

NSW Cancer Plan

A statewide plan for lessening
the impact of cancers in NSW



Acknowledgements

The Cancer Institute NSW would like to acknowledge and thank the many people and organisations that contributed to the development of the NSW Cancer Plan including people affected by cancer, community members, leaders in cancer control and health care professionals. As well as many government and non-government organisations, specialist cancer services, cancer charities and research institutions.

Legislation administered Cancer Institute (NSW) Act 2003

National Library of Australia Cataloguing-in-Publication data:
NSW Cancer Plan



Publisher

Cancer Institute NSW



State Health Publication Number:
(CI) 160120

ISSN: 978-1-74187-612-3

Key words: Cancer, New South Wales,
Australia.

Suggested citation for manuscripts and
publications NSW Cancer Plan, Cancer
Institute NSW, Sydney, April 2016

Further copies of this publication can be
downloaded from: cancerinstitute.org.au

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Foreword

Minister for Health



The impact of cancer is felt across our whole community. With a society that is living longer and ageing, cancer continues to be one of the leading causes of premature death.

Whilst we know that if you live in NSW your chances of surviving cancer are among the highest in the world, the NSW Government is committed to further lessening the impact of cancers. The goals of the NSW Cancer Plan reflect this mission with a continued focus on reducing the incidence of cancer, increasing the survival of people with cancer and improving the quality of life of people affected by cancer.

Cancer, like many other chronic diseases, requires integration across the care continuum, across multiple health settings and by multiple health providers. This plan is a blueprint to ensure that people affected by cancer can access appropriate, high quality, integrated, evidence-based cancer care that is delivered safely and effectively as close to their home as possible. The NSW Government is committed to providing everyone with the right care, at the right time, in the right place.

NSW is not alone in the challenges it faces to provide the best possible cancer control system, and we will continue to collaborate with our national partners on co-ordination, best practice research, evidence-based treatment, supportive care and healthcare reform. The Cancer Institute NSW has taken strong national and international leadership in cancer control, particularly in the areas of surgical optimisation, prevention campaigns and referral pathways. Such leadership will continue and be expanded over the coming years.

Collaboration and partnerships between people affected by cancer, the community, non-government agencies, government agencies and the NSW health system will build strong cancer services across the state. In this regard, this plan will provide a clear direction for cancer control at the statewide level and will support the work of clinicians, managers and service providers to serve the needs of their local community.

It is a plan that will ensure that the best cancer care is provided across NSW.

A handwritten signature in black ink that reads "Jillian Skinner". The signature is written in a cursive, flowing style.

The Hon. Jillian Skinner MP
Minister for Health

Introduction

Chief Cancer Officer



I am pleased to be able to present the NSW Cancer Plan. It represents the culmination of a year-long period of consultation with those affected by cancer, the community, clinicians and colleagues on what needs to be done to reduce the burden of cancers in NSW. It embodies our collective expertise, experience and knowledge, and showcases a desire to build on the work that has already been done in creating one of the best cancer care systems in the world.

The NSW Cancer Plan provides a comprehensive and inclusive roadmap for the way the health system, healthcare professionals and organisations, and the community, will work together to develop and deliver cancer prevention, screening, early diagnosis, treatment services and survivorship initiatives. It focuses on providing an integrated cancer system and recognises the importance of joining primary health care and the specialist sector more effectively to ensure that those affected by cancer are at the centre of care provision.

Whilst this plan is for everyone in our community affected by cancer, it includes a particular focus on Aboriginal communities and culturally and linguistically diverse (CALD) communities, recognising the poorer cancer outcomes that many people in these communities experience. This plan provides an additional focus on lung, bowel and primary liver cancer, acknowledging the considerable impact they have on the community and the potential there is to make substantial improvements to cancer outcomes.

I am confident the activities detailed in this plan will have a positive impact on the health of NSW. For the first time, this impact will be measured by a cycle of annual public reporting. The Cancer Institute NSW and its partners will be more accountable for the strategies that are developed and implemented and this information will be used to improve the performance of cancer services and programs.

This statewide plan will ensure that the Cancer Institute NSW provides leadership and works with its partners to bring about meaningful generational change and end cancers as we know them.

A handwritten signature in black ink, appearing to read 'David Currow'.

Professor David Currow

Chief Cancer Officer and CEO, Cancer Institute NSW

Cancers in NSW

Cancers impact on the lives of many people - by coping with the diagnosis of cancer, caring for loved ones, searching for a cure, making lifestyle decisions to lower cancer risks, or living with cancer.

In NSW, someone is diagnosed with cancer, on average, every 13 minutes.¹ By 2021, approximately 53,000 people every year across NSW will be told that they have cancer.²

NSW is the most populous Australian state, with 7,565,500 residents⁴ and has the third highest incidence of cancer.⁵ Cancer is a significant cause of death in NSW, being responsible for approximately 30 per cent of all deaths.^{6,7} With a population that is growing and living longer, it is anticipated that for some cancers, such as prostate and breast cancer, incidence may increase⁸ with more people living with the disease. However, cancer survival rates are the highest they have ever been in NSW and age standardised mortality continues to fall.⁹

Although the burden of cancer is shared by all, the distribution of its impact is not equal.

A number of groups within the community have a higher incidence of cancer and have poorer cancer outcomes. This affects Aboriginal communities, culturally and linguistically diverse communities, those from lower socio-economic backgrounds and those from some regional and rural communities.

There are also some specific cancers (such as lung, bowel and primary liver cancers) where a greater emphasis on translating evidence into practice will ensure that people affected by these cancers experience better outcomes.

The treatment of cancers, like many other complex chronic health conditions, requires patient-centred care that is integrated across multiple health settings, from: general practice to specialist care, public and private hospitals; community services and self-management.

Most common cancers, NSW¹⁰

Males				Females			All People		
Rank	Cancer	Number	% of Total	Cancer	Number	% of Total	Cancer	Number	% of Total
1	Prostate	6,815	30.4	Breast	4,728	27.7	Prostate	6,815	17.3
2	Bowel	2,862	12.8	Bowel	2,291	13.4	Bowel	5,153	13.1
3	Melanoma*	2,344	10.5	Melanoma*	1,554	9.1	Breast	4,756	12.0
4	Lung	2,147	9.6	Lung	1,428	8.4	Melanoma*	3,898	9.9
5	Non-Hodgkins lymphoma	852	3.8	Uterine	760	4.4	Lung	3,575	9.1

Most common cancer deaths, NSW¹¹

Males				Females			All People		
Rank	Cancer	Number	% of Total	Cancer	Number	% of Total	Cancer	Number	% of Total
1	Lung	1,669	21.9	Lung	1,118	18.4	Lung	2,787	20.3
2	Prostate	987	13.0	Breast	955	15.7	Bowel	1,720	12.6
3	Bowel	948	12.4	Bowel	772	12.7	Prostate	987	7.2
4	Pancreatic	407	5.3	Cancers of unknown primary	420	6.9	Breast	961	7.0
5	Melanoma*	349	4.6	Pancreatic	397	6.5	Pancreatic	804	5.9

* Melanoma refers to melanoma of the skin only

NSW is at the forefront of cancer control globally.

If you live in NSW your chances of surviving cancer are amongst the highest in the world.³

Cancer Institute NSW

The Cancer Institute NSW was established under the Cancer Institute (NSW) Act 2003 and is Australia's first statewide cancer control agency.

The objectives of the Cancer Institute NSW, as detailed by the Cancer Institute (NSW) Act 2003, are to:

- 1) reduce the incidence of cancer in the community
- 2) increase the survival rate for people diagnosed with cancer
- 3) improve the quality of life of people diagnosed with cancer and their carers
- 4) provide a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

The Cancer Institute NSW is funded by the NSW Government and provides the statewide strategic direction for cancer control in NSW. The Cancer Institute NSW has a 13-year history of developing and implementing activities that support the community to: decrease their risks of cancer; utilise cancer screening services and access world class treatment services necessary to optimise cancer outcomes.

Achieving improved cancer outcomes in NSW

The improvement of cancer outcomes in NSW will only be achieved by working together across the state with:

- Local Health Districts
- Primary Health Networks
- Specialty Health Networks
- NSW Ministry of Health
- NSW Health Pillars
- Government and non-government agencies.



Our mission

Working together to lessen the impact of cancers.

Our vision

To end cancers as we know them.

Major achievements of the NSW Cancer Plan 2011-2015

Collaborate	Facilitate	Invest	Educate
	New	New	New
Engaged people affected by cancer in all aspects of the Cancer Institute NSW's work.	Facilitated access to BreastScreen NSW by Aboriginal women, which has increased participation from 31.4% in 2009–2010 to 37.4% in 2014–2015.	Initiated Translational Cancer Research Centres which have connected researchers, clinicians and health services (irrespective of administrative boundaries) to address key questions facing cancer care in NSW.	Developed the <i>Listen out for Lung Cancer</i> campaign, which has increased awareness of lung cancer symptoms without stigmatising smokers.
New	New	New	New
Implemented the <i>NSW Skin Cancer Prevention Strategy 2012–2015</i> which co-ordinated endeavours across 13 organisations and supported the ban on cosmetic use of commercial solaria in December 2014.	Encouraged breast cancer screening participation by women from culturally and linguistically diverse communities which has resulted in a participation rate of 45.0%.	Developed Australia's first fully integrated statewide Clinical Cancer Registry to deliver data on the quality of cancer care in NSW.	Developed eviQ education modules that have been successfully implemented across NSW and nationally. For example, the Antineoplastic Drug Administration Course has been implemented in over 285 hospitals nationally.
New	New		New
Held annual meetings with Local Health Districts and Medicare Locals to report on cancer service delivery and benchmark performance across the state.	Developed the Aboriginal Quitline service which has gained credibility in the community, as demonstrated by a 32.0% increase in calls between 2012–2013 and 2013–2014.	Increased the capacity of BreastScreen NSW services which now includes 45 BreastScreen NSW sites and 16 mobile vans (which visit more than 160 locations every two years).	Developed <i>Cancer treatment side effects: a guide for Aboriginal Health Workers</i> , which provides practical information to assist in managing the potential side effects of cancer treatment.
New	New		New
Collaborated with clinicians and health agencies to understand variation in cancer outcomes and drive system improvement.	Enhanced the accessibility of the Arabic, Chinese and Vietnamese Quitlines.	Invested in cancer research over a period of ten years, including for clinical trials support, making the Cancer Institute NSW the largest NSW based funder of cancer research.	Developed a new range of patient education information materials for people undergoing cancer treatment which have been translated into nine languages so far.
	New		
	eviQ has now been endorsed by all Australian jurisdictions as the preferred resource for evidence-based cancer treatments.	Strengthened public interest studies and doubled the number of people participating in clinical trials since 2004.	Contributed to a decline in adult current smoking prevalence from 17.2% in 2010 to 15.6% in 2014 through the Cancer Institute NSW's tobacco control campaigns.
	New		
	Facilitated the sharing of research infrastructure across NSW to ensure equitable access and optimal use of investments in scientific equipment.		Contributed to a decrease in young people's preference for a suntan from 60.2% in 2006–2007 to 41.4% in 2013–2014.
	New		
	Increased iCanQuit participation, with approximately 500,000 unique website visits in 2014–2015, an increase of 30% from the previous year.		
	New		
	Continued growth of Canrefer, with an average of 17,235 views per month in 2012–2015 and the listing of 223 hospitals and cancer services, 204 multidisciplinary teams and 1052 specialists.		
	New		
	In 2015, 95% of the NSW population had access to a cancer centre within 100 kilometres of their residence. People in rural NSW received 85% of their healthcare within their Local Health District.		

New Achievements as a result of activities initiated under the NSW Cancer Plan 2011-2015

NSW State Health Plan

The NSW State Health Plan: Towards 2021, provides the strategic framework for the NSW Health system and brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time'. It details three strategic directions:

- Direction 1:** Keeping people healthy
- Direction 2:** Providing world class clinical care
- Direction 3:** Delivering truly integrated care

The NSW Cancer Plan contributes to *the NSW State Health Plan: Towards 2021*, as well as the Premier's priorities which include tackling childhood obesity and improving service levels in hospitals. There are also a number of other plans, strategies and key frameworks that will guide the work undertaken in cancer control including:

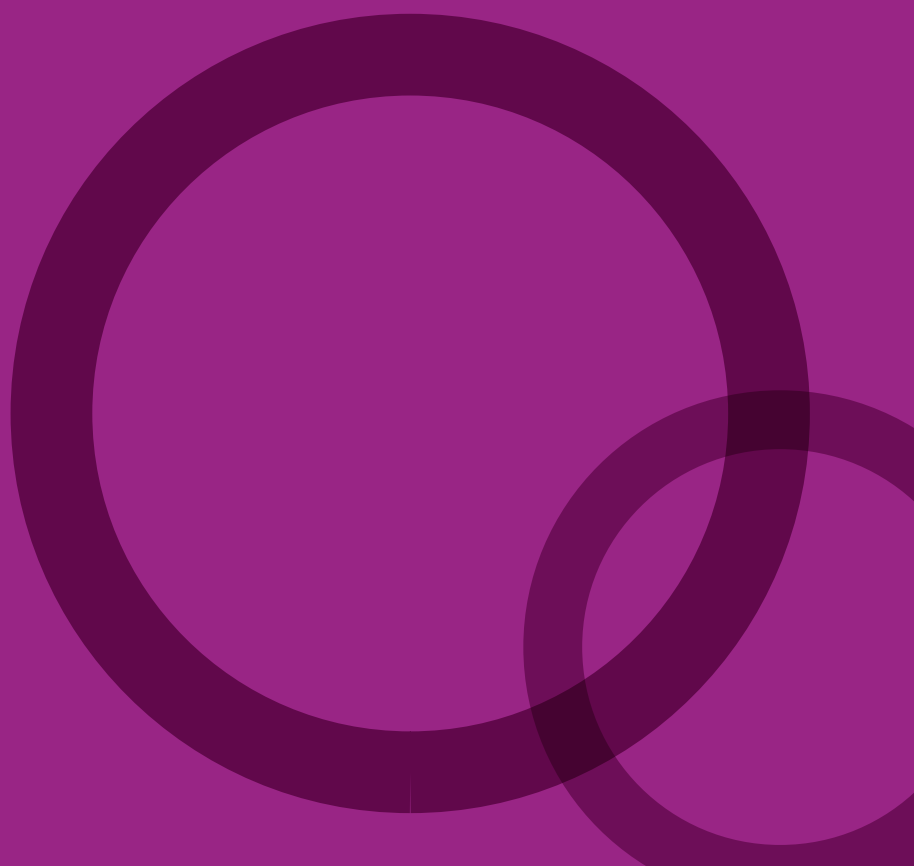






NSW Cancer Plan

The purpose of the NSW Cancer Plan is to provide the platform to facilitate a co-ordinated, collaborative approach to change the face of cancers in NSW.



NSW Cancer Plan

This plan has been specifically developed as a whole of government and non-government statewide plan. It provides the opportunity to strengthen existing partnerships and develop new ones to work together to lessen the impacts of cancers.

Throughout the actions of the NSW Cancer Plan, there is an explicit focus on improving cancer outcomes across the state and lessening the gap for groups within the community who currently experience poorer cancer outcomes.

The NSW Cancer Plan is the fourth cancer plan, and builds on the success of previous plans. It reflects an integrated and collaborative approach to reducing the burden of cancers in NSW.

Development of the NSW Cancer Plan

The development of the NSW Cancer Plan has involved extensive consultation with more than 1,000 individuals, including people affected by cancer, community members, leaders in cancer control, and health professionals, as well as many government and non-government organisations. This has been achieved through workshops, small group engagements, individual consultations and a public consultation process.

Goals of the NSW Cancer Plan

The goals of the NSW Cancer Plan reflect the Cancer Institute (NSW) Act 2003:

Goal 1: To reduce the incidence of cancer

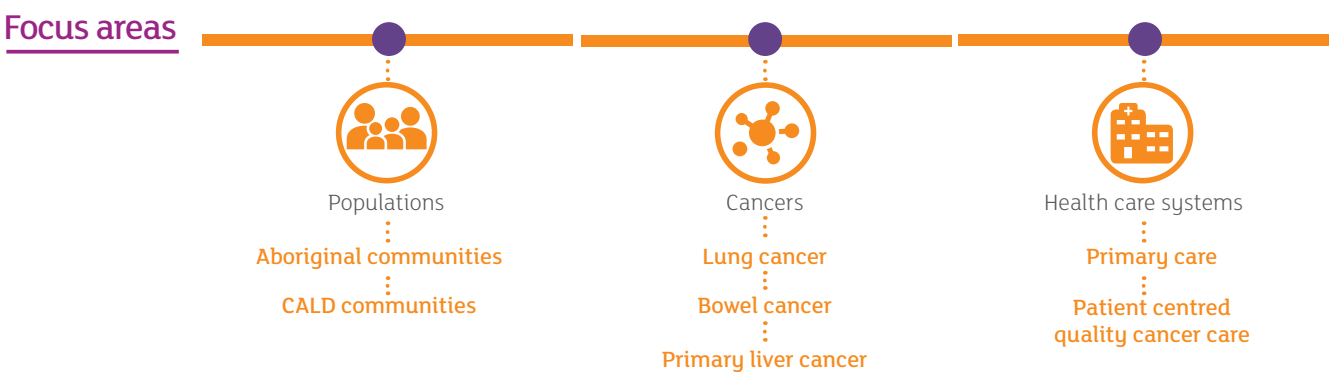
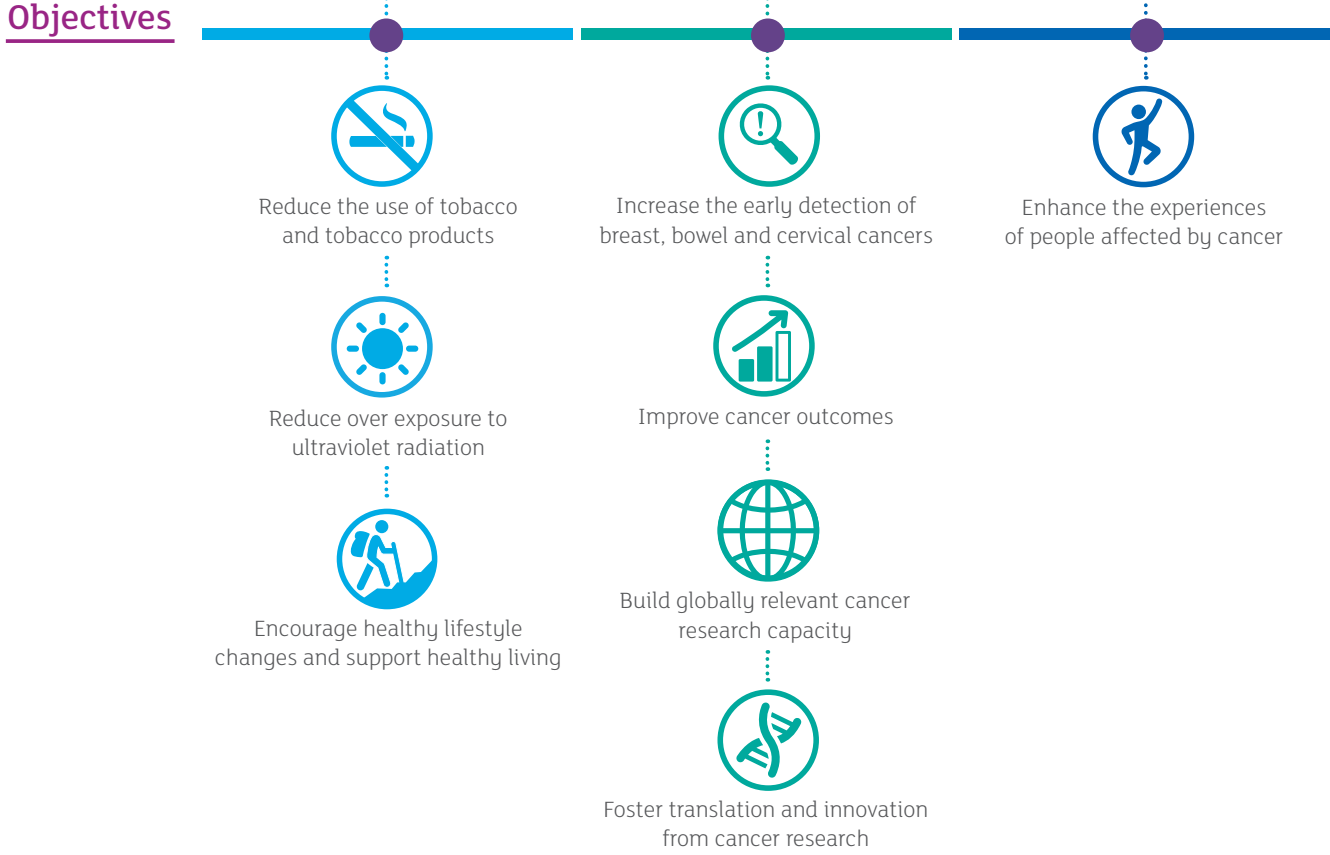
Goal 2: To increase the survival of people with cancer

Goal 3: To improve the quality of life of people with cancer

The NSW Cancer Plan also articulates eight objectives that will facilitate the actions necessary to make progress towards these goals.

NSW Cancer Plan overview

Vision To end cancers as we know them



Focus populations

The NSW Cancer Plan will implement initiatives to improve cancer outcomes across the community, whilst also recognising that within NSW there are people or communities who have a higher risk of cancers and experience poorer cancer-related health outcomes.

The needs of these communities will be addressed by specific actions in the NSW Cancer Plan. These priority populations include, although are not limited to, Aboriginal communities and culturally and linguistically diverse communities.

- Aboriginal communities have a higher incidence of cancer than non-Aboriginal communities (461 per 100,000 compared with 434 per 100,000) and Aboriginal people are more likely to die from cancer than non-Aboriginal people (252 per 100,000 compared with 172 per 100,000).¹²
- Aboriginal communities also have a higher prevalence of cancer-related risk factors.¹³
- Compared with non-Aboriginal peoples, Aboriginal peoples may be less likely to access cancer screening services, use support and treatment services and, as a result, may also experience poorer outcomes during and after cancer treatment.¹⁴
- A number of culturally and linguistically diverse communities also have a higher incidence of cancer.¹⁵
- Some culturally and linguistically diverse communities have a higher prevalence of cancer-related risk factors.^{16,17}
- Many culturally and linguistically diverse communities are also less likely to access screening services, to test for cancer or use cancer support services. Therefore, they may experience poorer cancer outcomes.¹⁸

Focus cancers

While working to improve the outcomes for all cancers, the NSW Cancer Plan will focus additional attention on lung, bowel and primary liver cancers.

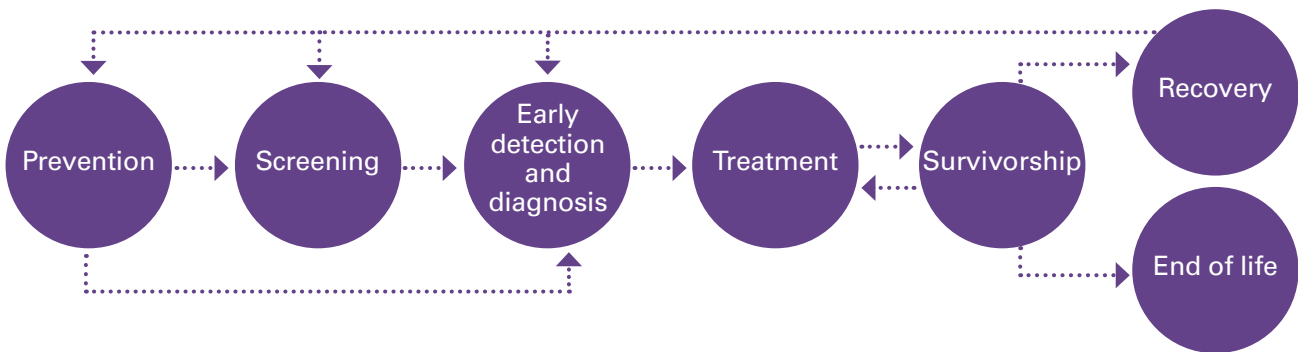
- Lung cancer is responsible for more deaths than any other cancer in NSW and Australia.^{19, 20}
- Bowel cancer causes approximately 80 deaths each week²¹ and Australia has one of the highest incidences of bowel cancer in the world.²² However, early detection can dramatically reduce this figure.
- Primary liver cancer incidence rates have increased significantly over the last 10 years.²³ Chronic hepatitis B and C infections, cirrhosis of the liver, harmful alcohol consumption and obesity all contribute to these increases.

Lung and bowel cancer are two of the priority cancers detailed in the National Healthcare Agreement.

Health care systems of focus

Complex, chronic conditions such as cancers require patient-centred care integrated across multiple health settings.²⁴

The NSW Cancer Plan will focus on the systems of health care that underpin the cancer pathway.



These systems include:

1. Primary health care, which is a pivotal part of health care provision and the interface between the community and the tertiary health care sector.
2. Patient-centred quality cancer health care, which is the service delivery system in which health practitioners diagnose, treat and care for people affected by cancer.

These systems of care are also complemented and supplemented by services and support offered in the community setting.

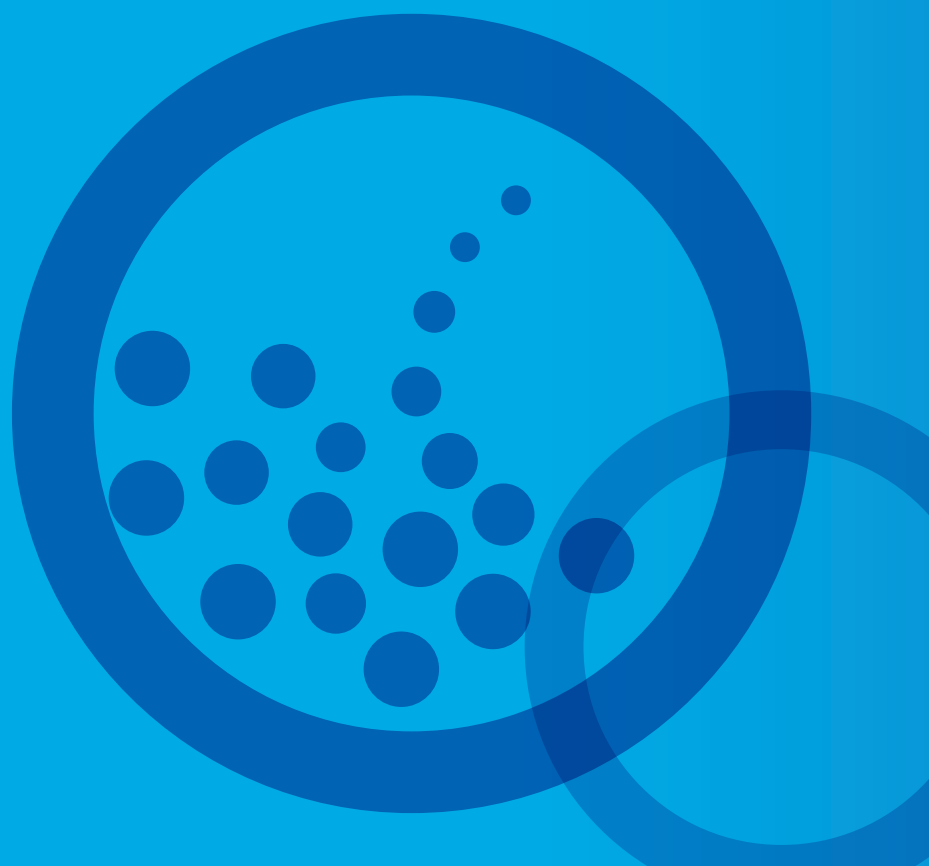
The health care that underpins the cancer pathway needs to become a rapid-learning system so as to advance the evidence-base and transform the way in which evidence, research, data and information are applied to improve cancer care for people affected by cancer. The NSW Cancer Plan will learn from and build on past experiences, and will use data and information to inform the ongoing development of programs and services.





Goal 1: To reduce the incidence of cancer

The first goal of the NSW Cancer Plan is to reduce the incidence of cancer through improving modifiable cancer risk factors.



Overview

The strategies and prioritised actions detailed in this goal build on the considerable work that has already been done in lowering cancer incidence and focuses on reducing:

- smoking prevalence
- overexposure to the sun
- other cancer-related lifestyle risk factors (such as physical inactivity, alcohol use, being overweight or being obese).

A whole-of-population approach will be supplemented by the development of specific actions targeting priority populations. In the area of tobacco control, priority populations include (but are not limited to):

- pregnant women
- Aboriginal communities
- culturally and linguistically diverse communities
- regional and rural communities
- socio-economically disadvantaged communities
- young people
- people newly diagnosed with cancer
- people transitioning to and currently in custody
- lesbian, gay, bisexual, transgender and intersex communities
- people with other drug and alcohol dependencies
- people with mental health issues.




In relation to skin cancer prevention, priority populations include adolescents, young adults and males aged 40 years and over. Prioritised actions regarding supporting healthy lifestyles will incorporate a lifespan approach focusing on the early years, children, adolescents and young people, the reproductive years, and adults in general.

Initiatives under this goal will have an impact on all cancers including bowel cancers (particularly through the promotion of healthy eating and physical activity), lung cancers (through the reduction in smoking) and liver cancers (particularly through the reduction of harmful alcohol use and hepatitis infections).

Data, information, research and evidence will be used to inform the ongoing development of programs and services. Appropriate consultation with communities, and engagement with those affected by cancer will also inform the development of initiatives aimed at reducing the incidence of cancer. Whilst it is acknowledged that cancer screening contributes to reducing the incidence of breast, bowel and cervical cancers, for the purposes of the NSW Cancer Plan, cancer screening activities have been included alongside early detection activities under goal 2, to increase cancer survival.



Prioritised actions

Objectives	Strategies	Prioritised actions	Leads / Co-leads
 <p>Reduce the use of tobacco and tobacco products</p>	Implement and evaluate a comprehensive system-wide approach to tobacco control.	Continue to implement and evaluate the <i>NSW Tobacco Strategy 2012-2017</i> , including tobacco control regulation and public education campaigns that target priority populations.	MoH / CINSW
	Engage with the community and key stakeholders to develop, implement and evaluate activities that prevent tobacco use and assist smokers to quit smoking and maintain cessation.	Implement and evaluate social marketing programs aimed at priority populations.	CINSW
		Deliver evidence-based, effective and efficient NSW Quitline and iCanQuit services that focus on: 1) priority populations 2) health professionals 3) continuous quality improvement 4) integration, innovation and promotion.	CINSW
		Embed brief interventions for smoking cessation in all clinical care.	MoH / LHDs / SHNs / PHNs / HETI / ACI / CCNSW / CINSW
		Embed brief interventions for smoking cessation in community settings.	CCNSW / CINSW / MoH
		Generate and use new evidence to inform strategic planning, and the development and implementation of further tobacco control policies, projects and services.	CINSW
 <p>Reduce over exposure to ultraviolet radiation</p>	Engage with the community and key stakeholders to develop, implement and evaluate comprehensive skin cancer prevention activities.	Implement and evaluate the <i>NSW Skin Cancer Prevention Strategy</i> , including social marketing programs that target priority populations.	CINSW / CCNSW
		Generate and use new evidence to inform strategic planning, and the development and implementation of skin cancer prevention policies, projects and services.	CINSW
 <p>Encourage and support healthy lifestyle choices</p>	Implement and evaluate a comprehensive approach to physical activity, healthy eating and overweight or obesity prevention and management.	Continue to implement and evaluate the <i>Healthy Eating and Active Living Strategy 2013-2018</i> , including the facilitation of referrals to the Get Healthy Information and Coaching Service and Go4Fun.	MoH
	Implement and evaluate a comprehensive approach to reduce the harms associated with alcohol use.	Implement and evaluate initiatives aimed to reduce the harms associated with alcohol use across the community.	MoH
	Implement and evaluate strategies to reduce hepatitis infections.	Continue to implement the <i>NSW Hepatitis B Strategy 2014-2020</i> and <i>NSW Hepatitis C Strategy 2014-2020</i> as they relate to reducing hepatitis B and hepatitis C infections.	MoH / LHDs / SHNs





Goal 2: To increase the survival of people with cancer

The second goal of the NSW Cancer Plan is to increase the survival of people with cancer.



Overview

The strategies and prioritised actions detailed under this goal will continue the work that has been done to screen the population for breast, cervical and bowel cancers, increase the earlier detection of cancers, improve cancer outcomes, build research capacity and foster translational cancer research. There will be a concerted effort to ensure that the complexity of providing cancer services is recognised with a focus on collaboration between primary health care and a patient-centred quality cancer system.

A number of actions included in this goal provide additional focus on lung and bowel cancers and primary liver cancer for high risk populations. A focus on these cancers acknowledges the considerable impact that they have on the community and how increased awareness, earlier assessment and improved treatment pathways will make a substantial difference to cancer outcomes.

There are also a number of priority populations that warrant particular attention across the strategies and actions outlined under this goal, namely (but not limited to):

- Aboriginal communities
- culturally and linguistically diverse communities
- regional and rural communities
- disadvantaged socio-economic communities
- young people.

Appropriate consultation with communities, and engagement with those affected by cancer, will inform the development of initiatives aimed at improving the survival of people with cancer. Data, information, research and evidence will also be used to inform the ongoing development of programs and services.


As noted previously, cancer screening also contributes to goal 1, reducing the incidence of cancer, but for the purposes of the NSW Cancer Plan cancer screening activities have been included alongside early detection activities. Breast, cervical and bowel cancer screening programs are the three national population-based screening programs in Australia.²⁶





Prioritised actions

Objectives	Strategies	Prioritised actions	Leads / Co-leads
<p>Increase the early detection of breast, bowel and cervical cancers</p>	Deliver effective, evidence-based programs that increase the early detection of breast, bowel and cervical cancers.	Implement and evaluate the national breast screening and cervical screening programs within NSW. Support the National Bowel Cancer Screening Program, including a specific focus on priority populations.	CINSW / LHDs / SHNs
		Ensure that breast, bowel and cervical screening programs have the required capacity and capabilities to support increased participation by the general community and priority populations.	CINSW / LHDs / SHNs
		Generate and use new evidence to inform and improve the delivery of breast, bowel and cervical cancer screening programs.	CINSW
		Engage with people in the relevant age groups and the community in the development and implementation of breast, bowel and cervical screening programs (including a focus on clients' experiences of breast cancer screening and assessment services).	CINSW / LHDs / SHNs
	Develop, implement and evaluate innovative strategies that increase participation in screening programs with a specific emphasis on priority populations.	Develop, implement and evaluate comprehensive social marketing programs, with a focus on and engagement with priority populations that encourage breast, cervical and bowel cancer screening participation.	CINSW
		Partner with primary health care providers to promote and encourage breast, cervical and bowel cancer screening in accordance with evidence-based pathways.	CINSW / PHNs
		Implement activities that support the use of risk assessment tools and diagnostic pathways in primary health care.	CINSW / PHNs
<p>Improve cancer outcomes</p>	Facilitate the earlier detection of cancers by supporting the adoption of evidence-based risk assessment tools.	Implement activities to support the monitoring of people at risk of cancer due to lifestyle or other factors.	MoH
		Scope initiatives that would provide for the enhanced monitoring of people identified with high risk of familial cancers.	LHDs / SHNs / CINSW
		Develop, implement and evaluate initiatives for people affected by breast, cervical, bowel and other cancers, that: <ul style="list-style-type: none"> facilitate earlier assessment facilitate relevant surveillance improve diagnostic pathways allow timely access to best practice treatment pathways. Similar initiatives to be implemented should other national screening programs be introduced.	CINSW / LHDs / SHNs / PHNs
	Strengthen the capacity of the cancer system to deliver high quality, patient-centred, integrated, multidisciplinary care, with a focus on reducing unwarranted clinical variation.	Implement and evaluate strategies to ensure that all people diagnosed with cancer have their care overseen by a multidisciplinary team, facilitated statewide by Canrefer.	CINSW / LHDs / SHNs / PHNs
		Support clinician-led benchmarking and quality improvement activities statewide.	ACI / CINSW

Objectives	Strategies	Prioritised actions	Leads / Co-leads
 <p>Improve cancer outcomes</p>	<p>Strengthen the capacity of the cancer system to deliver high quality, patient-centred, integrated, multidisciplinary care, with a focus on reducing unwarranted clinical variation.</p>	<p>Facilitate better engagement of primary health care throughout the cancer care continuum, including during treatment.</p>	<p>CINSW / PHNs</p>
		<p>Support clinicians to communicate the cancer care treatment plan to people affected by cancer and their general practitioner (in a timely manner).</p>	<p>LHDs / SHNs / PHNs</p>
		<p>Implement key initiatives under the <i>NSW Rural Health Plan: Towards 2021</i> as it relates to the provision of cancer prevention, screening, early detection and treatment in regional and rural NSW, including:</p> <ul style="list-style-type: none"> • Cancer prevention and health promotion initiatives in rural communities such as the Get Healthy Information and Coaching Service, NSW Quitline and iCanQuit. • Integration of alcohol advice into existing prevention programs, such as the Get Healthy Information and Coaching Service. • Get Healthy at Work in rural settings, with a focus on physical inactivity, poor nutrition, overweight and obesity, tobacco use, harmful consumption of alcohol and ultraviolet radiation exposure. • Ensure at-risk populations in rural communities have access to prevention programs such as the Needle and Syringe Program, vaccination for Hepatitis B and community education campaigns as they relate to viral hepatitis. • Support for those in rural communities facing critical end-of-life decisions or requiring access to palliative care including out-of-hospital options, by continuing to implement the <i>Advance Planning for Quality at End of Life Action Plan 2013-2018</i> and the <i>NSW Government Plan to Increase Access to Palliative Care 2012-2016</i>. • Ensure statewide research initiatives consider the research needs of rural areas, including those focused on growing research assets, infrastructure and investment. 	<p>MoH / NSW Office of Preventive Health / Office for Health and Medical Research</p>
		<p>Redesign models of care to ensure equitable and sustainable access to needs-based cancer genetics.</p>	<p>CINSW / LHDs / SHNs / ACI</p>
		<p>Redesign models of care to ensure equitable and sustainable access to needs-based psycho-oncology.</p>	<p>CINSW / LHDs / SHNs / ACI</p>
		<p>Facilitate allied health support for people during treatment and whilst recovering from treatment.</p>	<p>LHDs / SHNs</p>
		<p>Engage with people affected by cancer and the community in the design and implementation of cancer services.</p>	<p>LHDs / SHNs / CINSW</p>
	<p>Support clinicians to deliver evidence-based cancer treatment and care.</p>	<p>Improve the eviQ program as a core resource for the delivery of evidence-based treatment and care.</p>	<p>CINSW</p>
		<p>Support the implementation of the <i>National Service Delivery Framework for Adolescents and Young Adults with Cancer</i>.</p>	<p>MoH / relevant SHNs and LHDs</p>
		<p>Support the ongoing development and co-ordination of paediatric oncology services across the state.</p>	<p>MoH</p>



Objectives	Strategies	Prioritised actions	Leads / Co-leads
<p>Improve cancer outcomes</p>	Develop programs to improve outcomes in priority cancers.	Develop, implement and evaluate initiatives that: <ul style="list-style-type: none"> • identify population groups at higher risk of cancers • increase awareness of signs and symptoms where a diagnosis of cancer needs to be excluded • facilitate earlier diagnosis • facilitate relevant surveillance • improve diagnostic pathways • allow timely access to best practice treatment pathways for people affected by lung, bowel and primary liver cancer. 	CINSW / ACI
		Continue to implement the <i>NSW Hepatitis B Strategy 2014-2020</i> and <i>NSW Hepatitis C Strategy 2014-2020</i> as they relate to improving the health outcomes of people living with hepatitis B and hepatitis C.	MoH / LHDs / SHNs
	Improve capacity to report on the quality of the cancer system.	Develop public reporting datasets and benchmarks to improve the quality of the cancer system and reduce unwarranted clinical variation.	CINSW / BHI
		Facilitate increased collaboration with researchers that focus on reducing unwarranted variations in clinical outcomes.	CINSW / ACI
		Expand NSW, national and international benchmarking by greater involvement of the community, clinicians and health planners in formal benchmarking.	CINSW
		Develop systems to better understand occupational cancers.	CINSW / SW NSW
	Engage in system redesign and quality improvement to reduce unwarranted clinical variation.	Develop initiatives that facilitate the use of evidence-based approaches to system redesign and quality improvement.	CINSW / ACI
		Develop evidence-based tools and resources that support optimal practice, including in primary health care.	CINSW / ACI / PHNs
<p>Build globally relevant cancer research capacity</p>	Make NSW a destination of choice for cancer clinical trials.	Invest in strategic and efficient clinical trial infrastructure.	CINSW
		Develop Local Health District strategic plans for cancer clinical trials selection and implementation, and when appropriate, closure.	LHDs / SHNs
	Build workforce capacity.	Invest in fellowships to attract, support and retain cancer researchers.	CINSW
	Foster the sharing of resources and innovation in the research environment.	Embed equitable access to research infrastructure.	CINSW
		Utilise communities of practice to undertake collaborative initiatives that build research capacity, infrastructure and connections between researchers and clinicians.	CINSW
<p>Foster translation and innovation from cancer research</p>	Invest in translational cancer research to create improvements in cancer control.	Further develop models to optimise the translation of cancer research findings and evidence into clinical practice.	CINSW
	Facilitate access and utilisation of data holdings.	Expand access to and use of cancer-relevant data.	CINSW / CHeReL (MoH)





Goal 3: To improve the quality of life of people with cancer

The third goal of the NSW Cancer Plan is to improve the quality of life for people with cancer and those affected by cancer.



Overview

The strategies and prioritised actions detailed under this goal focus on supporting people with cancer to keep healthy during and after a cancer diagnosis and embedding survivorship support within the cancer system where appropriate; utilising engagement and patient reported measures to improve the cancer system; and providing care and support for people at the end of life.

The strategies and actions detailed under this goal will continue work already undertaken in building a patient-centred quality cancer system. It should be noted that the strategies and prioritised actions articulated under goal 2 will also contribute to improving the quality of life of people affected by cancer.

Priority populations for the strategies and activities detailed under this goal will include:


- Aboriginal communities
- culturally and linguistically diverse communities
- regional and rural communities
- disadvantaged socio-economic communities.

Appropriate consultation with communities and engagement with those affected by cancer will inform the development of initiatives aimed at improving the quality of life of people with cancer. Data, information, research and evidence will also be used to inform the ongoing development of programs and services.





Prioritised actions

Objectives	Strategies	Prioritised actions	Leads / Co-leads
 <p>Enhance the experiences of people affected by cancers</p>	<p>Support people with cancer to keep healthy during and after a cancer diagnosis and treatment (including survivorship).</p>	<p>Implement strategies, and develop and disseminate tools and resources that support people affected by cancer to appropriately self-manage.</p>	<p>CINSW / CCNSW</p>
		<p>Develop and disseminate information to support patient decision making about cancer treatment, care and survivorship, appropriate for different levels of health literacy and priority groups.</p>	<p>CINSW</p>
		<p>Provide accessible information and support to people affected by cancer.</p>	<p>CCNSW / CINSW</p>
		<p>Ensure survivorship management after treatment.</p>	<p>LHDs / SHNs</p>
		<p>Build stronger links to physical rehabilitation services for people with cancer.</p>	<p>CINSW / LHDs / SHNs</p>
		<p>Facilitate access to psychosocial support for people affected by cancer.</p>	<p>LHDs / SHNs / CCNSW</p>
		<p>Embed interventions for smoking cessation in cancer diagnosis and treatment services.</p>	<p>LHDs / SHNs / CINSW / MoH</p>
	<p>Utilise consumer engagement and patient reported measures in system improvement and redesign.</p>	<p>Implement key initiatives under the <i>NSW Rural Health Plan: Towards 2021</i> to improve engagement with regional and rural NSW.</p>	<p>MoH</p>
		<p>Improve activities that facilitate the cultural safety and appropriateness of cancer services.</p>	<p>LHDs / SHNs / CINSW</p>
		<p>Develop initiatives that facilitate greater engagement of people affected by cancer and the community in service planning and delivery.</p>	<p>LHDs / SHNs / CINSW</p>
<p>Develop methods to collect patient experience and patient outcomes to inform the planning and implementation of cancer service improvement activities.</p>		<p>BHI / CINSW / ACI</p>	
<p>Provide care and support for people who are dying from cancer, their families and their carers.</p>	<p>Implement the <i>NSW Government Plan to Increase Access to Palliative Care 2012-2016</i> as it relates to the development of a statewide model for palliative and end-of-life care.</p>	<p>ACI / LHDs / SHNs / MoH</p>	
	<p>Develop online learning resources that support health professionals to engage in end-of-life and advance care planning for those affected by cancer.</p>	<p>HETI</p>	

Implementation, monitoring and evaluation of the NSW Cancer Plan

Implementation

Implementing the NSW Cancer Plan will continue to rely on collaborative efforts and partnerships. To reduce the incidence of cancers, to increase the survival of people with cancer and to improve the quality of life for people affected by cancer will require the ongoing active involvement and efforts of all partners across NSW.

The Cancer Institute NSW will work with those involved in the planning and delivery of prevention, screening and cancer-related programs and services to bring the prioritised actions of the NSW Cancer Plan to life. Each goal has a number of objectives, strategies and prioritised actions to ensure movement towards the achievement of these goals.

Lead agencies have been identified for each prioritised action. A range of collaborating agencies will work alongside lead agencies to facilitate progress towards the goal, reflecting the statewide, collaborative nature of the NSW Cancer Plan.

Whilst lead agencies will be responsible for managing and directing the actions, the Cancer Institute NSW will oversee the progress of the NSW Cancer Plan and will act as both a lead and as a collaborator where necessary. The Cancer Institute NSW will publically report against a range of indicators while working with lead agencies to report on their progress in relation to the NSW Cancer Plan.

Review

To ensure the responsiveness of the NSW Cancer Plan to evolving cancer control issues and to maintain its flexible implementation, a review and refresh of the NSW Cancer Plan will be undertaken every 2½ years. The first review will take place in 2018.

Monitoring and evaluation

The Cancer Institute NSW will monitor the progress of the NSW Cancer Plan through the:






- Service Compact with the Ministry of Health
- special program reports
- NSW Cancer Plan Performance Index.

A monitoring and evaluation framework for the NSW Cancer Plan will also be developed.

The Cancer Institute NSW's website cancerinstitute.org.au will contain links to the prioritised actions of the NSW Cancer Plan and regular updates on the plan's implementation.

The NSW Cancer Plan Performance Index

The NSW Cancer Plan Performance Index* will report progress against the objectives of the NSW Cancer Plan. Regular updates will be provided and published on the Cancer Institute NSW's website. The following indicators will be used to track and report on the progress of the NSW Cancer Plan.

Objectives	Performance Index - indicators
 <p>Reduce the use of tobacco and tobacco products.</p>	<ul style="list-style-type: none"> • Current smoking in adults. • Current smoking in young people aged 12–17 years. • Current smoking in Aboriginal adults.
 <p>Reduce over exposure to ultraviolet radiation.</p>	<ul style="list-style-type: none"> • Sun protection behaviours among adults. • Suntan preferences for young people aged 12–17 years • Incidence of melanoma.
 <p>Encourage healthy lifestyle changes and support healthy lifestyle.</p>	<ul style="list-style-type: none"> • Adequate physical activity by adults. • Alcohol drinking in adults. • Alcohol drinking in young people aged 12–17 years. • High-grade lesions detected in cervical screening (HPV immunisation program).
 <p>Increase the early detection of breast, bowel and cervical cancers.</p>	<ul style="list-style-type: none"> • Breast cancer screening participation rates and numbers. • Number of eligible women who have never attended BreastScreen NSW. • Cervical screening participation rates and numbers. • Bowel screening participation rates and numbers. • Screening participation rates by Aboriginal adults (breast cancer screening). • Screening participation rates by culturally and linguistically diverse communities (breast cancer screening). • Client experience of BreastScreen NSW (screening and assessment).
 <p>Improve cancer outcomes.</p>	<ul style="list-style-type: none"> • Proportion of patients receiving greater than five radiation fractions for bone metastases, by facility. • Number of centres performing below target volume for lung, rectal, pancreatic, oesophageal and ovarian cancer surgery. • Proportion of patients receiving treatment with curative intent for lung, pancreatic and oesophageal cancers, by LHD. • Proportion of excisions for hepatocellular carcinoma (primary liver cancer) relative to incidence. • Proportion of rectal cancer resections where ≥ 12 lymph nodes are reported in the pathology report (in the absence of neoadjuvant therapy).
 <p>Build globally relevant cancer research capacity.</p>	<ul style="list-style-type: none"> • Ratio of newly enrolled clinical trial patients to cancer incidence. • Number of cancer related peer review publications from NSW. • Use of cancer-related (Cancer Institute NSW custodian) data.
 <p>Foster translation and innovation from cancer research.</p>	<ul style="list-style-type: none"> • Statewide membership of Translational Cancer Research Centres.
 <p>Enhance the experiences of people affected by cancers.</p>	<ul style="list-style-type: none"> • Patient experience of cancer care.

* These indicators are based on currently available data and, wherever possible, reflect international best practice.

Acronyms and abbreviations

Acronym and Abbreviations	Explanation
ACI	Agency for Clinical Innovation
BHI	Bureau of Health Information
CALD	Culturally and linguistically diverse communities
CCNSW	Cancer Council NSW
CEC	Clinical Excellence Commission
CINSW	Cancer Institute NSW
CHeReL	Centre for Health Record Linkage
HETI	Health Education and Training Institute
LHDs	Local Health Districts
MoH	NSW Ministry of Health
NGOs	Non-government Organisations
PHNs	Primary Health Networks
SHNs	Specialty Health Networks
TCRCs	Translational Cancer Research Centres
SW NSW	SafeWork NSW
NSW Health Pillars	ACI, BHI, HETI, CEC, CINSW

Glossary

	Meaning / explanation
Adequate physical activity by adults	Adequate physical activity is defined as undertaking physical activity for a total of at least 150 minutes per week over five separate occasions.
Co-ordinated care	Refers to the deliberate organisation of patient care activities between two or more health professionals involved in a patient's care to facilitate the appropriate delivery of health care services.
End-of-life care	End-of-life care refers to support for people who are in their last weeks or days of life. This is a time when the goals of care are palliative.
Hepatocellular carcinoma	A type of primary liver cancer, most cases are secondary to either a viral hepatitis infection (hepatitis B or C) or cirrhosis (alcohol being the most common cause of liver cirrhosis).
High grade lesions of a Pap test	Cells are not normal but the changes are not yet cancer. This is a marker of increased risk of developing cancer. It suggests there are cell changes in the cervix that require further investigation.
Incidence	Incidence is the number of new (or newly diagnosed) cases of cancer during a given time period in a specific population.
Integrated care	<p>The management and delivery of health services so that patients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.</p> <p>Integrated care is an organising principle for care delivery with the aim of achieving improved patient care through better coordination of services. Integration is the combined set of methods, processes and models that seek to bring about this improved coordination of care, applied at the system level.</p>
Metastasis	Cancer which has spread from the place at which it first arose as a primary tumour to distant locations in the body.
NSW Ministry of Health	Undertakes regulatory, public health and public health system manager functions in statewide planning, purchasing and performance monitoring and support of health services.
Neoadjuvant therapy	Refers to the administration of therapies before the surgical treatment.
NSW Health Pillars	Provide expert advice and guidance for other NSW Health service providers. Organisations include: HETI, ACI, CEC, BHI and CINSW.

Glossary

	Meaning / explanation
Palliative care	<p>Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening 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:</p> <ul style="list-style-type: none"> • provides relief from pain and other distressing symptoms • affirms life and regards dying as a normal process • intends neither to hasten or postpone death • integrates the psychological and spiritual aspects of patient care • offers a support system to help patients live as actively as possible until death • offers a support system to help the family cope during the patient's illness and in their own bereavement • uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated • will enhance 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 complications.
People affected by cancer	Refers to those who experience a cancer diagnosis and those who are affected by the cancer diagnosis of a friend or relative.
Prevalence	Prevalence is the actual number of cases alive, with the cancer either during a period of time (period prevalence) or at a particular date in time (point prevalence).
Primary health care	Primary health care is the first level of contact individuals, families and communities have with the health care system. In Australia, it incorporates personal care with health promotion, the prevention of illness and community development, advocacy and rehabilitation.
Primary liver cancer	Primary liver cancer is cancer that starts in the liver.
Radiation fractions	Refers to episodes of treatment with radiation therapy.
Rapid-learning system	Information obtained in the course of practice drives the process of discovery and ensures a focus on continuous innovation, quality improvement and safety – and is intrinsic to a patient-centred cancer care system. ²⁵
Specialty Health Networks (NSW Health)	Provide front-line service delivery, and clinical, patient and community engagement.
Survivorship	Refers to the process of living with, through, and beyond cancer. By this definition, cancer survivorship begins at diagnosis. It includes people who continue to have treatment to either reduce risk of recurrence or to manage chronic disease and includes the longer term impacts of cancer treatment on people affected by cancer.
Treatment with curative intent	Curative intent refers to treatment and therapies provided with an intent to cure the cancer.

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