

Needs Assessment Summary

CANCER



*“Building one world class
health system for the Gold Coast.”*

phn
GOLD COAST

An Australian Government Initiative

Cancer

Local health needs and service issues

- High rates of melanoma across the region
- Low rates of screening for all national programs in Ormeau-Oxenford
- High overall incidence of cancer in Surfers Paradise
- Low rates of bowel cancer screening in all areas
- Low rates of BreastScreen in Ormeau-Oxenford
- Low participation in cervical screening in Southport, Ormeau-Oxenford and Gold Coast North
- Low community awareness of eligibility for screening
- General practice has had limited view of data to support proactive steps with patients



Key findings

The incidence of new cancer diagnoses on the Gold Coast for common cancers such as breast, colorectal and lung, is generally in line with national averages, with the exception of melanoma (Gold Coast has a substantially higher rate) and prostate cancer (Gold Coast has a lower rate). In particular, Gold Coast North and Broadbeach-Burleigh experience a high total volume and relatively high rate of cancer incidence across various indicators.

Screening rates for breast, bowel and cervical cancer are national performance indicators for all 31 PHNs. Australian Institute of Health and Welfare (AIHW) data from 2014-15 on participation in cancer screening programs shows that the Gold Coast PHN region has a:

- Lower rate of participation in the National Bowel Cancer Screening Program than state and national averages
- Higher rate of breast cancer screening through BreastScreen Australia than the Australian average but lower than the Queensland average
- Lower rate of participation in the National Cervical Screening Program than the Australia average but higher than the Queensland average.

Utilisation of cancer screening services varies across the Gold Coast PHN region. The data identifies opportunities to further improve overall cancer screening participation rates. Some areas with low participation rates across all screening types (e.g. Southport and Ormeau – Oxenford) require an overall effort to increase screening parity. Others require targeted strategies corresponding to screening type, age and specific locations.

Consultation suggests that low awareness of screening target groups in addition to limited knowledge about client eligibility causes confusion with community and health professionals, resulting in fewer people being screened.

Evidence

Cancer incidence

Table 1 shows the Gold Coast has a comparable rate of new cancers diagnosed for all types of cancer per 100,000 people compared to the national average (497 vs. 498 respectively).

Areas within the Gold Coast with the highest rate of new cancers being diagnosed include Surfers Paradise (583 per 100,000) and Nerang (562 per 100,000). Gold Coast North has both a high rate of new cancers diagnosed (547 per 100,000) and a high total volume of cases (2,215). Broadbeach-Burleigh also has a high total volume of cases (2,009), followed by Ormeau-Oxenford (1,771) and Coolangatta (1,753).

Table 1: Incidence of all cancers combined by number of cases and age-standardised rate (ASR), by SA3 region, 2006-10

Source: Australian Institute of Health and Welfare (AIHW), 2012 Australian Cancer Database (ACD)

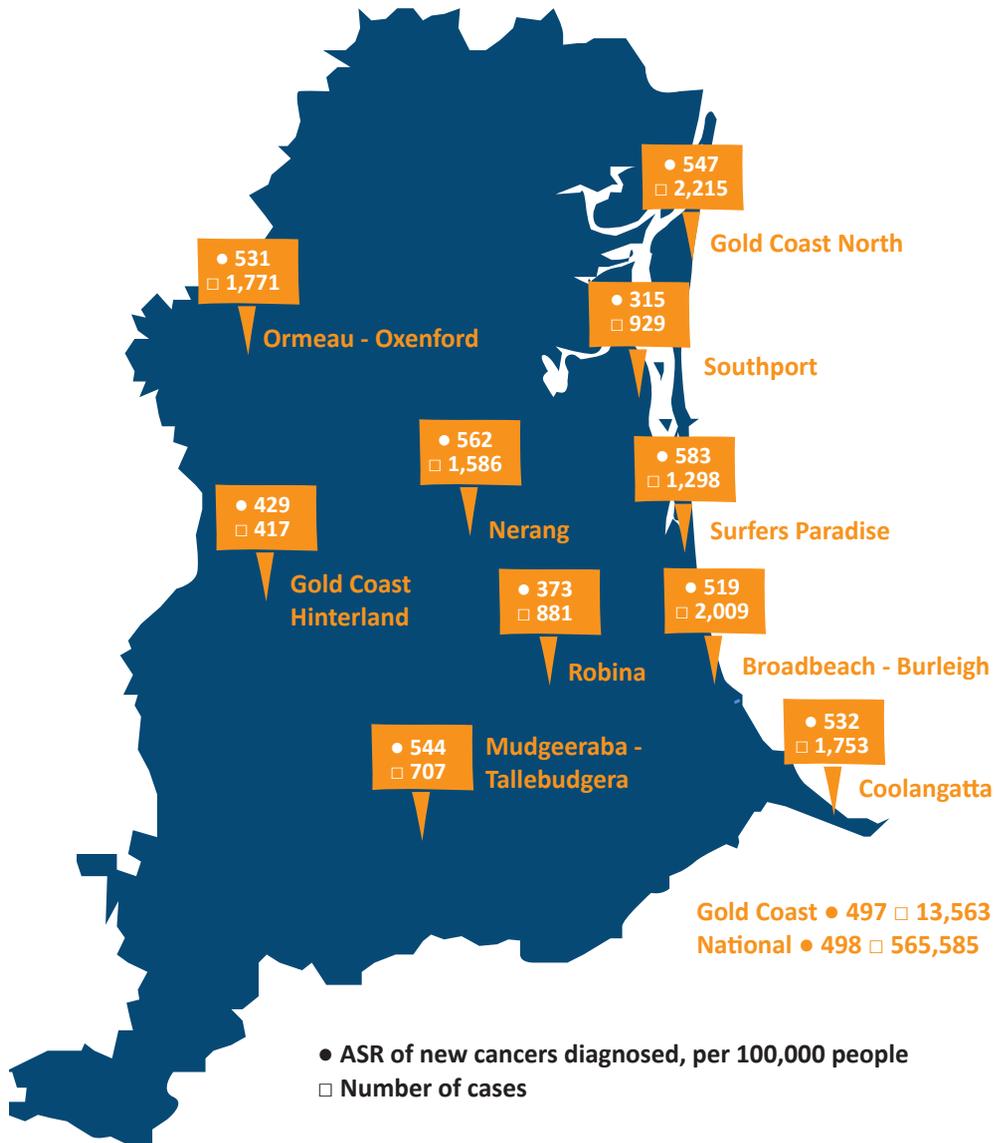


Table 2 below provides the incidence of a sample of cancer types across each sub-region of the Gold Coast. The data shows that the Gold Coast region has a comparable rate of new cancers diagnosed compared to the Australian averages for breast, colorectal, lung and prostate cancer. However, the region has a higher rate of new skin melanomas diagnosed (68 per 100,000) when compared to the national figure (49 per 100,000)—a level of almost 1.4 times the national rate.

Data analysis at a more granular level provides further insight into smaller geographic regions where increased effort may be required to prevent and treat particular types of cancer. Within the Gold Coast, noticeable trends include:

- High number of diagnoses for multiple cancer types in Broadbeach-Burleigh
- High rates of melanoma and prostate cancer cases in Coolangatta
- Gold Coast North is an area of concern across all cancer types and based on incidence rates and total numbers of cases
- High rates of lung cancer and melanoma in Nerang
- High rates and absolute numbers of cases of breast cancer, colorectal cancer and melanoma in Ormeau-Oxenford
- High rates of all cancer types in Surfers Paradise—particularly for breast, colorectal and melanoma, which were the highest rates observed across the PHN region.

Table 2: Incidence of various cancer types by number of cases and age-standardised rate (ASR), by SA3 region, 2006-10

Source: AIHW, 2012 Australian Cancer Database (ACD)

Region	Breast cancer		Colorectal cancer		Lung cancer		Melanoma		Prostate cancer	
	ASR	No. of cases	ASR	No. of cases	ASR	No. of cases	ASR	No. of cases	ASR	No. of cases
Broadbeach-Burleigh	114	213	63	252	37	158	75	276	190	351
Coolangatta	99	165	64	218	44	151	81	257	214	343
Gold Coast Hinterland	91	48	58	56	41	38	65	61	110	57
Gold Coast-North	132	259	68	287	53	230	66	248	181	362
Mudgeeraba-Tallebudgera	120	88	73	88	41	53	72	100	188	120
Nerang	138	210	69	190	53	146	78	228	175	240
Ormeau-Oxenford	131	242	76	238	43	126	71	248	165	269
Robina	94	117	52	122	26	62	49	114	136	155
Southport	68	103	45	137	34	103	36	103	102	141
Surfers Paradise	152	157	76	176	45	104	81	176	180	213
Gold Coast	115	1,602	64	1,764	42	1,171	68	1,811	168	2,251
National	115	67,059	63	71,779	44	50,668	49	54,622	185	100,492

The Gold Coast had a higher incidence of cervical cancer (7.6 per 100,000 females) compared to the national average of 6.9 in 2006-2010. This data is not available at the local level. Interestingly, Robina and Southport have relatively lower rates and total numbers of new cancer cases across cancer types. This may either indicate low incidence of cancer in these areas or potentially lower rates of screening, detection and treatment.

Incidence of cancer has obvious impacts on individual health and the health system more broadly, which makes monitoring the incidence of new cancers important. AIHW mortality data¹ indicates that within the Gold Coast region between 2010 and 2014:

- There was a total of 2,646 deaths from all cancers in the Gold Coast region.
- Cancer accounted for 8 of the top 20 leading causes of death on the Gold Coast, with these cancer types making up over 20% of all causes of mortality.
- Lung cancer caused 981 deaths at a rate of 31.4 deaths per 100,000 persons compared to the national rate of 31.9. It was the 3rd leading cause of death for Gold Coast people.
- Colorectal cancer caused 511 deaths at a rate of 16.5 deaths per 100,000 persons compared to the national rate of 16.0. It was the 6th leading cause of death for Gold Coast people.
- Breast cancer caused 351 deaths at a rate of 20.9 deaths per 100,000 females compared to the national rate of 20.8. It was the 5th leading cause of death for Gold Coast women.
- Prostate cancer caused 450 deaths at a rate of 32.9 deaths per 100,000 males compared to the national rate of 28.3. It was the 4th leading cause of death for Gold Coast men.
- Melanoma caused 231 deaths at a rate of 7.4 deaths per 100,000 persons compared to the national rate of 6.0. It was the 16th leading cause of death for Gold Coast people.

¹ AIHW, 2017. MORT (Mortality Over Regions and Time) books: Primary Health Network (PHN), 2010-2014

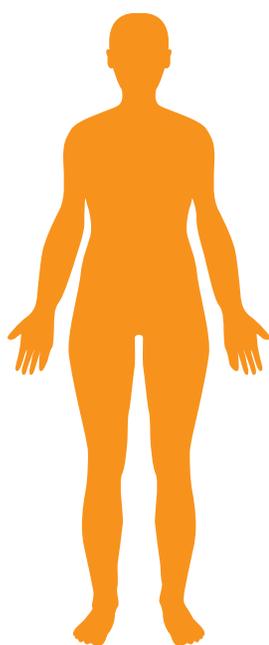


Service utilisation data

Table 3 below shows the rates of participation in national cancer screening initiatives for bowel, breast and cervical cancers in the Gold Coast region in 2014-15. Colour-graded columns provide a visual comparison to the national average for each screening program.

Table 3: Participation rates in national cancer screening programs, by SA3 region, 2014-15

Source: AIHW analysis of National Bowel Cancer Screening Program Register, BreastScreen Australia data and state and territory cervical screening register data. Extracted from www.myhealthycommunities.gov.au on 20/07/2017.



Bowel Cancer Persons aged 50–74 (%)

Broadbeach - Burleigh	37.6	Nerang	36.1
Coolangatta	37.5	Ormeau - Oxenford	35.3
Gold Coast - North	36.6	Robina	35.9
Gold Coast Hinterland	37.8	Southport	34.8
Mudgeeraba - Tallebudgera	36.1	Surfers Paradise	34.7
Gold Coast 36.2 Queensland 38.1 Australia 38.9			



Breast Screen Women aged 50-74 (%)

Broadbeach - Burleigh	58.4	Nerang	55.1
Coolangatta	57.7	Ormeau - Oxenford	52.9
Gold Coast - North	55.5	Robina	55.8
Gold Coast Hinterland	54.6	Southport	53.9
Mudgeeraba - Tallebudgera	53.2	Surfers Paradise	55.3
Gold Coast 55.0 Queensland 56.6 Australia 53.2			



Cervical Screening Women aged 20-69 (%)

Broadbeach - Burleigh	60.4	Nerang	56.8
Coolangatta	61.1	Ormeau - Oxenford	52.4
Gold Coast - North	53.0	Robina	54.1
Gold Coast Hinterland	57.2	Southport	51.3
Mudgeeraba - Tallebudgera	58.9	Surfers Paradise	56.0
Gold Coast 55.3 Queensland 54.8 Australia 56.9			

There was a lower rate of participation in the National Bowel Cancer Screening Program for Gold Coast residents aged 50-74 years (36.2%) when compared to both Queensland (38.1%) and Australian (38.9%) averages. Bowel cancer screening rates sat below national averages in all regions of the Gold Coast, with particularly low rates in the SA3 regions of Surfers Paradise, Southport and Ormeau-Oxenford. There was also a significant difference in participation rates across the Gold Coast by gender—male screening rates (33.7%) remain significantly lower than females (38.5%).

The rate of women aged 50-74 years participating in BreastScreen Australia screening services in 2014-15 on the Gold Coast (55.0%) was lower than rates in Queensland (56.6%) but higher than Australian (53.2%) averages. The only SA3 region of the Gold Coast that recorded BreastScreen rates lower than the national average was in Ormeau-Oxenford (52.9%). More recent data provided by BreastScreen shows that the number of Gold Coast women accessing screening services is increasing, with a total of 32,425 women screened during 2016-17, up from 31,459 women two years prior. This included 4,379 first-time clients. Screening rates vary by age across the target age range of 50-74 years—rates are lowest in women aged 50-54 years (49.4%) and highest in 65-69 years (59.7%).

There are several SA3 regions with lower rates of participation in the National Cervical Screening Program, particularly Southport (51.2%), Ormeau-Oxenford (52.4%) and Gold Coast North (53%). Screening rates vary by age across the wide target age group for screening of 20-69 years. Based on 5-year age categories, rates are lowest amongst women aged 20-24 years (44.9%) and increase up to a peak in women aged 45-49 years (61.1%), then fall away again in older age groups.

Services	Number in GCPHN Region	Distribution	Capacity Discussion
General practice	180	Broad distribution and availability across region	<ul style="list-style-type: none"> • Screening for cervical cancer • Skin checks for melanoma • Limited integration of utilisation and results data with general practice impacts follow up, availability and accessibility • National cervical screening program will have electronic results going to GP by end-2017 • Screening relation information events very well attended
BreastScreen	4	<p>3 permanent sites (Southport, West Burleigh and Helensvale)</p> <p>1 mobile service visiting 6 locations (e.g. Tamborine Mountain, Nerang, Elanora, Robina)</p>	<ul style="list-style-type: none"> • Public breast screening • Fewer permanent sites than comparative HHS regions (e.g. Sunshine Coast area) • Previously long wait times but now under 2 weeks due to growing private screening market • Follow up occurs at Southport site • Follow up of abnormal results usually incurs a 2 week wait as service is often at capacity • 4 local GPs in pilot to test electronic results transfer between BreastScreen and GPs • BreastScreen has set a screening target of 34,000 for Gold Coast region in 2017-18
Private breast screening clinics	11	Majority of providers along Eastern strip of Gold Coast	<ul style="list-style-type: none"> • Growing market—some private imaging clinics, some women's health-focused • Eligible for Medicare rebate—out-of-pocket costs still generally apply
National Bowel Cancer Screening Program (NBCSP)	1	Eligible people aged 50 – 74, identified by Medicare and Department of Veterans' Affairs, are posted a faecal occult blood test (FOBT) kit and invited to complete the test.	<ul style="list-style-type: none"> • People of all ages can also source a FOBT privately through some pharmacies, pathology companies and organisations such as Bowel Cancer Australia and Rotary. • These are not integrated with the national system, or factored into local bowel cancer screening participation rates. • Current roll-out of NBCSP results sent electronically to GP • Follow up of abnormal results from the program incurs a variable wait time, with service within the public health system often at capacity. • People with a positive result may also choose to follow up with a private referral. • Screening will be biennial by 2019
Skin clinics	32	<p>Spread across region</p> <p>Mostly located at medical centres</p>	<ul style="list-style-type: none"> • An identified shortage of culturally appropriate and culturally safe services inhibits access for CALD and Aboriginal and Torres Strait Islander consumers

Consultation

There is consensus in the community and with stakeholders within the service system that:

- The community are not aware of cancer screening target groups.
- There is negative stigma with the screening process itself.
- There are low levels of health literacy in specific pockets of the population which adversely influences screening awareness and uptake.
Barriers to general practice playing a more prominent role in screening include:
 - Invitations to participate in the National Bowel Cancer Screening Program are sent out to eligible Australians separate to general practice, with GPs initially left out of the loop.
 - While FOBT kits are easily available, those not being integrated with NBCSP makes it hard for GPs to receive information and provide follow-up
 - While Results from BreastScreen and BowelScreen are now coming directly into general practice software, GPs are not made aware of Bowelscreen service decliners, so they can't be proactively followed up.
- The way the national bowel screening program operates leads to duplications e.g. if a person has a private colonoscopy, they may still receive a kit for screening
- People attending private breast screening services are not entered into the state reminder system
- cultural complexities
- workforce shortages
- regularly changing eligibility criteria and national priorities
- funding model for screening in practices influences uptake and cost effectiveness of a consultation
- impracticalities and changes to bulk-billing screening services
- The change for cervical cancer screening to a 5-year timeframe is causing some anxiety for women so education is needed to support the change

The Gold Coast PHN's Community Advisory Council (CAC) noted a limited awareness in Gold Coast community regarding screening and eligibility requirements:

- 66% knew about cervical cancer screening
- 75% knew about breast cancer screening
- 50% knew about bowel cancer screening
- Only 50% indicated they were aware of target groups for the different screening services

The CAC also noted:

- The community expects health professionals to notify/remind them to get screened, carry out the screening test if relevant and make referral if required – this ranked as more important than providing them with information on what screening services are available.
- The community has differing attitudes towards public and private screening services.
- The community identified difficulty accessing services and report high complexity navigating the system.
- There is a “yuck” or “embarrassment” factor in breast bowel and cervical screening that inhibits uptake (Oct 2017).

What we understand works

Australian Government National Bowel Cancer Screening Program (NBCSP)

From the commencement of the NBCSP in mid-2006 up to mid-2014, over 2.5 million Australians were screened, with 3,989 people found to have suspected or confirmed cancers and 12,294 diagnosed with advanced adenomas (i.e. a benign tumor that may become cancerous). A 2014 study found that people who were invited to screen through the NBCSP had 15% less risk of dying from bowel cancer, and were more likely to have less-advanced bowel cancers when diagnosed, than people who were not invited². It is expected that from 2016 to 2020 approximately 9,000 suspected or confirmed cancers and over 26,000 advanced adenomas will be detected and removed. This will significantly reduce the burden of bowel cancer on Australians and their families.

A study published in MJA found that participation in the National Bowel Cancer Screening Program led to colorectal cancer down-staging. Participants were more likely to have stage A lesions compared with all other patients, and half as likely to have stage D colorectal cancer. A further shift towards earlier stage was seen in those who participated in screening and those with positive test results compared with all other patients. (Cole, S et al. Shift to earlier stage at diagnosis as a consequence of the National Bowel Cancer Screening Program. MJA 2013: 198(6))

² AIHW 2014. Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program. Cat. no. CAN 87. Canberra: AIHW

National Cervical Screening Program

Since its introduction in 1991, the National Cervical Screening Program has been very successful. Incidence and mortality from cervical cancer in Australia fell by around 50% in the first decade. However, in the second decade of the screening program, rates of cervical cancer incidence and mortality appear to have stopped dropping.

An independent review of the National Cervical Screening Program was undertaken in 2014, which led to changes to improve the effectiveness of the program that commenced on 1 December 2017. These changes include:

- women will be invited when they are due to participate via the National Cancer Screening Register
- the Pap smear will be replaced with the more accurate Cervical Screening Test to detect human papillomavirus (HPV) infection, which is the first step in developing cervical cancer
- the time between tests will change from two to five years
- the age at which screening starts will increase from 18 years to 25 years
- women aged 70 to 74 years will be invited to have an exit test.

Evidence shows that the incoming changes will reduce cervical cancer incidence and mortality by at least 20%, and require fewer tests over a woman's lifetime.

Australian Government – BreastScreen Australia

When free BreastScreen Australia services started in 1991, the rate of mortality due to breast cancer was 68 deaths per 100,000 women, which decreased to 43 deaths per 100,000 women in 2010. This decrease is due to the early detection of breast cancer through mammogram and the effective treatment for breast cancer. Detecting any abnormalities early ensures that women have all treatment options available to them. The earlier breast cancer is found, the better the chance of surviving it.

It is recommended that women aged 50-74 years without breast cancer symptoms should have a screening mammogram every two years, as more than 75% of breast cancers occur in women aged over 50. BreastScreen Australia has a program participation target of 70% of women in the target age group, which has not been met previously at a national level. Women aged 40-49 and 75 and over are eligible to receive free mammograms but do not receive an invitation to attend.

It is estimated that around 8 deaths from breast cancer will be prevented for every 1000 women screened every two years from age 50 to age 74, based on evaluation of mammographic screening in Australia³.

Gold Coast Primary Health Network

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Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health.



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