Gold Coast Primary Health Network NEEDS ASSESSMENTS 2020 CANCER



An Australian Government Initiative

CANCER

Local health needs and service issues

- High rates of melanoma across the region compared to national rates.
- Slightly 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 rate of participation of BreastScreen in Surfers Paradise and Gold Coast Hinterland
- Low rate of National Bowel Cancer Screening Program participation in Southport, Ormeau-Oxenford, Surfers Paradise and Nerang
- Low rate of participation in cervical screening in Surfers Paradise, Southport, and Gold Coast- North.
- Low number of participation in all cancer screening in Ormeau-Oxenford
- General practice has had limited view of data to support proactive steps with patients.



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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, except for 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 2017-18 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 (NBCSP) compared the national rate.

- Lower rate of breast cancer screening through BreastScreen Australia than the national rate.
- Lower rate of participation in the National Cervical Screening Program than the National 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. Surfers Paradise) 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.

During the COVID-19 pandemic, there is a growing concern that people may be staying away from their doctor, for fear of contracting the virus or not wanting to waste their GP's time. However, the National Bowel Cancer Screening Program continues to mail out faecal occult blood test to eligible people, and elective procedures continue to be offered through most public and private health providers. Breastscreen Queensland services are also back to "business as usual" following a brief suspension. Eligible patients are strongly encouraged to continue cancer screening as part of their routine health care.

Evidence

Cancer incidence

Figure 1 shows the Gold Coast has a slightly higher 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).



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 slightly higher rate of new cancers diagnosed compared to the Queensland rate for breast, colorectal, lung, melanoma, and prostate cancer.

Incidence of various cancer types

Data analysis at a more granular level provides further insight into smaller geographic regions where increased effort may be required to prevent and treat types of cancer.

- Gold Coast age standardised rate (ASR) for breast cancer (71) above Queensland ASR (66) with Gold Coast-North (81) having the highest ASR among the 10 SA3 regions on the Gold Coast
- Gold Coast ASR for colorectal cancer (59) slightly below Queensland ASR (60)
- Gold Coast ASR for lung cancer (46) slightly below Queensland ASR (47)
- Gold Coast ASR for melanoma (82) above Queensland ASR (47) with Broadbeach-Burleigh (165) having the highest ASR among the 10 SA3 regions on the Gold Coast

SA3 Region	Breast	cancer	Colorect	al cancer	Lung	cancer	Mela	noma	Prostat	e cancer
	Avg. no. of	ASR	Avg. no. of	ASR	Avg. no. of	ASR	Avg. no. of	ASR	Avg. no. of	ASR
Broadbeach-Burleigh	56	72	46	53	41	46	83	107	67	165
Coolangatta	41	62	38	49	34	43	77	111	52	142
Gold Coast-North	74	81	60	60	57	55	66	73	79	160
Gold Coast Hinterland	17	71	16	70	10	40	18	85	20	151
Mudgeeraba-Tallebudgera	27	76	22	65	14	43	26	75	28	158
Nerang	55	74	45	62	37	50	54	76	52	142
Ormeau-Oxenford	73	67	63	63	41	42	77	73	83	161
Robina	40	72	30	50	24	40	43	76	41	145
Southport	46	70	47	66	39	54	52	77	48	144
Surfers Paradise	33	65	29	54	24	43	39	76	41	145
Gold Coast	462	71	397	59	320	46	535	82	512	153
Queensland	3,435	66	3,161	60	2,523	47	3,885	75	4,081	154

Table 1. Incidence of various cancer types within SA3 regions, by average number of cases per year and age-standardised rate (ASR), 2013-17

Source. Queensland Health. Oncology analysis system (OASys). Cancer Alliance Queensland, Queensland Cancer Control Analysis Team: Brisbane; 2020. https://cancerallianceqld.health.qld.gov.au/applications/qool. Accessed 21/08/2020.



Cancer mortality

Incidence of cancer has obvious impacts on individual health and the health system more broadly, which makes monitoring the incidence of new cancers important. AIHW mortality data¹ indicates that within the Gold Coast region between 2014 and 2018:

• Cancer accounted for 6 of the top 20 leading causes of death on the Gold Coast from 2014 to 2018.

• Lung cancer caused 1,062 deaths at a rate of 29.4 deaths per 100,000 persons on the Gold Coast, same as the national rate of 29.4. It was the 3rd leading cause of death for Gold Coast people from 2014 to 2018.

• Colorectal cancer caused 657 deaths at a rate of 18.2 deaths per 100,000 persons on the Gold Coast compared to the national rate of 22.0. It was the 6th leading cause of death for Gold Coast people from 2014 to 2018.

• Prostate cancer caused 479 deaths at a rate of 12.8 deaths per 100,000 persons on the Gold Coast compared to the national rate of 13.3. It was the 7th leading cause of death for Gold Coast people from 2014 to 2018.

• Pancreatic cancer caused 386 deaths at a rate of 10.7 deaths per 100,000 persons on the Gold Coast compared to the national rate of 11.8. It was the 10th leading cause of death for Gold Coast people from 2014 to 2018.

• Breast cancer caused 364 deaths at a rate of 10.4 deaths per 100,000 persons on the Gold Coast compared to the national rate of 12.2. It was the 11th leading cause of death for Gold Coast people from 2014 to 2018.

1 AIHW, 2019. MORT (Mortality Over Regions and Time) books: Primary Health Network (PHN), 2014-2018



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 2017-18.

Table 2: Participation rates in national cancer screening programs, by SA3 region, 2017-18 (2015-16 cervical screening)

Bowel Cancer Persons aged 50-74 (%)

		2 1 1 1 4 1 3 4 1	
Broadbeach - Burleigh	41.2	Gold Coast - North	39.6
Gold Coast Hinterland	41.2	Nerang	38.8
Coolangatta	40.4	Surfers Paradise	38.8
Robina	40.0	Ormeau - Oxenford	38.7
Mudgeeraba - Tallebudgera	39.8	Southport	37.5

Gold Coast 39.5%, National 40.8%

Breast Screen Women aged 50-74 (%)

Mudgeeraba - Tallebudgera	56.0	Nerang	51.8
Robina	54.5	Ormeau - Oxenford	51.2
Broadbeach - Burleigh	54.0	Gold Coast - North	50.0
Coolangatta	53.9	Gold Coast Hinterland	48.3
Southport	52.7	Surfers Paradise	45.7

Gold Coast 51.8%, National 54.8%

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
Gold Coast Hinterland	54.9	Surfers Paradise	49.4

Gold Coast 54.2%, National 56%

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)

In 2017-18, participation in the National Bowel Cancer Screening Program among Gold Coast residents aged 50-74 years (39.5%) was lower compared to national and state (40.8%) rate. Bowel screening participation was lowest in SA3 regions of Southport, Ormeau-Oxenford, Surfers Paradise and Nerang. SA2 regions with low participation rates include Merrimac (33.7%), Coomera (34.6%), Southport (35.4%) and Pimpama (35.4%)

The rate of women aged 50-74 years participating in BreastScreen Australia screening services in 2017-18 on the Gold Coast (51.8%) was lower than the National (54.8%) rate. Mudgeeraba-Tallebudgera (56%) was the only SA3 region on the Gold Coast that recorded BreastScreen rates higher than the national rate. 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 (45.3%) and highest in 65-69 years (58.2%) on the Gold Coast.

The rate of women aged 20-69 years participating in Cervical screening services 2015-16 on the Gold Coast (54.2%) was 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	207	Broad distribution and availability across region	 Screening for cervical cancer Skin checks formelanoma 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 Cancer screening training and information event well attended in region
BreastScreen	4	3 permanent sites (Southport, West Burleigh and Helensvale) 1 mobile service visiting 6 locations (Tamborine Mountain, Nerang, Elanora, Beenleigh, Pimpama and Beaudesert)	 Public breast screening Fewer permanent sites than comparative HHS regions (e.g., Sunshine Coast area) Wait times at the Gold Coast Service are currently 2-4 weeks, partly due to the temporary suspension of screening in response to COVID-19 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 33,000 for Gold Coast region in 2020-21
Private breast screening clinics	5	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.	 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.
Private bowel cancer screening			 Non-program FOBTs can be sourced privately through some pharmacies, pathology companies and organisations such as Bowel Cancer Australia and Rotary. These are not integrated with the National Cancer Screening Register or factored into local bowel cancer screening participation rates 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 Mostly located at medical centres	 An identified shortage of culturally appropriate and culturally safe services inhibit access for CALD and many 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 issued through NBCSP are not being integrated with the National Cancer Screening Register making 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 fol lowed 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 "embarrassment" factor in breast, bowel and cervical screening that inhibits uptake

What we understand works National Bowel Cancer Screenng Program (NBCSP)

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

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

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.

Women aged 70 to 74 years will be invited to have an exit test.

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

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 Australia₃.

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