2019

Needs Assessment Summary

CANCER

phn GOLD COAST

An Australian Government Initiative

Cancer

Local health needs and service issues

• High rates of melanoma across the region.

• Higher rates of colorectal cancer and breast cancer but lower rates of screening compared to national rates.

• Low community awareness of eligibility for cancer screening in Gold Coast region, men in particular.

• High overall incidence of cancer in Gold Coast-North.

• Low participation of BreastScreen in Surfers Paradise and Gold Coast Hinterland

• Low participation in cervical screening in Surfers Paradise, Southport and Gold Coast- North.

• General practice has had limited view of data to support proactive steps with patients.

Key findings

The incidence of new cancer diagnoses on the Gold Coast for common cancers such as breast, colorectal and lung, is generally in line with national averages, with the exception of melanoma (Gold Coast has a substantially higher rate.

Screening rates for breast, bowel and cervical cancer are national performance indicators for all 31 PHNs. Australian Institute of Health and Welfare (AIHW) data from 2015-16 to 2016-17 on participation in cancer screening programs shows that the Gold Coast PHN region has a:

• Lower rate of participation in the National Bowel Cancer Screening Program than state and national rate.

• Lower rate of breast cancer screening through BreastScreen Australia than state and national rate.

• Lower rate of participation in the National Cervical Screening Program than the National average but higher than the Queensland rate.

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

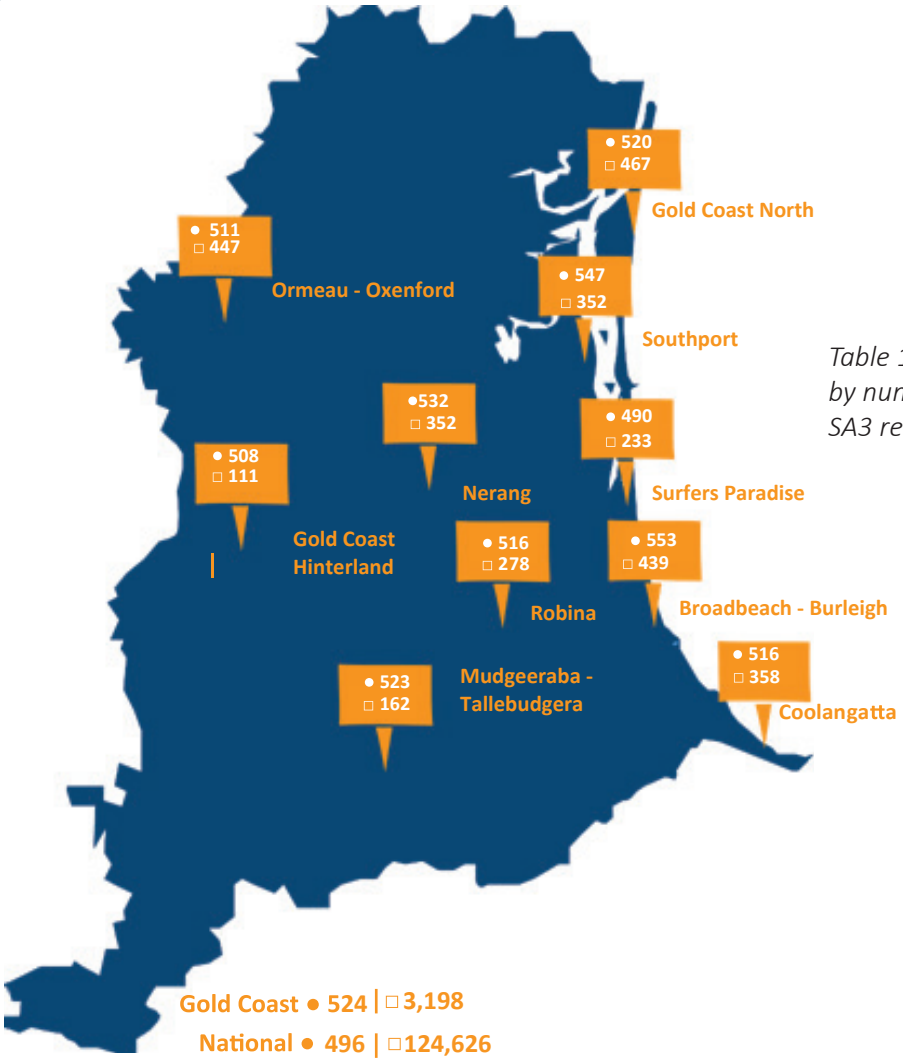
Consultation suggests that low awareness of screening target groups in addition to limited knowledge about client eligibility causes confusion with community and health professionals, resulting in fewer people being screened.

Evidence

Cancer incidence

Figure 1 shows the Gold Coast has a comparable rate of new cancers diagnosed for all types of cancer per 100,000 people compared to the national rate (524 vs. 496 respectively).

Areas within the Gold Coast with the highest rate of new cancers being diagnosed include Broadbeach-Burleigh (553 per 100,000) and Southport (547 per 100,000).



● ASR of new cancers diagnosed, per 100,000 people
□ Average annual number of new cases

Source: Australian Institute of Health and Welfare (AIHW), Cancer statistics for small geographic areas, 2019

Table 1: Average annual number of all cancers combined by number of cases and age-standardised rate (ASR), by SA3 region, 2010-14

Table 1 below provides the incidence of a sample of cancer types across each sub-region of the Gold Coast. The data shows that the Gold Coast region has a comparable rate of new cancers diagnosed compared to the Australian averages for breast, colorectal, lung and prostate cancer. However, the region has a higher rate of new skin melanomas diagnosed (79 per 100,000) when compared to the national figure (50 per 100,000).

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

• Higher number of diagnoses for multiple cancer types in Broadbeach-Burleigh.

• Higher rates of melanoma and prostate cancer cases in Coolangatta.

• Gold Coast North is an area of concern across all cancer types based on incidence rates and total numbers of cases.

• Higher rates of lung cancer and melanoma in Nerang.

• Higher rates and absolute numbers of cases of breast cancer, colorectal cancer and melanoma in Ormeau-Oxenford.

• Higher rates of all cancer types in Surfers Paradise—particularly for breast, colorectal and melanoma,

Table 1: Incidence of various cancer types by number of cases per year and age-standardised rate (ASR), by SA3 region, 2010-14

Region	Breast cancer		Colorectal cancer		Lung cancer		Melanoma		Prostate cancer	
	ASR	No. of cases	ASR	No. of cases	ASR	No. of cases	ASR	No. of cases	ASR	No. of cases
Broadbeach-Burleigh	70	53	62	51	44	37	97	72	84	68
Coolangatta	57	37	53	39	42	30	89	60	80	57
Gold Coast-North	71	60	65	59	48	47	59	49	78	74
Hold Coast Hinterland	52	12	53	11	36	8	77	17	88	22
Mudgeeraba-Tallebudgera	72	24	67	20	34	10	80	25	84	27
Nerang	69	47	62	40	50	33	79	52	75	51
Ormeau-Oxenford	59	55	67	56	37	31	67	62	81	74
Robina	68	35	55	30	36	19	85	44	77	43
Southport	66	41	67	44	50	32	85	53	76	50
Surfers Paradise	66	31	58	27	40	19	72	33	84	43
Gold Coast	73	394	69	377	49	266	79	467	80	509
National	69	15,691	66	14,974	49	11,049	50	12,310	77	19,966

Source: AIHW, 2019 Australian Cancer Database (ACD)

The Gold Coast had a higher incidence of cervical cancer (8.5 per 100,000 females) compared to the national average of 7.3 in 2010-14. At the local level, Gold Coast-North had the highest rate (13.9 per 100,000 Females) in 2010-14.

Incidence of cancer has obvious impacts on individual health and the health system more broadly, which makes monitoring the incidence of new cancers important. AIHW mortality data 1 indicates that within the Gold Coast region between 2012 and 2016:

• There was a total of 5,404 deaths from all cancers in the Gold Coast region.

• Cancer accounted for 8 of the top 20 leading causes of death on the Gold Coast, with these cancer types making up over 20% of all causes of mortality.

• Lung cancer caused 1,016 deaths at a rate of 31.7 deaths per 100,000 persons compared to the national rate of 31.5. It was the 3rd leading cause of death for Gold Coast people.

• Colorectal cancer caused 564 deaths at a rate of 17.1 deaths per 100,000 persons compared to the national rate of 15.7. It was the 6th leading cause of death for Gold Coast people.

• Breast cancer caused 353 deaths at a rate of 19.9 deaths per 100,000 females compared to the national rate of 20.1. It was the 6th leading cause of death for Gold Coast women.

• Prostate cancer caused 458 deaths at a rate of 30.8 deaths per 100,000 males compared to the national rate of 26.2. It was the 4th leading cause of death for Gold Coast men.

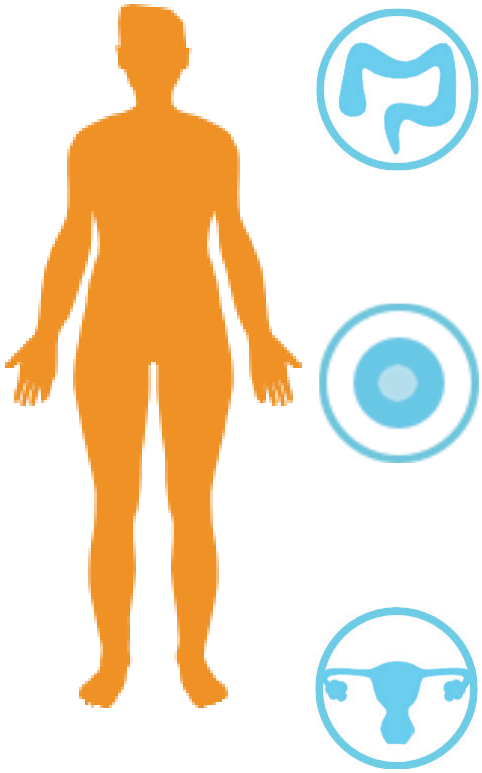
• Melanoma caused 214 deaths at a rate of 6.5 deaths per 100,000 persons compared to the national rate of 6.0. It was the 16th leading cause of death for Gold Coast people.

Service utilisation data

Table 2 shows the rates of participation in national cancer screening initiatives for bowel, breast and cervical cancers in the Gold Coast region in 2016-17. Colour-graded columns provide a visual comparison to the national average for each screening program.

Table 2: Participation rates in national cancer screening programs, by SA3 region, 2016-17 (2015-16 Cervical screening)

Source: AIHW analysis of National Bowel Cancer Screening Program Register, BreastScreen Australia data and state and territory cervical screening register data. (The majority of screening mammography performed in Australia is through BreastScreen Australia. However, a relatively small amount of screening mammography occurs through services other than BreastScreen Australia, which are not within the scope of the data below)



Bowel Cancer Persons aged 50–74 (%)

Broadbeach-Burleigh	41.5%	Robina	39.1%
Gold Coast Hinterland	41.0%	Nerang	38.6%
Mudgeeraba-Tallebudgera	40.0%	Ormeau-Oxenford	38.4%
Coolangatta	39.6%	Surfers Paradise	38.0%
Gold Coast- North	39.6%	Southport	37.9%

Gold Coast 39.2 Queensland 40.8 National 41.3

Breast Screen Women aged 50-74 (%)

Mudgeeraba-Tallebudgera	57.6%	Nerang	53.6%
Broadbeach-Burleigh	56.5%	Ormeau-Oxenford	52.0%
Robina	55.9%	Gold Coast- North	51.7%
Coolangatta	55.5%	Gold Coast Hinterland	49.4%
Southport	54.9%	Surfers Paradise	46.9%

Gold Coast 53.5 Queensland 55.1 National 54.5

Cervical Screening **Women aged 20-69 (%)**

Coolangatta	60.1%	Robina	54.5%
Broadbeach-Burleigh	59.7%	Ormeau-Oxenford	52.5%
Mudgeeraba-Tallebudgera	58.9%	Gold Coast-North	51.6%
Nerang	55.3%	Southport	50.0%
Gold Coast Hinterland	54.9%	Surfers Paradise	49.4%

Gold Coast 54.2 Queensland 53.6 National 56.0

There was a lower rate of participation in the National Bowel Cancer Screening Program for Gold Coast residents aged 50-74 years (39.2%) when compared to both Queensland (40.8%) and national (41.3%) rate in 2016-17. Bowel cancer screening rates sat below national rates in all regions of the Gold Coast, except Broadbeach- Burleigh with particularly low rates in Surfers Paradise, Southport and Ormeau-Oxenford. SA2 regions on the Gold Coast that had low rates of bowel cancer screening included Coomera (32.7%), Merrimac (35%), Upper Coomera-Willow Vale (35.1%) and Southport (35.6%). Southport had the largest number of invited participants to be screened on the Gold Coast, while Upper Coomera-Willow Vale was the 7th highest invited to be screened among the SA2 region on the Gold Coast

The rate of women aged 50-74 years participating in BreastScreen Australia screening services in 2016-17 on the Gold Coast (53.5%) was lower than rates in Queensland (55.1%) and national (54.5%) rate. Five SA3 regions on the Gold Coast recorded BreastScreen rates higher than the national rate. Recent data provided by BreastScreen shows that the number of Gold Coast women accessing screening services is increasing, with a total of 32,425 women screened during 2016-17, up from 31,459 women two years prior. National and Gold Coast screening rates vary by age across the target age range of 50-74 years—rates are lowest in women aged 50-54 years (49.4%) and highest in 65-69 years (59.7%).

The rate of women aged 20-69 years participating in Cervical screening services 2015-16 on the Gold Coast (54.2%) was above the Queensland rate (53.6%) while below the national rate (56.0%). There were several SA3 regions with lower rates of participation in the National Cervical Screening Program, particularly Surfers Paradise (49.4%), Southport (50.0%) and Gold Coast North (51.6%). Screening rates vary by age across the wide target age group for screening of 20-69 years which has now changed to 18-74 in 2017. Based on 5-year age categories, rates were lowest amongst women aged 20-24 years (44.9%) and increased up to a peak in women aged 45-49 years (61.1%), then decreased again in older age groups.

Service system

Services	Number in GCPHN Region	Distribution	Capacity Discussion
General practice	202	Broad distribution and availability across region	∞ Screening for cervical cancer ∞ Skin checks for melanoma ∞ Limited integration of utilisation and results data with general practice impacts follow up, availability and accessibility ∞ National cervical screening program will have electronic results going to GP by end-2017 ∞ Screening relation information events very well attended
BreastScreen	4	3 permanent sites (Southport, West Burleigh and Helensvale) 1 mobile service visiting 6 locations (e.g. Tamborine Mountain, Nerang, Elanora, Robina)	∞ Public breast screening ∞ Fewer permanent sites than comparative HHS regions (e.g. Sunshine Coast area) ∞ Previously long wait times but now under 2 weeks due to growing private screening market ∞ Follow up occurs at Southport site ∞ Follow up of abnormal results usually incurs a 2 week wait as service is often at capacity ∞ BreastScreen and GPs ∞ BreastScreen has set a screening target of 34,000 for Gold Coast region in 2017-18
Private breast screening clinics	11	Majority of providers along Eastern strip of Gold Coast	∞ Growing market—some private imaging clinics, some women's health-focused ∞ Eligible for Medicare rebate—out-of-pocket costs still generally apply

National Bowel Cancer Screening Program (NBCSP)	1	Eligible people aged 50 – 74, identified by Medicare and Department of Veterans' Affairs, are posted a faecal occult blood test (FOBT) kit and invited to complete the test.	∞ People of all ages can also source a FOBT privately through some pharmacies, pathology companies and organisations such as Bowel Cancer Australia and Rotary. ∞ These are not integrated with the national system or factored into local bowel cancer screening participation rates. ∞ Current roll-out of NBCSP results sent electronically to GP ∞ Follow up of abnormal results from the program incurs a variable wait time, with service within the public health system often at capacity. ∞ People with a positive result may also choose to follow up with a private referral. ∞ Some people who are eligible for the NBCSP screen via private colonoscopy which provides added cost and health risk.
Skin clinics	32	Spread across region	∞ An identified shortage of culturally appropriate and culturally safe services inhibits access for CALD and Aboriginal and Torres Strait Islander consumers

Consultation

Community and stakeholders identified:

• Many people in the community are not aware of cancer screening target groups.

• There is negative stigma with the screening process itself.

• There are low levels of health literacy in specific pockets of the population which adversely influences screening awareness and uptake.

• Barriers to general practice playing a more prominent role in screening include:

• Invitations to participate in the National Bowel Cancer Screening Program are sent out to eligible Australians separate to general practice, with GPs initially left out of the loop

• While FOBT kits are easily available, those not being integrated with NBCP makes it difficult for GPs to receive information and provide follow-up.

• While results from BreastScreen and BowelScreen are now coming directly into general practice software, GPs are not made aware of Bowelscreen service decliners, so they can't be proactively followed up.

• The way the national bowel screening program operates leads to duplications e.g. if a person has a private colonoscopy, they may still receive a kit for screening.

• People attending private breast screening services are not entered into the state reminder system

• Cultural complexities may inhibit screening for some groups.

• Regularly changing eligibility criteria and national priorities

• Funding model for screening in practices influences uptake and cost effectiveness of consultation
The change for cervical cancer screening to a 5-year timeframe is causing some anxiety for women so education is needed to support the change.

The Gold Cost PHN's Community Advisory Council (CAC) 2017, noted a limited awareness in Gold Coast community regarding screening and eligibility requirements:
• 66% knew about cervical cancer screening.

• 75% knew about breast cancer screening.

• 50% knew about bowel cancer screening.

Only 50% indicated they were aware of target groups for the different screening services.

The CAC also noted:

• The community expects health professionals to notify/remind them to get screened, carry out the screening test if relevant and make referral if required – this ranked as more important than providing them with information on what screening services are available.

• The community has differing attitudes towards public and private screening services.

• The community identified difficulty accessing services and report high complexity navigating the system.

• There is a "yuck" or "embarrassment" factor in breast, bowel and cervical screening that inhibits uptake (Oct 2017).

What we understand works

Australian Government National Bowel Cancer Screening Program (NBCSP)

From the commencement of the NBCSP in mid-2006 up to mid-2014, over 2.5 million Australians were screened, with 3,989 people found to have suspected or confirmed cancers and 12,294 diagnosed with advanced adenomas (i.e. a benign tumor that may become cancerous). A 2014 study found that people who were invited to screen through the NBCSP had 15% less risk of dying from bowel cancer and were more likely to have less-advanced bowel cancers when diagnosed, than people who were not invited[2]. It is expected that from 2016 to 2020 approximately 9,000 suspected or confirmed cancers and over 26,000 advanced adenomas will be detected and removed. This will significantly reduce the burden of bowel cancer on Australians and their families.

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

National Cervical Screening Program

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

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

•Women will be invited when they are due to participate via the National Cancer Screening Register.

• The Pap smear will be replaced with the more accurate Cervical Screening Test to detect human papillomavirus (HPV) infection, which is the first step in developing cervical cancer.

•The time between tests will change from two to five years.

• The age at which screening starts will increase from 18 years to 25 years.

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

BreastScreen Australia

When free BreastScreen Australia services started in 1991, the rate of mortality due to breast cancer was 68 deaths per 100,000 women, which decreased to 43 deaths per 100,000 women by 2010. This decrease is due to the early detection of breast cancer through mammogram and the effective treatment for breast cancer. Detecting any abnormalities early ensures that women have all treatment options available to them. The earlier breast cancer is found, the better the chance of surviving it. It is recommended that women aged 50-74 years without breast cancer symptoms should have a screening mammogram every two years, as more than 75% of breast cancers occur in women aged over 50. BreastScreen Australia has a program participation target of 70% of women in the target age group, which has not been met previously at a national level. Women aged 40-49 and 75 and over are eligible to receive free mammograms but do not receive an invitation to attend. It is estimated that around 8 deaths from breast cancer will be prevented for every 1000 women screened every two years from age 50 to age 74, based on evaluation of mammographic screening in Australia[3].

Gold Coast Primary Health Network

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"Building one world class health system for the Gold Coast."

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An Australian Government Initiative