NSW Cancer Plan 2011–2015
Evaluation synopsis
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 2011–2015, and those who provided input to the evaluation.

The Cancer Institute NSW worked with Apples and Oranges Pty Ltd to develop the NSW Cancer Plan 2011–2015 evaluation plan. ZEST Health Strategies was engaged to develop the evaluation approach and methodology, and worked with the Cancer Institute NSW to implement the evaluation plan.

This report is a consolidated synopsis of the full evaluation report provided by ZEST Health Strategies.
The impact of cancer is felt right across our community, which is why cancer control is an important priority for NSW.

As our population grows and ages, the number of people being diagnosed with cancer increases; while advances in prevention, early detection, diagnosis and treatment is dramatically increasing survival for people diagnosed with cancer.

The NSW Cancer Plan 2011–2015 (the Cancer Plan) was the third Cancer Plan developed for the people of NSW. It reflected an integrated and collaborative approach to reducing the burden of cancer across the state by coordinating priorities, resources and efforts among all individuals, organisations and governments involved in cancer control.

An important focus of this Cancer Plan, and key to its success, was to strengthen the collaborations with all groups who are committed to cancer control. It provided a platform for partnerships between government and non-government organisations, and the community.

At the Cancer Institute NSW, we are proud to work alongside people affected by cancer, local health districts, primary health networks, specialty health networks, the NSW Ministry of Health, NSW Health pills, government and non-government organisations, researchers and health professionals in our mission to end cancers as we know them.

This evaluation synopsis outlines some of the key impacts and outcomes of the NSW Cancer Plan 2011–2015, highlighting where progress has been made and where we will concentrate our collaborative efforts in cancer control moving forward.

Professor David Currow FAHMS
Chief Cancer Officer, NSW and
Chief Executive Officer, Cancer Institute NSW
Executive summary (cont.)

Findings
The NSW Cancer Plan 2011–2015: Evaluation Synopsis has indicated the following impacts and outcomes against the eight key evaluation questions. Throughout this synopsis, exemplars are presented in line with evaluation questions and the relevant NSW Cancer Plan goal/s.

1. To what extent have NSW Cancer Plan initiatives raised awareness of cancer risk factors and supported behaviour change?
   In relation to tobacco control:
   - 38 anti-tobacco campaigns were implemented in NSW between 2011 and 2015.
   - 310,634 visits to iCanQuit website in 2015 (up from 40,238 in 2011).
   - 79,060 calls to NSW Quitline between Jan. 2011 and June 2015, including an increase in calls by Aboriginal people (up to 650 per year) over the Cancer Plan period.
   - NSW Quitline was well-accessed by socioeconomically disadvantaged people, people affected by mental health, people with physical disabilities and Aboriginal people.
   - 93% of Quitline users quit smoking or attempted to quit at three months. 41% had quit smoking at 12 months (2012).
   - Increased awareness of smoke-free commercial outdoor dining by 23 percentage points.
   - 94% compliance with ‘sales to minors’ legislation.
   - 99% compliance with smoke-free legislation for outdoor entertainment areas.
   - Decline in smoking prevalence in NSW, from 16.9% in 2010 to 15.6% in 2014.
   - Decline in smoking rates among students aged 12 to 17 years, from 75% in 2011 to 6.7% in 2014.

2. To what extent have NSW Cancer Plan initiatives reduced barriers to cancer awareness and access for priority populations?
   A collaborative approach enabled direct engagement with more than 6,000 members of culturally and linguistically diverse communities.
   - Community discussion about cancer increased the capacity to address issues at a local level, and build partnerships to provide culturally-competent practices within local cancer services.
   - Engagement with CALD populations has contributed to a year-on-year improvement in breast and cervical screening participation within this group.
   - NSW is now one of four jurisdictions to report cancer outcomes for Aboriginal people in national data collections.
   - Data activities have fostered engagement with Aboriginal people and strengthened community input and control of research and evaluation practices.
   - More complete and useful data collection, monitoring and analysis by socioeconomic status and location.
   - Strengthened data forecasting provides the capability to understand the future burden of cancer on priority populations; and to identify emerging issues and target initiatives.

3. To what extent have NSW Cancer Plan initiatives collectively contributed to achieve a statewide approach to cancer control in NSW?
   Notably, the vast majority of programs and initiatives undertaken throughout the period of the Cancer Plan involved partnerships and collaboration across the sector to achieve the desired objectives.
   - Coordination of effort across 13 organisations to implement the NSW Skin Cancer Prevention Strategy 2012–2015, with skin cancer prevention efforts in NSW, including:
     - zero commercial solaria operating in 2015 (reduction from 200 in 2013).
     - a decrease in young people’s preference for a suntan from 69.2% in 2006–2007 to 41.4% in 2013–2014.
   - NSW is now one of four jurisdictions to report cancer outcomes for Aboriginal people in national data collections.
   - The Aboriginal Cancer Partnerships Program has provided public education programs for Aboriginal people in 23 community locations around NSW, reaching 1,200 Aboriginal health professionals, community members and service providers.

4. To what extent have NSW Cancer Plan initiatives contributed towards the early detection of cancer?
   • More than 160 towns and cities in NSW serviced by BreastScreen NSW.
   • 35,000 more women screened by BreastScreen in 2013–2015, compared with 2009–2011.
   • Increase in BreastScreen NSW participation rates among the following 50 to 69-year-old women in NSW:
     - Those who had never screened before: Up from 22.8% at December 2010 to 23.8% at December 2015.
     - Aboriginal: 6% increase; up from 31.4% in 2009–2010 to 37.4% in 2014–2015.
     - CALD: Up from 43.3% in July 2011 to 45.1% in July 2015.
   • Improved intentions to screen among Chinese-Australian and African-Australian women, following a program using in-language education about breast and cervical cancer; and the relevant screening programs.
   • A centralised record for women across NSW has improved convenience for women and transfer of information between breast screening services.
   • Increase in awareness of lung cancer symptoms through a public awareness campaign.

5. To what extent have NSW Cancer Plan initiatives facilitated improvements to cancer services?
   • The Reporting for Better Cancer Outcomes (RBCO) Program has improved engagement with local health districts (LHDs) and primary health networks (PHNs), and fostered ownership over data that can be used to influence change and deliver better patient outcomes.
   - Reported LHD outcomes included a reduction in the median colonoscopy waiting time from 89 to 44 days in one LHD.
   - RBCO data has facilitated local changes and review and/or consolidation of treatment and services in LHDs.
   - RBCO has raised the profile and importance of cancer clinical trials at the senior leadership level within LHDs.
   • Implementation of a statewide network service model for the delivery of oesophagectomies and pancreaticectomies, resulting in:
     - increase in patients receiving oesophagectomy at high-volume hospitals from 75% in 2011 to 94% in 2014.
     - increase in patients receiving pancreaticectomies at high-volume hospitals from 77% in 2011 to 85% in 2014.
6. To what extent have NSW Cancer Plan initiatives supported the uptake of evidence?

- 60,000 registered users of eviQ Cancer Treatments Online from 148 countries (at December 2015).
- eviQ has sustained collaboration and engagement with more than 760 clinicians over 10 years, ensuring its content is current and relevant to clinical practice.
- eviQ has been endorsed by all Australian jurisdictions as the preferred resource for evidence-based cancer treatments.
- eviQ Education modules have been successfully implemented across 250 cancer centres nationally.
- eviQ has facilitated access to evidence-based information in regional areas and patients are better informed about cancer treatment.
- Combined 2011 and 2012 data from two local health districts in NSW showed that eviQ protocols were used for 92.2% of lung cancer consultations, 97.0% of breast and 91.2% of colorectal consultations.

7. To what extent have NSW Cancer Plan initiatives contributed to improving the experience of users of cancer services?

- Increased access to cancer services, closer to home:
  - In 2015, 95% of the NSW population lived within 100km of a cancer centre.
  - People in rural NSW received 88% of the healthcare within their local health district.
- People affected by cancer reported more positive experiences of care than all NSW patients in the Patient Experience Survey (2013–14). These improvements were statistically significant for 33 of 38 questions. The largest differences were:
  - Access to surgery in less than one month (44% for people affected by cancer versus 28% for all NSW patients)
  - Whether care was well organised (71% versus 64%)
  - If doctors always knew enough about their medical history (82% versus 71%).
- More than 500 visits per day and an average of 17,235 users per month to Canrefer, with the following listings at January 2016:
  - 1,052 cancer specialists
  - 223 cancer services and hospitals
  - 204 multidisciplinary teams

8. To what extent have NSW Cancer Plan initiatives supported the generation of new knowledge and research capacity?

- NSW received 36% of all cancer research funding in Australia in 2006–2011 (with 33% of cancer cases in Australia).
- 38 full-time equivalent (FTE) clinical trials staff were funded across 44 sites in NSW.
- NSW contributed 46% of patients to national cooperative group (non-industry) clinical trials.
- 10 five-year programs received translational program grants, resulting in a significant body of research and evidence to inform cancer control, such as:
  - two first-in-human studies investigating completely new classes of anti-cancer treatments, and eight other early phase clinical trials
  - three prospective studies investigating validation of biomarkers that may inform treatment decisions
  - more than 600 peer-reviewed publications, which have received more than 20,000 citations.
- There are 83 participating institutions in NSW translational cancer research centres (TCRCs) with 760 members.
- TCRC members received $160 million in combined grant funding from other sources apart from the TCRC Program by 2014.

Considerations

The NSW Cancer Plan 2011–2015 evaluation demonstrated positive outcomes and system improvements against the eight key evaluation questions. There were no activities that warranted cessation; the evaluation findings resulted in considerations to adapt, scale-up or expand some activities.

Thematic analysis of all evaluation findings has identified the following common and critical factors that enabled activities to develop to higher levels of maturity. These should be considered for future program development and review:

1. Continue to establish and communicate a clear purpose early on.
2. Continued use of evidence and data to guide activity.
3. Maintain effective collaboration and partnerships.
Cancer in NSW

Cancer remains one of the biggest causes of premature death in our community. The number of people in NSW diagnosed with cancer is steadily rising. In 2012, there were 42,079 new cases of cancer in NSW and 14,099 deaths from cancer. By 2021, approximately 53,000 people every year across NSW will be told they have cancer.

In 2012, men were 1.3 times more likely to be diagnosed with cancer than women. Cancers of the prostate, bowel, breast, melanoma and lung were the most common, and were responsible for almost 61 per cent of all new cancer cases. Although the burden of cancer is shared by all, the distribution of its impact and outcomes is not equal across the NSW population. Throughout the state, some groups are more affected by cancer than others, including Aboriginal people, people from culturally and linguistically diverse backgrounds, and people from rural and remote communities and lower socioeconomic backgrounds.

Advances in prevention, early detection, diagnosis and treatment of cancer are allowing many more people to survive and live longer with the disease. NSW has a five-year survival rate of 67 per cent for people diagnosed with cancer—this is on par with the best health systems in the world.

As the number of survivors grows, the impact on the healthcare system will increase, including the need for long-term follow-up care after treatment, as well as rehabilitation and improved palliative care.

The cancer control landscape in NSW

The NSW Ministry of Health is responsible for the strategic direction and monitoring of the public health system in NSW. The provision or delivery of health services are delegated to fifteen local health districts and three specialist health networks that provide services in a wide range of settings.

The Cancer Institute NSW is a pillar organisation of NSW Health, established under the Cancer Institute NSW Act 2002 to lessen the impact of cancer on individuals and the health system.

The goals of the Institute are outlined in the Act and are driven by the objectives of the NSW Cancer Plan (see page 13).

Underpinning the Institute’s work are initiatives to improve cancer outcomes across diverse cultural communities, report on the performance of cancer services, engage with primary care and enhance research capacity and capabilities across NSW.

Working together with people affected by cancer, local health districts, primary health networks, specialty health networks, the NSW Ministry of Health, NSW Health pillars, other government and non-government cancer organisations, researchers, health professionals and the community, progress has been made in improving cancer outcomes across the state.

About the NSW Cancer Plan 2011–2015

The NSW Cancer Plan 2011–2015 (the Cancer Plan) was the third Cancer Plan, and was the First Cancer Plan developed to incorporate extensive statewide collaboration. It represented a comprehensive blueprint for how stakeholders across NSW would work together so fewer people are diagnosed with cancer, patients receive the highest standard of care and outcomes are equitable across all groups.

Building on the many programs and initiatives already benefiting the people of NSW from the first two Cancer Plans, this plan represented an integrated, collaborative approach to reducing the burden of cancer in NSW by coordinating priorities, resources and efforts among all individuals, organisations and governments involved in cancer control.

In accordance with the Cancer Institute (NSW) Act 2003, the Cancer Institute NSW took the lead in developing the Cancer Plan, in collaboration with consumers, state government, cancer organisations, healthcare professionals, and a broad range of others affected by cancer and/or involved in cancer control.

The Cancer Plan was organised around the following goals for cancer control articulated in the Act:

1. To reduce the incidence of cancer in the community.
2. To increase the survival rate for people diagnosed with cancer.
3. To improve the quality of life for people with cancer and their carers.

The Act also outlines the guiding principles to be observed when developing key cancer control actions to support these goals. These principles include the need for:

- effective partnerships between the public sector (national and state), the private sector and the general community
- equitable, evidence-based, patient-centred approaches to the care and treatment of people with cancer
- cancer-related research that focuses on improving cancer outcomes
- high quality, coordinated and multidisciplinary care available for all people diagnosed with cancer
- maximising the benefit of resources available for cancer control
- the provision of expert and up-to-date information about cancer control
- the development of a comprehensive, holistic and evidence-based cancer control strategy

In developing this Cancer Plan, it was important to consider the context in which this plan would be undertaken over the period of 2011–2015, particularly in terms of:

- existing state and national government strategic plans, responsibilities and priorities
- health system reform
- the experiences of people with cancer and their carers
- other cancer agencies and research institutions
- the private sector, including primary care.

Each goal within the Cancer Plan was underpinned by a series of objectives and strategies to advance them. Key leaders and collaborators responsible for cancer control and patient care in NSW have worked collectively to achieve the full potential of this plan.

About the NSW Cancer Plan 2011–2015 evaluation

The Cancer Plan involves a complex range of objectives, strategies and key activities, which are interconnected and have long-term goals to achieve improved cancer outcomes. As such, ongoing monitoring and review helps to ensure the sector is achieving these, and allows objectives to be modified if research and evaluation identifies opportunities for improvement.

The NSW Cancer Plan 2011–2015 Evaluation Plan was developed by the Cancer Institute NSW with Apples & Oranges Pty Ltd, and set out an approach to evaluate progress towards achieving the Cancer Plan’s goals through the assessment of targeted activities.

The Evaluation Plan included an evaluation matrix, evaluation framework, data strategy and implementation options. ZEST Health Strategies was engaged to implement the Evaluation Plan and to work in collaboration with the Cancer Institute NSW on the evaluation. The Cancer Plan was evaluated from May 2015 to May 2016.

The evaluation was conducted using eight key evaluation questions (Table 1). The objectives of the Cancer Plan guided the development of these evaluation questions, which evaluated the merit or value of the programs, projects and initiatives towards achieving the Cancer Plan goals.

Table 1. NSW Cancer Plan 2011–2015 evaluation questions

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>To what extent have NSW Cancer Plan initiatives raised awareness of cancer risk factors and supported behaviour change?</td>
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<tr>
<td>2</td>
<td>To what extent have NSW Cancer Plan initiatives reduced barriers to cancer awareness and access for priority populations?</td>
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<tr>
<td>3</td>
<td>To what extent have NSW Cancer Plan initiatives contributed to a statewide approach to cancer control?</td>
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<td>4</td>
<td>To what extent have NSW Cancer Plan initiatives contributed towards the early detection of cancer?</td>
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<td>5</td>
<td>To what extent have NSW Cancer Plan initiatives facilitated improvements in cancer services?</td>
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<td>6</td>
<td>To what extent have NSW Cancer Plan initiatives contributed to improving the experience of cancer survivors?</td>
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<tr>
<td>7</td>
<td>To what extent have NSW Cancer Plan initiatives supported the generation of new knowledge and research capacity?</td>
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* Latest available data at publication, NSW Cancer Registry
Consolidated reporting via exemplars

Based on quantitative and qualitative data, the evaluation assessed the extent to which the goals and objectives of the Cancer Plan were achieved through the assessment of targeted activities. These targeted activities are referred to as exemplars for the purposes of the evaluation.

This report is a consolidated synopsis of the full evaluation report. The original 24 exemplars documented have been consolidated into 14 to enhance the synergy of impacts and outcomes, and to aid the readability of this synopsis. They are presented in response to the evaluation questions, and highlight the extent to which the goals and objectives of the Cancer Plan were achieved; particularly as a result of collaboration among various stakeholders from across the sector.

Notably, many of the exemplars highlight impacts and outcomes of the Cancer Plan in response to a number of evaluation questions. A robust approach was followed for developing the exemplars. This involved identifying and presenting the range of activities, programs and stakeholders that have contributed significantly to achieving the Cancer Plan’s goals against its objectives.

Two distinct phases were undertaken during 2015–2016 to complete the evaluation:

Phase 1: Data collection
  Phase 2: Analysis and reporting

More information about the evaluation methodology can be found in the full report (available upon request from the Cancer Institute NSW).

Maturity model

Some of the exemplars described in this synopsis reflect programs, projects and initiatives that have been developed, funded and implemented over an extended period of time. Others are relatively new and have been developed in response to emerging needs and new approaches in cancer prevention and care. A maturity model has been used throughout this report to appraise the level of progress of the different exemplars under the Cancer Plan, and the extent of integration with the broader NSW health and cancer systems (Figure 1). Each exemplar has been rated using the maturity model to guide further development and improvement in the future, and to enable critical factors aligned with high levels of maturity to be identified.

Figure 1. Maturity model

The stages of maturity are as follows:
1. Initial: Initial research and concept development.
2. Developing: Consultation and evidence development.
3. Foundational: Strategy and process development.
4. Advanced: Implementation, piloting, measurement and reporting.
5. Transformational: Leading system change, nationally or internationally.

Goals

Goal 1: To reduce the incidence of cancer
- Reduce smoking prevalence
- Reduce over-exposure to ultraviolet radiation
- Improve diet, weight and physical activity
- Increase awareness of cancer risk associated with alcohol consumption
- Increase the rates of cancer-relevant immunisation
- Reduce other cancer risk behaviours or exposures to relevant carcinogens.

Goal 2: Improving the survival of people with cancer
- Increase overall participation rates in breast and cervical screening programs in line with national programs*
- Increase awareness of bowel cancer risk factors, signs and symptoms*
- Improve early detection of cancer
- Reduce variations in cancer outcomes across NSW
- Reduce the gap between evidence and clinical practice
- Reduce the gap between evidence and policy

Goal 3: Improving the quality of life of people with cancer and their carers
- Improve the experience of people with cancer and their carers

Cross-cutting issues

1. Cross-cutting issue 1: Monitoring and evaluating cancer control activities
   Objective: A quality cancer health system focused on performance and improving outcomes
2. Cross-cutting issue 2: Strategic research investment
   Objective: Create new knowledge and evidence to drive improved cancer outcomes
3. Cross-cutting issue 3: Improve cancer outcomes for Aboriginal people
   Objective: Reduce variations in cancer incidence and outcomes in Aboriginal people across NSW
4. Cross-cutting issue 4: Improve cancer outcomes for rural and remote populations
   Objective: Improve cancer outcomes for people in rural and remote populations
5. Cross-cutting issue 5: Improve cancer outcomes for culturally and linguistically diverse (CALD) communities
   Objective: Improve cancer outcomes for CALD communities
6. Cross-cutting issue 6: Improve cancer outcomes for people who are socioeconomically disadvantaged
   Objective: Improve outcomes in cancer for people who are socioeconomically disadvantaged
7. Cross-cutting issue 7: Enhance the role of primary and community care in cancer control
   Objective: Accelerate cancer control by strengthening primary and community care

* Objectives applicable to Goals 1 and 2
Impacts and outcomes of the *NSW Cancer Plan 2011–2015*

This evaluation synopsis outlines 14 consolidated exemplars from across the cancer sector to outline the impacts and outcomes of the *NSW Cancer Plan 2011–15*.

In particular, these exemplars highlight the experiences of partners in collaborating to achieve these impacts and outcomes.

For the purpose of this evaluation synopsis:

- **impacts** demonstrate achievement of short-term effects or efficacies
- **outcomes** demonstrate achievement of end-point goals and intermediate objectives.

Outcomes imply longer term changes, such as health status, whereas shorter-term end points are often described as program impact.  

Exemplars are presented in response to an evaluation question and aligned to the relevant Cancer Plan goal/s and objectives. However, in many cases, the exemplars are relevant to multiple evaluation questions. This is indicated throughout, where relevant.

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Evaluation question 1
To what extent have NSW Cancer Plan initiatives raised awareness of cancer risk factors and supported behaviour change?

Exemplars
18 Tobacco Control Program

Exemplars also relevant to this question:
- Cancer Stigma Reduction Program (p. 24)
- Skin Cancer Prevention Strategy (p. 30)
- Lung Cancer Program (p. 42)
Tobacco Control Program

Smoking increases the risk of many cancers, causing one in five cancer deaths in NSW. The Tobacco Control Program focuses on reducing smoking rates across the state.

Evaluation question 1
To what extent have NSW Cancer Plan initiatives raised awareness of cancer risk factors and supported behaviour change?* 

Situation
- While smoking prevalence has reduced significantly over the last 10 years, it remains the largest cause of preventable disease and death in NSW.
- Smoking causes more than 46,000 hospitalisations and 5,460 deaths in NSW each year. Half of all lifetime smokers will die from smoking-related diseases.
- In NSW, 37.3% of the Aboriginal population smoked in 2014, which is more than double the non-Aboriginal population.
- Smoking accounts for 20% of deaths in the Aboriginal population.
- Quitting smoking at any time results in substantial health gains, including improving the prognosis of people with cancer.
- Provision of brief, simple advice from a health professional about quitting smoking increases the likelihood that someone who smokes will successfully quit and remain a non-smoker 12 months later.*

NSW Cancer Plan goals and objectives

**Goal 1: Reduce the incidence of cancer**
*Objective:* Reduce smoking prevalence.

**Cross-cutting Issue 3**
*Objective:* Reduce variations in cancer incidence and outcomes in Aboriginal peoples across NSW.

**Cross-cutting Issue 4**
*Objective:* Improve cancer outcomes for people in rural and remote populations.

**Cross-cutting Issue 5**
*Objective:* Improve cancer outcomes for CALD communities.

**Cross-cutting Issue 6**
*Objective:* Improve outcomes in cancer for people who are socioeconomically disadvantaged.

Key activities
- **NSW Tobacco Strategy 2012–2017:** This strategy sets out the actions the NSW Government is taking to reduce the harm tobacco imposes on our community. Lead agencies on the NSW Cancer Plan contribute to the implementation and evaluation of this strategy, including tobacco control regulation and public education campaigns about the dangers of smoking.
- **Delivery of smoking cessation services and initiatives to increase their use:**
  - **NSW Quitline:** Operating for 25 years, Quitline provides a free and confidential telephone service to help smokers quit. A culturally-appropriate service for Aboriginal people was launched, as well as services in Arabic, Chinese and Vietnamese.
  - **iCanQuit.com.au:** Launched in 2010, this user-centred smoking cessation website provides information, quitting tools and social support to help smokers quit.
  - Engagement strategies implemented by the Multicultural Health Communication Service to promote Quitline among relevant community and clinical groups.
  - Development and implementation of the Aboriginal Quitline Enhancement Project (see case study on page 20).
- **38 anti-tobacco mass media campaigns** were implemented across NSW.
- **Continuous research and evaluation of services to identify opportunities for improvement.**
- Development of a Quitline dataset to improve data collection, quality and reporting.
- **Tobacco control regulation and policy:**
  - Government and non-government agencies collaborated to address tobacco control priorities, which led to policy changes around the following:
    - Tobacco plain packaging
    - Graphic health warnings
    - Smoke-free legislation
    - Point-of-sale advertising

Impacts and outcomes

- **79,060 calls to NSW Quitline between January 2011 and June 2015.**

**NSW Quitline** was well-accessed by socioeconomically disadvantaged people (70% of callers), people affected by mental health (33%), people with physical disabilities (47%) and Aboriginal people (5%).

- **93%** of Quitline users surveyed either quit smoking or made a quit attempt at three months. 41% had quit smoking at 12 months (2012).

- **An almost eightfold increase in visits by NSW-based users to iCanQuit.com.au, from 40,238 in 2011 to 310,634 in 2015.**

- **94%** compliance with ‘sales to minors’ legislation.

- **99%** compliance with smoke-free legislation by outdoor entertainment areas.

International research papers published:
- about the positive impact of Australia’s plain packaging legislation
- using data on NSW anti-smoking campaigns.

Decline in smoking rates:
- **NSW adults:** Down from 16.9% in 2010 to 15.2% in 2015.
- **Aboriginal adults:** Down from 45.2% in 2003 to 34.9% in 2015.
- **Students aged 12 to 17 years:** Down from 75% in 2011 to 6.7% in 2014.*

Stage of maturity

38 **anti-tobacco campaigns** were implemented in NSW throughout 2011–2015

As one of the most effective ways to reduce population smoking, anti-tobacco campaigns were used throughout the Cancer Plan to:
- increase community knowledge and awareness about the health impacts of smoking
- influence behaviour change around tobacco use (i.e. motivate smokers to quit and shift social norms about smoking).

**Mutations**, a campaign aimed at young smokers (18–34 years), was the first digitally-led anti-smoking advertising campaign in NSW

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*2 Estimated from the 2011 Australian Health Survey with updates to population estimates, or alternatively, due to changes in guidelines.
Future focus areas

- Continue to implement and evaluate the NSW Tobacco Strategy 2012-2017 including tobacco control regulation and public education campaigns that target priority populations.
- Deliver evidence-based, effective and efficient NSW Quitline and iCanQuit services that focus on priority populations.
- Continued leadership in tobacco campaigns that incorporate innovative approaches, optimise partnerships for greater reach and drive behaviour change, particularly among populations with high smoking rates.
- Explore the use of available technologies to complement service delivery and further reduce barriers to access.
- Embed brief interventions for smoking cessation in all clinical care and community settings across the NSW health system.
- Gain further insight into the attitudes and behaviours of Australian oncology clinicians in offering smoking cessation advice and support to cancer patients.
- Supporting pregnant Aboriginal women to quit smoking as part of the NSW Health 'Quit for New Life' program will remain a priority for the Commonwealth Government, the project was a partnership between the following agencies:
  - Cancer Institute NSW
  - Aboriginal Health and Medical Research Council (NSW division)
  - St Vincent’s Hospital (the NSW Quitline provider at the time)

Project objectives

- Enhance the capacity of the NSW Quitline to provide a culturally-appropriate service to Aboriginal people.
- Integrate health and community services, improving accessibility to smoking cessation services by Aboriginal people.
- Research, monitor and evaluate effectiveness of services for Aboriginal people.

Case study: Aboriginal Quitline Enhancement Project

Aim: To reduce barriers for Aboriginal people to access smoking cessation services

The Aboriginal Quitline Enhancement Project was undertaken as part of the National Closing the Gap on Indigenous Health initiative. With funding from the Commonwealth Government, the project was a partnership between the following agencies:
- Cancer Institute NSW
- Aboriginal Health and Medical Research Council (NSW division)
- St Vincent’s Hospital (the NSW Quitline provider at the time)

Project initiatives

- The NSW Aboriginal Quitline was launched in March 2013, offering culturally-appropriate Quitline services to the Aboriginal community.
- An Aboriginal Coordinator and Aboriginal Quitline Advisor were employed.
- Mandatory cultural awareness training was implemented for all NSW Quitline Advisors.
- Strong partnerships forged with the Aboriginal Health and Medical Research Council (NSW division) facilitated community linkages and referral pathways for the promotion and uptake of the NSW Quitline by Aboriginal people.
- A suite of culturally-appropriate resources were developed and used to promote the service to Aboriginal people and relevant organisations.
- Training and information packages were delivered to all NSW health services to promote the Aboriginal Quitline and encourage service integration.
- Referrals to the Quitline were established from key programs, including the Ministry of Health’s ‘Quit for New Life’ program (for pregnant Aboriginal women); general practitioners, Aboriginal health services and other relevant organisations.
- ‘Roadshows’ were delivered to key stakeholders, primarily Aboriginal Community Controlled Health Services.
- Promotion of Aboriginal Quitline at community events.
- The Inaugural Aboriginal Quitline Forum in 2015 was attended by more than 110 participants.
Evaluation question 2
To what extent have NSW Cancer Plan initiatives reduced barriers to cancer awareness and access for priority populations?

Exemplars

24 Cancer Stigma Reduction Program
26 Data projects for priority populations

Exemplars also relevant to this question:
- Tobacco Control Program (p. 18)
- Aboriginal Cancer Partnerships Program (p. 32)
- Breast screening in NSW (p. 36)
- Cervical screening participation (p. 40)
- Lung Cancer Program (p. 42)
Members of culturally and linguistically diverse (CALD) communities experience barriers to cancer awareness and care due to poor health literacy and the stigma associated with the disease. The Cancer Stigma Reduction Program was established to increase knowledge and awareness of cancer in culturally-appropriate ways.

**Evaluation question 2**

To what extent have NSW Cancer Plan initiatives reduced barriers to cancer awareness and access for priority populations?

**Situation**

- Members of CALD communities often strongly associate cancer with death, or at least very poor quality of life. There can be misconceptions about the causes of cancer and cultural taboos around discussing it openly.
- This stigma can prevent people within CALD communities from accessing cancer prevention and screening programs, or seeking help when symptoms occur.
- Open and culturally-appropriate discussion of cancer among CALD communities will increase patient and community knowledge and awareness of the disease, and will encourage people from culturally diverse backgrounds to seek help earlier.

**NSW Cancer Plan goals and objectives**

**Goal 1: Reduce the incidence of cancer**

- **Objectives:**
  - Reduce smoking prevalence
  - Increase awareness of cancer risk associated with alcohol consumption
  - Increase the rates of cancer-relevant immunisation

**Goal 2: Increase the survival of people with cancer**

- **Objectives:**
  - Improve the early detection of cancer
  - Reduce variations in cancer outcomes across NSW

**Cross-cutting Issue 5**

- **Objective:** Improve cancer outcomes for culturally and linguistically diverse communities.

**Key activities**

- During the Cancer Plan, a community grants program was implemented to support local initiatives that focused on reducing barriers to cancer awareness and care in CALD communities.

Four projects were funded under the grants program:

1. **Alive and Out There**, led by the Multicultural Health Service, South Eastern Sydney Local Health District, used theatre-based interventions to address stigma, myths and misconceptions associated with cancer; and to promote access to cancer prevention, screening and treatment services among the Greek, Macedonian and Arabic communities.

2. **B+ Agents of Change** was coordinated by the Cancer Council NSW using creative arts to engage youth in addressing stigma, myths and misconceptions associated with hepatitis B (see case study).

3. **Happy and Healthy Life in Sydney**, developed by the University of Western Sydney, School of Nursing and Midwifery, aimed to develop and implement a culturally-sensitive and linguistically-appropriate cancer awareness program to promote cancer screening among Chinese and African women. It also involved training and placement of a number of ‘Community Health Advocates’ to continue ongoing educational work in the community.

4. **The Cancer Good News Project** was a partnership between the University of Wollongong and the Multicultural Health Service, Illawarra Shoalhaven Local Health District to develop and deliver social marketing interventions in conjunction with the local Serbian and Macedonian communities.

**Stage of maturity**

- **Initial**
- **Developing**
- **Foundational**
- **Advanced**
- **Transformational**

**Impacts and outcomes**

- A collaborative approach enabled direct engagement with more than 6,000 members of the Arabic, Greek, Macedonian, Vietnamese, Chinese, African and Serbian communities.

- Community discussion about cancer increased the capacity to address issues at a local level and build partnerships to assist with providing culturally-competent practices within local cancer services.

- Resources developed continue to be used by stakeholders for informing and educating CALD communities about cancer.

- Engagement with CALD populations has contributed to a year-on-year improvement in cancer screening participation within this group.

**Future focus areas**

- The cancer/health sector will continue to collaborate with, and build on, the partnerships formed within CALD communities.
- Project resources and partnerships formed will improve community engagement and continue to improve knowledge, awareness and behaviour around cancer in CALD communities to reduce stigma.
- Research and evaluation will identify ongoing gaps and needs within CALD communities.

**Case study: B+ Agents of Change**

**Aim:** To increase awareness and understanding about hepatitis B and liver cancer among Vietnamese communities.

The **B+ Agents of Change** project was coordinated by the Cancer Council NSW from September 2012 to May 2013. It used creative arts to engage young people in addressing stigma, myths and misconceptions about hepatitis B, which is a leading cause of liver cancer in CALD communities.

**Project objectives**

- Increase knowledge of hepatitis B and liver cancer among the Vietnamese community.
- Develop community partnerships for ongoing engagement.

**Project initiatives**

- **A to Z of Hepatitis B**: A series of workshops about hepatitis B, delivered in partnership with Fairfield Intensive English Centre. Students produced artwork and an animated film about hepatitis B for this project.
- **Change of our lives**: A one-hour soap-opera about love and hepatitis B, filmed in English and Vietnamese. More than 500 people attended the opening night screening of the show. It won the 2013 Excellence in Viral Hepatitis Health Promotion award from Hepatitis Australia and was selected to be screened at the 2014 International/Viet Film Fest in the USA.
- **Share your story**: A 20-minute documentary featuring two local Vietnamese community members living with hepatitis B.

**Project impacts and outcomes**

- **B+ community partnerships were initiated as a direct result of B+ Agents of Change.**
  - The project fostered a sense of ‘issue ownership’ within the community, acting as a catalyst for ongoing community engagement and behaviour change.
  - After watching Change of our lives, 82% (n=297) of people surveyed said they would speak to their family about hepatitis B.
  - Almost 1,700 people were reached via the B+ Agents of Change Facebook page.

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"**Alive and Out There** was viewed as an innovative way to engage people in these communities, and deliver important health messages in targeted and meaningful ways"
Some community groups have higher incidence and lower survival from cancer due to a variety of factors. A number of data projects were conducted throughout the Cancer Plan period to better understand this variation across NSW.

**Evaluation question 2**
To what extent have NSW Cancer Plan initiatives reduced barriers to cancer awareness and access for priority populations?

**Situation**
- High-quality and complete data are vital to understanding the impact of cancer on priority population groups.
- These data can be used to develop culturally-appropriate initiatives to reduce barriers and improve access to care.

**NSW Cancer Plan goals and objectives**
- **Goal 1:** Reduce the incidence of cancer
- **Goal 2:** Increase the survival of people with cancer
- **Goal 3:** Improve the quality of life for people with cancer and their carers

**Cross-cutting Issue 3**
- **Objective:** Reduce variations in cancer incidence and outcomes in Aboriginal peoples across NSW.

**Cross-cutting Issue 4**
- **Objective:** Improve cancer outcomes for people in rural and remote populations.

**Cross-cutting Issue 6**
- **Objective:** Improve cancer outcomes for people who are socioeconomically disadvantaged.

**Key activities**
- A review of the quality and completeness of data on Aboriginal status within the NSW Central Cancer Registry was conducted in 2012.
- An Aboriginal Advisory Committee for data linkage and epidemiological projects was established to provide perspectives on findings and outcomes for Aboriginal people with cancer. The committee had representatives from Aboriginal Community Controlled Health Services, the Aboriginal Health and Medical Research Council, the NSW Ministry of Health, Cancer Council NSW and the Cancer Institute NSW.
- Activities were undertaken to explore the barriers to cancer awareness and care faced by socioeconomically disadvantaged populations (see case study).

**Impacts and outcomes**
- Publication of the first Cancer in NSW/Aboriginal Populaces: Incidence, mortality and survival report. NSW is now one of four jurisdictions to report cancer outcomes data for Aboriginal people in national data collections.
- Disparities in outcomes have been highlighted and will guide new initiatives in the future.
- Data activities have fostered engagement with Aboriginal people and strengthened community input and control of research and evaluation practices.
- More complete and useful data collection, monitoring and analysis by socioeconomic status and location.
- Strengthened data forecasting provides the capability to understand the future burden of cancer on priority populations, and to identify merging issues and target initiatives.

**Stage of maturity**

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**Future focus areas**
- Evidence will inform new and ongoing initiatives aimed at improving care and outcomes for Aboriginal people in NSW.
- Robust evidence will inform initiatives to improve outcomes for socioeconomically disadvantaged populations across all cancer control initiatives in the next Cancer Plan.

**Project objectives**
- Develop and improve data and information about cancer and socioeconomic status.
- Conduct analyses to better understand inequalities in cancer outcomes.
- Develop and enhance programs to reach socioeconomically disadvantaged people.

**Case study:**
**Impact analysis for low socioeconomic status**

**Aim:** To develop and use data to gain insights into specific barriers for target populations and improve health system performance

Socioeconomically disadvantaged populations have a higher incidence and lower survival from cancer. These poorer outcomes may reflect disparities in knowledge, affordability and accessibility to healthcare. An impact analysis was undertaken through various activities to provide insight into the barriers to cancer awareness and care faced by these populations.

**Project activities**
- Develop and improve data and information about cancer and socioeconomic status.
- Conduct analyses to better understand inequalities in cancer outcomes.
- Develop and enhance programs to reach socioeconomically disadvantaged people.

**Key project initiatives**
- From 2012, geocoded data has been embedded into all reporting of cancer cases, which are now stored in the NSW Cancer Registry with explicit location information.
- A study published in Cancer Epidemiology was one of the largest conducted worldwide to examine the association of socioeconomic disadvantage, remoteness of residence and country of birth; with stage of cancer at diagnosis. The study involved almost 700,000 cancer cases, over 30 years. Key findings from the study include:
  - Those living in the most disadvantaged areas were 27% more likely to present with a distant stage cancer than the least disadvantaged area.

**Project impacts and outcomes**
- The University of Newcastle were engaged in 2015 to undertake a series of rapid reviews of the Australian and international literature on the contribution of socioeconomic disadvantage to cancer outcomes in the areas of prevention, early detection, treatment, rehabilitation and palliation.
- Postcode data collected in the Cancer Institute Tobacco Tracking Survey (CITTS), Skin Cancer Online Tracking (SCOT), and other prevention and screening surveys, enables evaluation of activities using Socio-Economic Indexes for Areas (SEIFA).

"Those living in the most disadvantaged areas were 27% more likely to present with a distant stage cancer than the least disadvantaged area."

A better understanding of health literacy will enable initiatives that are aimed at providing more equal access to information and resources.
Evaluation question 3

To what extent have NSW Cancer Plan lead agencies collaborated and partnered to achieve a statewide approach to cancer control in NSW?

Exemplars

| 30 | Skin Cancer Prevention Strategy |
| 32 | Aboriginal Cancer Partnerships Program |

Exemplars also relevant to this question:
- Tobacco Control Program (p. 18)
- Data projects for priority populations (p. 26)
- Breast screening in NSW (p. 36)
- Cervical screening participation (p. 40)
- Lung Cancer Program (p. 42)
- Reporting for Better Cancer Outcomes Program (p. 46)
- Optimising surgical cancer care (p. 49)
- eviQ Cancer Treatments Online (p. 52)
- Patient-reported measures (p. 58)
- Integrated cancer care (p. 60)
- Strategic cancer research (p. 62)
Skin Cancer Prevention Strategy

The NSW Skin Cancer Prevention Strategy was implemented in 2012 to deliver a statewide, collaborative approach to decrease the incidence of skin cancer across NSW.

Key initiatives in skin cancer prevention

NSW Department of Education and Communities developed and implemented a range of sun protection strategies within schools, including:
- No hat, play in the shade in primary schools
- Rescheduling outdoor activities to minimise exposure to peak UVR
- Incorporating sun protection messages into curricula
- Delivering hundreds of covered outdoor areas for students.

There’s nothing healthy about a tan

Investing nearly $10 million in public education through the Dark Side of Tanning and Wes Bonny Testimonial campaigns motivated a significant change in tanning behaviours.

$10 million

A collaborative approach to skin cancer prevention will lead to a community that understands the importance of sun protection and how to ‘do it’

Key activities
- The NSW Skin Cancer Prevention Strategy 2012–2015 (the Strategy) was developed in conjunction with 30 key government and non-government agencies to reduce the incidence of skin cancer through reducing exposure to ultraviolet radiation (UVR).
- The Strategy encompassed four priority areas:
  - Policy development
  - Shade provision
  - Increasing UVR protection behaviours
  - Strategic research.
- The NSW Skin Cancer Prevention Advisory Committee (refer to box) was established to coordinate the implementation of skin cancer prevention activities across NSW, and to plan future skin cancer prevention efforts in NSW.
- A number of small working groups were then tasked with implementing activities in key focus areas, including: public education, school education, workplaces, sport and recreation, primary care, shade provision, and research and evaluation.

Evaluation question 3

To what extent have NSW Cancer Plan lead agencies collaborated and partnered to achieve a statewide approach to cancer control in NSW?

Situation
- Australia has the second-highest rate of skin cancer in the world.
- It is estimated that around 95 per cent of melanoma skin cancers and around 99 per cent of non-melanoma skin cancers could be prevented through reduced exposure to ultraviolet radiation.1

NSW Cancer Plan goals and objectives

Goal 1: Reduce the incidence of cancer

Objective: Reduce overexposure to ultraviolet radiation.

Key initiatives include:
- Public education
- School education
- Workplaces
- Sport
- Recreation
- Primary care
- Shade provision
- Research and evaluation

Impacts and outcomes

- Enactment of the Radiation Control Regulation (2013) banned cosmetic UV tanning services in NSW from 31 December 2014. Zero commercial solaria were legally operating in NSW in 2015, compared with 200 solaria in 2013.
- A continued decline in the desire for tanning among 13 to 54-year-olds during the period of the Cancer Plan, from 60.2% in 2006–2007 to 41.4% in 2013–2014.
- Increase in the proportion of primary schools participating in the Cancer Council NSW SunSmart program, from 37% in 2012 to 79% in 2015.
- Increase in adoption of sun protection behaviours among adolescents and young adults and the broader community between 2011 (pre-strategy implementation) and 2014 (post-strategy implementation).
- A collaborative approach resulted in more effective stakeholder consultation for projects across the strategy.

The NSW Skin Cancer Prevention Advisory Committee involves:
- Association of Independent Schools
- Australian Centre for Agricultural Health and Safety
- Cancer Council NSW
- Cancer Institute NSW
- Catholic Education Commission
- Department of Education and Communities
- Environment Protection Authority
- Local Government NSW
- Melanoma Institute Australia
- NSW Ministry of Health
- NSW Sport and Recreation
- Surf Life Saving NSW
- WorkCover NSW

Aboriginal Cancer Partnerships Program

A strategic, partnership approach was taken to enhance cancer care and outcomes for Aboriginal people in NSW.

Evaluation question 3
To what extent have NSW Cancer Plan lead agencies collaborated and partnered to achieve a statewide approach to cancer control in NSW?

Situation
- Cancer incidence and mortality rates are higher for Aboriginal people across NSW, and nationally.
- The Aboriginal Cancer Partnership Program (ACPP) was implemented from 2012 to 2014 to:
  - raise awareness and increase the capacity of Aboriginal communities to respond to cancer
  - enhance the skills, knowledge and capacity of the Aboriginal health workforce in cancer care
  - build partnerships between mainstream services and Aboriginal Community Controlled Health Services (ACCHSs) to enhance the cultural capability of health professionals working in cancer care, and improve service accessibility and partnerships
  - reduce barriers experienced by Aboriginal people who need access to cancer care services.
- The Program was delivered as a collaboration between the Cancer Institute NSW, the Aboriginal Health and Medical Research Council (AH&MRC) and the Cancer Council NSW; with funding from the NSW Ministry of Health.

NSW Cancer Plan goals and objectives

**Goal 2: Increase the survival of people with cancer**
Objectives:
- Improve the early detection of cancer
- Reduce variations in cancer outcomes across NSW

**Goal 3: Improve the quality of life for people with cancer and their carers**
Objective: Improve the experience of people with cancer and their carers

**Cross-cutting issue 3**
Objective: Reduce variations in cancer incidence and outcomes in Aboriginal peoples across NSW.

Key activities
- The ACPP was composed of the following six implementation elements, with each project partner responsible for implementing specific program elements:
  1. Awareness-raising workshops
  2. Community action (advocacy) workshops
  3. Health professional training modules
  4. Clinical placements and site visits
  5. Health professional support
  6. Partnership-building between cancer services and ACCHSs
- All program elements were planned and implemented in collaboration with state-based AH&MRC and/or local ACCHSs (community-led).
- All elements engaged (or worked towards engaging) Aboriginal community organisations, members and leaders to drive support for, or foster, ACPP activities.

Impacts and outcomes
- The ACPP delivered partnership-driven public education programs for Aboriginal people in 23 community locations, reaching more than 1,200 Aboriginal health professionals, community members and service providers.
- In particular, around 190 Aboriginal health workers, Aboriginal liaison officers, Aboriginal health coordinators and Aboriginal health service managers attended the community awareness or advocacy workshops.
- Statewide, multilevel partnerships fostered local ownership of culturally-appropriate community-led projects and built capacity to work towards enhanced cancer care and outcomes for Aboriginal people.
- The program increased awareness, knowledge and confidence among stakeholders. Emerging evidence indicated key steps had been taken towards enhancing care coordination and service access for Aboriginal cancer patients.

Future focus areas
- Outcomes of this program will inform future models for Aboriginal cancer priority work, including the further development of local partnerships between ACCHSs, cancer services and lead Aboriginal agencies.
- Sustain local partnerships and continue engagement activities that are culturally-appropriate.
- Further work will take into consideration the great diversity between regions, services, organisations and communities; and allow for a flexible and adaptable approach.

Stage of maturity

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She knew the white way and I knew the black way; I knew the community and she knew the cancer services ... Together, we were able to develop our relationship and to learn from one another...
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ACPP workshop participant

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Exemplar

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32 NSW Cancer Plan 2011–2015: Evaluation synopsis

Cancer Institute NSW
Evaluation question 4:
To what extent have NSW Cancer Plan initiatives contributed towards the early detection of cancer?

Exemplars

36 Breast screening in NSW

40 Cervical screening participation

42 Lung Cancer Program

Exemplars also relevant to this question:
- Cancer Stigma Reduction Program (p. 24)
- Data projects for priority populations (p. 26)
- Aboriginal Cancer Partnerships Program (p. 32)
One in eight women in NSW will develop breast cancer in their lifetime. BreastScreen NSW provides a free two-yearly mammographic screening program to women in NSW, and specifically targets those in the 50 to 74 year age group.

**Evaluation question 4**

To what extent have NSW Cancer Plan initiatives contributed towards the early detection of cancer?

**Situation**

- In NSW, breast cancer accounted for 27.4 per cent of all new cancer cases in women, and 14.6 per cent of all cancer mortality in women in 2012.¹
- Population-based screening programs result in treatment at earlier stages of disease, which simplifies treatment, improves survival and reduces costs.
- A screening mammogram is the best method to detect breast cancer early for women aged over 50 years.
- Women from Aboriginal and culturally and linguistically diverse (CALD) communities have lower participation rates in breast screening. This results in later diagnosis and poorer outcomes for women in these community groups.
- The Cancer Institute NSW is responsible for the statewide coordination and monitoring of the national population-based breast screening program, BreastScreen NSW.

**NSW Cancer Plan goals and objectives**

**Goal 2: Increase the survival of people with cancer**

**Objectives:**

- Improve early detection of cancer.
  - Increase overall participation rates in breast and cervical screening programs in line with national programs.

**Cross-cutting issue 3**

**Objective:** Reduce variations in cancer incidence and outcomes in Aboriginal people across NSW.

**Cross-cutting issue 5**

**Objective:** Improve cancer outcomes for CALD communities.

**Cross-cutting issue 7**

**Objective:** Accelerate cancer control by strengthening primary and community care.

**Key activities**

- The BreastScreen NSW program is delivered through screening and assessment services (SASs) within NSW local health districts, including 45 fixed sites and 16 mobile vans, which visit more than 160 locations every two years.
- BreastScreen NSW mobile fleet renewal: Significant refurbishment of the BreastScreen NSW mobile fleet was undertaken throughout the Cancer Plan. Thirteen mobile units were replaced and three new units were added to the fleet, increasing the fleet size to 16.
- Five new BreastScreen clinics and one new assessment centre were opened.
- Improvement of BreastScreen NSW records, venues and capacity: The consolidation of eight BreastScreen databases into a statewide system created a centralised record for women across NSW.
- Ongoing promotion and education around the benefits of screening: A 12-week BreastScreen NSW digital campaign pilot successfully engaged women through social media to encourage participation in breast screening.
- A range of activities were undertaken to increase awareness of, and participation in, breast screening for Aboriginal and CALD women.
  - The Pink Sari Project for Sri Lankan and Indian women (see case study on page 38).
  - An Aboriginal Community Engagement Strategy (see case study on page 39).
  - A CALD population engagement strategy.
  - Your guide to breast and cervical screening: A series of eight in-language videos about screening for Arabic- and Mandarin-speaking women.

**Impacts and outcomes**

BreastScreen NSW screened 35,000 more women between the periods 2009–2011 and 2013–2015 (446,400 women screened total).

- Increase in BreastScreen NSW participation rates among the following 50 to 69-year-old women in NSW:
  - Those who had never screened before: Up from 22.8% at December 2010 to 23.8% at December 2015.
  - Aboriginal: 6% increase; up from 31.4% in 2009–2010 to 37.4% in 2014–2015.
  - CALD: Up from 43.3% in July 2011 to 46.1% in July 2015.

**Future focus areas**

- Endorsement by general practitioners and other primary care providers increases participation in cancer screening. This will continue to be a strategic focus of the NSW Cancer Plan.
- Equity of access to services is prioritised in the BreastScreen NSW Business Plan 2015–2018. Women from Aboriginal and CALD backgrounds have been included as priority populations within the plan to enhance service provision, and for marketing and recruitment initiatives.

**Stage of maturity**

1. Initial
2. Developing
3. Foundational
4. Advanced
5. Transformational

**Your guide to breast and cervical screening videos were viewed more than 12,000 times on YouTube**

1.  Data source: Annual NSW cancer incidence and mortality dataset, 2012 (sourced from the NSW Cancer Registry).
Exemplar: Breast screening in NSW (cont.)

**Community champion, Pink Sari Project**

Aim: To dispel the myths and misconceptions about breast screening among women from South Asian communities.

The Pink Sari Project was a community initiative to increase breast screening among women from South Asian communities, led by the Multicultural Health Communication Service and funded by the Cancer Institute NSW.

The project was informed by research that reported a culture of silence, superstition and low awareness of breast screening within this community.

**Project objectives**
- Increase knowledge and awareness of breast screening and its benefits; increase cultural competency and awareness of GPs and health services; and increase breast screening participation rates among women from South Asian communities.

**Key project initiatives**
- Community ownership and engagement with Pink Sari was critical to its success. Community champions were engaged to disseminate key messages about the importance of screening within the community.
- Local events were held to increase awareness about breast screening in South Asian communities.

**Case study: Aboriginal Community Engagement Strategy**

Aim: To increase awareness of, and participation in, breast and cervical screening among Aboriginal women in NSW.

Breast cancer is the most common cancer in Aboriginal women in NSW. Aboriginal women also experience higher mortality rates from breast cancer than non-Aboriginal women.

As at December 2014, only 38 per cent of Aboriginal women aged 50 to 74 have regular screening for breast cancer, compared with 51 per cent of non-Aboriginal women. Aboriginal women also have lower cervical screening rates.

**Project objectives**
- Encourage behaviour change resulting in increased participation.
- Encourage Aboriginal Health Workers (AHWs) to refer to cancer screening programs.

**Project initiatives**
- An Aboriginal Advisory Group was established to foster collaboration (particularly with Aboriginal communities across NSW) to ensure the strategy was delivered effectively.
- Culturally-appropriate resources, such as fact sheets, brochures, posters and videos were developed, tested and distributed to Aboriginal women and AHWs.
- Several Aboriginal women were recruited as community champions to share their experiences of screening and treatment for breast and cervical cancer via Indigenous media, social media and community events.
- Community events were held across NSW to launch the new resources. This forum provided a safe environment for Aboriginal women to ask questions about screening.

**Project impacts and outcomes**

- Participation rates in breast and cervical screening (see pages 40–41) increased over the period of the Cancer Plan.
- Qualitative feedback confirmed that project activities had increased awareness of the benefits of cervical and breast screening; encouraged open discussion about cancer; and increased the intention to screen among participants.

Upon implementation of Working Together, the attendance of Aboriginal women aged 50–70 years at local BreastScreen services increased from 22.4% in Dec. 2012 to 35% in March 2013.

**Stage of maturity**

1. Initial
2. Developing
3. Foundational
4. Advanced
5. Transformational
Cervical screening participation

The NSW Cervical Screening Program operates within the National Cervical Screening Program (NCSP) to reduce morbidity and mortality from cervical cancer. It provides two-yearly screening, using a Pap test, for women aged 18 to 69 years.

Evaluation question 4

To what extent have NSW Cancer Plan initiatives contributed towards the early detection of cancer?

Situation

• Cervical screening (using a Pap test) can detect pre-cancerous changes that can be monitored and treated before cancer develops.

• The incidence of, and mortality from, cervical cancer has halved since the introduction of the National Cervical Screening Program (NCSP) in 1991.1

• Currently, 80 per cent of Australian women with cervical cancer have either never screened or have not returned to screen within the recommended time period.2

• While a national school-based HPV vaccination program commenced in 2007, the vaccination does not protect against all forms of HPV that cause cervical cancer.

• Women are more likely to undertake cervical screening if their general practitioner reminds them.3

• The Cancer Institute NSW manages the NSW Cervical Screening Program and the NSW Pap Test Register.

NSW Cancer Plan goals and objectives

• Goal 2: Increase the survival of people with cancer
  - Increase overall participation rates in breast and cervical screening programs.
  - Improve the early detection of cancer.

Cross-cutting issue 2

Objective: Reduce variations in cancer incidence and outcomes in Aboriginal people across NSW.

Cross-cutting Issue 5

Objective: Improve cancer outcomes for culturally and linguistically diverse (CALD) communities.

Cross-cutting Issue 7

Objective: Accelerate cancer control by strengthening primary and community care.

Key activities

A broad range of activities were undertaken to increase participation in cervical screening and facilitate earlier detection of cervical cancer.

• Mass media campaigns, including national advertising.
  - The Peace of Mind campaign was implemented in November 2011 and repeated between April and July 2013. The campaign acknowledged how awkward it can be for a woman to have a Pap test and highlighted the importance of Pap tests, even after the HPV vaccine. The campaign included specific components addressing Aboriginal women and women from CALD communities.

• Individual communication activities, such as the dissemination of follow-up and reminder letters to women. A randomised control trial was conducted to determine effective reminder letter content. Letters with a tear-off reminder at the bottom were particularly effective and are expected to result in an additional 7,500 Pap tests in NSW every year.

• Pilot study of an electronic cervical screening reminder system to GPs (see case study).

• Community engagement activities, such as community events and campaigns to engage Aboriginal people and CALD groups. For example:
  - Aboriginal Community Engagement Strategy (see case study on page 39).
  - Your guide to breast and cervical screening is a series of three videos delivered in Arabic, Mandarin and English. They take the viewer through a woman’s cancer screening journey and use a humorous matriarchal figure to motivate women to have a Pap test. The videos have been developed for use online and via hard copy DVD to health professionals and women in these communities.

Impacts and outcomes

Participation rates in cervical screening increased over the period of the Cancer Plan, from 56.5% to 57.7%. An additional 73,600 women were screened in 2013–2014 compared with 2009–2010.

In 2011 and 2013, the Peace of Mind campaign was associated with a total of 34,883 additional Pap tests during the combined campaign periods and four weeks following (compared with the same period in previous years).

Qualitative feedback confirmed that community engagement activities increased awareness of cervical screening benefits; encouraged open discussion about cancer; and increased the intention to screen among participants.

Key project initiatives

1,800 Electronic reminder notifications sent to GPs
1,150 Reminder letters sent to women
1,080 Action alerts entered into women’s records

• The reminder system linked the NSW PTR to participating GPs. It prompted the dissemination of GP-generated cervical screening reminder letters to women who were overdue for a test.

• 110 GPs participated from 46 practices across NSW.

Project impacts and outcomes

Significantly reduced work and time required to process reminders compared with existing manual, opportunistic recall processes.

Generated a 13 percentage point increase in Pap test attendance within 60 days, compared with the 27-month reminder letters from the PTR (34% vs 21%).

90% of participating GPs were willing to continue to receive the cervical screening reminder service after the pilot.

Future focus areas

• Scheduled from 1 December 2017, the change to the NCSP will see women aged 25 to 74 years invited to undertake a primary human papillomavirus (HPV) test every five years.

• Continued education and awareness programs should be used to better inform and engage women who have either never screened or do not regularly screen.

• The NSW Pap Test Register (PTR) has continued to implement the reminder service for all participating GPs after the conclusion of a pilot project in 2012 (see case study), which continues to increase cervical screening uptake. The NSW Cervical Screening Program is planning the implementation of a second phase of the reminder service with primary health networks. This will enable the service to be provided to additional GPs and practices across NSW.


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Lung Cancer Program

Lung cancer is the leading cause of cancer deaths in Australia and internationally. Established in 2012, the Lung Cancer Program was the first statewide tumour-specific program to improve lung cancer outcomes across NSW.

Evaluation question 4
To what extent have NSW Cancer Plan initiatives contributed towards the early detection of cancer?

Situation
- In NSW, lung cancer is responsible for 20% of all cancer deaths.
- Low lung cancer survival rates are often attributable to a late diagnosis, which means the disease may already have reached an advanced stage and treatment options are limited/less effective.
- NSW data show there are inequalities in lung cancer outcomes for a number of priority groups, including Aboriginal, culturally and linguistically diverse (CALD), socioeconomically disadvantaged, and rural and remote communities.

NSW Cancer Plan goals and objectives

Goal 2: Increase the survival of people with cancer
Objective: Improve the early detection of cancer.

Goal 3: Improve the quality of life for people with cancer and their carers
Objective: Improve the experience of people with cancer and their carers.

Cross-cutting issue 3
Objective: Reduce variations in cancer incidence and outcomes in Aboriginal people across NSW.

Cross-cutting issue 5
Objective: Improve cancer outcomes for CALD communities.

Cross-cutting issue 7
Objective: Accelerate cancer control by strengthening primary and community care.

Key activities
- The Lung Cancer Program involved nine separate initiatives to improve lung cancer outcomes across the cancer care continuum:
  1. Tobacco Control Program (see exemplar on page 1B).
  2. Literature review of the effectiveness of ‘signs and symptoms’ campaigns for lung cancer.
  4. Listen out for lung cancer community awareness campaign (see case study).
  5. Statewide lung cancer pathway project to improve referral of lung cancer patients from primary care to hospital-based cancer services.
  6. Development of a business case to facilitate rapid access to diagnostic and treatment services for patients with lung cancer.
  7. Participation in the Cancer Australia Demonstration Project, which highlighted best practice approaches to lung cancer treatment and care within NSW.
  8. Survey of oncology professionals regarding their attitudes and behaviours in offering smoking cessation advice and support to cancer patients.
- Collaboration between key stakeholders was important to ensuring these initiatives continue to drive healthcare improvement. For example, the Cancer Institute NSW facilitated a community of practice for Cancer System Innovation Managers, with representatives from all 15 local health districts in NSW. The group was instrumental in identifying and developing the statewide lung cancer pathway.

Impacts and outcomes

The Lung Cancer Program has demonstrated a model for coordinated activity across the health service in collaboration with health professionals, services and the community.

The piloting of a statewide diagnostic and referral lung cancer care pathway at two local health districts has demonstrated improved access and communication between primary and community healthcare providers and hospital-based cancer services.

Increased awareness and knowledge among the community about lung cancer symptoms, care pathways and the impacts of lung cancer.

Stage of maturity

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Future focus areas
- Maintain a collaborative approach to improving lung cancer outcomes across the cancer control continuum, including awareness among GPs of success in treatments; streamlined care across the cancer pathway; and focus on follow-up, survivorship and end-of-life.
- Improving measurement at defined points across the patient journey is a priority. This will facilitate both the measurement of impact and an understanding of clinical variation and elements of integrated care that impact on lung cancer outcomes in NSW. Future work will also extend into survivorship issues faced by people with lung cancer.
- This tumour-specific program model will be used to guide future effort in improving outcomes for other cancer types, such as bowel and primary liver.

Case study: Listen out for lung cancer campaign

Aim: To increase community knowledge and awareness around the symptoms of lung cancer and when to seek medical advice.

Listen Out for Lung Cancer was a public education campaign to improve awareness of lung cancer symptoms and prompt people with symptoms to visit their GP. It was the first and only lung cancer campaign to not link lung cancer with smoking.

Project objectives
- Increase cancer symptom awareness and achieve early presentation.

Project initiatives
- Formative research was conducted to inform the development of the campaign. The objectives of the research were to determine what at-risk populations understand about lung cancer; the patient journey for lung cancer; and barriers to earlier diagnosis of lung cancer.
- The primary target audience of the campaign was people in NSW with the highest risk of lung cancer.
- The campaign was run over five weeks in 2013, 2014 and 2015, and consisted of multi-channel, multimedia advertising with a ‘call to action’ to visit GPs. It included radio ads for Aboriginal people, and for culturally and linguistically diverse groups, delivered in Arabic, Vietnamese, Cantonese and Mandarin.
- All NSW GPs (estimated 9,000) were directly advised (via mail and email) of the 2013 Listen Out for lung cancer campaign and the Cancer Australia GP guidelines.

Project impacts and outcomes

The Listen out for lung cancer campaign increased general public awareness of key symptoms of lung cancer (up to 46%), and of the need to seek urgent investigation of symptoms.

8.4% increase in respondents who would contact a doctor within one week of noticing a lung cancer symptom.
Evaluation question 5:
To what extent have NSW Cancer Plan initiatives facilitated improvements to cancer services?

Exemplars

46 Reporting for Better Cancer Outcomes Program

49 Optimising surgical cancer care

Exemplars also relevant to this question:
- Cancer Stigma Reduction Program (p. 24)
- Data projects for priority populations (p. 26)
- Aboriginal Cancer Partnerships Program (p. 32)
- Lung Cancer Program (p. 42)
- eviD Cancer Treatments Online (p. 52)
- Patient-reported measures (p. 58)
- Integrated cancer care (p. 60)
The Reporting for Better Cancer Outcomes (RBCO) Program was established in 2010 as a strategic approach to working with health service providers across NSW to ensure ongoing quality improvement in cancer control.

Evaluation question 5
To what extent have NSW Cancer Plan initiatives facilitated improvements to cancer services?

Situation
- Cancer incidence and mortality rates, access to treatment and overall outcomes vary greatly across NSW.
- Health system performance requires ongoing review and monitoring to ensure continuous improvement in, and equitable access to, quality cancer services and care.
- Since 2010, the Cancer Institute NSW has led the Reporting for Better Cancer Outcomes (RBCO) Program to monitor and report on cancer health system performance. This helps cancer services to identify and understand clinical variation, with the aim of improving outcomes across NSW.

NSW Cancer Plan goals and objectives
- Goal 1: Reduce the incidence of cancer
- Goal 2: Increase the survival of people with cancer
- Goal 3: Improve the quality of life for people with cancer and their carers

Cross-cutting issue 1
**Objective:** A quality cancer system focused on performance and improving cancer outcomes.

Cross-cutting issue 2
**Objective:** Create new knowledge and evidence to drive improved cancer outcomes.

Cross-cutting issue 3
**Objective:** Reduce variations in cancer incidence and outcomes in Aboriginal people across NSW.

Cross-cutting issue 4
**Objective:** Improve cancer outcomes for people in rural and remote populations.

Cross-cutting issue 5
**Objective:** Improve cancer outcomes for CALD communities.

Cross-cutting issue 6
**Objective:** Improve outcomes in cancer for people who are socioeconomically disadvantaged.

Cross-cutting issue 7
**Objective:** Accelerate cancer control by strengthening primary and community care.

Key activities
- Reporting annually, the RBCO program provides local and statewide cancer data and information to local health districts (LHDs), primary health networks (PHNs) and participating private hospitals. This enables them to identify areas of positive change and opportunities to improve their cancer prevention, screening, treatment and clinical trials programs, initiatives and services.
- The annual RBCO cycle (Figure 1) addresses the performance of cancer services across the cancer care continuum. The Cancer Institute NSW gathers and uses data to inform the sector about its performance in cancer control and support system-wide quality and innovation.
- There have been five annual RBCO cycles during the Cancer Plan, where the sector has collaborated to:
  - develop annual key performance indicators in cancer prevention, screening, treatment, service delivery and research
  - analyse and report on performance data; particularly variations in patient outcomes and trends over time
  - facilitate regular engagement with Chief Executives of local health districts and primary health networks, as well as with local Directors of Cancer Services and Cancer System Innovation Managers.

Impacts and outcomes
The RBCO program has included around 80 meetings with LHDs and 30 meetings with Medicare locals/PHNs. This collaborative platform has improved engagement and fostered ownership over data that can be used to influence change and deliver better outcomes for people with cancer.

The RBCO cycle has provided a streamlined process for reporting and analysing the performance and quality of cancer services across NSW.

RBCO surgical data has driven evidence-based improvements in the delivery of surgical treatment for cancer (more detail can be found on page 49).

RBCO data has facilitated local changes and review and/or consolidation of treatment and services in LHDs. For example, LHD initiation of local data collection models, and engaging clinicians to routinely collect and report on surgery undertaken for cancer treatment.

RBCO has raised the profile and importance of cancer clinical trials at the senior leadership level within LHDs (see clinical trials program case study on page 66).

Screening participation rates by local government area (LGA) are deemed extremely useful and an effective vehicle for working with Medicare locals (now primary health networks) to affect change in this area.

Stage of maturity
- Initial
- Developing
- Foundational
- Advanced
- Transformational

Future focus areas
- Continue to collaborate with cancer services to measure and monitor the quality of the cancer system and reduce unwarranted clinical variation.
- Enhance the suite of cancer system performance measures, in collaboration with clinicians and service providers.
- Evolution of the existing RBCO report process into a broader program of work, including:
  - additional indicators supporting system change and public reporting
  - identification and monitoring of unwarranted clinical variation
  - targeted key performance indicators aligned to the NSW Cancer Plan.

Since 2010, the Reporting for Better Cancer Outcomes Program has been informing positive change in cancer control through the robust collection, analyses and reporting of data, and through engagement and collaboration with the health sector. This level of collaboration and knowledge sharing is unique across the NSW health sector.
How is RBCO making a difference to cancer outcomes?

**Informing cancer prevention initiatives**
One LHD requested further granularity on its smoking profile data through RBCO to more directly target prevention initiatives at high-risk groups.

**Improving early detection of cancer**
As part of RBCO, one LHD mapped the surgical journey of patients affected by colorectal cancer, identifying reasons for delays with patients with symptoms and positive results to access a colonoscopy.

As a result, a new access model was developed in partnership with surgeons, gastroenterologists and GPs to improve early detection of colorectal cancer. Through this direct access model, the median colonoscopy waiting time for patients with a positive result was reduced from 88 to 44 days.

**Supporting best practice cancer treatment and care**
Using RBCO data, one LHD identified a higher than state average rate of mastectomies as a proportion of breast cancer surgery at one of their hospitals. As a result, the LHD reviewed their surgical guidelines and reduced the number of mastectomies performed to ensure adherence to the guidelines. The LHD has since shared these guidelines with other LHDs to help increase the impact of this work across the state.

**Enhancing knowledge and research capacity**
One LHD has noted that being a pancreatic referral site has led to an increased number of patients for treatment; therefore, it has an increase in local skills, knowledge and ability to offer clinical trials.

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## Exemplar: Reporting for Better Cancer Outcomes Program (cont.)

### Case study: Reporting for better cancer outcomes in Hunter New England LHD

**Program activities**
In Hunter New England LHD, the Reporting for Better Cancer Outcomes (RBCO) Program has supported:
- the establishment of consistent screening and treatment targets, allowing comparison with other health services
- promoting alignment of local strategic plans with NSW statewide plans
- the provision of resourcing, allowing senior health service staff to engage with people affected by cancer to identify gaps in service delivery and opportunities for improvement
- funding of key health service positions to progress new work.

"""RBCO has helped us focus and identify where we have gaps or opportunities for improvement in our cancer services. It helps us to have some local accountability. We like reporting back, seeing results, looking at some of our comparisons with peers, and looking at where there are opportunities to improve cancer care across our district""

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### Evaluation question 5

To what extent have NSW Cancer Plan initiatives facilitated improvements to cancer services?

#### Situation

- Cancer surgery encompasses a vast range of surgical procedures with varying degrees of complexity and associated risks. Oesophagectomies and pancreatectomies are two of the most complex types of surgery to remove cancer.
- International evidence indicates that hospitals performing a higher number of oesophagectomies and pancreatectomies have improved surgical outcomes.

#### NSW Cancer Plan goals and objectives

**Goal 2: Increase the survival of people with cancer**

**Objective:** Reduce variation in outcomes across NSW.

**Cross-cutting issue 2**

**Objective:** Create new knowledge and evidence to drive improved cancer outcomes.

#### Key activities

- In 2011, the ‘Surgical Optimisation – Focusing Cancer Surgical Care for High Risk Procedures – Oesophagectomies and Pancreatectomies Project’ commenced with the aim of optimising the surgical treatment of oesophageal and pancreatic cancers in NSW.
- The intent of this project was to improve patient outcomes by: decreasing mortality, improving patient selection (for treatment or palliation), and continuing to improve the performance of those units that have been identified to continue this surgery.
- Following a statewide advice request process, final surgery sites were endorsed by the Secretary, Ministry of Health and local health districts in April 2014.
- In June 2015, the Cancer Institute NSW released the first biannual public report on the annual average of public and private hospitals performing six or more oesophagectomies and/or pancreatectomies in the last two years.
- Patient information sheets have been developed to increase awareness and understanding of appropriate treatment and recommended treatment locations.

#### Impacts and outcomes

- A statewide service model was developed to improve access to safe, quality surgical oncology services for rare and complex cancers in NSW, from a clear evidence base.
- Increase in the number of patients receiving oesophagectomies and pancreatectomies at high-volume hospitals, and reduction in the number of low-volume hospitals offering and performing planned oesophagectomies and pancreatectomies.
- Public reporting of high-volume hospitals, through Canrefer (see exemplar 65), has enabled people with cancer and referring health professionals to make informed decisions about surgical care.

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### Stage of maturity

1. Initial
2. Developing
3. Foundational
4. Advanced
5. Transformational

#### Future focus areas

- The Surgical Optimisation Working Group will continue working towards delivering agreed priorities and outcomes. Public reporting will be updated on a six-monthly basis.
- It is anticipated this project and service model will be extended to include other priority tumour groups, where there are clear relationships between surgical volumes and improved outcomes for cancer patients.
Evaluation question 6:
To what extent have NSW Cancer Plan initiatives supported the uptake of evidence?

Exemplars

Exemplars also relevant to this question:
• Cancer Stigma Reduction Program (p. 24)
• Lung Cancer Program (p. 42)
• Reporting for Better Cancer Outcomes Program (p. 46)
• Optimising surgical cancer care (p. 49)
• Patient-reported measures (p. 58)
• Strategic cancer research (p. 64)
eviQ Cancer Treatments Online

eviQ is a free, global and open-access website that provides evidence-based information to guide the safe delivery of cancer treatments and patient management at the point of care.

Evaluation question 6
To what extent have NSW Cancer Plan initiatives supported the uptake of evidence?

Situation
- Cancer incidence and mortality rates, access to treatment, and overall cancer outcomes vary greatly across NSW.
- Evidence-based information about cancer treatment is vast. Synthesising this to make it accessible at the point of care supports the delivery of quality cancer care.
- eviQ Cancer Treatments Online was established in 2009 to:
  - provide best evidence-based information on treatment protocols, patient information, clinical tools and resources to assist point-of-care cancer treatment
  - reduce unwarranted practice variation and improve clinical practice
  - increase use of best evidence-based care
  - improve patient outcomes.
- eviQ is managed by the Cancer Institute NSW.

NSW Cancer Plan goals and objectives

Goal 2: Increase the survival of people with cancer
Objective:
- Reduce variation in cancer outcomes across NSW.
- Reduce the gap between evidence and policy.

Goal 3: Improve the quality of life of people with cancer and their carers
Objective: Improve the experience of people with cancer and their carers.

Cross-cutting issue 3: Reduce variation in cancer incidence and outcomes in Aboriginal people across NSW

Cross-cutting issue 4: Improve cancer outcomes for people in rural and remote populations

Cross-cutting issue 5: Improve cancer outcomes for CALD communities

Cross-cutting issue 6: Improve outcomes in cancer for people who are socioeconomically disadvantaged

Cross-cutting issue 7: Accelerate cancer control by strengthening primary and community care

Figure 1: Results from a 2012 survey of 381 health professional eviQ users

- 80% of health professionals agreed that eviQ standards evidence-based cancer care and support.
- 83% of medical clinicians agreed that eviQ increased their knowledge of best evidence-based practice.

Key activities
- Treatment protocols: A multidisciplinary approach is used for protocol development, ensuring information reflects the ‘real world’ experience of currently practising cancer clinicians.
- eviQ Education (eviQEd): This education arm of eviQ was established in 2012 to provide health professionals with interactive educational resources to support the uptake of evidence-based cancer care (see case study on page 54).
- Bibliometrics project: eviQ partnered with Flinders University to develop a sustainable solution for literature searches, which enables easy content maintenance and users to run real-time searches.
- eviQ Aboriginal Health project: In collaboration with Aboriginal Health Workers (AHWs), Aboriginal academics, oncology nurses, pharmacists, educators, key stakeholder groups and community members, a booklet and DVD were developed to support AHWs who are caring for their community members undergoing cancer treatment.
- Patient information sheets: eviQ has developed a suite of plain language information sheets about cancer treatments and their side effects for patients receiving cancer treatments, and their families. The sheets have also been translated into nine languages.
- Union of International Cancer Control (UICC) collaboration: eviQ commenced work with the UICC to investigate opportunities to support evidence-based treatment in low- and middle-income countries. UICC has included eviQ on its Cancer Partnerships Portal.

Stage of maturity

- Initial
- Developing
- Foundational
- Advanced
- Transformational

Impacts and outcomes
- eviQ has sustained collaboration and engagement with more than 760 clinicians over 10 years, ensuring its content is current and relevant to clinical practice.

At December 2015, the eviQ database contained 655 treatment protocols; more than double the 304 protocols available at 1 January 2011.

eviQEd ADAC is available in more than 100 cancer services in NSW and 280 cancer services nationally.

eviQ has been established as a credible source of point-of-care cancer treatment information. It has formal endorsement from every state and territory in Australia, as well as a number of professional colleges and associations.

Results from a 2012 survey of 381 health professional eviQ users found:
- eviQ has improved clinician knowledge of best practice care
- eviQ standardises evidence-based cancer care and support
- eviQ facilitates access to evidence-based information in regional areas
- Patients are better informed about cancer treatment.

Combined 2011 and 2012 data from two local health districts in NSW showed that eviQ protocols were used for 92.2% of lung cancer consultations, 97.0% of breast and 91.2% of colorectal consultations.

eviQ has identified its 200+ protocols that comply with the World Health Organisation (WHO) Essential Medicines List (EML).
Case study: eviQ Education (eviQEd)

Aim: To ensure relevant and accessible resources are available to support the uptake of best practice, evidence-based cancer care.

evIQ Education (eviQEd) was launched in 2012 to provide health professionals with interactive educational resources that are based upon the best, and most current and comprehensive, evidence available.

Drawing on eviQ content, the eviQEd platform integrates with learning management systems within cancer services; allowing for monitoring and tracking of participants, and completion data to be recorded.

Program objectives:
- Provide cost-effective, sustainable and consistent quality of education for cancer health professionals.
- Reduce unwarranted practice variation and improve clinical practice.
- Increase use of best evidence-based care.
- Improve patient outcomes.

Key program initiatives:
- eviQEd resources include:
  - high quality, interactive, scenario-based eLearning guides
  - eQuizzes
  - supervised clinical practice
  - competency assessments
  - clinical skills workshop to consolidate theory into practice.
- At the end of the Cancer Plan (2015), ongoing eviQEd projects included:
  - The Antineoplastic Drug Administration Course (ADAC) program: A national standardised approach to chemotherapy training for nurses that includes four courses: Adult ADAC, Paediatric ADAC, ADAC Reassessment of Clinical Competency and ADAC for the non-cancer setting.
  - Community pharmacy: Online education for community pharmacists who dispense oral antineoplastic drugs and supportive medications.
  - Other courses, including:
    - Introduction to radiation oncology
    - Malnutrition in cancer
    - Paediatric fever and neutropenia
    - Care of the cancer patient in the community.

Program impacts and outcomes

- eviQEd content has been endorsed and integrated into the workflow of oncology treatment centres across the country.
- eviQEd puts NSW at the forefront in supporting evidence-based clinical decision making.
- eviQEd ADAC is available in more than 100 cancer services in NSW and 280 cancer services nationally. As such, it is:
  - providing standardised education that is easily accessible across Australia
  - setting the minimum level competency for nursing staff
  - supporting transferable competency-based accreditation
  - reducing variation in clinical practice and promoting standardised care of patients receiving antineoplastic drugs in outpatient and inpatient settings
  - building the capacity of health professionals to deliver evidence-based care; thus reducing the gap between evidence, clinical practice and policy
  - increasing the uptake of evidence into clinical care to improve the experience of people with cancer.

Exemplar: eviQ Cancer Treatments Online (cont.)

Future focus areas
- Continue to respond to clinical needs.
- Rebuild eviQ onto a new IT platform to ensure its scalability to meet future requirements.
- Establish new (and enhance existing) partnerships with developers of evidence-based resources across Australia and internationally that are wishing to house content on the eviQ platform.
- Leverage the ability to track the use of uniquely-identified chemotherapy treatment protocols within the NSW Cancer Registry, which will allow reporting on the effectiveness of individual treatments and patient outcomes.

280 cancer services across Australia use eviQEd resources

eviQ gives regional and rural health professionals confidence in providing evidence-based care, particularly in situations when they cannot contact a consultant.

Health professional, eviQ evaluation, 2012
Evaluation question 7:
To what extent have NSW Cancer Plan initiatives contributed to improving the experience of users of cancer services?

Exemplars

58 Patient-reported measures
60 Integrated cancer care

Exemplars also relevant to this question:
• Aboriginal Cancer Partnerships Program (p. 32)
• Lung Cancer Program (p. 42)
• Reporting for Better Cancer Outcomes Program (p. 46)
• Optimising surgical cancer care (p. 49)
• eviQ Cancer Treatments Online (p. 52)
Patient-reported measures

Measuring the experiences of patients and reporting back to the health system enables cancer services and health professionals to better understand the unique needs of people affected by cancer.

**Evaluation question 7**

To what extent have NSW Cancer Plan initiatives contributed to improving the experience of users of cancer services?

**Situation**

Understanding a patient’s experience throughout each stage of their cancer journey can enable more personalised treatment and drive improvements in the quality of care provided by cancer services.

**NSW Cancer Plan goals and objectives**

1. **Goal 2: Increase the survival of people with cancer**
   - Objective: Reduce the gap between evidence and clinical practice.

2. **Goal 3: Improve the quality of life for people with cancer and their carers**
   - Objective: Improve the experience of people with cancer and their carers.

3. **Cross-cutting issue 1**
   - Objective: A quality cancer system focused on performance and improving cancer outcomes.

4. **Cross-cutting issue 2**
   - Objective: Create new knowledge and evidence to drive improved cancer outcomes.

**Key activities**

During the Cancer Plan, two projects were designed to better understand the experience of people living with cancer.

1. **Patient experience survey project**
   - This project aimed to develop a framework for describing patient experience and to use the information to improve feedback to the cancer system. It involved three parts:
     - i. **Oversampling of cancer patients**
        - In 2015, the Bureau of Health Information (BHI) surveyed 6,457 hospital inpatients with cancer listed as their primary or secondary diagnosis.
     - ii. **Piloting of the NSW Cancer Patient Experience Survey**
        - Four cancer services in NSW piloted the Cancer Patient Experience Survey tool, which had been pre-tested with consumers. The survey was mailed to 2,400 patients who had accessed the pilot sites between April and July 2015.
     - iii. **Development of prioritised patient experience indicators**
        - The Centre for Health Service Development was commissioned to facilitate the development of a suite of prioritised patient experience indicators to assess the quality of cancer care in NSW local health districts (LHDs) and inform quality improvement efforts.
        - 158 patient experience experts participated in a Delph study to identify potential patient experience indicators. Further refinement has led to the agreement of 10 prioritised indicators.
        - Performance reports for 53 hospitals have been provided to 15 LHDs and tabled in the Reporting for Better Cancer Outcomes (RBCO) consultation process, to help drive local improvements to cancer care (see RBCO exemplar on page 48).

2. **Patient-reported experience project (PROMPT-Care pilot project)**
   - The PROMPT-Care (Patient-Reported Outcome Measures for Personalised Treatment and Care) pilot project involved collaboration between South Western Sydney Local Health District, Illawarra Shoalhaven Local Health District, Ingham Institute for Applied Medical Research, Cancer Institute NSW and the BUPA Health Foundation.
   - The project has involved the integration of a set of validated patient-reported outcomes, capturing information about a patient’s symptoms, distress, quality of life and unmet needs, into the Mosaic Oncology Information System.
   - Patient-reported outcome summaries were generated for clinicians’ use at the point-of-care. Self-management resources were also provided that aligned to the patients’ needs.
   - A suite of quality self-management tools and resources were collated from reputable sources and were provided to patients according to their needs.

**Future focus areas**

- Support people to provide direct and timely feedback about their cancer experience and outcomes. These insights will continue to inform and shape the quality of cancer care and the health system.
- Statewide rollout of prioritised patient experience indicators and the Cancer Patient Experience Survey; further embedding patient-reported outcomes across the health system.
- Development of survivorship care plans and self-management resources for people living with cancer, post treatment.
- Patient-reported measures will be captured to enable linkages with patient outcomes and experience.

**Impacts and outcomes**

- Partnerships with a breadth of key stakeholders to promote the exchange of knowledge and ensure eventual scalability across NSW.

- People affected by cancer reported more positive experiences of care than all NSW patients in the Patient Experience Survey. There were statistically significant differences for 33 of 38 questions. The largest differences were:
  - access to surgery in less than one month (44% for people affected by cancer vs 28% for all NSW patients)
  - whether care was well organised (71% vs 64%)
  - if doctors always knew enough about their medical history (82% vs 71%).

- The Bureau of Health Information published the first Patient Perspectives: People with cancer admitted to hospital report, which, for the first time, provided insight into the experience of patients affected by cancer compared to other patients in NSW. This provides an improved understanding of the patient experience to inform design of future programs.

- The PROMPT-Care pilot project has established the foundations to enhance the health systems’ capacity to embed the collection of patient-reported outcome measures within routine care.

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**Cancer Institute NSW**

NSW Cancer Plan 2011–2015: Evaluation synopsis

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**Clinician involved in the PROMPT-Care pilot study**

“I would have an impression about a patient, but [the patient-reported outcome summary] gave greater granularity about what their needs were.”

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58    NSW Cancer Plan 2011–2015: Evaluation synopsis
Integrated cancer care

Integrated cancer care ensures people affected by cancer have access to the right cancer services at the right time. It empowers people affected by cancer and improves the cancer care experience.

Evaluation question 7
To what extent have NSW Cancer Plan initiatives contributed to improving the experience of users of cancer services?

Situation
- Integrated cancer care involves the management and delivery of health services so that people with cancer receive a continuum of preventative and curative services according to their needs over time, and across levels of the health system.
- Multidisciplinary cancer care is an integrated team approach in which the relevant medical, nursing and allied healthcare professionals consider all treatment options and collaboratively develop a treatment plan.

NSW Cancer Plan goals and objectives

Goal 3: Improve the quality of life for people with cancer and their carers
Objective: Improve the experience of people with cancer and their carers.

Cross-cutting Issue 3
Objective: Reduce variations in cancer incidence and outcomes in Aboriginal peoples across NSW.

Cross-cutting Issue 4
Objective: Improve cancer outcomes for people in rural and remote populations.

Cross-cutting Issue 5
Objective: Improve cancer outcomes for culturally and linguistically diverse communities.

Cross-cutting Issue 6
Objective: Improve cancer outcomes for people who are socioeconomically disadvantaged.

Key activities
- The launch of Canrefer, an online directory for health professionals and people affected by cancer, supported GPs and patients to identify specialists who participate in best-practice, coordinated, multidisciplinary cancer care (refer to case study).
- eviQ patient information sheets were developed to increase access to information for people undergoing cancer treatment (see exemplar on page 52).
- A multidisciplinary team (MDT) sustainability grant program supported the delivery of multidisciplinary treatment plans for each person with cancer, and to communicate treatment plans to the patient and their GP.
- A new coordinated care funding model has supported the delivery of coordinated care to patients most in need through an equity-based model. This included loadings for rural, socioeconomic status, and Aboriginal and culturally and linguistically diverse populations within each local health district.

Stage of maturity

Key activities
- The launch of Canrefer, an online directory for health professionals and people affected by cancer, supported GPs and patients to identify specialists who participate in best-practice, coordinated, multidisciplinary cancer care (refer to case study).
- eviQ patient information sheets were developed to increase access to information for people undergoing cancer treatment (see exemplar on page 52).
- A multidisciplinary team (MDT) sustainability grant program supported the delivery of multidisciplinary treatment plans for each person with cancer, and to communicate treatment plans to the patient and their GP.
- A new coordinated care funding model has supported the delivery of coordinated care to patients most in need through an equity-based model. This included loadings for rural, socioeconomic status, and Aboriginal and culturally and linguistically diverse populations within each local health district.

Stage of maturity

Future focus areas
- Continue to implement initiatives to ensure timely access to multidisciplinary, best practice care and appropriate referral across the cancer care pathway.
- Progress work into data collection methods for coordinated care key performance indicators.
- Further enhance and promote Canrefer as a trusted quality source of information for health professionals and people affected by cancer.
- Incorporate standardised referral pathways on Canrefer once localisation is finalised.
- Work towards local health districts and primary health networks being able to integrate Canrefer directory information into their localised HealthPathways, providing support for best practice multidisciplinary cancer care across NSW.

Case study: Canrefer

Aim: To inform and influence best practice cancer care
Canrefer was launched in 2012 as an online cancer services directory for NSW and ACT. This online tool supports coordinated and multidisciplinary care by listing specialists who participate in multidisciplinary teams (MDT), informing GPs and people affected by cancer about specialists who participate in best practice cancer care.

Program objectives
- Promote best practice multidisciplinary care.
- Influence referral to multidisciplinary cancer care teams.

Program initiatives
Canrefer features:
- only specialists who are a member of an MDT
- a listing of cancer services, specialists and MDTs across NSW and ACT
- promotion of high-volume hospitals for rare cancer surgery, such as oesophagectomies and pancreatectomies.

Enhancement of Canrefer in 2015 included:
- enhancing the search function, including searching by specialist
- consultation with public and private health services that provide cancer services, to ensure the information listed on Canrefer is correct and current
- commencement of a collaborative pilot project with LHDs to establish standardised referral pathways, which will be housed on Canrefer to assist referring GPs and patients as they initiate contact within the cancer system
- new content pages, including hospital, cancer centre and cancer type pages.

Program impacts and outcomes
- Increase in the number of MDTs listed on Canrefer, from 181 in 2012 to 204 in 2015.
- Support and promotion of MDTs has enhanced communication between specialists, patients and their GP.
Evaluation question 8:
To what extent have NSW Cancer Plan initiatives supported the generation of new knowledge and research capacity?

Exemplars

64 Strategic cancer research

Exemplars also relevant to this question:
- Data projects for priority populations (p. 26)
As the largest funder of cancer research in NSW, the Cancer Institute NSW's strategic investment on behalf of the NSW Government is building research capacity, attracting and keeping world-class researchers, fostering innovation and supporting the translation of new discoveries into clinical practice.

Evaluation question 8
To what extent have NSW Cancer Plan initiatives supported the generation of new knowledge and research capacity?

Situation
- Improving cancer outcomes requires new knowledge and innovative approaches to improve cancer prevention, detection, treatment and care.
- Translating new knowledge (cancer research findings) into clinical practice will ultimately impact on health and improve cancer outcomes for the people of NSW.
- The Cancer Institute NSW has invested more than $250 million in cancer research support since 2003. Funding is administered via a competitive grants process headed by the Institute’s Strategic Research Investment division.

NSW Cancer Plan goals and objectives

Goal 2: Increase the survival of people with cancer
Objective: Reduce the gap between evidence and practice.

Cross-cutting issue 2
Objective: Create new knowledge and evidence to drive improved cancer outcomes.

NSW receives 36% of all cancer research funding in Australia, while having 33% of cancer cases

Key activities
Strategic investment in cancer research is generating new knowledge and building research capacity in the following areas:

- Career support for researchers
  190 fellowships have been funded since 2004, including 59 ongoing and 11 new awards in 2014. Key publications are arising from funded fellows who are already having an impact on practice and patient outcomes.

- Support for research infrastructure
  59 infrastructure grants have been awarded since 2011 to further enhance research equipment and infrastructure platforms across NSW.

- Support for resources, infrastructure and personnel to conduct clinical trials
  38 full-time equivalent clinical trial staff positions were funded across the state to support a portfolio of high quality non-industry clinical trials (see case study on page 66).

- Support for translational cancer research
  The Translational Cancer Research Program supports the translation of research discoveries into public benefit, with a final endpoint of impacting upon population health (read more in the case study on pages 67–69).

Impacts and outcomes

NSW receives 36% of all cancer research funding in Australia, while having 33% of cancer cases.

NSW makes a substantial contribution to the generation of new knowledge about cancer: NSW contributes 0.8% of global cancer publications, while only having 0.1% share of the world’s population.

Efficient model of shared and co-funded infrastructure:
- An average of nine groups per month accessed funded research infrastructure.
- Partner organisations contributed an extra $120 for every $1 invested by the Cancer Institute NSW.

Fellows have reported substantial benefits from their fellowships, such as support for long-term career development. For every dollar invested in these fellowships, it is estimated that fellows gained an extra $3 in funding from other agencies, which was in some way attributable to their fellowship.

Translational program grants have resulted in, or contributed to:
- 2 first-in-human studies investigating completely new classes of anti-cancer treatments; and 8 other early phase clinical trials
- more than 600 peer-reviewed publications, which have received over 20,000 citations.

Future focus areas
- Continued investment in efficient models of shared infrastructure; supporting and building the capacity of the cancer research workforce, as well as further developing models to optimise the translation of research into clinical practice to support globally-relevant cancer research.
- Continue to invest in strategic clinical trials structures within local health districts to inform clinical trial selection and implementation, and increased access to quality cancer clinical trials.
- Ongoing collaboration between industry, cooperative groups, NSW Health and local health districts will further improve the clinical trials operating environment in NSW.
- Ongoing investment in translational research capacity will ensure promising research findings are translated into improvements in cancer control.
- Continue to strengthen and enable translational cancer research centres to foster innovation, drive research into practice and embed communities of practice.
Case study: Clinical Trials Program

**Aim:** To build research capacity in NSW by supporting the conduct of quality cancer clinical trials across the state.

Investment in clinical trials infrastructure and resources boosts the capacity of the health system to undertake clinical trials in NSW. This directly supports the pipeline of development of new treatments and interventions for people with cancer in NSW.

**Program objectives**
- Improve patient access to (and increase participation in) relevant cancer trials in NSW.
- Embed clinical trials into the cancer care pathway in NSW institutions, and improve the clinical trial operating environment in NSW.
- The NSW Clinical Trials Program has supported the appointment of 38 full-time equivalent staff across 44 sites within 14 local health districts (LHDs) and two private institutions.
- Since 2012, the Cancer Institute NSW has worked with LHDs, Cooperative Trial Group sponsors and other stakeholders to better prioritise and focus resourcing by developing a portfolio of high-quality industry-independent trials. This represented approximately a third of all recruiting trials in 2014.
- Clinical trial sites across the state report their activity annually (including the number of trials recruiting and enrolments) through the Clinical Trials Web Portal.

**Program impacts and outcomes**
- Overall increase in clinical trial availability, patient participation, trial units in regional areas and high-quality clinical staff.
- In 2015, there were more than 2,000 enrolments into cancer clinical trials in NSW. This equates to 5% of NSW incident cancer cases. This is estimated to be comparable to (or higher than) the US and Canadian participation.
- High level of support for non-industry trials, with NSW contributing 46% of patients to national cooperative group trials in 2014 (compared with a 34% share of incident cancer cases).

**Stage of maturity**

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Translational program grants have resulted in, or contributed to, two first-in-human studies investigating completely new classes of anti-cancer treatments, and eight other early phase clinical trials.

By 2014, there were 760 TCRC members from 83 participating organisations, instigating 125 priority programs and projects.

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Case study: Translational Cancer Research Program

**Aim:** To build translational research capacity that allows more rapid uptake of cancer-related research to improve patient care and health systems.

The Cancer Institute NSW is responsible for delivering the Translational Cancer Research Program through two major investment schemes: translational cancer research centres (TCRCs) and translational program grants.

**Program objectives**
- Increase cancer research capacity in NSW.
- Expedite the uptake of new evidence into clinical practice.

**Program initiatives**
- A total of 10 five-year translational program grants were delivered during the NSW Cancer Plan 2011–2015, each worth between $3M and $3.75M.
- These grants provide funding to world-class, NSW-based researchers who have the potential to improve cancer outcomes globally.
- $75 million was invested in seven TCRCs across NSW, bringing together experts in research, clinical training, education and service delivery to collaborate and facilitate more efficient and effective translation of research into practice.
- TCRCs implemented 125 priority projects.
- Two communities of practice developed
- Experts who usually compete for research funding, sharing expertise and working on common problems.

1. **The Biobanking Stakeholder Network Community of Practice** has reduced the fragmentation of biobanks across NSW and maximised research using biobanks by:
   - establishing a standardised consent process allowing patients to provide consent for unspecified future use of specimens and data
   - linking data and supporting the work of NSW Pathology and the Ministry of Health.

2. **The Implementation Research Community of Practice** supports translation of implementation research findings into policy and practice. Projects include developing an implementation science education program and smoking cessation support for cancer patients.

**Program impacts and outcomes**
- TCRCs have increased the translational cancer research capacity of NSW.
- By 2014, there were 760 TCRC members from 83 participating organisations. 38% of members identify as clinicians or clinician researchers.
- TCRC members received $160 million in combined funding from other sources by 2014.
- TCRCs are bridging administrative and institutional boundaries, having established a formalised way of working together that doesn’t constrain or impede the research.
- 1,000+ publications per year by TCRC members, with 25% of these directly linked to flagship programs.
- Translational program grants have resulted in, or contributed to:
  - 2 first-in-human studies investigating completely new classes of anti-cancer treatments; and 8 other early phase clinical trials
  - more than 600 peer-reviewed publications, which have received over 20,000 citations.

See pages 68–69 for examples.
Translational cancer research is improving cancer outcomes across NSW

Translational research brings together experts in research, clinical training, education and service delivery to encourage collaboration and to facilitate more efficient and effective translation of research into practice.

- **Cancer is still the most common disease causing death in the 800–900 Australian children diagnosed with cancer yearly. Sadly, 150 children in Australia relapse each year and most die of their disease.**

- **The Cancer Institute NSW funding has provided hope for children with relapsed cancer through the support of drug discovery and treatments focused on child cancer.**

- **Our research program developed novel anti-cancer therapies targeting the MYC oncogene, commonly activated in both adult and childhood cancer, for application in several early phase clinical trials.**

- **Professor Glenn Marshall, Sydney Children's Hospital**

- **A translational program grant helped fund the establishment of a high-risk clinic for follow-up and early detection of melanoma. It demonstrated that this can both save lives and provide a cheaper surveillance option in those at highest risk. These clinics are now being rolled out at four specialist and primary locations across NSW.**

- **Professor Graham Mann, Melanoma Institute Australia**

- **As the world's first Institute to focus on asbestos-related diseases, the Asbestos Diseases Research Institute (ADRI) has established a biobank to assist with malignant pleural mesothelioma (MPM) research. In just over four years, this has become Australia's largest repository of MPM tissue and blood samples and has supported their own translational research as well as joint studies with collaborators in Sydney, interstate and overseas.**

- **A first-in-human trial of a new therapy has commenced with positive early results for treating MPM and non-small cell lung cancer. This offers a new approach to therapy for these cancers, for which few treatment options exist.**

- **The fantastic translational program grant has given ADRI wings. Multidisciplinary research intensely focused on mesothelioma (one of the deadliest cancers) forced a breakthrough with a completely new treatment approach. We are now rushing to complete the phase I trial and we will hopefully reach phase II next year.**

- **Professor Nico van Zandwijk (front) with team, Asbestos Disease Research Institute**

**Exemplar: Strategic cancer research (cont.)**

**The [Translational Program Grant] was instrumental in taking PENAO from the lab to cancer patients.**

**Human trials have commenced towards a potentially ground-breaking anti-cancer drug PENAO that shrinks tumours and possibly provides an alternative to chemotherapy. PENAO has now successfully completed phase I testing in patients with solid tumours in Australia, and a phase II study in patients with brain tumours will open for recruitment by the end of 2016.**

**Professor Philip Hogg, Centenary Institute**

**Cancer of the oral cavity is still the most common cancer in Aboriginal and Torres Strait Islander people.**

**The Sydney Children's Hospital is participating in a major new international clinical trial, testing a new drug DFMO. It offers hope to children with hard-to-treat relapsed neuroblastoma.**

**CONCERT**

**Coordinating institution: Ingham Institute for Applied Medical Research**

**Hunter Cancer Research Alliance (HCRA)**

**Coordinating institution: Hunter Medical Research Institute**

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**Professor Glenn Marshall, Sydney Children's Hospital**
Key evaluation findings and considerations

Summary
All exemplars demonstrated positive outcomes and system improvements, against the evaluation questions.

Grouping of exemplars in line with the Cancer Plan goals was an effective way to aggregate activities to assess the contribution to improved cancer control over the period of the Cancer Plan (2011–2015).

No activities warrant cessation. Some initiatives are at an initial stage and the extent to which the objectives of these activities will be achieved is to be determine in future evaluations.

Thematic analysis of all exemplars has identified common and critical factors that have enabled activities to develop to either an Advanced or Transformational level of maturity. These are outlined in Table 3 below.

Table 3. Evaluating against the NSW Cancer Plan 2011–2015 objectives

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<th>Enabler</th>
<th>Considerations</th>
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| Clear purpose established and communicated early | • Strengthens the planning and implementation of activities by establishing a shared understanding of purpose and agreed direction among the Cancer Institute NSW staff, partners and other stakeholders.  
  • Supports program fidelity and the achievement of stated objectives and goals. |
| Use of evidence and data to guide activity | • Activity design and implementation informed by robust evidence has ensured activities are appropriate and targeted to population groups.  
  • Collection and reporting of baseline and trend data for activities enables demonstration of achievement and outcomes, which in turn supports ongoing program development and funding opportunities. |
| Effective collaboration and partnerships | Establishing effective partnerships in design, implementation and review of activities:  
  • fosters increased capacity for implementation  
  • promotes joint ownership and responsibility  
  • strengthens the credibility of activities  
  • increases access and uptake |
| Sustained investment | • Activities have developed in maturity when funding has been sustained over a number of years, allowing continuity of implementation and future planning.  
  • Sustainable funding supports the development of ongoing partnerships and long-term commitment from stakeholders. |

Veronica Manock, 27, has survived melanoma. The high school teacher has now made it her mission to help raise awareness of the importance of sun protection, becoming an ambassador for the 2014/15 Pretty Shady campaign.

“I am living proof that skin cancer doesn’t just target the fair or freckly. Do the little things now to love and look after your skin because you only have one lifetime.”