  
diagnosis, treatment, supportive care,  
follow-up care, palliation and  
end-of-life care.*





# The role of Cancer Australia

**Cancer Australia was established by the Australian Government to benefit all Australians who are diagnosed with cancer, their families and carers.**

**Cancer Australia aims to reduce the impact of cancer, address disparities and improve outcomes for people affected by cancer by leading and coordinating national, evidence-based interventions across the continuum of care.**

Cancer Australia is a specialist agency providing leadership in cancer control across all cancers and across the continuum of care. Cancer Australia also focuses on populations which experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

Cancer Australia builds the evidence base, analyses, interprets and translates the latest scientific cancer research and data to inform policy and practice, and to provide information and expert advice on cancer control to governments, health professionals and the community.

Cancer Australia's work to minimise the burden of cancer, is achieved by harnessing expertise, effective partnerships, and a collaborative model that fosters engagement across the health system.

## Legislation and governance

Cancer Australia is a Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*, and is also subject to the *Public Service Act 1999* and the *Auditor General Act 1997*.

The Chief Executive Officer reports to the Minister for Health. Cancer Australia has an Advisory Council appointed by the Minister to provide advice to the Chief Executive Officer about the performance of Cancer Australia's functions.

The role and functions of Cancer Australia are set out in the *Cancer Australia Act 2006*.



The **vision** of Cancer Australia is to reduce the impact of cancer and improve the wellbeing of people affected by cancer

Cancer Australia's **mission** is to strengthen and provide advice on the Australian Government's strategic focus on cancer control and care



### The Cancer Australia Act 2006

The Cancer Australia Act 2006 (Part 2, Section 7) specifies the following functions for Cancer Australia:

- a) to provide national leadership in cancer control
- b) to guide scientific improvements to cancer prevention, treatment and care
- c) to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer
- d) to make recommendations to the Commonwealth Government about cancer policy and priorities
- e) to oversee a dedicated budget for research into cancer
- f) to assist with the implementation of Commonwealth Government policies and programs in cancer control
- g) to provide financial assistance, out of money appropriated by the Parliament, for research mentioned in paragraph (e) and for the implementation of policies and programs mentioned in paragraph (f)
- h) any functions that the Minister, by writing, directs Cancer Australia to perform.

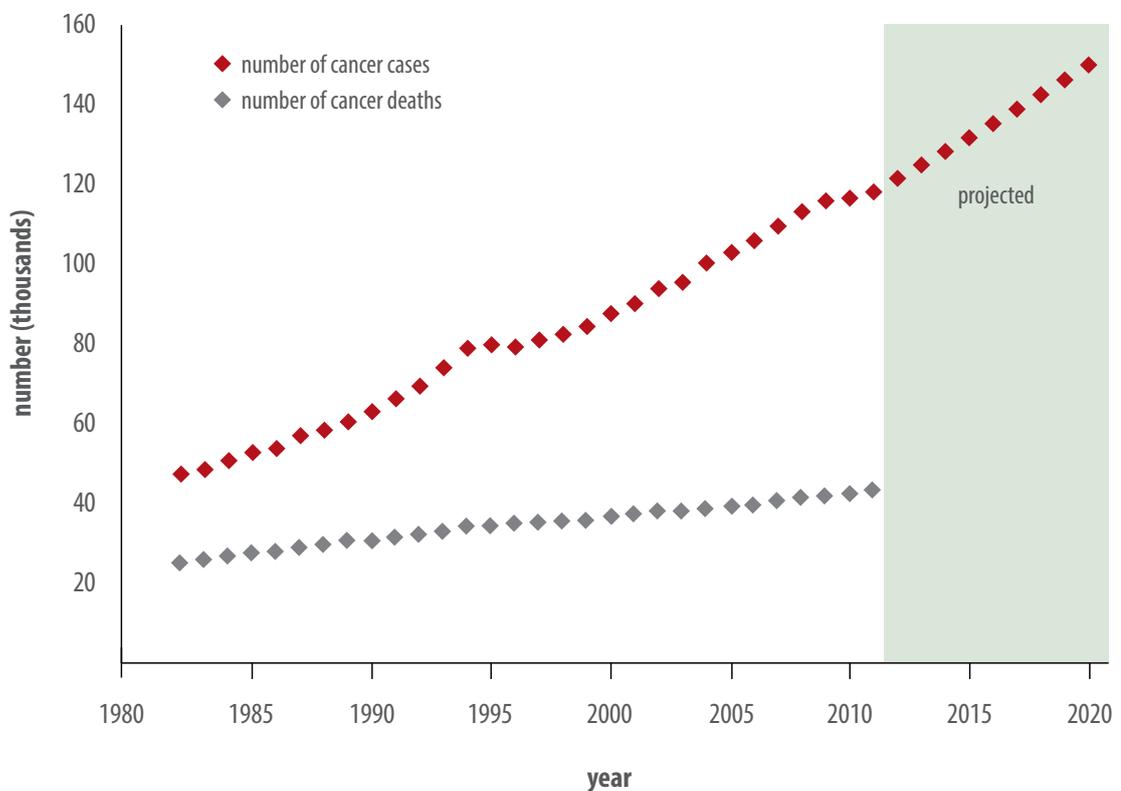


# Cancer in Australia

Cancer is the major cause of illness in Australia. One in two Australians will have developed cancer and one in five will have died from cancer before the age of 85.<sup>1</sup> More Australians fear a cancer diagnosis than any other health condition.<sup>2</sup>

About 128,000 Australians are expected to be diagnosed with cancer in 2014, an average of 350 people each day.<sup>3</sup> This number is projected to continue to rise and by 2020, about 150,000 people are expected to be diagnosed with cancer in Australia.<sup>3</sup> While this increase is primarily due to the growing and ageing of the population, the number of cancers diagnosed is estimated to increase faster than the population growth.<sup>3-6</sup>

**Figure 1** Trends in incidence and mortality of all cancers combined, Australia

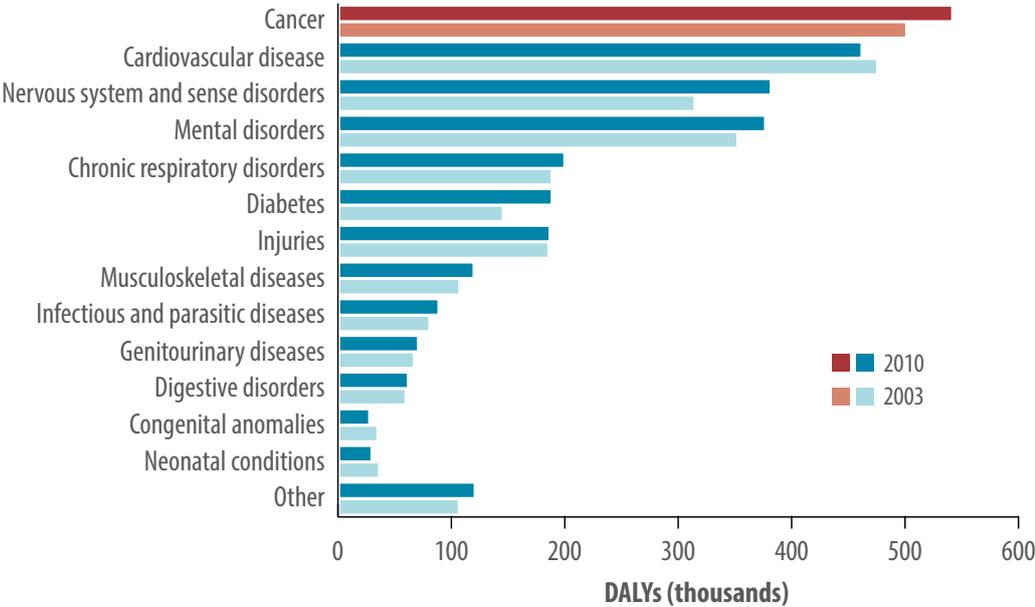


Cancer remains a leading cause of death, accounting for about three in every 10 deaths in Australia.<sup>1</sup> Men are more likely to be diagnosed with, and to die from cancer, compared with women in Australia.<sup>1</sup> However, while the cancer mortality rate in Australia has decreased over the past two decades, the number of people dying due to cancer has continued to increase by 37% during this same period.<sup>1</sup>

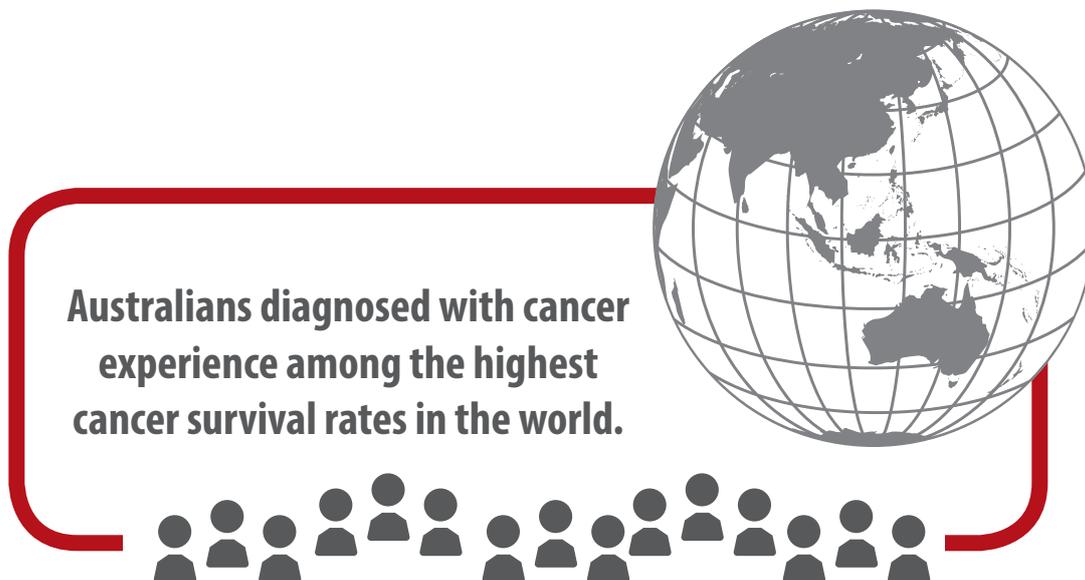
Cancer is also responsible for the largest number of years of healthy life lost in Australia through premature death or disability.<sup>1</sup> Most of the total cancer burden is due to premature death.<sup>1</sup> In 2012, the greatest burden of disease from cancer was expected to be lung cancer for men and breast cancer for women, and together, lung, colorectal, breast and prostate cancers account for half of the total burden of disease due to cancer.<sup>1</sup>

**Burden of disease (measured as DALYs\*) refers to the years of healthy life lost through premature death, or disability due to illness or injury.**

**Figure 2** Change in total burden of disease (DALYs\*) by disease groups, Australia



\* DALYs: Disability-adjusted life years are years of healthy life lost through premature death, or through living with disability due to illness or injury.



With effective population-based screening programs, earlier detection, better diagnostic methods and advances in treatments, more Australians are surviving cancer than ever before. Five-year relative survival\* has increased from 47% in the period 1982–87 to 66% in 2006–10, with about two in three Australians likely to be alive five years after their diagnosis.<sup>7</sup>

Survival prospects increase with the number of years already survived after a diagnosis of cancer. Among people surviving five years after an initial cancer diagnosis, the chance of surviving five more years (i.e. to 10 years from diagnosis) is 91%.<sup>7</sup> This increases to 97% by 15 years after diagnosis.<sup>7</sup>

Overall, Australians experience among the highest cancer survival rates in the world. Based on estimates for 2012, there were 30 deaths for every 100 new cases of cancer diagnosed in Australia in that year.<sup>8</sup> In comparison, there was an average of 56 deaths for every 100 new cases of cancer diagnosed worldwide.<sup>8</sup>

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\* Relative survival is the observed survival of a group of persons diagnosed with cancer compared to expected survival of those in the corresponding general population.

“ *Cancer Australia is a specialist agency  
that is **uniquely positioned** to achieve  
**impacts in cancer control**  
at the health system, health professional,  
community and consumer levels.* ”

*Cancer Australia Consultation Forum*





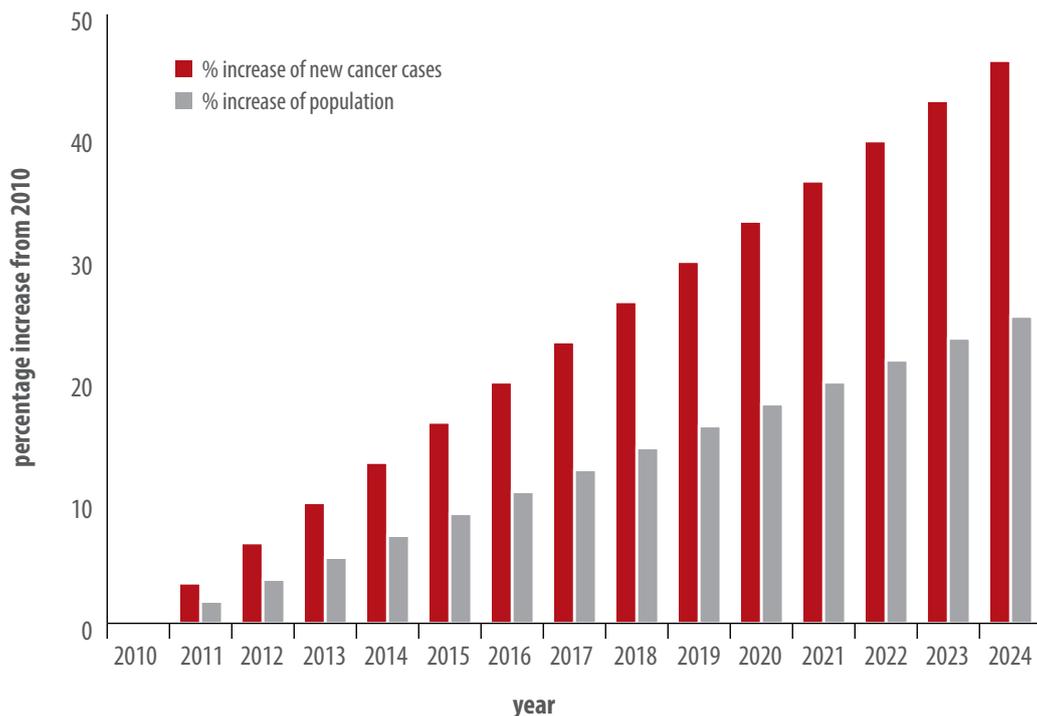
# Future trends and challenges

Cancer is a national health priority and there are a number of factors contributing to the growing challenge of cancer. National cancer control requires leadership in the coordination of efforts and the development of innovative, evidence-based and sustainable approaches across the continuum of care to address current and future challenges.

## More people diagnosed with cancer

One in two men and one in three women can expect to be diagnosed with cancer in their lifetime and cancer incidence is predicted to continue to rise into the future.<sup>1,3</sup> It is estimated that between 2010 and 2024, the number of new cancer cases diagnosed in Australia will increase by 3.3% per year.<sup>9</sup> By comparison, the Australian population is only predicted to increase by 1.8% per year over the same period.<sup>9</sup> Australia's growing and ageing population will continue to drive future increases in cancer incidence and health service utilisation.<sup>1,3</sup>

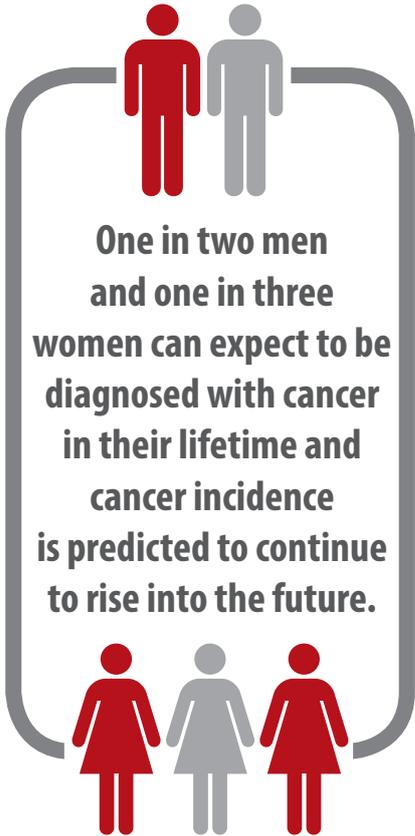
**Figure 3** Projected cancer incidence and population growth, Australia



Between 1982 and 2013, the number of people aged 60 years and over has more than doubled, from approximately 2 million to 4.5 million.<sup>10, 11</sup> This number is expected to increase to approximately 5.5 million in 2020 and 10.5 million in 2060.<sup>4</sup> With 75% of new cancer cases in men and 65% in women aged 60 years and over, the impact of an ageing population on the demand for cancer care is immense.<sup>6</sup>

There are also a number of lifestyle factors contributing to the increasing cancer incidence. The World Health Organization estimates that up to one-third of cancer deaths are due to tobacco use, overweight and obesity, lack of physical activity, diet and alcohol consumption.<sup>12</sup> In addition, prevention and early detection of cancer through population screening offers a cost-effective, long-term strategy for cancer control across the population.

In Australia, organised national population screening programs for breast, cervical and bowel cancers have been effective and remain an important strategy in reducing incidence and mortality from these cancers. As the evidence base on cancer risk factors and prevention continues to build, so too does the opportunity to apply this knowledge to reduce cancer incidence.



**One in two men  
and one in three  
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to rise into the future.**





## More people living with cancer

With advances in screening, early detection and treatment, survival for all cancers combined has increased over recent years, from 47% in 1982–1987, to 66% in 2006–2010.<sup>7</sup>

As the long-term prognosis for cancer continues to improve, an increasing proportion of the population will live longer after a cancer diagnosis in the future, often requiring ongoing treatments, support and long-term follow-up care. Increasingly, a greater proportion of the burden of disease due to cancer will be due to the years of healthy life lost to disability from cancer and its treatments.

The increase in the number of people diagnosed with and surviving cancer creates greater demand and pressures across the specialist and primary care systems. As these people are likely to be older, they are also likely to have other comorbidities and complex health needs. A key challenge will be in developing innovative and sustainable system approaches to cancer care which meet the changing requirements of cancer patients, with a focus on health and wellbeing. Involving consumers in this process will inform models of care that are patient-centred and responsive to the consumer experience.

## Increasing cancer expenditure

Expenditure on cancer by government, private health insurers, individuals and households increased by 56% between 2000–01 and 2008–09, from \$2.9 billion to \$4.5 billion (excluding national population screening programs).<sup>13</sup> By comparison, total health system expenditure grew by 52% over the same period.<sup>13</sup>

Cancer expenditure is projected to continue to increase to \$7.8 billion in 2022–23 and \$10.1 billion in 2032–33.<sup>14</sup>

The majority of cancer spending relates to hospital admitted patient services,<sup>13</sup> which are projected to account for \$5.3 billion of cancer expenditure in 2022–23.<sup>14</sup>

Australia’s increasing expenditure on cancer highlights the importance of priority-driven investment in cancer control to guide the optimal use of available resources and enable the health system to be responsive to current and future challenges.

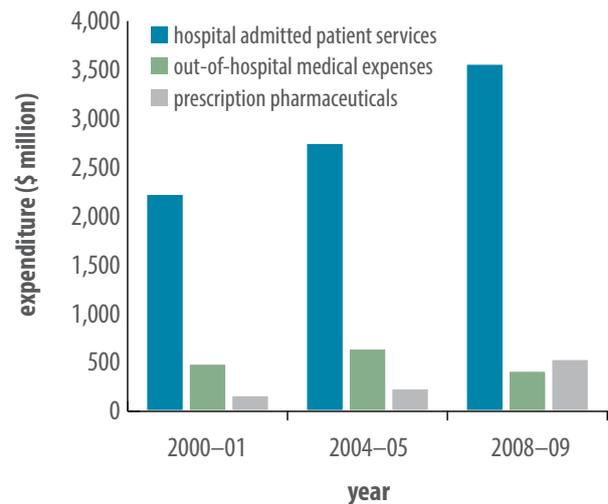
Given that the majority of cancer expenditure is largely related to hospital services, new models of care are required, which integrate health services across the public and private systems, and which ensure that the care provided to patients is informed by evidence and makes optimal use of resources, including the health workforce.

## Advances in cancer treatments and technologies

Cancer treatments and care are becoming increasingly complex and costly with the development and availability of new treatments and technologies. This presents ongoing challenges for the delivery of cost-effective and equitable cancer care.<sup>15</sup>

In particular, developments in our understanding of the molecular basis of cancer continue to influence approaches to cancer prevention, early detection, diagnosis, tumour classification, treatment and monitoring of disease. Our growing understanding of tumour biology is also helping to guide treatment selection for individual patients.

**Figure 4** Expenditure on cancer by health sector in Australia



However, emerging cancer therapies bring challenges, such as affordability, as many new agents add modest benefit at substantial cost.<sup>15</sup> Further challenges to personalised medicine include those due to the complexities of cancer biology, such as the heterogeneity of genetic changes in a tumour and the development of resistance to treatment.<sup>16</sup>

Advancing high quality, safe and effective care is vital in addressing the increasing cancer burden. Incorporating new technologies and treatments into clinical care, based on demonstrated enhanced outcomes, will be an ongoing challenge at the clinical and system levels, particularly in relation to increasing health care costs.

## Variations in outcomes

Despite the overall high cancer survival rates in Australia, there are ongoing challenges regarding disparity in the distribution of cancer, its impact, and variations in outcomes across population and tumour groups.

Action is required on a number of levels to ensure that all Australians receive accessible, best practice diagnosis and cancer care, including people from remote geographic locations and lower socio-economic areas, people from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander people. This requires definition of best practice pathways and networked services.

The collection and analysis of national data will help us better understand these variations and will inform appropriate interventions and programs.



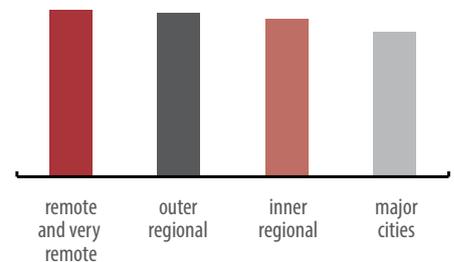
**Table 1** Variation in outcomes by location, population group and tumour type

**Remoteness area**



Cancer mortality rates are significantly higher for those living in remote and very remote areas when compared to people living in major cities (196 and 171 per 100,000 respectively), and cancer survival is highest for people living in major cities compared to other geographic locations.<sup>1</sup>

Cancer mortality, all cancers combined

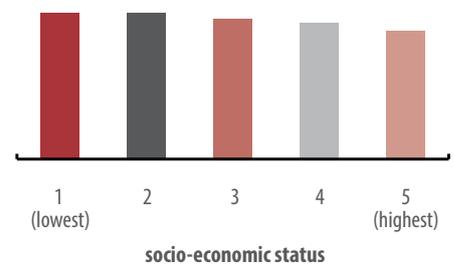


**Socioeconomic status**



Both cancer incidence and mortality rates are higher for people living in lower socioeconomic status areas than those in higher socioeconomic status areas.<sup>1</sup> Five-year relative survival from all cancers combined is significantly higher for people living in the highest compared to the lowest socioeconomic status areas (71% and 63% respectively).<sup>1</sup>

Cancer mortality, all cancers combined

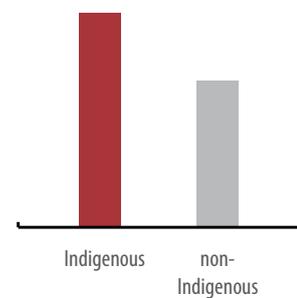


**Aboriginal and Torres Strait Islander peoples**

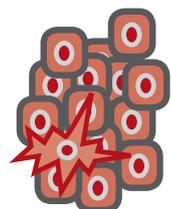


Aboriginal and Torres Strait Islander peoples are 6% more likely to be diagnosed with cancer and 50% more likely to die from cancer than non-Indigenous Australians.<sup>17</sup> As a consequence, survival after a cancer diagnosis is significantly lower for Aboriginal and Torres Strait Islander peoples than non-Indigenous Australians.<sup>17</sup>

Cancer mortality, all cancers combined

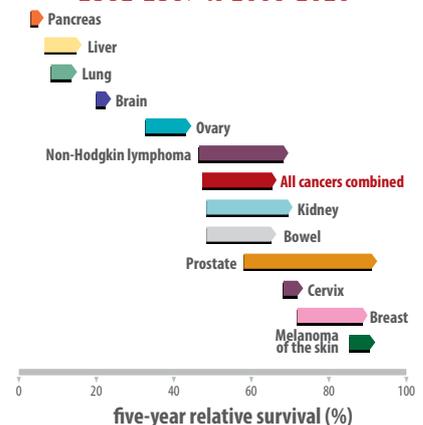


**Cancer type**



Cancer is a heterogeneous group of diseases and gains in survival have not been consistent across all cancers. Some cancers such as brain cancer, pancreatic cancer and lung cancer have shown only small gains in survival while others, such as prostate cancer, kidney cancer and non-Hodgkin lymphoma had large survival gains over the past three decades.<sup>7</sup>

Survival, selected cancers in Australia, 1982-1987 to 2006-2010





# Cancer Australia's distinctive contribution

Cancer Australia provides value in fulfilling its national leadership remit through its authoritative voice, the provision of evidence-based information and expertise, and the development of strategic collaborations to achieve the best outcomes.

Cancer Australia is a specialist agency that is uniquely positioned to achieve impacts in cancer control at the health system, health professional, community and consumer levels.

## ► An authoritative voice

Cancer Australia is a reputable and trusted source of evidence-based information, providing reliable advice on cancer control to governments and guidance to health professionals and the community.

Cancer Australia has significant expertise in the analysis and interpretation of cancer information to inform policy and practice, and to ensure its accessibility and relevance for consumers and the wider community.

Cancer Australia will continue to monitor and review the best data and latest research evidence to address current and emerging cancer control issues, and to provide recommendations to optimise cancer care and patient outcomes.



## ► National leadership

With growing pressures on the health system, priority-driven and sustainable, evidence-based approaches are required to optimise the use of available resources to deliver quality care and improve cancer outcomes.

Cancer Australia identifies and assesses cancer control priorities, and provides information and expertise to shape and influence national cancer control strategies and guide efficient investment in this area.

Cancer Australia will continue to inform cancer control, define best practice and quality care, develop and assess new and sustainable models of care, and work with system partners to address variations and improve patient outcomes.

## ► Collaboration

Cancer Australia has an integrated and effective model of engagement and uses strategic collaboration as a key enabler to achieving outcomes.

Cancer Australia will continue to foster and maximise collaboration and coordination across sectors and amongst cancer control stakeholders to increase community knowledge, improve cancer outcomes and enhance the patient experience.





# **LEADERSHIP IN CANCER CONTROL**

# Cancer Australia Strategic Goals 2014-2019



**Shape** *national cancer control in Australia*



**Improve** *cancer outcomes*



**Inform** *effective and sustainable cancer care*



**Strengthen** *capability for national cancer control*

# Cancer Australia Strategic Goals 2014-2019

GOAL  
1

## Shape *national cancer control* in Australia

### STRATEGIES

- ▶ Lead the development of an agreed national agenda for cancer control.
- ▶ Assist decision makers at all levels to make informed responses to current and emerging issues and risks in national cancer control.
- ▶ Partner across the national health system for improved cancer control.

### OUTCOMES

- ▶ Cancer Australia will drive a shared vision that shapes national cancer control.
- ▶ A strategic, priority-driven policy agenda is achieved for national cancer control, which is informed by evidence and expert input, making optimal use of existing and future resources.

### IMPACTS

- ▶ Shared leadership; working together to identify and address defined priorities to maximise outcomes from cancer control efforts.
- ▶ Evidence is advanced about effective and ineffective interventions across the cancer control continuum.

“*Leadership in cancer control... collaborating and engaging to **maximise benefits** for all Australians with cancer*”



*Practice driven by **knowledge** about what **works** and what doesn't work*



***Understanding** how well we are preventing, detecting and treating cancer across Australia*



***Partnering** to create value and achieve impact*

# Cancer Australia Strategic Goals 2014-2019

## GOAL 2

## Improve cancer outcomes

### STRATEGIES

- ▶ Build the knowledge base to drive improvements which reduce unwarranted variations in cancer outcomes, including for groups at risk due to socio-demographic status, cancer stage or tumour type.
- ▶ Develop national indicators across the continuum of cancer control to drive and monitor improvements in cancer outcomes.

### OUTCOMES

- ▶ Cancer Australia will work to ensure that all Australians receive appropriate cancer treatment and care, and to reduce unwarranted variations in cancer outcomes.
- ▶ There are robust approaches to inform and monitor cancer control for the Australian population, including for groups at risk.

### IMPACTS

- ▶ All people affected by cancer can expect to receive right place cancer care.
- ▶ Our national progress in cancer control (from prevention to survivorship) is monitored and reported.
- ▶ Data are used to address unwarranted variations in outcomes.

“Ensuring *evidence* informs and guides **cancer care**”



*Better **care** and **support**  
for older Australians  
with cancer*



*Improved quality of **cancer care** and  
**outcomes** for Aboriginal and Torres  
Strait Islander people*



***Best practice care** for  
Australians with lung cancer*

# Cancer Australia Strategic Goals 2014-2019

GOAL  
3

## Inform *effective and sustainable* cancer care

### STRATEGIES

- ▶ Develop a national framework which defines best practice and sustainable models of care across the cancer care continuum.
- ▶ Identify areas to optimise safe and effective care, including through new models of care.

### OUTCOMES

- ▶ Cancer Australia will use the best available evidence to inform the delivery of best practice and sustainable cancer care.
- ▶ Decision-makers, health providers, health professionals, consumers and the community are guided by, and act on, the best available evidence to achieve effective cancer care.

### IMPACTS

- ▶ Innovative new models of care adopted which address issues of access, workforce and sustainability.
- ▶ Clinical pathways are defined to deliver evidence-based cancer care for all.

“

*Cancer Australia – the trusted voice and source of cancer information*

”



*New models **providing** breast cancer care closer to home for women after treatment*



***Safe and effective** cancer care for all, including those living in rural or remote areas*



*Bringing **trusted** and **accessible** cancer information to the community*

# Cancer Australia Strategic Goals 2014-2019

GOAL  
4

## Strengthen *capability for national cancer control*

### STRATEGIES

- ▶ Align cancer research with evidence-based priorities for national cancer control.
- ▶ Undertake analysis, synthesis and interpretation of evidence to develop informed responses to issues in cancer control.

### OUTCOMES

- ▶ Cancer Australia will ensure that research drives improvements in cancer outcomes, and will develop evidence-based responses to issues in cancer control.
- ▶ The health system is informed and responsive to cancer control challenges.

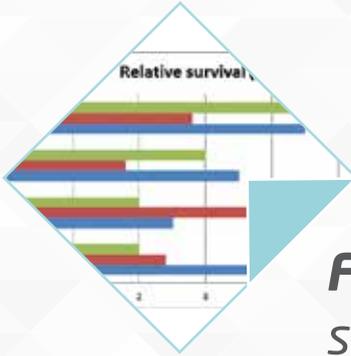
### IMPACTS

- ▶ Cancer research drives reductions in cancer incidence and mortality, and improves quality of life.
- ▶ The latest and best evidence is translated into policy and practice to improve cancer outcomes.

“

*Translating quality research into policy and practice*

”



***First national data** collected on stage, treatment and recurrence of cancer to address variations in cancer survival*



***International collaboration** on priority cancer research*



*Developing **evidence-based responses** to cancer issues and challenges*



# Transforming cancer control 2014-2019

Cancer Australia will drive a strategic agenda for national cancer control, which is priority-driven, informed by the best available evidence and which makes optimal use of existing and future resources.

Cancer Australia will inform, engage and partner to lead, shape and create value in national cancer control and to deliver effective cancer care.

## Embedding evidence and a coordinated approach

As the science of cancer and genomics is one of the most rapidly changing areas in health, the analysis and interpretation of an increasing volume of scientific research is critical in determining its potential impact on policy and practice. Scientifically credible, high quality research can address crucial gaps in our current knowledge and inform new approaches to the prevention, detection, treatment and delivery of cancer care to address variations and improve outcomes for all people affected by cancer.

Cancer control priorities, directions, programs and interventions need to be informed by the best available evidence and data.

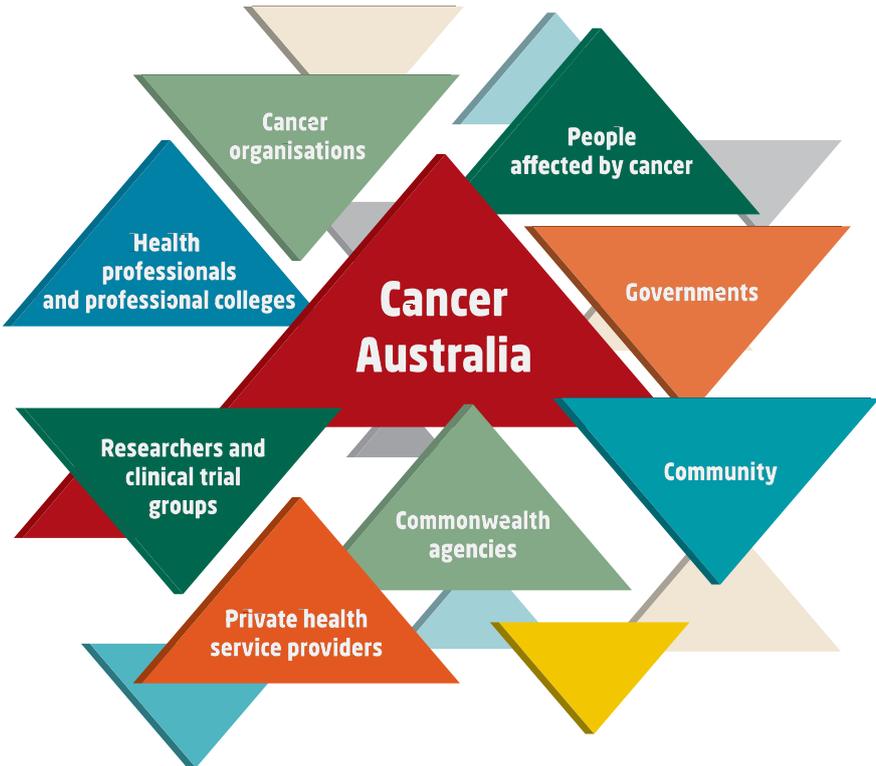
National data are also critical to building the evidence base and supporting informed decision-making with regard to priority areas in cancer policy, best practice and sustainable care through the cancer continuum. The collection, linkage, reporting and monitoring of national data is fundamental to our understanding of current and future challenges in cancer control at both the health system and patient care levels.

Cancer Australia will analyse and translate the best available evidence derived from research and data into effective measures to address current and future cancer control challenges.

Cancer is the major cause of burden of disease in Australia with significant impacts on individuals, families and the community. A coordinated and evidence-based approach to cancer control is essential to effectively address the future challenges posed by cancer and to reduce duplication of resources and effort.

National cancer control requires partnership and coordination across sectors and groups to harness, maximise and leverage collaborative agreements and reduce duplication.

Figure 5 Cancer Australia partnerships in cancer control



Cancer Australia will partner and engage across sectors to encourage transferability and adoption of best practices. This will help to address unwarranted variations and improve quality of care and cancer outcomes for all patients, irrespective of their socio-demographics or where they enter the health system.



# Cancer Australia at a glance

## Our distinctive contribution

Cancer Australia creates value by fulfilling its national leadership remit through an authoritative voice, the provision of knowledge and information, and driving collaboration to achieve the best cancer outcomes, through:

- ▶ Shaping and influencing national cancer control
- ▶ Identifying and assessing cancer control priorities
- ▶ Providing trustworthy advice and guidance on cancer control
- ▶ Creating value and informing efficient cancer control investment
- ▶ Collaborating across sectors and driving a cohesive national cancer control agenda

## Cancer Australia values

- ▶ **People:** Encourages and develops people, recognises their performance and celebrates achievements
- ▶ **Integrity:** Acts ethically and is recognised as a trusted authority
- ▶ **Passion:** Shows passion to act and inspire, and is driven to succeed
- ▶ **Innovation:** Fosters creativity and is open to new ideas
- ▶ **Excellence:** Strives to achieve excellence in all that it does
- ▶ **Courage:** Faces challenges and commits to achieving outstanding results

## Strategic goals

The four strategic goals for Cancer Australia for 2014–2019 are to:

- ▶ Shape national cancer control in Australia
- ▶ Improve cancer outcomes
- ▶ Inform effective and sustainable cancer care
- ▶ Strengthen capability for national cancer control

## Agency capabilities

Cancer Australia is a high performing, specialised agency whose achievements are at the health system, health professional, community and cancer patient levels.

Cancer Australia's unique contribution in cancer control is supported by its record and reputation and enabled by its distinctive competence and capabilities.

These capabilities include:

- ▶ Clinical expertise
- ▶ Policy development
- ▶ Health service planning
- ▶ Research and evidence review
- ▶ Consumer involvement
- ▶ Data analysis
- ▶ Health economics and system analysis
- ▶ Population health
- ▶ Collaborative engagement
- ▶ Health promotion and communication

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	For liver cancer, data for 1988–1993, instead of 1982–1987, are used due to the small number of cases from the earlier time period.	
	AIHW, 2012. <i>Cancer survival and prevalence: period estimates from 1982 to 2010</i>	

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The artwork 'Our Journeys' represents the experience of Aboriginal and Torres Strait Islander people with cancer. The white dots are the journey of each individual; the patterned areas are the different landscapes and regions of Australia; and the colours are the different cancer types. Cancer Australia, as the leading agency shaping cancer control in Australia, is depicted by the central ochre meeting place which draws stakeholders together to share ways to improve cancer outcomes. The kangaroo prints and the fish leading to and from the meeting place represent the flow of information and engagement between Cancer Australia and Aboriginal and Torres Strait Islander people.

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