Cancer Council election priorities 2016 – short- and long-term policies to save 130,000+ lives

Cancer is Australia’s leading cause of death and loss of healthy life years – and rising. Every day around 125 Australians die of cancer; 375 are told they have a potentially fatal cancer.

The next Australian government is at a cancer crossroads – maintain the status quo and wait for 1.7 million more Australians to die of cancer by 2040?* Or announce a new cancer plan that leverages the work of recent governments in screening, antismoking measures, skin cancer awareness, drug availability and research – saving thousands of lives?

Cancer Council Australia’s 2016 election priorities will prevent at least 130,000 cancer deaths above current projections and prevent many thousands more cancer cases. The interventions are cost-effective and in some cases cost-beneficial, with net savings to government. Cancer Council Australia seeks the support of all parties and candidates, and the community, in calling on the next Australian government to:

Public health

- Allocate an additional $15 million over four years for communications support to increase participation in the National Bowel Cancer Screening Program (NBCSP), with a target of at least 60% participation by 2020.
- Enhance NBCSP architecture and clinician engagement to boost participation and follow-up, including a flexible screening pathway until full implementation.
- Ensure that funding for the NBCSP is uncapped to facilitate the program’s growth and continuous improvement.
- Scale up the National Tobacco Campaign to leverage the increases in tobacco excise over the next four years.
- Run a national skin cancer prevention campaign each summer for the term of the next parliament.
- Establish a timeframe for addressing the anomalies in the Health Star Rating System and making it a mandatory food labelling scheme.
- Fund a sustained national social marketing campaign to encourage healthier weight, improved diets and increased physical activity.

Access to medicines

- Commit to a full review of the system for registering and subsidising medicines.
- Ensure the review is consultative, consumer-focused, evidence-based and geared to changes in the development of drugs to treat cancer and other serious illnesses.

Research

- Increase cancer research funding in relation to disease burden, with a focus on poor-survival cancers.
- Underpin the Medical Research Futures Fund legislation with an implementation plan that prioritises under-researched cancers, variations in clinical outcomes and opportunities for improved prevention.

*Endorsed by the Clinical Oncology Society of Australia

* Estimates based on current death rates and demographic trends.
Benefits for Australia

In summary
At least 130,000 premature deaths prevented
Long-term economic returns circa $3 billion+
World-class suite of screening and prevention programs
World-leading cancer research program
Hope for people denied high-cost cancer treatments

Benefits by intervention

Bowel cancer
- 24,800 additional deaths* prevented long-term by biennial screening between 2016 and 2020; an additional 200 Australian lives saved by December 2020, building on the 2500 premature bowel cancer deaths already projected to be prevented by the program in 2015-2020 (on current screening rates).
- A total of 83,800 bowel cancer deaths prevented by 2040 if the upswing in participation is sustained (and greater gains if participation increases further).
- A return on investment in health system savings of $61 million by 2030, and $2.1 billion from 2030 to 2040 – delivering a net return and cost benefit to government.

Antismoking campaigns
- 55,000 deaths prevented; 323,000 life-years gained.
- $740.6 million in healthcare savings.

Skin cancer awareness
- Thousands+ of skin cancer cases and hundreds of deaths prevented, with morbidity/mortality benefit increasing with investment.
- Hundreds+ of advanced cancer cases and deaths prevented through awareness-driven early detection, with morbidity/mortality benefit increasing with investment.
- Economic return on investment of around $3.85 for every $1 outlaid.

Obesity
- Reversing the rising burden of cancer and other chronic disease associated with high body mass and poor nutrition.

Access to medicines
- A drug evaluation system in line with changes in science; hope for people who could benefit from drugs they cannot afford.

Research
- A world-leading, priority-driven cancer research program supported by the landmark Medical Research Future Fund bill.
- Stronger evidence on prevention, detection and fast-tracking access to medicines.

*Assuming 60% or higher program participation rates to 2040.
+Number of lives saved dependent on level of investment.
Public health

Bowel cancer screening – saving 83,800 more lives by 2040

Cancer Council Australia calls on the next Australian Government to:

- Allocate an additional $15 million over four years for communications support to increase participation in the National Bowel Cancer Screening Program (NBCSP), with a target of at least 60% participation by 2020.
- Enhance program architecture and clinician engagement to boost participation and follow-up, including a flexible screening pathway until full implementation.
- Ensure that funding for the National Bowel Cancer Screening Program is uncapped to facilitate the program’s growth and continuous improvement.

Benefits for Australia

- 24,800 additional deaths prevented long-term by biennial screening between 2016 and 2020; an additional 200 Australian lives saved by December 2020, building on the 2500 premature bowel cancer deaths already projected to be prevented by the program in 2015-2020 (on current screening rates).
- A total of 83,800 bowel cancer deaths prevented by 2040 if the upswing in participation is sustained (and greater gains if participation increases further).
- A return on investment in health system savings of $61 million by 2030, and $2.1 billion from 2030 to 2040 – delivering a net return and cost benefit to government.

Summary analysis

Bowel cancer is Australia’s most costly cancer by health-system expenditure\(^1\) and the cause of Australia’s second-highest rate of cancer death.\(^2\) At a population level, screening for early signs of bowel cancer is the most effective way to reduce the human and economic burden it causes.\(^3\)

Modelling published in the *Medical Journal of Australia* in 2014 estimated that the National Bowel Cancer Screening Program would prevent 70,000 bowel cancer deaths in Australia over the next 35 years – on 40% program participation rates.\(^4\)

By increasing participation from 37% in December 2014 to 60% by December 2020, updated analyses\(^5\) show that 24,800 additional deaths would be prevented long-term by biennial screening between 2016 and 2020; 83,700 deaths would be prevented to 2040; the program would yield a $61 million total health system saving by 2030, due to late-stage disease costs averted (including Medicare and PBS).

If this plan is supported, from 2030 to 2040 the program will save $2.1 billion in health system costs on established trends – making it one of the most cost-beneficial health and life-saving programs in Australia’s history.

Making a good program great

The NBCSP’s early successes are well-documented.\(^6\) These successes, however, fall short of potential and are not equitably shared by all eligible Australians.\(^7\) The next Australian government will be in a unique position to significantly increase the NBCSP’s benefits by:

- Investing an additional $15 million in program communications over four years to increase participation and raise awareness as full program implementation is achieved in 2020, including a focus on under-screened populations and individuals;
• Investing in a scaled-up strategy to engage with GPs in their role of promoting the program and supporting patient follow-up, including a focus on under-screened populations and individuals;

• Enhancing recruitment arrangements to help ensure benefits are maximised as the program shifts to full biennial screening of 50 to 74-year-olds in 2020.

Raising awareness, driving participation

Evidence shows that investment in social marketing for public health programs such as cancer screening will produce high returns. The benefits are well-documented in relation to cervical cancer. Targeted mass media campaigns in Victoria (2007, 2009 and 2010) promoting cervical screening showed that TV ads with clear messages can boost screening, even in a complex setting (e.g. against the background of the new HPV vaccine).6,9 The Australian Government’s current ($3 million) NBCSP communications strategy also showed the benefits of social marketing to encourage program participation. Evaluation of the below-the-line campaign exceeded expectations while concluding that “the messages would benefit from repeating the campaign and increasing media weights to build greater awareness in the future”.10 A Commonwealth-funded campaign delivered by Cancer Council Australia also evaluated above expectations, with 75% of viewers in the target audience who viewed the ad reporting an increased intention to screen.11

Funding for these campaigns has been extraordinarily modest in relation to potential benefit. The case for a greater investment in public education has until now been compromised by gaps in program eligibility as the NBCSP rolled out incrementally. From 2017, however, the majority of Australians aged 50 to 74 will be invited for biennial screening. The proportion of those eligible will continue to increase as new age groups are added, until all Australians in the appropriate age group are invited to participate. An enhanced screening pathway (see following) also means that people immediately outside the eligibility framework, but eligible after full implementation, could be accommodated if they respond to an ad campaign.

The next Australian government is uniquely placed to invest in program communications as the NBCSP grows. The NBCSP is set to be one of Australia’s largest and most important public health programs, in scale and potential benefits. Cancer Council analysis based on best practice estimates that an investment of $15 million over 3-4 years, backed-ended to parallel program growth, is conservative in relation to benefit. It is essential for driving increased participation, saving lives and delivering an overall cost benefit from the program.

GP engagement

GPs are critical to increased NBCSP participation and to the program’s continuous improvement and effectiveness.6 The Australian Government’s current primary care engagement strategy is a step in the right direction, but more needs to be done to meet the requirements for GP support identified in the NBCSP pilot report in 2004.12 A comprehensive GP engagement strategy is a pivotal and overlapping part of program enhancement.

The $29.9 million to support an integrated cancer registry, already allocated in the 2016-17 budget,13 will provide more substantial returns when supported by a scaled-up GP engagement strategy. Strengthened GP engagement will also facilitate screening of groups and individuals who are harder to reach (e.g. culturally diverse people who are reliant on bilingual GPs for healthcare advice). In addition, a comprehensive GP engagement strategy will be essential to enhancements to the screening pathway.
Enhanced screening pathway

The NBCSP’s fundamental settings are consistent with the evidence and the outcomes of the pilot. These setting include biennial screening of average-risk men and women from age 50 to 74, the use of iFOBT, testing in the home and the role of GPs in follow-up.

Within those (and other) parameters, there is an opportunity to introduce flexibilities to increase recruitment and effectiveness. These opportunities are strengthened if the next government supports the measures outlined above. For example, stronger program marketing will generate public inquiries. During the transition to full implementation, there should be flexibility within the program to recruit people aged 50 to 74 who inquire about eligibility – even if they are not immediately eligible at the time of their inquiry due to gaps in the program until it is complete. GPs would be the link in supporting an adaptive, agile screening pathway, hence the importance of strengthened GP engagement and support. An efficient program register is also key. The $29.9 million investment in the register in the 2016-17 budget should ensure that the register meets this essential requirement.

An enhanced screening pathway would significantly increase participation rates until December 2020 – bringing forward and increasing the program’s human and cost-saving benefits.

Uncapped funding

As NBCSP participation increases, some net costs (notably pathology) may increase in the short term. However, cost offsets will increase significantly in step with participation. The transition from cost-effectiveness to cost-beneficial and the accrual of net returns is dependent on increased participation.

It is critical that the next Australian Government commits to keeping program costs uncapped to ensure the NBCSP is able to grow – along with the enormous benefits it will deliver to Australia.

Bringing home a world-leading tobacco excise plan with a scaled-up National Tobacco Campaign

Cancer Council Australia calls on the next Australian Government to:

- Scale up the National Tobacco Campaign to leverage the increases in tobacco excise over the next four years.

Benefits for Australia

- 55,000 deaths prevented; 323,000 life-years gained.
- $740.6 million in healthcare savings.

Summary analysis

Despite ongoing reductions in prevalence, smoking remains the leading preventable cause of cancer death and incidence in Australia by a significant margin. A range of recent policy interventions, including tobacco tax increases and plain packaging, are reducing smoking rates in Australia significantly. Yet every day, on average 42 Australians are told they have a potentially fatal cancer which, on population estimates, would be attributed solely to smoking. The vast majority of smokers wish they could quit.
On established trends, the recurrent 12.5% increases in tobacco excise up to 2020 announced in the 2016-17 federal budget will encourage 320,000 smokers to quit and deter 40,000 teenagers from taking it up. There is a timely opportunity for the next Australian government to further reduce smoking-caused death by investing a modest proportion of excise revenue into anti-smoking campaigns.

At the federal level, two of the most effective policy interventions to reduce preventable death and disease caused by smoking are increased tobacco excise and hard-hitting mass media campaigns. Australia is on track to reach WHO benchmarks on excise – but not on mass media/public education. Yet the two measures in tandem create a synergistic benefit in reducing tobacco-caused death and disease.

A revived National Tobacco Campaign that delivers the minimum required by evidence of 400 target audience rating points (TARPs) per campaign month would further reduce by a significant margin smoking prevalence in Australia, complementing the benefits of increased excise. Based on previous campaigns, development of new material, 12 months of air-time and campaign evaluation could be achieved with an investment of around $20 million. This investment would be expected to yield substantial reductions in smoking and related death and disease and associated short and long term costs to the health system. A $20 million investment in mass media for each 12 month campaign over the term of the next parliament would equate to circa 0.6% of expected revenue from annual tobacco excise increases.

Preventing and detecting our most preventable and prevalent cancer

Cancer Council Australia calls on the next Australian Government to:

- Run a national skin cancer prevention campaign each summer for the term of the next parliament.

Benefits for Australian

- Thousands of skin cancer cases and hundreds of deaths prevented, with morbidity/mortality benefit increasing with investment.
- Hundreds of advanced cancer cases and deaths prevented through awareness-driven early detection, with morbidity/mortality benefit increasing with investment.
- Economic return on investment of around $3.85 for every $1 outlaid.

Summary analysis

Australia is the world’s skin cancer capital. At least two in three Australians will be diagnosed with skin cancer by age 70. More than 2200 people die from the disease each year. Australia’s annual skin cancer medical bill is $700 million and rising.

The human and economic costs of skin cancer are set to increase as the population ages and as new, expensive treatments and technologies become available. The brunt of these costs will continue to be borne at the federal level. Yet no significant national investment in skin cancer prevention has been made in almost a decade.
Skin cancer is the most preventable of all prevalent cancers, with between 95 and 99% caused by sun exposure. Encouraging sun protection and increasing awareness about the risks of exposure and the benefits of early detection are among the most lifesaving and cost-beneficial interventions available to the Australian Government.

**Sun protection campaigns – a high-return investment**

Sun protection campaigns save lives and are highly cost-effective. A recent study by the Cancer Institute NSW investigated the benefits and costs of three campaigns run in NSW between 2006 and 2013 and found that benefit-cost ratio for all skin cancer treatment (melanoma plus non-melanoma skin cancer) was estimated at $3.85 returned for every $1 invested. A similar intervention in Victoria with the SunSmart program estimated that 22,000 life-years have been saved in that state since its introduction in 1988.

In 2006–07, the Australian Government funded the first national mass media skin cancer prevention campaign. The campaign ran over the subsequent two summers, comprising television, print and radio advertisements aimed at educating young Australians about protecting themselves from the sun. If funded over 20 years such a campaign would prevent 20,000 melanoma cases – the deadliest form of skin cancer.

The awareness-raising effect is also expected to prompt earlier presentation and early detection of skin cancer, saving lives in the immediate term and reducing the costs of treating advanced disease. Based on previous campaigns, a commitment in the order of at least $20 million over 2-3 years would be required for an impact on behaviour change.

**Turning back the rising tide of diet and obesity related cancer**

Cancer Council Australia calls on the next Australian Government to:

- Establish a timeframe for addressing the anomalies in the Health Star Rating System and making it a mandatory food labelling scheme
- Fund a sustained national social marketing campaign to encourage healthier weight, improved diets and increased physical activity.

**Benefits for Australia**

- Reversing the rising burden of cancer and other chronic disease associated with high body mass and poor nutrition.

**Summary analysis**

Published in October 2015, the most comprehensive analysis to date of preventable cancer incidence in Australia estimated that:

- 7000 new cancer cases a year are attributable to low fruit and vegetable intake, low fibre intake and eating excess red meat.
- 3900 cancer cases in Australia are attributable to overweight/obesity.
- More than 1500 cancer cases are attributable to insufficient physical activity.
Australian Government data published in May 2016 also showed a relative increase in overall disease burden attributable to high body mass, diet and physical inactivity. The same study showed an overall increase in cancer burden relative to other diseases.\(^{39}\)

Between 2003 and 2011, the impact of high body mass on disease burden increased by 25%; the impact of low fruit consumption on disease burden also increased, by just under 10%. High body mass alone contributed to 245,816 healthy life years lost in Australia, second only to tobacco (402,377) and is growing at a higher rate than all other risk factors. The relative increase in disease burden associated with physical inactivity was modest by comparison (in isolation) but remains a key co-factor and an important cancer risk factor.\(^{39}\)

Overweight and obesity is now known to be associated with increasing the risk of 10 types of cancer. A number of cancers associated with inadequate nutrition, high body mass and physical inactivity are complex and have poor relative survival outcomes, such as oesophageal, pancreatic and liver cancers.\(^{40,41}\)

**Food labelling and Health Star Rating**

The diets of Australians are typified by an increasing intake of unhealthy, discretionary food and beverages\(^{42}\) and exacerbated by a shopping environment with a plethora of choices and promotions for unhealthy foods.\(^{43,44}\) Population-wide strategies are required to make healthy choices the easy choices, with particular emphasis given to the equity of these approaches for the most disadvantaged population groups, who bear a disproportionate burden of diet-related chronic disease in Australia.\(^{45}\)

Food labels can also inform consumers to make healthier choices by presenting nutrition information in a format that is easy to interpret at a glance. The Health Star Rating System, developed by government, industry, public health and consumer groups, was a significant step in policy to address healthy eating and associated chronic diseases. The Health Star Rating System is currently being voluntarily implemented and there are a number of anomalies in how it is applied across both healthy and unhealthy foods. Addressing these anomalies as well as introducing a timeframe for industry to comply with the Health Star Rating System will create a level playing field for industry and significantly benefit consumers by providing clear, interpretive front-of-pack labels to facilitate healthier food choices.

**Public education, informed choices**

Public education through mass media and social marketing has been shown to encourage healthier eating and physical activity.\(^{46,47}\) A recent example is the LiveLighter healthy weight and lifestyle mass media campaign, which has achieved reductions in sugar sweetened beverage consumption amongst overweight and obese consumers.\(^{48}\)

Cancer is Australia’s most feared disease and increasingly associated with high body mass, poor diet and physical inactivity. Yet awareness of the causal association is low.\(^{49,50}\) A sustained social marketing campaign, focused on adverse health outcomes associated with high body mass, poor diet and physical inactivity, is urgently required to inform healthier lifestyle choices.
Access to medicines

PBS reform – offering hope to those who can’t afford it

Cancer Council Australia calls on the next Australian Government to:

- Commit to a full review of the system for registering and subsidising medicines.
- Ensure the review is consultative, consumer-focused, evidence-based and geared to changes in the development of drugs to treat cancer and other serious illnesses.

Benefits for Australia

- Expedited access to life-saving medicines for an increasing number of consumers.
- Extended and improved quality of life for an increasing number of consumers.
- An enhanced drug approvals system that reflects changes in medical science.

Analysis

As reported by the Senate in 2015, Australian cancer patients die, suffer and/or become destitute while waiting for affordable access to new cancer drugs.\(^5\) International analyses have shown that waiting times for drug access in Australia are long by global standards.\(^5\)

As reported by government in June 2015, these delays are partly attributable to delays in sponsors applying for approval in Australia.\(^5\) However, this is not insurmountable.

Both sides of politics have supported Australia’s Pharmaceutical Benefits Scheme and, at a population level, it is a world-class system in terms of rigour. But systemic inequities and anomalies, and disadvantages imposed on Australians compared with consumers in larger markets, are failing people with cancer where conventional treatments fail or are not available.

There is an urgent need to review the PBS to reflect changes in cancer drugs development.\(^5\) New and emerging biomarkers, genomics and other technological changes provide an earlier indication of a drug’s effectiveness. These “targets” challenge traditional tumour site processes for drug registration and approval. Waiting for conclusive evidence of mortality benefit in a large patient cohort, and using outdated methods to track tumour progression \textit{in situ}, costs lives and livelihoods. Progression-free survival, objective tumour response rates and improvements in quality of life are increasingly seen as surrogate end points for drug effectiveness — that is, early indicators of significant patient benefit (including extended life and cure).\(^5\)

In 2015 the Senate received more than 200 written submissions and witness testimonies highlighting the extent of the problem. The distress and desperation experienced by consumers and their families will only increase as cancer rates climb. Australian Government burden of disease data released during the election campaign shows that cancer is the leading cause of death and premature death in Australia, and rising.\(^6\) The greatest loss of healthy life is among people aged 55 to 64. The delays in accessing medicines affect people of all ages.\(^5\)

It is a complex and challenging policy area — made more challenging by the extraordinarily high retail cost of patent-protected cancer medicines. Cancer Council understands that government budgets are finite and that Australia is at a disadvantage.\(^5\) However, a government’s first priority should be the length and quality of its constituents’ lives, and equitable access to care — and there are opportunities to improve outcomes and save lives. It is critical for the nation’s health and wellbeing, and for more equitable cancer outcomes, that the next Australian Government announces a comprehensive review of the PBS. The review’s primary focus should be an innovative approach to supporting people whose lives are likely to be extended, improved and saved by affordable access to new medicines.
Research

The key to sharing our successes in clinical outcomes

Cancer Council Australia calls on the next Australia government to:

- Increase cancer research funding in relation to disease burden, with a focus on poor-survival cancers.
- Underpin the Medical Research Futures Fund legislation with an implementation plan that priorities under-researched cancers, variations in clinical outcomes and opportunities for improved prevention.

Benefits for Australia

- Opportunities to lead the world in cancer research prioritisation and translation.
- Converting the MRFF’s legislated criteria into extraordinary outcomes in reduced disease burden.

Analysis

Australian Government investment in cancer research has increased in recent years and is now on par with similar economies such as Canada and the UK. However, an audit of cancer research in Australia concluded that Australia, like comparator nations, faces significant opportunities and challenges in cancer research. These include:

- Challenges in translating research into practice.
- Challenges in prioritising research.
- Opportunities for greater collaboration, domestically and internationally.

As part of the 2014-15 federal budget, the Australian Government announced the establishment of a $20 billion Medical Research Future Fund as a dedicated vehicle for medical research. This is an extraordinary opportunity, with potential to exceed expectations if the MRFF’s budget is disbursed according to its legislated criteria, i.e. to be guided by:

- The burden of disease on the Australian community;
- Delivery of practical benefits from medical research and medical innovation to as many Australians as possible.
- Ensuring that financial assistance provides the greatest value for all Australians.
- Ensuring that financial assistance complements and enhances other financial assistance provided for medical research and medical innovation.

These criteria are consistent with Cancer Council Australia’s priorities, provided the implementation and outcomes match the intention.

According to government data released in May 2016, cancer is the leading cause of disease burden in Australia, as it was in 2003, with the relative impact increasing. Cancer is therefore expected to be a key MRFF priority.
There are specific opportunities for delivering maximum returns on investment, consistent with the legislated criteria. With a focus on disease burden, practical benefits, maximum value and complementarity, key challenges and opportunities in cancer are:

- Addressing the underinvestment in researching poor-survival cancers such as pancreatic and brain cancer.
- Studying variations in clinical outcomes within and between populations.
- Working with independent medical researchers on ways to expedite the evaluation and subsidy of new medicines with potential to extend and save lives.
- Collecting evidence on improved prevention, noting that a third of Australia’s circa 135,000 new annual cancer cases can be prevented.

As reported by the Australian Government in 2015, tumour-specific research prioritisation does not equate with disease burden; cancers that cause an increasing relative death and disease burden are among the most poorly researched. These include cancers of the lung, pancreas, brain, kidney and bladder; lymphoma, oropharyngeal and others. This reflects an outdated culture of investigator-driven, rather than priority-driven, biomedical research.57

In addition to disparities by cancer type, there are significant variations in clinical outcomes for the same cancers, for reasons that are not fully understood.61 Health services research that seeks to improve our health system, save resources and help ensure equitable outcomes for all Australians must be at the forefront of research investment.

There is also an urgent need to better understand cancer prevention opportunities, with one third of the 135,270 new cases projected to be diagnosed in Australia this year attributable to preventable causes.6263

The next Australian Government will be uniquely placed to strengthen and prioritise Australia’s cancer research – finishing this phase of Australia’s unfinished business and lost opportunities in cancer control.
How the next Australian government can prevent 130,000+ cancer deaths

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