

# **The Australian Cancer Network – A strategy to improve cancer health outcomes**

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## ABSTRACT

*Cancer control in Australia has become a major social priority because of the increasing impact of cancer on providers and users of health care. In recognition of this situation there is now an increased response by government agencies, non-government organisations, health planners and the community at large to focus on cancer as part of a National Health Goals and Targets Strategy for better health outcomes in the next century. The following paper explores how the Australian Cancer Network effectively contributes to a national cancer control strategy.*

## **Introduction**

Since 1993 cancer has become the leading cause of death in Australia, representing almost 27 per cent of all deaths (Australian Bureau of Statistics 1994, p 1). Cancer is also the only major cause of death in Australia which is increasing in both sexes (Nutbeam et al. 1993, p 36; Editorial 1992, pp 399–400) and one in three Australians will develop cancer at some point during their lives. In 1992 in Australia 107 000 years of life were lost due to cancer as the cause of death (Australian Institute of Health and Welfare 1995).

The purpose of this paper is to inform clinicians, administrators and policy-makers involved in the field of health services delivery about the development and reasons for establishing the Australian Cancer Network (ACN). This paper outlines why the ACN is considered an important new strategy in Australian cancer control, describes some of the processes involved in the ACN's establishment and discusses the aims to achieve its objectives.

## **The Australian Cancer Network**

The ACN dates back to 1992 when a working party of the National Cancer Advisory Committee, under the auspices of the Australian Cancer Society and the Clinical Oncological Society of Australia, prepared and widely circulated a discussion paper (Australian Cancer Society/Clinical Oncological Society of Australia 1992).

The Australian Cancer Network was promulgated in October 1993 and its secretariat commenced to operate in January 1994. These events were preceded by two consensus conferences during 1993.

### **Reasons for establishing the Australian Cancer Network**

The concept for a national cancer agency, similar to the American National Cancer Institute (NCI), had been considered for almost a decade. The major reason was the inappropriate organisation of cancer services in some important areas in Australia.

Problems identified included the inappropriate distribution of medical services (Super-Speciality Services Working Party of the Standing Committee of the Australian Health Ministers' Conference 1987); variable professional competency (Smith et al. 1992, p 2); lack of delineation of cancer and associated treatment specialists (Committee to Advise on the Development and Implementation of a Comprehensive Cancer Centre 1988); unclear budgetary arrangements (New South Wales Health Department 1992; Australian Institute of Health 1990, pp 77–82); inadequate treatment data; and a national shortage of certain cancer specialists (Wigg 1988; Langlands 1990). The development of national cancer treatment guidelines was considered particularly important to improve clinical outcomes and, over time, assist in the continuous decline in cancer morbidity and mortality rates into the next century (Simes & Tattersall 1990).

### **Mission and initial goals**

The mission of the ACN is to promote the best possible prevention, detection, diagnosis and treatment for cancer care patients by coordinating multidisciplinary expert advice and policy for cancer control. The ACN charter and the terms of reference are intended to give guidance in the direction and desired pace of change. To facilitate this process, it is necessary to incorporate the following stages as described by Reeve, Kober & Gabriel (1994, p 5):

- *Review*: assessing what progress has been made on issues related to research, prevention and detection of cancer during the last decade.
- *Re-definition*: constructing a new framework and structure of current best practice guidelines which reflect a comprehensive analysis of cancer management.
- *Implementation*: identifying some of the options for establishing essential indicators for cancer care in Australia relating to access, best practice, appropriateness, cost and outcomes.

## **Objectives of the ACN**

The objectives of the ACN are:

- to become a principal adviser on cancer-related health outcomes to professionals, government, community organisations and persons with cancer and those around them
- to consult with identified interest groups and stakeholders
- to become a clearing house for information concerned with patterns of practice; treatment outcomes indicators; universal treatment protocols; promulgation of best practice methods and developments of best practice guidelines
- to solicit briefs and presentations from cancer care providers and consumers
- to work towards the development of a national cancer control plan in consensus with interest groups and stakeholders and within an evolving coordinating framework.

The goals and objectives of the ACN are subject to regular evaluation and review.

## **Organisational structure**

The ACN represents medical, allied health, research, academic and community-based interest groups. The executive is nominated and elected from a large body of interest groups and stakeholders which comprise the ACN Council and is governed through the National Cancer Advisory Committee.

The ACN is a decentralised and task-oriented body of experts from a variety of disciplines. Assignments include the formation of skill-based

working parties to develop position papers and policies on cancer-related key topics and present them to the relevant professional groups, the public and government. The end-point is to have them accepted nationally.

A small secretariat is located in Sydney and includes the executive officer, a project officer (shared with the Australian Cancer Society) and an administrative assistant. The secretariat is integrated in the national office of the Australian Cancer Society which also serves the Clinical Oncological Society of Australia and the Kathleen Cuninghame Foundation for Breast Cancer Research. A regular newsletter facilitates the dissemination of information to ACN interest groups and supporters.

The bulk of the annual operating budget for the Australian Cancer Network is provided by the Australian Cancer Society with a small contribution from the Clinical Oncological Society of Australia.

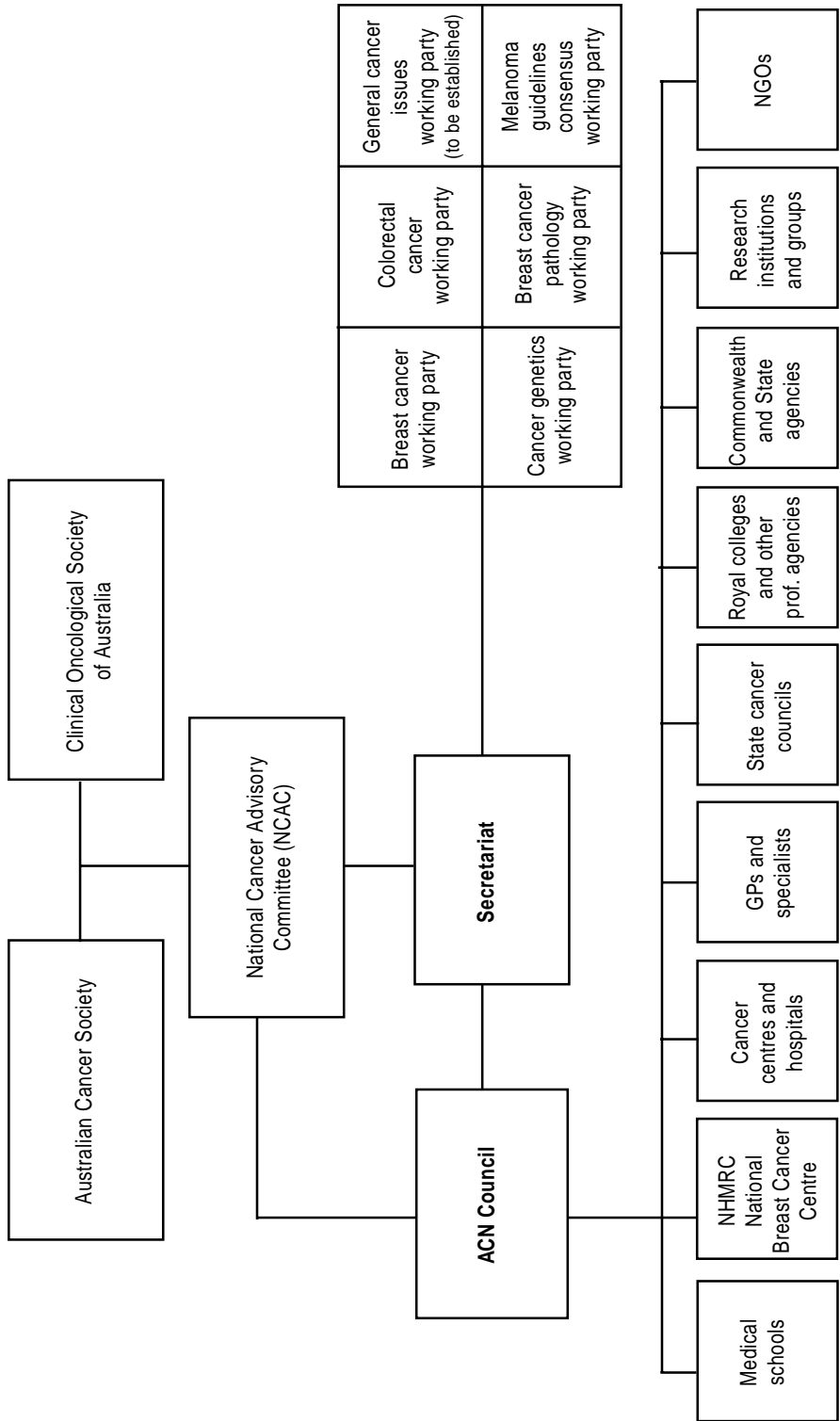
## **Discussion**

Work undertaken by the Australian Cancer Society on behalf of the Commonwealth Department of Human Services and Health (now the Department of Health and Family Services) and overseas evidence (Public Affairs and Behavioural Intervention Committee 1995; Expert Advisory Group on Cancer to the Chief Medical Officers of England and Wales 1995) show that the treatment of cancer is best managed by a multidisciplinary team in a special cancer centre.

The ACN contributes to better outcomes from cancer by synthesising the vast amount of available information to determine the most effective response for specific organ sites affected by cancer. To assist in this process, already established networks of experts, academics, health planners and consumer representatives are used to blend cancer prevention and promotion, diagnosis and assessment, treatment and continuing care into the current service network on a national level. The cancer information services operated by various State cancer councils are considered essential in a comprehensive and national cancer information strategy.

The emergence of good clinical practice across the medical spectrum is another key area. The ACN assists in the implementation processes of clinical practice guidelines, for example, the Breast Cancer Consensus Conference (1994) and new National Health and Medical Research Council recommendations in the area of early breast cancer management and guideline development (1995). Examples of ACN involvement in developing good clinical practice information are already evident.

**Figure 1: Organisational structure and the relationship between the ACN secretariat, stakeholders and major interest groups**



ACN's first major initiative was the *Update on breast cancer* booklet distributed to almost 20 000 practising general practitioners, other health professionals, senior medical students and cancer councils for information. Draft documents on the handling of breast pathology specimens and the management of melanoma in Australia are expected to be finalised in 1996.

During 1995 the ACN discussed the principal recommendations of its Colorectal Working Party with the Commonwealth Department of Human Service and Health. These include the funding of several pilot programs aimed to calculate costs and the evaluation of compliance and others factors necessary to consider the implementation of screening for colorectal cancer should overseas studies validate this approach. These recommendations are currently under consideration. In addition, the ACN Colorectal Working Party played a major role in producing the second edition of *Guidelines for early detection, screening and surveillance for colorectal cancer* (Australian Cancer Society/Australian Gastroenterology Institute 1994).

ACN strategies which translate guidelines into practice include access to high-quality information through an interface between researchers, clinicians and the public; and development of education and communication strategies based on broad professional and consumer participation and advice on health service policy and funding mechanisms to improve cancer medicine practice. Once fully developed, evidence-based guidelines could provide a model for a number of significant cancer and health care problems. The information needs and requirements of the regional and rural parts of Australia are of particular importance to the ACN when advising health authorities on planning for cancer care services. Equity consideration and the lack of clearly enunciated and agreed clinical standards to guide the roles of rural medical practitioners in a variety of clinical disciplines are of major concern, as identified in a government report in 1992 (Reid & Solomon 1992, pp 66–7).

Existing ACN resources and expertise will complement those provided by the State cancer councils and other Australian Cancer Society affiliates (that is, the Clinical Oncological Society of Australia, the Australian Association of Cancer Registries, the Australian Association for Hospice and Palliative Care and the Kathleen Cuninghame Foundation for Breast Cancer Research) in educating professional and lay Australians on contemporary cancer issues.

There is close cooperation between the ACN and the NHMRC National Breast Cancer Centre. A joint two-day workshop on familial cancer issues was held in August 1995. A national conference on cancer genetics was held in early 1996.

Cooperation between the National Health and Medical Research Council and the ACN is maintained through already existing formal and informal channels – cross-committee membership, expert consultancies. Examples are the NHMRC's Quality of Care and Health Outcomes Committee and the Working Party on the Treatment of Diagnosed Breast Cancer.

Information and comprehensive health education on breast cancer for the profession and the public at the widest possible level will for the next four years, at least, be largely the responsibility of the NHMRC National Breast Cancer Centre. Locally developed projects, like specially designed cancer information packages for general practitioners and material for the general public, are already available but require evaluation and periodic review through authoritative agencies such as the ACN and others. This material would be suitable for those living in rural communities and in many urban settings.

Proposals similar to the Clinical Oncological Information Network (COIN), developed by the British Royal College of Radiologists (1992, p 1), are particularly noteworthy. The aim of the COIN proposal is to improve quality of patient care within a clinical discipline. It should be investigated as to its suitability in the Australian context, and as part of an oncological-based information management and technology strategy.

The ACN collaborates closely with the Australasian Cochrane Centre to communicate with other groups involved in the control and management of cancer. Another source is the NHMRC National Clinical Trials Registry which will provide, once fully established, a comprehensive catalogue of clinical trials in cancer and other medical disciplines being conducted in Australia. Research indicates that guidelines do improve clinical practice when introduced in the context of rigorous evaluations (Grimshaw & Russell 1993; McKay & Langlands 1990; Ford 1989).

The development of hospital-based cancer registries at the national level has been advocated by Senate and House of Representative inquiries to monitor the quality of cancer services. The development of such registries has also been included in the National Health Goals and Targets strategy, along with time frames.

To achieve these targets by 1999, the ACN and Australian Cancer Society will explore initiatives in the area of lobbying the Australian Health Ministers' Conference, through the Australian Health Ministers' Advisory Committee and/or the federal health minister, to release appropriate funding to support a pilot hospital-based cancer registry in each State and Territory to test their viability in multiple settings. In 1995 a cost study on hospital-based cancer registries was prepared by a joint working party

of the Australian Cancer Society and the Australian Institute of Health and Welfare under a consultancy arrangement with the Commonwealth Department of Human Services and Health.

Population and hospital cancer registries are already operational in South Australia. Their roles are separate but complementary and this model is considered to work well. Hospital-based cancer registries monitor cancer service outcomes and assist clinicians in making better treatment decisions. The potential of hospital-based cancer registries to have a role in quality assurance is further strengthened by their capacity to be used as a sampling agent for studies of cancer-related morbidity, quality of life and patient satisfaction with treatment. Hospital-based cancer registries may also be involved in research evaluation. However, the structure and function of these registries must be compatible with the existing health care system if they are to provide information that can be readily translated into best practice.

The process to develop information at required levels is incomplete if it lacks strategies for consumer participation. Adopting a democratic approach in health care decision-making recognises the validity of consumer participation and gives users of health services, including cancer services, a legitimate 'voice'. The goal is to ensure that all those with cancer have access to best practice information and are encouraged to embrace it as part of their personal and individual decision-making activity. Consumer Health Forum representation is evident on all ACN working parties.

Some of the future issues to be tackled by the ACN will include the identification of community expectations relating to the ethical and medico-legal framework for cancer services within the health care system. To provide a platform for discussion and the participation of key interest groups in the times ahead, several consensus conferences are envisaged to address some of the more complex topics. Bioethics and palliative care are new focus areas and the ACN is well placed to assist in the improvement of the current situation and better understanding of the complex issues in this field for professionals and the public.

In addition to ethical and medico-legal issues, the ACN identified other areas in cancer management to be further explored and evaluated for their effectiveness. Proposed initiatives are to include pilot projects in the field of screening for screenable cancers and potentially screenable cancers, for example, cancers of the bowel, prostate and skin. The major findings and outcomes of those projects would then be presented to the government to assist in the national health strategy planning.



The ACN provides encouragement for health service providers to use more outcome information in their clinical decision-making process and to improve on the efficacy of current medical interventions. Information needs to be available in a variety of ways and must be shared by professionals with the patient when treatments, interventions and actions are being discussed or proposed.

Several projects with a health outcomes orientation are currently being undertaken in Sydney and rural New South Wales and are viewed with interest (New South Wales Health 1994). The importance of quality assurance in the delivery of cancer care services has increased as in most other service industries and the ACN continues to intensify efforts to progress towards its wider acceptance and implementation among clinicians.

Projects on the establishment of multidisciplinary clinics (for example, numbers, justification), clinical trials, aspects of palliative care and the funding of cancer treatment and promotion of best practice are additional areas where the ACN could become involved in the future.

## **Conclusion**

The ACN will continue to have an impact on the way cancer is managed in Australia over the next decade. Already there is convincing evidence that the ACN has consolidated its base of experts to become a key repository of information for those working in the field and for those affected by cancer. Its capacity to provide advice to government will be enhanced through its filial relationship with the Australian Cancer Society and the Clinical Oncological Society of Australia and assists its wide professional support base. The close cooperation with the National Health and Medical Research Council and the newly established National Breast Cancer Centre further promotes this development.

The functional concept of the ACN is based on a decentralised structure built around multidisciplinary and task-oriented teams with a strong focus on health outcomes and consumer participation. The ACN embraces a distinct three-tiered approach, with emphasis on review, re-definition and implementation.

Several important initiatives to date highlight the intrinsic expertise of the ACN and demonstrate its capacity to achieve the set goals and objectives. Examples are the ACN *Update on breast cancer* booklet; a proposal to the Federal Health Minister to establish a staged plan to develop pilot programs

for the prevention of bowel cancer by early detection through screening; a two-day seminar on cancer genetic issues; and expert working parties on the management of melanoma and handling of breast pathology specimens.

Based on the available evidence, the ACN is recognised by many in the cancer field as the link between health professionals, health consumers and leading government and non-government agencies in improving cancer control in Australia in the next decade.

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