

## **ELECTION 2010**

### **The Issues**

#### **For consideration by the next Australian Government**

Cancer Voices Australia is the national consumer organisation representing Australians affected by cancer. It aims to ensure the voices of people affected by cancer are heard at a national level.

The 2010 election provides a unique opportunity for the next Australian government to commit to the issues identified by people affected by cancer in this country.

- Travel and Transport Scheme
- Gene patent laws – Senate Inquiry and Review
- Consumers in Research – National Policy
- National Clinical Trials Networks
- Total Review of Cancer workforce – important to look at all professions and allied health to identify gaps across the board.
- Bowel Cancer – Access to Therapies
- Review of MBS Items pertaining to Gene patenting, Lymphodema, MRI and CT
- National Clinical Guidelines for all Cancers
- Amalgamation of CA and NBOCC to benefit ALL people affected by cancer

#### **Travel and Transport Scheme**

The recent investment in the Rural and Regional Cancer Centres will only be a success and improve outcomes for rural and remote patients if the government commits to the introduction of a national patient travel and accommodation assistance scheme that is in keeping with national statements on this issue.

Recent developments along with a commitment from government may provide platform for a long-awaited national solution to remote travel and accommodation schemes - namely including:

- \$560 million in capital funds for a national network of regional cancer centres – which will only achieve their potential to reduce inequity if remote patients can travel to them for treatment
- Commonwealth commitment to “the development of an improved national approach to patient assisted travel”
- National Health and Hospitals Reform Commission’s call for a travel “scheme funded at a level that takes better account of the out-of-pocket costs of patients and their families and facilitates timely treatment and care”<sup>1</sup>

#### **Gene Patent Laws**

CVA contends that human genetic material is not an invention and should not be patented. We have qualified our statement on this matter by undertaking a challenge to the patenting of the BRAC-1 gene - *CVA and Yvonne Darcy v Myriad Corp*

Myriad Corp hold the patent for the testing of the breast cancer gene BRAC-1 and CVA has joined with a breast cancer survivor, Maurice Blackburn and others to challenge the validity of their patent in this country. A recent court decision in the USA overturned the right for Myriad to patent the testing of this gene. This matter is subject to appeal but CVA believes that there is merit in progressing with the matter here in Australia.

The first hearing in regard to this matter was held in the Federal Court on 8 July 2010 – statements of claim were lodged and Myriad has been given 30 days to respond. The next hearing date is scheduled for 13 August 2010.

A simple amendment to the Patents Act 1990 excluding human genetic material from patenting would protect the public interest from commercial gene monopolies.

The Senate has undertaken a review of this issue and CVA contends that the next Australian government can demonstrate show global leadership by committing to a much-needed review of gene patent law.

### **Consumers in Research – National policy National Clinical Trials Networks**

CVA joins with the Cancer Council Australia and COSA and calls on the next Australian government to show leadership in clinical cancer control with a visionary national research strategy that includes consumers, government/s and clinical.

With cancer incidence increasing along with patient expectations and pressures across the health system, now is the time to build on recent national developments in clinical cancer control with an integrated national cancer research strategy based on:

- recurrent funding for independent cancer clinical trials;
- a national tissue bank; and
- a strategy for adopting new technologies such as genetic medicine.

Independent clinical trials conducted by cooperative groups produce the vast majority of advances in cancer care. Recurrent funding for the groups (Commonwealth funds run out this financial year) would maximise return on investment by providing long-term stability, while a coordinated national bio-specimens bank would significantly improve trial efficiency.

A national cancer research strategy should also include a plan for adopting new technologies such as genetic medicine, to ensure Australia takes a proactive rather than reactive approach to harnessing future developments in clinical cancer control. Substantial recent capital investments in cancer centres have laid a platform for such an approach.

**Total Review of Cancer workforce – important to look at all professions and allied health to identify gaps across the board**

Workforce shortages and systemic inefficiencies are restricting access to care across the cancer control spectrum. Documented examples include:

- a recent study showing chemotherapy utilisation in Australia could be as low as 19% (50.8% of cancer patients should receive chemotherapy<sup>ii</sup>), due largely to medical oncologist shortages;<sup>iii</sup>
- ongoing under-utilisation of radiotherapy,<sup>iv,v</sup> linked to shortfalls in the radiation oncology workforce; and
- widely reported barriers for cancer patients requiring psychosocial support.<sup>vi</sup>

The next Australian government has a timely opportunity to address such challenges, given recent developments including:

- the establishment of Health Workforce Australia (HWA), reporting to all jurisdictions through COAG to plan for Australia's changing health workforce needs;
- the allocation of \$429 million in 2010 for new medical training places;
- HWA's plan to allocate up to \$145 million per annum for new clinical training places; and
- more than \$2.5 billion in Commonwealth capital funds invested into cancer infrastructure over the past two years.

Cancer Voices Australia, Cancer Council Australia and COSA call on the next Australian government to build on these developments with a review of the cancer workforce, in partnership with the independent multidisciplinary cancer community.

**Review of MBS Items pertaining to Gene patenting, Lymphodema, MRI and CT**

Cancer Voices have proposed that under a review of the current MBS items be undertaken to ensure that the items listed for cancer treatment and services are current and reflect best practice. It is also the time to ensure that consumers are included in the review process. CVA joins with the Consumers Health Forum, and other Cancer organisations to ensure that best process and transparency is evident throughout the whole process.

CVA has identified the above as issues pertinent to all cancers and will seek agreement from both political parties to address this matter.

**Amalgamation of CA and NBOCC to benefit ALL people affected by cancer**

Cancer Voices Australia (CVA) welcomes the Labor Government's decision to amalgamate Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC). This we believe that this is an appropriate evolution in the Australian Cancer Agenda.

Both organisations are extremely consumer focused and CVA works closely with both entities and we are seeking a commitment from both parties to ensure a smooth transition to a national cancer agency.

We are delighted that CVA has a representative on the Transitional Working Party and we will continue to work with Government to improve the outcomes for cancer patients in this country.

CVA Board - July 2010

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