Victorian cancer plan 2024–2028

Optimal and equitable cancer outcomes for all Victorians

VICTORIA
vernment
Department of Health

Acknowledgement

The Victorian Government respectfully acknowledges the Traditional Owners of the lands on which we live and work. We recognise that Aboriginal people in Victoria continue to practise their lore, customs and languages, and maintain their spiritual and cultural connections to the land and water.

We extend our deepest respect and gratitude to ancestors, Elders and leaders – past and present – who have paved the way with strength and courage for future generations.

We are committed to building a future based on equality, truth and justice, and recognise the systemic injustices faced by Aboriginal people. As we work to ensure the thriving of Victorian Aboriginal communities, we honour the invaluable contributions of generations of Aboriginal warriors and matriarchs who have fought tirelessly for the rights and self-determination of their people. We are now privileged to be part of that vision.

Additionally, the Victorian Government acknowledges the lived experiences of consumers affected by cancer and those involved in their care. Your insights have guided the development of a plan that addresses the diverse needs and challenges faced by Victorians. With your voices at the forefront, we are dedicated to fostering a health system rooted in equity, empathy and understanding.

To receive this document in another format, email Policy, Engagement and Projects <cancerplanning@health.vic.gov.au>.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

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Terminology

Advance care planning

A process of planning for future health and personal care where the person's values, beliefs and preferences are made known to guide decision making at a time when that person cannot make or communicate their decisions.

Cancer pathway

Describes the stages of the cancer experience from prevention through to end-of-life care. The cancer pathway is unique to a person affected by cancer. It is not linear and people may move in and out of the pathway and cancer system at different stages of their journey.

Cancer system

The interconnected elements of Victoria's cancer prevention, screening, treatment, supportive care and research networks that support the delivery of optimal health outcomes for all Victorians. This includes public and private health services; primary, community and acute settings; research institutions; non-government and advocacy organisations; consumers and those involved in their care.

Carer

A person who provides care and support for their partner, friend, family member or other loved one and who plays an important role in the cancer care team.

Consumer

People, families, carers and communities who are current or potential users of health services. Consumers play an active role in navigating the cancer pathway and make decisions about prevention, screening, treatment, managing symptoms and accessing support services.

Clinical trial

A research study that assigns participants to one or more health-related interventions to test new ways to diagnose, treat and manage cancer. This can include trials to test a new drug, device, surgical method, radiation therapy, exercise or behaviour.

End-of-life care

The care delivered to people with progressive, incurable illness to live as well as possible until they die. End-of-life care allows the supportive and palliative care needs of both the patient and those involved in their care to be identified and met.

Equity

A state of fairness in which all people have the same opportunity to attain their full health potential, regardless of their background, characteristics or beliefs.

Multidisciplinary care

A team approach where health professionals work together to plan treatment and care for individual cancer patients.

Optimal Care Pathways

These are frameworks for delivering consistent, safe, high-quality and evidence-based care for people affected by cancer. They identify the key points along the cancer care pathway and optimal model of care required. They are intended to improve patient outcomes by enabling consistent care based on evidence and best practice across the state. The principles underpinning the Optimal Care Pathways focus on the patient.

Palliative care

Care that improves the quality of life of both people facing life-threatening or life-limiting illness and those involved in their care. Palliative care prevents and relieves suffering through early identification and high-quality assessment and treatment of pain and other needs.

Person-centred care

Care where the consumer is involved in all planning and decision making, and care that aligns with the consumer's priorities.

Prevention

Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health. Prevention includes modifying certain cancer-causing risk factors to reduce the likelihood of developing cancer.

Priority populations

Groups of people who have distinct and varying needs in cancer prevention, screening and care due to factors such as ethnicity, cultural background, geographic location, age, gender, sex, sexual orientation, socioeconomic status, family violence or disability.

Screening

Programs that look for early signs of cancer or indications that a person is more likely to develop cancer before a person has symptoms.

Specialist palliative care

Palliative services provided in acute inpatient settings.

Supportive care

Services used by patients to assist with needs beyond treatment, including self-help, information, psychological support, symptom control, social support, prehabilitation, rehabilitation, spiritual support, palliative care and bereavement care.

Survivor

A person who has been diagnosed with cancer, from the time of diagnosis.

Survivorship

A phase of care that follows primary treatment for cancer. Survivorship can include support for rehabilitation, help to detect and prevent new or recurrent cancers, psychosocial support and community-based support.

The department

The 'department' refers to the Victorian Department of Health.

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Minister's foreword

Victoria is a world leader in cancer survival rates. This is a testament to our relentless pursuit of excellence in health. But our work is far from over.

We must strive for more equitable access and outcomes for all Victorians affected by cancer. We must also acknowledge the impacts that the COVID-19 pandemic had on the healthcare system, including cancer detection and care, and make sure we get back on track so Victorians continue to experience the best health outcomes.

This plan outlines how we will improve cancer outcomes, building on the success of our previous endeavours.

Our first legislated cancer plan in 2016 set forth the ambitious goal of saving 10,000 lives by 2025. I am proud to say we have already met that target.

I want to acknowledge the invaluable contributions of our dedicated health professionals, especially during the COVID-19 pandemic, in helping us reach this target. Their unwavering commitment to the wellbeing of Victorians is truly commendable.

Since the first legislated cancer plan, we have seen remarkable improvements in cancer care in Victoria. The human papillomavirus vaccination program and renewal of the cervical screening program, including introducing self-collection, has brought within sight the eradication of cervical cancer as a public health threat. Advances in genomics and the development of targeted therapies are increasing treatment options for Victorians with cancer and improving their quality of life. Efforts to curb tobacco and e-cigarette use have yielded tangible results in cancer prevention.

We are proud of these achievements but remain focused on what we can do better and how we can continue to improve. The data is clear: while Victoria has some of the best cancer survival outcomes in the world, inequities still exist in cancer prevention, treatment, supportive care and survival.

For this reason, the *Victorian cancer plan 2024–2028* commits to driving progress towards more equitable health outcomes for all Victorians. By leveraging the opportunities called out in this plan, we aim to ensure every person receives the care and support they deserve, regardless of their circumstances. This includes improving the availability of culturally appropriate services and care, increasing timely access to screening and diagnostic services, expanding access to clinical trials and supporting health outcomes that matter to patients.

Let us recommit ourselves to the bold vision of making Victorians the healthiest people in the world. Together, with determination and compassion, we will build on our achievements, reduce disparities and, ultimately, alleviate the burden of cancer on our community.

The Hon Mary-Anne Thomas MP
Minister for Health
Minister for Health Infrastructure
Minister for Ambulance Services

Introduction

Cancer touches the lives of countless Victorians, whether through personal experience, the journey of a loved one or the broader impact on our community. We have a deep sense of purpose and commitment to improving outcomes for all Victorians.

In 2022, 35,656 Victorians were diagnosed with cancer and 11,829 died due to this disease. While Victoria has made significant progress under the previous cancer plans, the number of people being diagnosed continues to increase. The number of new cancer diagnoses per year is anticipated to reach 51,000 people by 2036.

The COVID-19 pandemic had a significant impact on cancer prevention, screening, treatment, supportive care and research. This led to fewer than expected new cancer diagnoses between 2020 and 2022.

To get Victoria back on track and to address the expected additional cancer diagnoses due to this delay, the *Victorian cancer plan 2024–2028* will have a renewed focus on cancer screening and early detection, particularly in priority populations.

The *Victorian Improving Cancer Outcomes Act 2014* requires a cancer plan to be prepared every 4 years. The plan must:

- report on the status and burden of cancer in Victoria
- establish Victoria's objectives and policy priorities
- state how these objectives and policy priorities will be achieved based on available evidence
- outline how the department will work with stakeholders to achieve the objectives and policy priorities.

The cancer plan represents a pivotal moment in our ongoing efforts to address the challenges of cancer. Our third legislated cancer plan builds on the foundation laid in the previous plans. It sets ambitious goals to address the burden of cancer.

The cancer plan identifies drivers to:

- prevent cancer
- increase survival rates
- improve people's experience of the cancer treatment and care system
- deliver more equitable outcomes for Victorians with cancer.

There are 3 main elements to the cancer plan:

- 9 **goals** that set out the objectives of the plan
- 4 **principles** that drive the development and implementation of the plan
- 5 **pillars of change** that reflect the shared system-level priorities across the cancer pathway.

The pillars of change and actions set out in the cancer plan will frame our collective efforts to improve cancer care and outcomes for all Victorians over the medium and longer term.

Victorian cancer plan 2024–2028 – at a glance

LONG-TERM GOALS (2040)

- Achieve equitable outcomes for all Victorians
- Halve the proportion of Victorians diagnosed with potentially preventable cancers
- Ensure Victorians have the best possible experience of the cancer treatment and care system
- Increase 1 and 5-year survival of Victorians with cancer

MEDIUM-TERM GOALS (2030)

- Eliminate hepatitis B and C as public health concerns in Victoria
- Eliminate cervical cancer as a public health problem in Victoria (2035)
- Increase the proportion of women who rescreen for breast cancer within 27 months after the first screen to more than 75%
- Increase to 90% the proportion of patients who die from cancer who had received specialist palliative care within 12 months before their death
- Increase the overall number of new clinical trial enrolments in rural and regional areas in Victoria by 30%

PRINCIPLES

- Every Victorian can expect equity of access and outcomes
- Care is person-centred
- Care is evidence-based, safe and high quality
- Wellbeing, survivorship and recovery is a priority

PILLARS

1. Consumers are active partners in their health and wellbeing
2. Empowering Victorians to prevent cancer
3. Optimal access and care across the cancer pathway
4. A workforce that can deliver now and into the future
5. System design and delivery driven by research, data and intelligence

ACTIONS

- Support Victorians to quit smoking and continue to strengthen tobacco and e cigarette controls
- Support effective skin cancer prevention strategies
- Support Victorians to live healthy, active lifestyles
- Prevent cancers related to viral infections

- Improve timely and equitable access to screening and diagnostic services, focusing on priority populations
- Improve participation rates of the National Bowel Cancer Screening Program
- Support implementation of the National Lung Cancer Screening Program
- Drive delivery of optimal cancer care through uptake of Optimal Care Pathways
- Ensure Victorians have access to the latest cancer treatments and clinical trials
- Support initiatives to increase the number of women who rescreen for breast cancer
- Support initiatives to increase access to palliative care

- Build and retain a strong cancer workforce with a focus on workforce gaps including regional and rural areas
- Strengthen capability within the healthcare workforce to improve linkages across the cancer pathway
- Build a strong and supported Aboriginal workforce
- Enhance partnerships between clinical, academic and research institutions to support innovation and the workforce of the future

- Improve access to clinical trials in regional and rural areas
- Improve understanding of cancer outcomes through expanded linked data
- Improve access to cancer screening data to increase screening participation rates
- Improve collection of, and access to, cancer staging data

Cancer in Victoria

INCIDENCE AND MORTALITY

2022

35,656 Victorians diagnosed with cancer

11,829 Victorians died from cancer

Melanoma, prostate, breast, bowel and lung cancer account for **56%** of all cancer diagnoses **in Victoria**

1 in 3 men & **1 in 4 women** will develop cancer by the age of 75. This number is expected to increase as Victorians continue to live longer.

6,660 estimated fewer cancer diagnoses **2020–2022**

There were about **6,660 fewer** cancer diagnoses than expected between **2020 and 2022**.

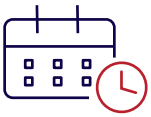
Regional Victoria

The rates of some cancers are higher in regional Victoria than in major cities.

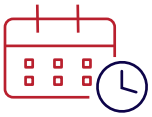
head and neck cancer diagnoses are **33% higher**

Melanoma diagnoses are **47% higher**

SURVIVAL



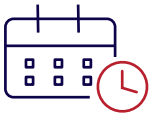
5 year survival rate across all cancers



Over the past 30 years there has been a

49% increase

in the **5-year survival rate** for cancer

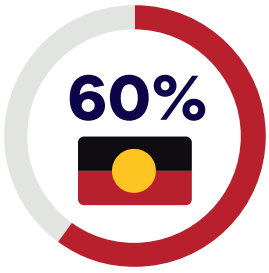


In the past 4 decades

Victorians alive today have been diagnosed with cancer.

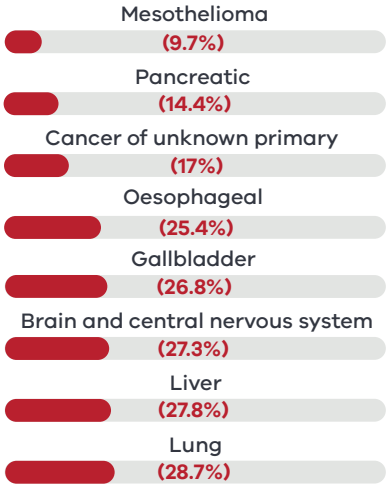
INEQUITABLE OUTCOMES

Aboriginal people living in Victoria survival rate

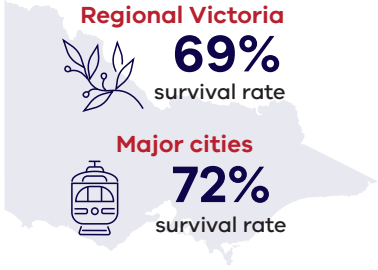


This is **12% lower** than for non-Aboriginal Victorians at **72%**

Cancers with the lowest 5-year survival are:



People living in regional Victoria have a lower 5-year survival rate (69%) than people living in major cities (72%)



Source: Victorian Cancer Registry 2023

System strengths

Victoria's success in delivering world-leading cancer outcomes is underpinned by the strengths of our health system. These strengths include Optimal Care Pathways and strong research capabilities, underpinned by strong partnerships and integration with the health and community sectors, consumers and those involved in their care.

Optimal Care Pathways

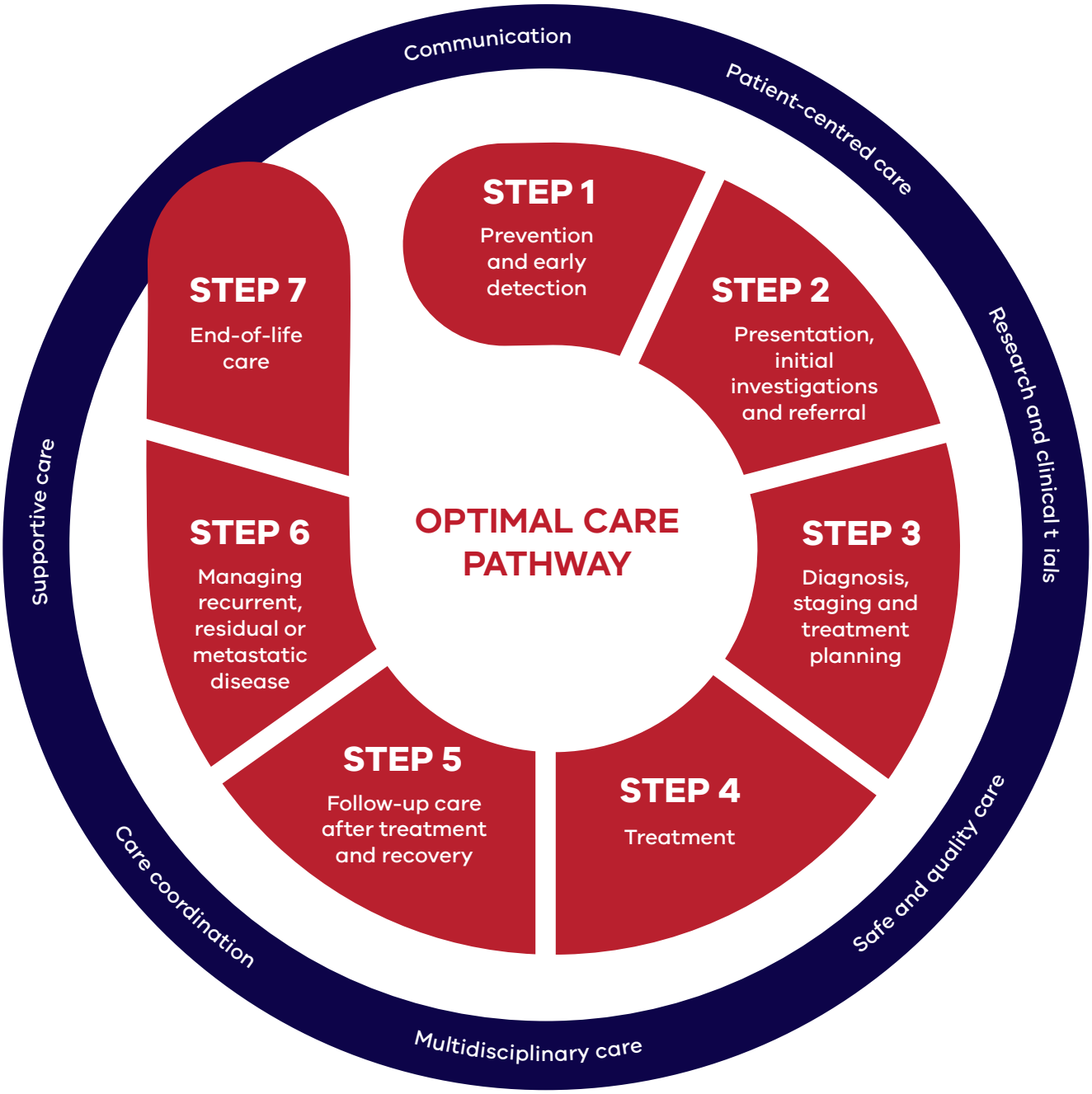
Optimal Care Pathways are frameworks for delivering consistent, safe, high-quality and evidence-based care for people affected by cancer (Figure 1). Originating in Victoria, the Optimal Care Pathways have gained Australia-wide acceptance. They are now the foundation for the *Australian cancer plan's* objective to achieve world-class health systems for optimal care.

The pathways are integral to Victorian cancer plans. It is the Victorian Government's expectation that all health services (public and private) adopt the Optimal Care Pathways into routine cancer care.

The Optimal Care Pathways cover every step from prevention and early detection through to recovery, living with a chronic disease and end-of-life care. They aim to improve patient outcomes through promoting safe, timely and quality cancer care. The pathways aim to ensure all people diagnosed with cancer receive the best care, irrespective of where they live or receive cancer treatment.

Optimal Care Pathways have now been developed for 25 tumour types. There is a specific Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer and an Optimal Care Pathway for adolescents and young adults with cancer. The Optimal Care Pathways are available for health professionals working with people affected by cancer. Consumer guides are also available to help people know what to expect after a cancer diagnosis and questions they may like to ask health professionals.

Figure 1: The Optimal Care Pathway



Research

Victoria has a strong health and medical research sector that helps identify effective, evidence-based ways to deliver better health outcomes for all Victorians, generating $3.90 for every $1 invested.

Victoria's research and industry ecosystem includes:

- strong contract research organisations and successful clinical trial providers
- a range of key opinion leaders that are based in Victoria and lead global studies
- locally based MedTech and biotech 'scale ups' bringing new cancer treatments to market.

Victoria is home to many talented health and medical researchers who are leaders in their field. They generate groundbreaking research that has a significant impact on outcomes across the cancer continuum.

The Victorian Government has a strong commitment to the cancer research workforce through its annual funding round for fellowships and grants (Figure 2). Between 2020 and 2024, more than 97 cancer researchers were supported through its fellowships and grants schemes via the Victorian Cancer Agency grant process, the Victorian Medical Research Acceleration Fund and through the mRNA Victoria Research Acceleration Fund and the mRNA Victoria Activation Program.

Recognising the significant impacts that the COVID-19 pandemic had on the research sector, in 2022 the Department of Health provided research recovery payments to 36 health services, universities and medical research institutes. This provided salary support to department-funded cancer research fellows when laboratories were at reduced capacity during lockdown.

To support equity and collaboration in cancer research, as well as prioritise research targeting low-survival cancers, the 2022 and 2023 annual funding round included a Low-Survival Cancer Philanthropic Research Fellowship scheme. The intended outcomes of this scheme are to prioritise low-survival cancer research and increase awareness of the work of the low-survival cancer philanthropic partners.

Figure 2: Targeted funding rounds to support equity priorities in the Victorian cancer plans

YEAR	TARGETED FUNDING ROUNDS
2018	Improving Aboriginal Cancer Outcomes Improving Upper Gastrointestinal Cancer Outcomes Low-survival Grants-In-Aid in partnership with Cancer Council Victoria
2019	Cancer Prevention and Screening Low-survival Grants-In-Aid in partnership with Cancer Council Victoria
2020	Mitigating the impact of COVID-19 on Cancer Research Workforce
2021	Quality and Safety in Cancer Care Research Grants Cancer Trials Management Scheme in Survivorship and Supportive Care in partnership with Cancer Council Victoria
2022	Low-survival Cancer Philanthropic Cancer Research Fellowships in partnership with LiverWELL, Lung Foundation Australia, Ovarian Cancer Australia and Pancare Foundation
2023	Low-survival Cancer Philanthropic Cancer Research Fellowships in partnership with Carrie's Beanies for Brain Cancer and Ovarian Cancer Australia Palliative Cancer Care Research Grants (including one reserved grant awarded to a rural/regional applicant and project)

Victorian cancer plan – policy context

The cancer plan is also supported by a range of initiatives across Victoria and throughout Australia. These are outlined in Supporting work and initiatives.

Our journey so far

Progress against the goals of the Victorian cancer plan 2020–2024

SHORT-TERM GOALS → 2024

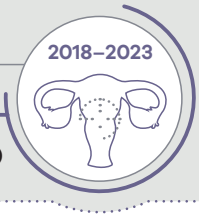
GOAL 1: at least 80 per cent of hospital and health service retail outlets and vending machines meet recommended Victorian Government food and nutrition standards

Food and drinks target

GOAL 2: encourage an additional 10,000 under-screened women to have a cervical screen through the self-collection pathway

106,053
self-collection test taken

37,329
under-screened (including unscreened)



GOAL 3: increase access by 20 per cent for symptom and urgent review clinics for chemotherapy patients, to avoid emergency presentations for vulnerable patients

Number of Symptom and Urgent Review Clinics

1 2013

20 2023

GOAL 4: increase by 50 per cent, in people who have metastatic cancer, the proportion of people with an advance care directive

4.8% 2016 (baseline)

10.9% 2023

GOAL 5: increase the overall number of new clinical trial enrolments in rural and regional areas in Victoria by 30 per cent

Rural/ regional

356 (2016) → 785 (2023*)

* Data collection for clinical trials in Victoria has changed since the 2016 data was reported. The updated 2023 figure is based on a data source that more accurately captures clinical trial enrolments in regional areas.

MEDIUM-TERM GOALS → 2030

GOAL 6: save 10,000 lives by 2025

Goal by 2025

10,000 lives saved

Goal reached 2021

12,656 lives saved 2015–2022

GOAL 7: 90 per cent reduction in the number of new infections of hepatitis B and C

HBV ↓65% 2014–2023

HCV ↓81% 2014–2023

Goal by 2030 ↓90%

MEDIUM-TERM GOALS CONTINUED...

GOAL 8: eliminate cervical cancer as a public health problem in Victoria

Eliminating cervical cancer as a public health problem in Victoria by 2035 is in line with the national strategy that could make Australia the first country in the world to actively achieve elimination

Cervical cancer incidence

new cases per 100,000 pop

6.4 2010 **5.8** 2022

WHO target **<4.0**

Vaccination

HPV vaccination coverage in 15-year-old adolescents

85% 2024

National Cervical Cancer Elimination Strategy target **90%** 2035

Cervical screening

79% of eligible people aged 25-74 participated in the cervical screening program between 2018-2022

2017–2021 **71.9%**

2018–2022 **79.3%**

GOAL 9: increase the number of women who rescreen for breast cancer to more than 75 per cent

62.3% 2015–2016

55.3% 2020–2021

Goal by 2030 **>↑75%**

GOAL 10: 90 per cent of cancer patients receiving specialist palliative care within 12 months prior to death

69% 2014

64% 2022

Goal by 2030 **90%**

LONG-TERM GOALS → 2040

GOAL 11: halve the proportion of Victorians diagnosed with preventable cancers

340 /100K **2014**

311 /100K **2022**

Goal **170**/100K **by 2040**

↓50% preventable cancers

GOAL 12: achieve equitable outcomes for all Victorians

This goal recognises geographical, socioeconomic, environmental and cultural factors via measures for incidence and premature death

GOAL 13: ensure Victorians have the best possible experience of the cancer treatment and care system

Adult patients attending ED (well managed) **70%** 2023

98% (very) satisfied 2023

Children/ adolescents admitted to hospital **93%** 2021

GOAL 14: increase one- and five-year survival of Victorians with cancer

One-year survival

82.7% 2010 → **85.3%** 2021

Five-year survival

68.1% 2010–2014 (baseline) → **71%** 2017–2021 (baseline)

by 2040 **Improving** ↑

KEY ✓ Goal met

Priority next steps

While we are proud of Victoria's achievements, this cancer plan focuses on what we can do better over the next 4 years. Two major priority areas have emerged from Victoria's health outcomes data:

- The need to drive **greater equity** in access to cancer prevention, treatment and supportive care. This will help achieve improvements in survival rates for priority groups to enable comparable outcomes across the Victorian population.
- The need for a **renewed focus on cancer screening and early detection** to improve participation rates to detect early signs of disease, either before a cancer has developed or in its early stages before any symptoms occur, when early interventions can be most successful.

We will review existing improvement and research programs to ensure they support achieving the government's goals for optimal care, access and outcomes for Victorians affected by cancer.

The priorities in the cancer plan are driven by what the cancer sector, consumers and those involved in their care told us is needed to improve cancer outcomes and care. A strong and sustainable workforce, consumers engaged as partners, embedded prevention strategies and improved data access and pathway navigation will all contribute to better outcomes for Victorians.

Equitable health outcomes for all Victorians

While Victoria has some of the best cancer survival outcomes globally, differences still exist in people's experience of cancer prevention, treatment, supportive care and survival (Figure 3).

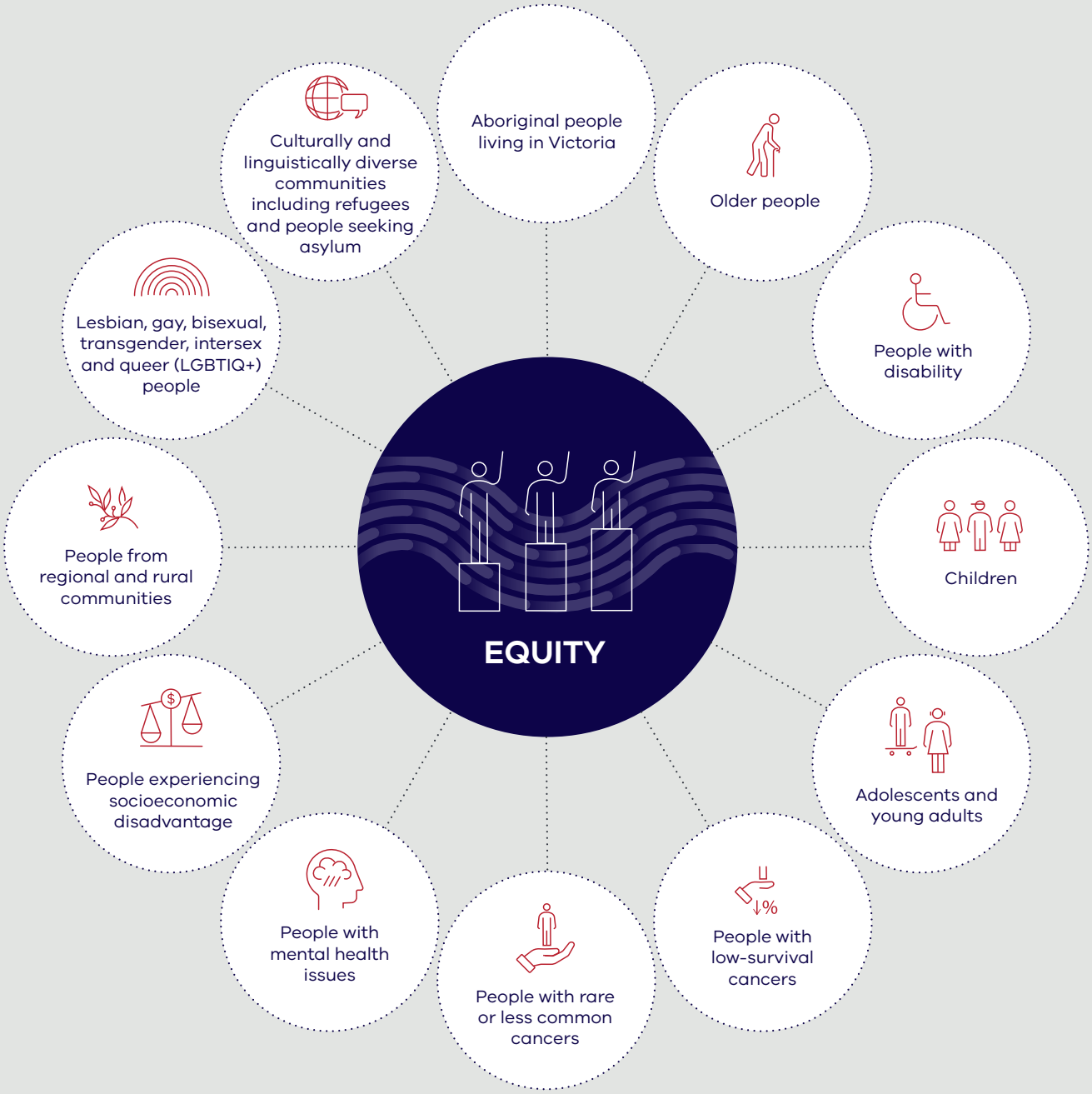
Figure 3: Equity in cancer outcomes

Source: Victorian Cancer Registry 2023

The cancer plan will continue to work towards health equity across the cancer pathway for Victorians affected by cancer.

Victoria's cancer system needs to consider and respond to the diverse and intersecting identities, needs and experiences of all priority populations in Victoria (Figure 4).

Figure 4: An equitable approach for priority populations



Closing the cancer gap for Aboriginal people living in Victoria

The Victorian Government is committed to improving cancer outcomes for Aboriginal people living in Victoria through a self-determined and strengths-based approach to closing the care gap across the cancer journey.

In 2020 the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) initiated and led development of the *Victorian Aboriginal Cancer Journey Strategy* – Victoria's first Aboriginal cancer care strategy.

The strategy aims to provide a coordinated and holistic approach to Aboriginal cancer care in Victoria. It draws on the cultural strengths of Aboriginal communities, incorporates Aboriginal ways of knowing, being and doing and addresses the social and economic determinants of health that affect cancer outcomes.

The strategy embeds self-determination, culture and kinship as core principles for improved cancer outcomes. VACCHO developed the strategy in partnership with:

- Aboriginal Community Controlled Organisations (ACCOs)
- community members with lived experience of cancer and their families
- the Aboriginal workforce
- mainstream cancer control organisations, including health services and regional cancer centres.

The strategy has 4 strategic directions:

- self-determination
- a strong and supported Aboriginal workforce
- cultural connection
- a culturally safe and responsive health system.

The cancer plan aligns with and supports the priorities of the strategy. Activities under the cancer plan that will work towards the priorities of the strategy include:

- improving the availability of culturally responsive screening and care
- building a strong and supported Aboriginal cancer workforce
- increasing culturally responsive care through the Optimal Care Pathway for Aboriginal people with cancer.

Responsibility for implementing the strategy will be shared between the Victorian Government, the Aboriginal community-controlled sector and the health system. The Victorian Government will work with partner organisations over the life of the cancer plan to implement the *Victorian Aboriginal Cancer Journey Strategy*.

Improving screening and early detection rates

Cancer screening programs look for early signs of the disease or indications that a person is more likely to develop the disease in the future. Early detection of cancer increases the chances of successful treatment. Detecting and treating precursors to cancer can prevent the cancer from developing at all.

Cancer screening programs aim to reduce the number of deaths due to cancer by using evidence-based approaches to target specific age and population groups. Australians with abnormalities diagnosed through national cancer screening programs have a 54 to 63% lower risk of dying from breast cancer (AIHW 2018a) and are 40% less likely to die from bowel cancer (AIHW 2018b) compared with Australians diagnosed another way.

BreastScreen Victoria delivered the highest number of breast screen appointments in the program's history in 2023–24. Victoria is also on track to eliminate cervical cancer as a public health problem by 2030, ahead of the national goal of 2035. While these achievements show that great progress has been made, there is still work to do.

Targeted action will be required to improve Victoria's bowel screening rates, which are below the goal to increase uptake to 60%. The new National Lung Cancer Screening Program, due to begin in July 2025, will require collective efforts to ensure the success of the program and deliver earlier detection of lung cancer.

Victorian cancer plan 2024–2028

Development of the cancer plan

The Victorian Government undertook an extensive research and consultation process to develop the cancer plan. This process ensures the plan is evidence-based, high-impact and relevant for all Victorians.

Elements of the cancer plan

The cancer plan focuses on achieving broad system change for improved outcomes for Victorians over the medium and long term. Medium- and long-term goals from previous plans have been included in the cancer plan to be achieved by 2030 and 2040, to continue the momentum built over previous years. Activities delivered through the cancer plan will focus on the immediate priorities identified through data and stakeholder engagement.

The cancer plan has 5 pillars of change aligned to strategic opportunities. The pillars frame our collective efforts to improve cancer care and outcomes over the next 4 years. The 5 pillars reflect the shared system-level priorities across the cancer pathway where the biggest impact on cancer outcomes can be made.

All pillars have equal importance in achieving the goals of the cancer plan. The pillars are interrelated and recognise the complex and intertwining nature of Victoria's cancer system.

Priority goals are identified under each pillar. While all activities will work together to achieve the goals of the cancer plan, priority goals have been specified for each pillar where the actions for the pillar will have the biggest impact on achieving that goal.

How we will deliver the cancer plan

The Victorian Government will work with partners and stakeholders to deliver the actions outlined in the cancer plan. Over the next 4 years, these actions will be reviewed and refreshed based on the evolving evidence base.

The *Victorian cancer plan monitoring and evaluation framework* will continue to help measure progress towards the goals in Victorian cancer plans. It will monitor the impacts of efforts to improve cancer outcomes and will link with measures outlined in the *Victorian public health and wellbeing outcomes framework*. The Victorian Government will report against the goals and targets of the cancer plan through the monitoring and evaluation framework every 4 years.

The Victorian Cancer Patient Experience Survey will also be used over the life of the cancer plan to monitor the experience of cancer patients during treatment. Priority populations will be engaged to understand their experiences and inform targeted responses to current and emerging equity issues.

Pillar one

Consumers are active partners in their health and wellbeing

Overview

Consumers and those involved in their care offer valuable insights into the lived experience, preferences and needs of people navigating the cancer pathway. Consumer voices and experiences drive health service and health system improvement and improve people's experiences and outcomes.

PRIORITY GOALS

Ensure Victorians have the best possible experience of the cancer treatment and care system

The Victorian Cancer Patient Experience Survey results show systemic improvement in the patient experience of care at all points of the cancer journey.

For example, data from the 2022 survey showed that 98.3% of adults admitted to public hospitals due to cancer reported a positive overall health experience (Victorian Agency for Health Information 2023). This dataset is an important tool to support health services and health professionals to improve how they deliver care.

In addition, in 2022, 91% of women who had a mammogram by BreastScreen Victoria rated the service as highly satisfactory (Department of Health 2023).

Rationale

Enhancing the ability of the cancer system to listen and respond to consumer voices is essential to achieving equitable health outcomes for all Victorians. People impacted by cancer, including those involved in their care, should have access to accessible, culturally safe and appropriate services. Consumers have differing needs and supports should be tailored to enable the delivery of person-centred care.

Central to engaging consumers in their own care is improving their knowledge and health literacy about cancer. By empowering people with accurate and accessible information about cancer prevention, symptoms, screening and treatment options, we can significantly improve early detection rates and improve health outcomes. This includes improving understanding of the financial implications of a cancer diagnosis on an individual and those involved in their care and improving IT literacy so consumers can benefit from telehealth and other digital health tools.

Improved health literacy also enables consumers to:

- make informed decisions about their care
- better communicate with health professionals for collaborative decision making
- navigate complex cancer pathways more effectively
- advocate for themselves and others affected by cancer.

When it comes to research, involving consumers meaningfully in every aspect – not just clinical trials – is an important lever to translate research into everyday practice. This leads to best practice, world-leading, high-quality cancer care and outcomes.

In striving towards the principles of self-determination and reciprocity in cancer research, implementing *marra ngarrgoo, marra goorri:* the Victorian Aboriginal Health, Medical and Wellbeing Research Accord will facilitate culturally safe and ethical Aboriginal research. VACCHO is leading this work with the support of the Victorian Government.

Not all Victorians are equally affected by cancer. Those in priority population groups experience inequities in accessing services and care that is often compounded by intersecting forms of discrimination and marginalisation.

Cancer incidence and mortality has worsened for Aboriginal people living in Victoria over the past 10 years, while it has stayed stable for non-Aboriginal people living in Victoria (Victorian Cancer Registry 2023). This means the incidence and mortality gap between Aboriginal and non-Aboriginal people living in Victoria is growing. Aboriginal people living in Victoria are also more likely to be diagnosed with late-stage or preventable cancers, increasing the likelihood of poor health outcomes.

Actions

Improve and promote accessible information to consumers

The Victorian Government will work with health services, consumers and those involved in their care to improve and promote accessible and high-quality information. Health information, advice about appropriate support and care services and advice about the financial implications of cancer treatment and care are important for all consumers and those involved in their care.

We will also work with health professionals to improve their communication skills so consumers can readily understand and act on the information.

Through this collaboration, we will ensure Victorians receive culturally sensitive and linguistically and age-appropriate health information in a format best suited to their needs.

Improving health literacy will empower people to make informed decisions about their health and give them confidence to navigate the complexities of cancer prevention, screening, diagnosis and treatment.

CASE STUDY

Engagement with multicultural communities to increase participation in breast screening

Based on BreastScreen Victoria's 2020–22 participation data, 24.5% of the target breast screening population in Victoria speak a language other than English at home. Low to no English literacy is a key barrier to screening in many culturally and linguistically diverse communities. To address these barriers, BreastScreen Victoria has established an evidence-based re-engagement model delivered by a team of bilingual engagement officers. It includes in-language SMS reminders and outbound calls and group screening sessions with an in-person interpreter.

More than 3,500 culturally diverse clients who were overdue for screening have booked an appointment as a direct result of the model since 2021. In addition, more than 40 group screening sessions have supported upwards of 300 culturally diverse clients to have a breast screen.

In embracing Victoria's cultural diversity, BreastScreen Victoria continues to focus on addressing cultural and linguistic needs to ensure it provides equitable access to screening for clients from all backgrounds.

Collect, monitor and respond to consumer feedback in care, service delivery and system design

Through seeking, acknowledging and valuing consumer perspectives, Victoria's cancer care system can cultivate the trust, transparency and collaboration needed to promote shared decision making and patient-centred care. This is supported by the value-based healthcare approach for Victoria's health system that prioritises embedding consumers and those involved in their care in service delivery and system design to improve patient outcomes.

Ensuring the cancer system is responsive to consumer voices will support equitable access to high-quality care and improved health outcomes for priority populations.

The Victorian Government will work with health services to monitor and embed consumer feedback into care, service delivery and system design.

Improve the availability of culturally responsive screening and care services for Aboriginal people living in Victoria

The Victorian Government will work with Aboriginal-led organisations and health services to improve the accessibility of culturally responsive services and care for Aboriginal people living in Victoria.

The Victorian Government will partner with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to lead Aboriginal screening and care initiatives and engage with Aboriginal people living in Victoria to understand their unique needs and preferences.

This will involve supporting VACCHO to embed a self-determined approach to the holistic wellbeing of Aboriginal people living in Victoria. Delivering culturally responsive services across the cancer pathway is driven by the priorities identified in the *Victorian Aboriginal Cancer Journey Strategy* and in alignment with the *Aboriginal Health and Wellbeing Partnership Agreement 2023–2033*.

This collaborative effort aims to improve health outcomes and reduce disparities for Aboriginal people living in Victoria.

CASE STUDY

Culture in screening and early detection

The Victorian *Aboriginal Cancer Journey Strategy* outlines the significant benefits that embedding culture in cancer screening programs has on Aboriginal people. The Beautiful Shawl Project is a community-led initiative, driven by the needs of Aboriginal women and steered by Aboriginal services. The project provides customised shawls to Aboriginal women that are culturally appropriate, familiar and designed by Aboriginal artists to wear during their breast screen.

In 2024, we celebrate 7 years of the partnership between VACCHO, BreastScreen Victoria and the Victorian Aboriginal Health Service. The Beautiful Shawl Project continues to grow year on year, with 27 Victorian ACCOs, health services and other Aboriginal-led services involved with the project.

Between September 2018 and June 2024, 1,312 Aboriginal women had breast screens as part of The Beautiful Shawl Project. Of these, 513 were first-time screeners and 368 were overdue for screening.

Building on the success of the project, the Department of Health now supports an ongoing partnership between the Australian Centre for the Prevention of Cervical Cancer and VACCHO to bring cultural safety and comfort to Aboriginal people during a cervical screen.

The cervical screening self-collection kit features:

- artwork celebrating women's health and Aboriginal culture
- a patient instruction card specifically developed to meet the needs of Aboriginal communities
- a Women's Business brochure developed by VACCHO and Cancer Council Victoria.

Aboriginal women and people with a cervix who choose, or need, clinician-provided cervical screening are offered a covering featuring artwork by an Aboriginal artist to use during the consultation that they can keep. Between July 2022 and June 2024, 6,181 self-collection kits and 5,253 coverings have been distributed to 103 organisations, including all ACCOs in Victoria that provide cervical screening.

Improve access to appropriate services and care for priority populations

The Victorian Government will work with partner organisations to identify opportunities to improve access and care across the cancer pathways for priority populations.

This includes culturally responsive care for multicultural communities, people with disability and age-appropriate services and care for paediatric, adolescent, young adult and older patients. An ageing well lens that factors in the diverse needs of people of all ages and their different abilities into program and service design and delivery will be encouraged.

The Victorian Government will work with priority populations, including through the CALD Health Advisory Group, to ensure policies and services reflect the broad diversity of the Victorian population. This work will contribute to the cancer plan goal to achieve equitable outcomes for all Victorians by 2040.

CASE STUDY

Support for people from refugee backgrounds

The Cancer Support for People of Refugee Background initiative is a joint effort between Bendigo Community Health Services, Loddon Mallee Integrated Cancer Service and the Bendigo Regional Cancer Centre. Launched in November 2022, it addresses healthcare disparities experienced by refugee communities in Bendigo, which hosts about 3,500 Karen and 300 Afghan refugees.

The initiative employs bicultural staff, equipped with firsthand refugee experiences, who play a crucial role in implementing culturally sensitive interventions and facilitating community education sessions tailored to cultural beliefs and language preferences. This has led to increased screening participation and the development of accessible resources. Cancer Council Victoria provided training to build staff competencies in supporting communities through understanding cancer and screening, diagnosis, treatment and advance care planning, fostering equitable access to cancer care.

> *"This project not only benefits the community but also the workers, it's improved my knowledge of facts about cancer, and treatment pathways. I also have the confidence to support family and community outside of work. The cancer project has also had a positive impact on our community's access to healthcare as they may not fully understand the information being presented or be able to actively participate in discussions. We can support or advocate for them in both languages.'"*
>
> Karen bicultural project worker

Supporting work

This work is supported by the *Victorian Aboriginal Cancer Journey Strategy 2023–2028*. The strategy seeks to address the disparities for Aboriginal Victorians with cancer and their carers/families through a self-determined, place-, strengths- and outcomes-based approach across the cancer pathway.

Initiatives under the cancer plan will also align with the updated *Victorian carer strategy*, due for release in 2025.

CASE STUDY

Adolescent and young adult Optimal Care Pathway

The Optimal Care Pathway for adolescents and young adults with cancer was developed by the Paediatric Integrated Cancer Service (PICS) and the Victorian Adolescent and Young Adult Cancer Service at Peter MacCallum Cancer Centre with advice from the Victorian and Tasmanian Youth Cancer Action Board. As outlined by one consumer:

> *Being diagnosed with cancer as a young person changes everything. Without warning, your life is on hold, and your ambitions and dreams are suddenly very far away.*
>
> *Understanding the needs of young people and their family is key to ensuring they receive the care, support and information they need to navigate their cancer diagnosis, during treatment and beyond.*

CASE STUDY

Aboriginal culture in the cancer care journey: Cancer Patient Journal

The Aboriginal and Torres Strait Islander Cancer Patient Journal is a collaborative initiative between VACCHO and Echuca Regional Health, developed in partnerships with local Aboriginal Community Controlled Organisations (ACCOs). This initiative designed by Mob, for Mob, aims to empower Aboriginal people by providing a culturally responsive and comprehensive resource for self-advocacy and social and emotional wellbeing.

The journal consolidates the complex information patients receive during their treatment and care journey into a relatable and strengths-based document. It incorporates the cultural dimensions of a cancer journey that are specific for Aboriginal patients and their families. By reducing the overwhelm experienced at each stage of clinical treatment and care, the journal helps patients and their families make informed decisions and exercise self-determination.

Journalling and reflection provide a therapeutic medium for emotional expression and progress tracking, allowing patients to navigate their experiences and feelings through their cancer journey. Other resources provide connections to wraparound support services and community organisations, ensuring patients can access a network of care and advocacy while recording their wishes for the future.

Pillar two

Empowering Victorians to prevent cancer

Address risk factors to reduce the likelihood of Victorians developing cancer

Overview

Taking action to prevent cancer offers the most long-term, cost-effective approach to reduce cancer rates in Victoria and achieve the goals outlined in the cancer plan.

Victoria has a strong history of leading the way in cancer prevention with decisive, world-leading action on tobacco use and skin cancer and cervical cancer prevention. Continued effort is needed to encourage and empower all Victorians to live healthier lives and reduce the impact of risk factors that can lead to cancer.

PRIORITY GOALS

Halve the proportion of Victorians diagnosed with potentially preventable cancers

It is estimated that one-third of all diagnosed cancers are preventable – about 37,000 cancer cases across Australia each year (Whiteman et al. 2015). This represents a key opportunity to reduce the incidence of cancer in Victoria.

Actions in the cancer plan focus on reducing the occurrence of potentially preventable cancers to meet this goal. Reported incidence may underestimate the actual occurrence.

Eliminate hepatitis B and C as public health concerns in Victoria

Most primary liver cancers are caused by untreated chronic hepatitis B or C infections. This is why the cancer plan is increasing its efforts to eliminate hepatitis B and C as public health concerns by 2030. Through this goal, the Victorian Government commits to:

- reducing the number of newly acquired hepatitis B and C infections by 90%
- increasing the proportion of people living with hepatitis B and C to know their diagnosis to 90% and 97%, respectively
- increasing the total proportion of people living with chronic hepatitis B receiving care to 90%; for people living with chronic hepatitis B and eligible for treatment, increase the proportion receiving antiviral treatment to 27%
- increasing the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antivirals treatment to 96%.

Eliminate cervical cancer as a public health problem in Victoria (2035)

Australia could become the first country globally to eliminate cervical cancer by 2035 if vaccination for HPV and cervical screening coverage are maintained at their current rates.

Victoria is on track to eliminate cervical cancer as a public health problem by 2030. To achieve this, we will increase vaccination and screening in priority populations.

Rationale

One in 3 cancers can be prevented by reducing exposure to risk factors including the following:

- **Smoking tobacco.** Despite considerable progress in reducing smoking rates, tobacco smoking remains the leading preventable cause of cancer in Victoria. It is responsible for more than 80% of lung cancer cases in the Western world (Thandra et al. 2021) and is a contributory risk factor for many other cancers, including oral cancers (Cancer Council Australia n.d.). Emerging challenges such as vaping are disrupting the significant achievements made to date in tobacco control.
- **Ultraviolet (UV) radiation.** Skin cancer is the most common type of cancer in Australia (Australian Bureau of Statistics 2022). At least 2 in 3 Australians can expect to receive a diagnosis of skin cancer at some point in their lives (Olsen et al. 2022). Skin cancers cause a substantial burden on patients and those involved in their care, healthcare services and the economy, despite being preventable through UV radiation protection measures.
- **Being overweight or obese.** This significantly increases the risk of many preventable cancers including breast (post-menopause), bowel, stomach, thyroid and prostate cancer. Being physically active and maintaining a healthy diet can also protect against many cancers including breast, bowel and uterine cancer (Cancer Council Australia n.d.).
- **Viral infections.** Hepatitis B, hepatitis C and HPV can cause preventable cancers if left untreated. They are the leading causes of liver (Cancer Council Victoria n.d.) and cervical cancers (Cancer Australia 2024), respectively.

The impact of these preventable and modifiable risk factors can be higher in some groups, including priority populations. It's important to address the cultural and social determinants of health and support equity of access to culturally responsive cancer prevention. This will ensure all Victorians are supported to improve their health and reduce the risk of preventable cancer and other chronic disease.

The Victorian Government will continue to work with VACCHO to ensure prevention initiatives are culturally responsive, self-determined, co-designed and amplify lived experience voices.

Actions

Support Victorians to quit smoking and continue to strengthen tobacco and e-cigarette controls

The Victorian Government is committed to driving significant reductions in tobacco and e-cigarette use. We will continue to prioritise working with priority populations, people and communities that experience higher rates of tobacco smoking, including Aboriginal people living in Victoria and people living in rural areas. This will involve targeted action to co-design smoke-free environments, awareness campaigns and culturally safe smoking cessation services. It will involve action to address the growing use of e-cigarettes in priority populations, especially young people.

The government will build on its successful tobacco control program by further strengthening tobacco and e-cigarette regulatory controls. This will involve working with the Australian Government to adopt a national approach to tobacco and e-cigarette reform, guided by the *National tobacco strategy 2023–2030*. The Victorian Government will also continue to address new and upcoming challenges related to tobacco and e-cigarette use. This includes addressing challenges regarding new nicotine products that present a risk to the health of Victorians and efforts to cease nicotine addiction and the increase in illegal tobacco consumption.

The Victorian Quitline will continue to provide tailored smoking and vaping cessation supports, including an increased focus on priority populations and vaping boosted by the Commonwealth funded Quitline expansion until 2027. This will ensure that Quitline services are accessible and equitable for all Victorians. Research and evidence will continue to inform and guide cessation services, including the evolving evidence of the harms of vaping.

Place-based and culturally responsive smoking cessation initiatives, supported by policy and legislative measures, will help Victorians to give up smoking and reduce the risk of preventable cancers. This is in line with the *Victorian Aboriginal Cancer Journey Strategy's* focus area of embedding culture in prevention.

Support effective skin cancer prevention strategies

The Victorian Government is committed to increasing skin cancer awareness and promoting sun protective behaviours.

We will continue to support effective skin cancer prevention strategies including targeted prevention through Cancer Council Victoria's SunSmart program.

The program reaches almost 700,000 children and families through early childhood services and schools to establish and support healthy sun protection habits and reduce UV exposure and future skin cancer risk.

Support Victorians to live healthy, active lifestyles

The Victorian Government is committed to reducing the prevalence of overweight and obese Victorians by making it easier for people to eat well and be active in the places where they live, learn, work and play.

By empowering Victorians to make healthy choices and lead active lives, we are aiming to protect Victorians from preventable cancers.

The Victorian Government will work with statewide, regional and local partners to promote and improve access to healthy eating environments in schools, early years services, health services, workplaces and other settings. This will improve the availability and accessibility of healthy foods in key settings and make it easier for Victorians to make healthy eating choices. Supporting communities at greatest risk of diet-related poor health will be a priority as we work to improve health equity across Victoria.

The government is also committed to increasing participation in sport and active recreation, with a focus on Victorians who face barriers to participation. We will work across government and with local communities to integrate healthy design principles into land-use planning and improve safe access to public open spaces and active travel, like walking and riding.

CASE STUDY

Healthy Loddon Campaspe

Healthy Loddon Campaspe (HLC) is an initiative aimed at improving health outcomes in the Loddon Campaspe region. It was developed in response to community concern about the region showing higher than Victorian average rates of obesity, chronic disease and high-risk health behaviours. HLC was co-designed with more than 100 stakeholders from local government, health services, primary care partnerships, universities and state government.

'Activation projects' were implemented across the region to support more people to be more active and eat well. Projects included 'Adventure Bingo', a region-wide activation program developed to provide children and families with a free physical activity and the 'Healthy Sports Clubs' project to increase access to healthy food and drinks in sports clubs.

Projects also improved existing local infrastructure through additions and upgrades across the region including installation of permanent water fountains, outdoor fitness equipment stations, play equipment and nature tracks.

Following the positive impact of HLC on physical activity levels and increased access and promotion of healthy eating in the Loddon Campaspe region, the Victorian Government provided $6.6 million in funding for another 4 years and expanded focus to include healthy eating outcomes in the 2022–23 State Budget.

The next stage of the HLC continues to concentrate on place-based activations focusing on physical activity and healthy eating. More than 30 new projects are being delivered across the region, including extending the successful 'Healthy Sports Clubs' project across 3 local government areas, the 'Support our Own. Choose Locally Grown' social marketing campaign and the 'Grow it Local' program to help communities share and eat locally grown food.

Source: Healthy Loddon Campaspe 2023.

Prevent cancers related to viral infections

The Victorian Government is committed to eliminating hepatitis B and C as public health concerns by 2030, as well as reducing the prevalence and impact of HPV.

The *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30* sets the direction for how we will achieve elimination. Prevention priorities focus on:

- reducing the risk of viral infections
- increasing testing and screening programs to confirm viral status
- improving access to prompt treatment and care.

We strive for equity in our response to prevent and reduce the impact of viral infections by building pathways and programs tailored to our priority populations.

The government will work with health practitioners to create more training opportunities and build awareness of the treatment options for viral infections. We will work with research institutions and health services to identify barriers to care and develop innovative approaches to provide culturally safe testing and treatment services that do not stigmatise or judge people.

CASE STUDY

Hepatitis Screening Program at the North Richmond Medically Supervised Injecting Room

Despite effective treatments for hepatitis B and a cure for hepatitis C, the diseases remain the most common causes of liver cancer in Australia (St Vincent's Hospital Melbourne n.d.). Hepatitis C disproportionately affects people who inject drugs.

The Medically Supervised Injecting Room (MSIR) at North Richmond Community Health provides life-saving interventions for people who have health needs and experience significant barriers to accessing health care and other services. The MSIR has been running an effective hepatitis C screening and treatment program since opening in 2018.

In the first 18 months of this program operating, more than a third of people screened tested positive for hepatitis C, with a quarter then starting treatment (Department of Health and Human Services 2020). Between June 2018 and March 2024, nearly 2,200 clients were screened for hepatitis C, with 380 clients beginning treatment to cure hepatitis (North Richmond Community Health 2024).

The program has expanded to screen for other blood-borne viruses such as hepatitis B and HIV and has been a highly successful micro elimination project for hepatitis C among people using the safe injecting room.

Similar programs offering safe, innovative and accessible access to screening, assessment and treatment initiation will be a cornerstone to achieving population-level elimination of hepatitis B and C by 2030.

Supporting work

The *Victorian public health and wellbeing plan 2023–27* and outcomes framework set Victoria's direction for improving public health and wellbeing. Cancer plan actions to prevent cancer will align with the broader public health approach in the *Victorian public health and wellbeing plan* and be responsive to Victoria's diverse population.

This work is supported by the Aboriginal Health and Wellbeing Partnership Forum, a strategic collaboration between the Aboriginal community-controlled health sector, the mainstream health sector and the Department of Health. The forum has identified prevention and early detection as a key domain for improving Aboriginal health and wellbeing outcomes.

Pillar three

Optimal access and care across the cancer pathway

Improve equity in access, care and outcomes to ensure optimal wellbeing for Victorians affected by cancer

Overview

The Victorian Government is committed to optimal health outcomes for all Victorians, achieved through accessible, timely and safe care at all stages of the cancer journey.

Timely access to screening programs, diagnostic tests, cancer treatments and coordinated care across Optimal Care Pathways and between service providers will be prioritised.

PRIORITY GOALS

Achieve equitable outcomes for all Victorians

There are differences in people's experience of cancer prevention, treatment, supportive care and survival. Aboriginal people living in Victoria have significantly higher cancer mortality rates than non-Aboriginal people living in Victoria (Department of Health 2023).

To improve wellbeing for all Victorians, the cancer plan will drive improvements in equitable prevention, access, care, research and outcomes across cancer pathways. Equitable access to prevention, screening, diagnosis, treatment, supportive care and palliative care will help reduce health inequalities and improve the wellbeing of all Victorians.

Increase the proportion of women who rescreen for breast cancer within 27 months after the first screen to more than 75%

Based on BreastScreen Victoria's participation data, in 2020–21 the number of women who returned to BreastScreen Victoria within 27 months of their first screen was 55%. While screening rates are continuing to increase, the cancer plan will prioritise the early detection of breast cancer to increase rescreen rates to more than 75%.

Increase to 90% the proportion of patients who die from cancer who received specialist palliative care within 12 months before their death

Cancer is projected to increase the need for palliative care across the state. There has been a decrease in the proportion of people affected by cancer accessing specialist palliative care within 12 months of death between 2014 and 2022 (69% in 2014 and 64% in 2022, excluding palliative care provided by private hospitals in a community setting (Department of Health 2023)). The cancer plan will leverage work to boost access to the full range of primary and specialist palliative care services for cancer patients.

Rationale

Inequities exist along the care pathway for priority populations, from prevention through to end-of-life care. Priority populations can face barriers such as:

- limited access to screening and diagnostic services
- inadequate infrastructure in regional or rural areas
- access issues preventing them from seeking timely and appropriate treatment.

Detecting cancer early provides the best opportunity for improving treatment outcomes. Aboriginal people, people living in rural and regional Victoria or low socioeconomic areas and people who speak a language other than English at home are more likely to be diagnosed with late-stage or preventable cancers.

In recent years we have seen issues with people receiving timely and equitable access to screening and diagnostic services. The cancer plan commits to promoting equitable access and care along cancer pathways to help reduce disparities across our cancer system.

Evidence indicates that patients overseen by a multidisciplinary cancer care team experience better outcomes. This includes improved health outcomes, satisfaction and mental wellbeing. Multidisciplinary cancer care brings together health professionals from different specialties to improve a patient's cancer diagnosis, treatment and care. Multidisciplinary care is expected to reflect both the clinical and psychosocial aspects of cancer care, including a supportive care provider and the patient's general practitioner. If it's required, additional expertise of specialist services should be included in the patient's multidisciplinary care. This may include survivorship care and palliative care.

Actions

Improve timely and equitable access to screening and diagnostic services, focusing on priority populations

The Victorian Government is committed to increasing participation in cancer screening programs to detect early signs of disease. This could be either before a cancer has developed or in its early stages before any symptoms occur, when early interventions can be most successful.

The Victorian Government will work together with cancer screening partners to increase participation in cancer screening programs among under-screened populations. This will be achieved by:

- working with screening partners to make screening programs more accessible and culturally responsive
- enhancing primary care and workforce education
- creating targeted promotional campaigns that respond to diverse health literacy needs.

This is also in line with the *Victorian Aboriginal Cancer Journey Strategy's* focus area of incorporating culture into cancer screening and early detection activities.

We will continue to monitor screening participation, follow-up and outcomes across the screening pathway to inform service delivery improvements.

Delivering timely diagnostic investigations is key to early diagnosis. It can prevent increased surgery complexity and deliver better patient outcomes. There has been a backlog of investigative procedures, including endoscopies, created predominantly due to the COVID-19 pandemic and mismatch of supply and demand in the system.

The Victorian Government will ensure there is a robust and accurate understanding of the drivers and barriers to service provision. The department is working to improve available data to better inform interventions that will address the backlog as well as discrepancies in capacity and demand.

The government will prioritise interventions in the cancer pathway with long waiting times, with consideration for the most vulnerable cohorts.

Improve participation rates of the National Bowel Cancer Screening Program

More than 90% of bowel cancers can be successfully treated if found early. The Victorian Government will continue to work in partnership with the Australian Government to improve participation rates in the National Bowel Cancer Screening Program.

This work will include a focus on improving primary care access to the National Cancer Screening Registry portal to drive participation rates. Improving access to the registry will deliver benefits to the National Cervical Cancer Screening Program and the National Lung Cancer Screening Program.

Support implementation of the National Lung Cancer Screening Program

The Victorian Government is also actively working with the Australian Government to support the design and implementation of the new National Lung Cancer Screening Program in 2025.

In 2024–25 the Victorian Government will advocate for program design elements that will help ensure the success of the program.

These include:

- a focus on priority populations
- effective integration of the program with other tobacco control measures
- evidence-based strategies for improving screening access.

Drive delivery of optimal cancer care through uptake of Optimal Care Pathways

Optimal Care Pathways are the evidence based-expected standard for delivering high-quality, safe and evidence-based care from prevention to end of life. The Optimal Care Pathways are underpinned by a focus on the consumer so their care responds to their preferences, needs and values.

Central to delivering cancer care in Victoria is ensuring value-based health care for all consumers and those involved in their care. This involves truly understanding the health outcomes a patient wants and ensuring the care team has the patient at the centre of all decision making.

Supportive care is a key principle in the Optimal Care Pathways and is key to delivering individualised and quality cancer care. Supportive care screening through a validated tool such as the distress thermometer is essential in capturing these needs and referrals to appropriate services, such as allied health services, to ensure those needs are met.

It is the ambition of the Victorian Government that, where there is an Optimal Care Pathway for a tumour stream or population group, services are using that pathway as a baseline for effective patient-centred service delivery.

For Aboriginal people receiving care in Victoria, it is expectated that health services use the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer. Health services must prioritise cultural responsiveness and safety in all aspects of treatment and supportive care and provide equitable access to treatment options for Aboriginal people living in Victoria.

The Victorian Government will work with system improvement partners to monitor the uptake of the Optimal Care Pathways across the cancer care system, including timeliness to treatment and patient access to multidisciplinary treatment, support, survivorship care and palliative care.

CASE STUDY

Optimal Care Summits

Victoria's Optimal Care Summits program supports the implementation of Optimal Care Pathways. The program uses a mixed-methods approach to identify and prioritise unwarranted variations including the use of linked health data analyses from the department. The summits offer an opportunity for clinicians and consumers to analyse variations in cancer clinical practice and outcomes and to prioritise unwarranted variations for improvement.

In 2017 the Pancreatic Cancer Summit identified that a gap in treatment pathways existed around uniform staging of pancreatic cancer that influences the type of treatment patients receive. The co-chair of the Pancreatic Cancer Summit, adjunct Associate Professor Charles Pilgrim, with the support of a team of clinical experts and the Victorian Integrated Cancer Services, led a project to adopt an international protocol for how pancreatic cancer is defined in computed tomography (CT) reports in Victorian health services. The protocol helps clinicians decide whether the cancer can be removed with surgery.

Through better documentation and a more detailed, consistent and reproducible application of this definition, patients will now receive more consistent and appropriate treatment for their pancreatic cancer. Following a successful pilot in 2 Melbourne hospitals throughout 2020 and 2021, a grant was awarded under the Medical Research Future Fund to further test and roll out the new CT report template at 40 pancreatic cancer treatment centres across Australia.

Ensure Victorians have access to the latest cancer treatments and clinical trials

The Victorian Government will prioritise integrating research, clinical trials and translational research pathways into Victoria's cancer system so Victorians continue to have access to the latest cancer treatments. The government will also work with industry to bring new cancer technologies into the system. This will include investigation of diagnostics and new therapies.

Priority will be given to supporting access to initiatives that improve the experience and outcomes of consumers and those involved in their care, including access to precision oncology such as targeted therapies and genome sequencing to tailor cancer treatment to consumers.

Improved access to the latest cancer treatments will also be achieved through expanding access to clinical trials across regional and rural areas. For more about this action, refer to Pillar 5: System design and delivery driven by research, data and intelligence.

CASE STUDY

Precision Cancer Program

Precision oncology is a breakthrough innovation for consumers affected by cancer. It identifies targeted treatments, offering more effective and individualised approaches to cancer treatment.

There is currently inequitable access to precision oncology.

The Monash Partners Comprehensive Cancer Consortium has launched the Precision Cancer Program to connect cancer specialists in Melbourne's southern and eastern regions to respond to the treatment needs of patients with rare, advanced stage and therapy-resistant cancers. Following the success of the first phase, this program was expanded to 5 major hospitals including Monash Health, Eastern Health, Peninsula Health, Cabrini and Alfred Health.

The Precision Cancer Program has enabled almost 300 patients to access genetic sequencing of their cancers and expert interpretation of the results.

In 2023 the Comprehensive Cancer Consortium collaborated with the Victorian Comprehensive Cancer Centre to host the inaugural Precision Oncology Summit. The summit coordinated a statewide conversation with clinicians, sector stakeholders and policymakers about overcoming access barriers to precision oncology including equity of access to clinical cancer genomics.

CASE STUDY

mRNA Victoria

Over the past 3 years, mRNA Victoria has grown the local mRNA ecosystem through targeted investments and partnerships to establish Victoria as the leading site in Asia-Pacific for mRNA research and development, clinical trials, manufacturing and workforce training.

mRNA Victoria has successfully attracted the world's 2 leading mRNA innovators, Moderna and BioNTech, to set up significant research and manufacturing facilities in Victoria.

Moderna, an American company, is involved in developing mRNA-based therapies for cancer treatment. The biotech is working on personalised cancer vaccines and is currently running multiple personalised cancer vaccine clinical trials in Australia.

German biotechnology leader BioNTech is actively involved in oncology research, focusing on mRNA-based therapies, bispecific checkpoint immunomodulators, targeted cancer antibodies and small molecules. BioNTech's pipeline includes both personalised and off-the-shelf mRNA-based therapies, and they have several oncology clinical trials underway globally.

In December 2023 the Victorian Government announced that BioNTech will set up an mRNA manufacturing facility at La Trobe University's Bundoora campus. The new facility will produce next-generation mRNA vaccines and treatments for clinical trials as well as research-grade mRNA materials. This will allow local researchers and biotechnology companies to tap into BioNTech's world-leading expertise. The facility will produce mRNA for cancer therapeutics for clinical trials.

mRNA Victoria has funded 57 projects valued at $29 million to grow mRNA research in the state. Between 2021 and 2024, both of mRNA Victoria's grant programs, the mRNA Victoria Research Acceleration Fund and the mRNA Victoria Activation Program, together supported 12 cancer-focused projects using mRNA technology.

Support initiatives to increase the number of women who rescreen for breast cancer

In 2022–23 the State Budget provided $20 million to deliver extra breast cancer screening through new and existing services across Victoria. The aim was to screen another 36,136 eligible Victorians per year by 2026–27.

With this investment BreastScreen Victoria has expanded to a record number of 51 permanent clinics, with sites opening or becoming permanent in Craigieburn, Pakenham, Werribee, Hamilton, Croydon, Heidelberg and Greater Geelong/Surf Coast Shire. By 2026 BreastScreen Victoria will have 55 permanent clinics, with another 4 permanent clinics due to open in the local government areas of Whittlesea, Casey, Melton and Merri-bek.

There will also be a redevelopment and expansion of Reading and Assessment services to meet the increased demand associated with new screening sites. As well as new sites, BreastScreen Victoria now provides out-of-hours services and targeted engagement strategies for Aboriginal women and culturally and linguistically diverse communities. BreastScreen Victoria is also working to increase participation among other under-screened groups including LGBTIQA+ communities and women with disability.

The government will continue to support BreastScreen Victoria to increase its operational capacity and deliver culturally safe and inclusive programs for priority populations.

Support initiatives to increase access to palliative care

Investments totalling $32.4 million in the 2022–23 State Budget provided access to palliative care to more patients with life-limiting illnesses. This investment is delivering specialist care and supports in a range of care settings, including at home and aged care facilities, as well as providing support through the Palliative Care Advice Service.

In 2023 the Palliative Care Cancer Research Grant Scheme supported research projects to improve the palliative care experience and outcomes for Victorians with cancer.

While work continues to boost access through these investments, the government commits to co-designing a renewed vision for palliative care in Victoria with stakeholders, consumers and those involved in their care. The government is also implementing aligned service model innovations designed to deliver world-leading palliative care that reflects international best practice.

The government has already begun a comprehensive evaluation to kick-start this journey to improve palliative care across the state to ensure equity, efficiency and effectiveness of access and to improve workforce capacity across the state.

Supporting work

This work will be supported by a focus of service capability across cancer services in Victoria. It is anticipated that the *Victorian cancer service capability framework* will be published in 2024–25. The capability framework aims to ensure safe, high-quality cancer care occurs in the right place and at the right time. The framework will recognise that providing the best cancer care depends on many factors including:

- the patient's needs
- the treatment to be provided
- the workforce, clinical support services and infrastructure available at a health service.

Pillar four

A workforce that can deliver now and into the future

Build a strong workforce to ensure high-quality cancer prevention, screening, care, support and research

Overview

The cancer plan prioritises building a strong workforce, strengthening workforce knowledge and leveraging service models to make best use of the skills available to support positive health and wellbeing outcomes for consumers and those involved in their care.

Rationale

Victoria's health workforce is critical to the overall success of our health system. Local and global demand for healthcare workers is continuing to grow. This is driven by an ageing population, the increasing prevalence of chronic disease and the government's ongoing focus on ensuring Victorians receive the right care, at the right time, in the right place.

Victoria's health workforce faces a range of challenges in supporting cancer patients including a growing demand for healthcare workers, wellbeing and burnout pressures and loss of staff to other sectors.

Against the backdrop of these challenges, there are also opportunities in areas like leveraging digital data and technology to enable person-centred care and more timely and integrated services to meet advancing specialist practice such as genomics.

Regional and rural areas in Victoria are disproportionately affected by workforce pressures, contributing to inequities in screening participation and the accessibility of cancer services. Improving workforce recruitment, retention and upskilling opportunities in regional and rural areas is a building block for improving equity in cancer prevention, screening, supportive care and treatment.

It is also essential that Aboriginal consumers and those involved in their care are linked to culturally safe and appropriate support and services throughout the health system. Delivering safe, accessible and responsive care means the cancer system must eliminate racism and discrimination across the cancer pathway. Improving participation in initiatives such as clinical trials, screening initiatives, treatment and care depends on the level of trust that Aboriginal people have in the health services they interact with.

Aboriginal people in Victoria must be appropriately referred from health services into cancer services as close to home as possible where safe to do so, and links need to be established from within the cancer system to other available support and services. Key to this is a strong and supported Aboriginal workforce that can enable a culturally responsive health system.

Healthcare workers can enhance their ability to meet the needs of cancer patients effectively through an understanding of the available support and services across the cancer journey. Emphasising multidisciplinary collaboration and communication channels within the health workforce can optimise the seamless integration of cancer support services into patient care pathways.

Actions

Build and retain a strong cancer workforce with a focus on workforce gaps including regional and rural areas

The Victorian Government is committed to bolstering cancer workforce capacity and capability by:

- supporting new roles and models of care
- attracting skilled workers
- growing local education and training pathways
- supporting professional development and career progression.

We will do this by expanding innovative and advanced practice roles and multidisciplinary models of care while supporting consumers and those involved in their care with information and guidance to enable person-centred care. The workforce will be supported to best meet the unique needs of Victorians from priority populations. We will promote the breadth of roles available in health care, including the unique career opportunities available in cancer care, and guide continued capability development.

The Victorian Government funds translational cancer research and enablers of cancer research through investments in programs, projects, people and infrastructure. The government will ensure funding focuses on enablers to build and retain a strong cancer research workforce. Investing in the rural and regional research workforce is a key enabler to improving equity across cancer pathways.

CASE STUDY

Clinical Placement Program in Cancer Survivorship

Survivorship care has a focus on emotional and physical wellbeing once primary cancer treatment is finished. This may include help dealing with treatment side effects and maintaining a healthy lifestyle after treatment.

The Australian Cancer Survivorship Centre led the fourth iteration of the Clinical Placement Program in Cancer Survivorship. This program enhanced the capacity of allied health professionals and general practice nurses to deliver cancer survivorship care. The program offered online education and an observational clinical placement in cancer survivorship.

Between November 2022 and April 2024, more than 200 health professionals took part, with 45% from rural and regional areas. Placements took place across 10 Victorian health services, including 4 regional sites.

Preliminary findings from Australian Cancer Survivorship Centre data shows that 158 participants indicate positive outcomes: 99% achieved their learning objectives, with 95% improving knowledge and 91% gaining confidence in delivering survivorship care. Notably, all regionally placed participants increased their awareness of survivorship information and resources, with 97% stating knowledge gained would be applied in practice.

> *It was well organised, informative and tailored to my learning needs and with relevance to my workplace. I have learnt more about the patient's journey … and how we can work together to … improve the patient experience. I have more awareness and feel confident to care for cancer survivors – equipped with many resources – I'm ready to make a difference!*
>
> Practice nurse participant

Strengthen capability within the healthcare workforce to improve linkages across the cancer pathway

Consumers and those involved in their care navigate a complex cancer system and must be linked to appropriate cancer support and services. When healthcare workers know about the available support and services spanning treatment through to supportive care they are better equipped to identify, assess and address the needs of people affected by cancer, their families and carers.

Emphasising multidisciplinary collaboration and communication channels within the healthcare workforce can further optimise the seamless integration of cancer support services into patient care pathways, ensuring engagement with primary and community health.

The Victorian Government will strengthen healthcare workforce knowledge to improve links to cancer support and services, resulting in a more knowledgeable and responsive healthcare workforce. This will help ensure all Victorians receive the support they need, when they need it.

CASE STUDY

Accessing Cancer Care Equitably using Support Services

Accessing Cancer Care Equitably using Support Services (ACCESS) is a Cancer Council Victoria program that has improved access to supportive care for people affected by cancer. Since October 2021 the program has provided in-service education to oncology staff across the state about the importance of supportive care. The program has also increased awareness of the services available for patients and their families such as nurse counselling, psycho-oncology, financial and legal counselling and the online Cancer Council Victoria referral form to access those services.

Cancer Council Victoria's data shows that the ACCESS program has delivered a year-on-year increase in 13 11 20 helpline connections, increasing from 8,431 connections in 2021 to 16,064 in 2023. In that period there was a doubling of referrals from regional Victoria.

The program has also seen an increase in emotional support referrals for nurse counselling and psycho-oncology by 338%, increasing from 145 referrals in 2021 to 635 referrals in 2023. The program has also seen a 190% increase in practical referrals for financial counselling since 2021.

Build a strong and supported Aboriginal workforce

The Victorian Government will work with VACCHO to attract and retain a strong and supported Aboriginal workforce. Guided by the *Victorian Aboriginal Cancer Journey Strategy* and the *Victorian Aboriginal Health and Wellbeing Workforce Strategy*, activities will incorporate the principles of self-determination, Aboriginal leadership and decision making in delivering culturally safe, trauma-informed care.

They will also recognise and incorporate the cultural strengths of Aboriginal workers to enable a culturally responsive health system. Priorities include a model for Aboriginal cancer coordination and enhancing culturally safe and trauma-informed wraparound support in hospitals and the community.

Enhance partnerships between clinical, academic and research institutions to support innovation and the workforce of the future

Fostering partnerships between clinical, academic and research institutions is pivotal to delivering high-quality, effective and safe cancer care and optimal outcomes for Victorians diagnosed with cancer. This will ensure the workforce at each step of a patient's journey are best positioned to support the patient and their family.

Strong collaborative partnerships between these entities currently exist across Victoria, contributing to the state retaining a highly skilled workforce. Victoria is recognised as a leader in cancer care, education and research, attracting national and international researchers and clinicians to jobs across the cancer system.

Enhancing partnerships will continue to have a positive flow-on effect on Victoria's cancer research, education and healthcare workforce to enable Victoria to keep pace with international standards in cancer care. It will contribute to improved and equitable access for all Victorians to high-quality clinical trials, new treatments, models of care, innovative therapies and personalised medicine.

Supporting work

Complementary to this work is the *Victorian health workforce strategy*, which sets a 10-year ambition to build a modern, sustainable and engaged healthcare workforce that meets the needs of all Victorians. Included in the strategy is a spotlight on 16 priority roles for which the strategy aims to increase supply to ensure the health sector has the workforce capacity and capability needed now and into the future. Included in the list of priority roles is a range of allied health positions that are important for cancer treatment and care, including Aboriginal health practitioners and radiation therapists.

CASE STUDY

SKILLED internship program

Key challenges for research workforce development include:

- limited pathways for scientists to enter the oncology and non-oncology sector
- limited funding to employ and upskill staff
- variability in type of staff expertise needed
- availability of specialist clinical trial expertise
- the scope of roles
- the clinical trial experience of staff.

The SKILLED Clinical Trials Internship Program (SKILLED) is an accelerated competency-based training, mentoring and industry placement program for science-based graduates. The Victorian Comprehensive Cancer Centre Alliance, and other partners in the clinical trial sector, implemented SKILLED in 2019. It was supported by the Department of Health, MTPConnect and the Department of Jobs, Skills, Industry and Regions.

The program aims to build clinical trial workforce capacity and capability by training science-based graduates, including PhD, masters and honours level, to be study coordinators and clinical trials administrative officers. They then enter the Victorian cancer and non-cancer clinical trials sector. The program also provides stipend support for regional interns to take part in the SKILLED program.

VCCC Alliance's data shows that from 2019 to 2023, more than 100 interns have graduated from the program. Their assessed clinical trial competencies have all increased to job readiness over that period, with 92.5% retained in the program and 90% employed in the sector. Of these, 40% were trained in regional Victoria, with 67% finding jobs in the regions.

Pillar five

System design and delivery driven by research, data and intelligence

Ensure quality, relevant and timely access to research, data and intelligence

Overview

High-quality, relevant and timely data are essential to safe and accessible cancer care and services.

Victoria is committed to using insights from data and research to drive safe, high-quality and equitable health services for all. There will be a continued priority to develop and maintain research and data that promotes translating outcomes into practice.

PRIORITY GOALS

Increase the overall number of new clinical trial enrolments in rural and regional areas in Victoria by 30%

A 2021 study suggested that low trial participation rates may be a contributing factor to lower cancer 5-year survival in regional Victoria compared with metropolitan Melbourne (Muthusamy et al. 2021). Partnering with research and industry stakeholders, the cancer plan will build on the momentum of previous cancer plans to increase new clinical trial enrolments in rural and regional areas.

This goal aims to increase new clinical trial enrolments in rural and regional areas by 30% between 2023 and 2040.

Rationale

Timely access to insights from data allows Victoria to have a health system that is self-learning for continuous improvement. This enables informed decision making, resource allocation and the development of tailored care to address the specific needs of consumers and those involved in their care.

Improved data collection and intelligence within the cancer system can also improve health outcomes for priority populations. Collecting more complete and higher quality data about priority populations will inform system planning and improvements, ultimately improving equity across the cancer pathway.

Data collection involving Aboriginal people living in Victoria must follow the principles of Indigenous Data Sovereignty. Aboriginal people have the right 'to own, control, access and possess data that derive from them, and which pertain to their members, knowledge systems, customs, resources or territories' (Yoorrook Justice Commission 2022). The Victorian Government will work with VACCHO to develop and implement appropriate governance arrangements in respect of Aboriginal data including through remaking the Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2025.

Research and clinical trials play a pivotal role in improving cancer care by driving innovation, improving treatment efficacy and ultimately improving patient outcomes. Research and clinical trials are essential for cancer care and improved outcomes and are embedded as a principle in the Optimal Care Pathways.

Improving access to clinical trials in regional and rural areas is also essential for advancing cancer treatment and outcomes across all communities. Clinical trials offer access to cutting-edge treatments, novel therapies and innovative approaches that may not otherwise be available.

CASE STUDY

The Brain Cancer Centre Brain Perioperative Clinical Trial Program

The Victorian Government committed $16 million in 2021 to fund the Brain Cancer Centre Brain Perioperative Clinical Trial Program (Brain-POP) based at the Walter and Eliza Hall Institute of Medical Research. The program aims to improve brain cancer diagnosis and prognosis for paediatric, adolescent and adult patients. The trial will run over 4 years, offering hope to those diagnosed with primary brain cancer and brain metastases.

Brain-POP is the first perioperative or 'window of opportunity' clinical trial program for brain cancer. In these programs, biopsies are taken before and after treatment to provide critical information on drug activity through small, well-designed studies that guide further development. This approach is often used in clinical trials for other cancers such as breast cancer, melanoma or leukaemia but has not been available for brain cancer because of the delicate surgical challenges involved.

Brain-POP is the first clinical trial program of its kind. It will address the critical lack of trial options available to brain cancer patients and offer a means to translate Victorian discoveries into clinics.

Our inability to see new discoveries translated into improved brain cancer patient outcomes is fundamentally constricted by our inability to build on discoveries with clinical data and clinical trials. The program will offer hope to brain cancer patients and their families across Victoria. It will also be a magnet for external funding into the Victorian brain cancer research ecosystem.

Brain-POP will deliver 3 clear benefits to the Victorian brain cancer community:

- better outcomes for brain cancer patients
- enhance the reputation and outputs of Victoria's brain cancer research
- more outside investment in the Victorian biomedical ecosystem.

Actions

Improve access to clinical trials in regional and rural areas

Geographical disparities can limit participation in clinical trials, with rural and regional Victorians facing significant barriers such as limited access to trial sites, transportation challenges and socioeconomic constraints.

The government will work with health services and research partners to expand access to clinical trials in regional and rural areas to ensure all Victorians have the opportunity to take part in clinical trials and to access the latest advancements in cancer treatment.

CASE STUDY

The Regional Trial Network – clinical trials in regional and rural Victoria

The Regional Trial Network – Victoria was established in 2018 as a partnership with 6 clinical trial sites in regional Victoria and Cancer Trials Australia. With support from Cancer Council Victoria and the Department of Health, the network aims to improve access and recruitment to high-quality cancer clinical trials for Victorians living in rural and regional areas, who often face greater barriers due to travel burden and more limited services. In 2024 regional clinical trial sites included Albury Wodonga, Shepparton, Ballarat, Bendigo, Warrnambool, Geelong, Mildura and Traralgon.

The Regional Trial Network has expanded the availability of clinical trials and increased the number of participants recruited among regional and rural patients. It has achieved this by offering centralised expertise and support to clinical trial units in regional Victoria. It also piloted telehealth technology to run trials activity and reduce the travel burden, allowing more rural and regional Victorians access to contemporary cancer treatments.

Improve understanding of cancer outcomes through expanded linked data

The Victorian Government currently faces access barriers to data needed to:

- better understand the burden of cancer
- identify trends and disparities
- evaluate the effectiveness of interventions and healthcare services.

The government will continue working with the Australian Government to improve access to a wider range of data to enable better identification of variations across the cancer system. This includes Australian Bureau of Statistics demographic data such as language spoken at home, income and level of education through the Person Level Integrated Data Asset. These data will allow the Victorian Government to increase its understanding of inequities and the drivers of outcomes that matter to patients, including the diverse and intersecting needs of priority populations. This will enable us to address these identified issues and barriers to treatment and care.

Improve access to cancer screening data to increase screening participation rates

The Victorian Government currently faces access barriers to data needed to drive improvements in screening participation rates, including for priority populations and under-screened groups.

The government will continue to work with the Australian Government to improve screening data collection, with a strong focus on under-screened populations such as Aboriginal people living in Victoria, to develop targeted interventions to deliver equitable screening participation.

Improve collection of, and access to, cancer staging data

Improving access to cancer staging data is important for driving improvements in cancer care and outcomes. Comprehensive data on cancer staging provide valuable insights into the effectiveness of different interventions and helps identify areas for improvement in cancer care pathways, ultimately improving care for patients.

The government will continue to work to improve the collection of, and access to, cancer staging data including through the review of the Cancer (Diagnosis Reporting) Regulations 2015.

While work is underway to improve access to staging data, we are committed to building on this work to further improve access to this important information, particularly within priority populations.

CASE STUDY

Project to improve cancer staging information

Cancer staging is used in a variety of ways. At the patient level, staging is used to forecast cancer prognosis, determine the most appropriate treatment and identify patients for suitable clinical trials. Staging data are also used to evaluate the effectiveness and efficacy of cancer screening/prevention programs and the impacts of treatments. Staging data can be used to inform cancer service planning and resources and more recently has been required to assess the impact of delays.

Since 2022 the Victorian Cancer Registry, in collaboration with Victorian Integrated Cancer Services, has been running a project to improve the reporting of stage 4 breast cancers as well as 4 other common cancers: prostate, bowel, lung and melanomas.

The project is working with hospital health information managers and leaders of cancer multidisciplinary team meetings to identify and resolve common barriers to documenting staging in patient medical records.

Improvements in documenting cancer staging will facilitate improved care and inform research.

Supporting work

This work is supported by *Victoria's digital health roadmap*, which aims to further improve the safety and efficiency of the health system by uplifting digital maturity in public health services. It includes a program of work to embed patient-centred care by joining up healthcare records.

The Victorian Government will continue to support the implementation of *marra ngarrgoo, marra goorri*: the Victorian Aboriginal Health, Medical and Wellbeing Research Accord to help ensure Aboriginal research is conducted in a culturally safe and ethical way.

CASE STUDY

CareSync Exchange to access patient health information at point of care

The Victorian Government is implementing CareSync Exchange, a secure health information sharing system so clinicians can access important patient health information at the point of care.

Through this secure system, a patient's treating clinician will be able to access patient details, hospital visits, clinical documents and information about the patient's diagnosis. The system will support a more seamless patient experience and reduce unnecessary and duplicated tests for patients, building a more integrated public health system focused on improving patient safety and outcomes.

The progressive roll out of CareSync Exchange in public health services across Victoria will start in late 2024.

CASE STUDY

Victorian Cancer BioBank

Through the generosity of the blood and tissue donations of thousands of Victorians, the Victorian Cancer BioBank has bridged the gap between research and real-world impact.

Since 2006 the BioBank has played a pivotal role in cancer research and lifesaving innovations by providing high-quality human blood and tissue specimens. Between 2006 and 2024, the BioBank amassed a resource of more than 460,000 biospecimens collected from 40,000 donors through 26 participating hospitals for the purposes of lifesaving research (Victorian Cancer Biobank n.d.). Led by Cancer Council Victoria, the BioBank is a consortium of 5 major health institutions: Austin Health, Eastern Health, Melbourne Health, Monash Health and the Peter MacCallum Cancer Centre.

Using blood samples from the BioBank, Rhythm Biosciences has developed ColoSTAT, a simple test for detecting bowel cancer early. During product development, the blood samples were essential for validating the test-kit that measures 5 protein biomarkers that indicate the presence of bowel cancer.

Now in its 18th year, the BioBank is continuing to extend its impact. It has recently established an international collaboration with the Singapore Translational Cancer Consortium to foster stronger research collaborations.

CASE STUDY

Victorian Paediatric Cancer Consortium

The Victorian Government has committed $35 million to the Victorian Paediatric Cancer Consortium (VPCC) through the 2023–24 State Budget. The consortium will revolutionise cancer treatments and help childhood cancer survivors manage their long-term health. This is further supported by a $10 million commitment from the Children's Cancer Foundation. The joint $45 million package will be rolled out over 5 years.

The VPCC will bring together the best and brightest minds from leading children's hospitals, research institutes and universities to fight childhood cancer. Research partners include the Royal Children's Hospital, Monash Children's Hospital, Hudson Institute of Medical Research, Murdoch Children's Research Institute, Monash University, University of Melbourne, Peter MacCallum Cancer Centre and the Walter and Eliza Hall Institute of Medical Research.

The VPCC will develop cancer therapies through research and clinical trial programs for the youngest cancer patients. It will also help survivors manage their long-term health, supporting them to lead long and fulfilling lives. It will support:

- research in paediatric cancer therapies, pharmacogenomics and radiogenomics
- a childhood cancer survivorship program
- a bioresource research platform
- paediatric cancer physician researcher training.

Through the VPCC, childhood cancer investigators have joined forces to drive impactful and interdisciplinary research, improve medical care and train the childhood cancer leaders of tomorrow. The VPCC partnerships span:

- discovery research and clinical innovation programs
- integrated biobanking, data management and bioinformatics platforms
- capacity building for training the next generation of researchers and clinicians, annual scientific symposiums and educational events.

Supporting work and initiatives

The cancer plan has been developed in a broader policy context. Its successful implementation will be supported by the following initiatives.

- ***Active Victoria 2022–2026: a strategic framework for sport and active recreation in Victoria***. This blueprint sets out Victoria's priorities for sport and active recreation, with 6 priority outcomes including an increase in equitable participation in sport and active recreation.
- ***Ageing well action plan 2022–2026***. This action plan outlines the Victorian Government's commitment to support Victorians to age well by continuing to take part in their community, and safely ageing in-place at home, in the community or in aged care.
- ***Multicultural health action plan 2023–27***. This Department of Health plan outlines the department's commitment and action to improve the health and wellbeing of multicultural communities. It sets out improvement goals and actions to embed cultural competency into all department services, programs and policies.
- ***Health and medical research strategy: 2022–2032***. This strategy provides a framework for Victorian activity and investment in health and medical research. It focuses on the 4 areas of talent, collaborate, big ideas and generating outcomes.
- ***Healthy kids, healthy futures***. This is the Victorian Government's 5-year action plan to support children and young people to be healthy, active and well. Published in October 2021, the plan has a strong focus on creating supportive environments to promote a healthy lifestyle.
- ***National digital health strategy 2023–2028***. This is a 5-year plan that sets the vision and pathway for Australia's digital health future. It includes a goal of ensuring that data are readily available and informs decision making about individuals, communities and national issues.
- ***National Safety and Quality in Health Care Service (NSQHS) Standards***. The NSQHS provides a nationally consistent statement of the level of care consumers and those involved in their care can expect from health service organisations. In particular, the *Partnering with Consumers Standard* recognises the importance of involving patients in their own care and providing clear communication to patients. The standard is mandated in all health services and creates an environment where consumers are empowered to make informed decisions and are enabled to receive and adapt to care options throughout their care journey.
- ***Partnering in healthcare: a framework for better care and outcomes***. Published by Safer Care Victoria, this is a framework for consumer participation in health care to improve equity in treatment and care options and reduce care variation across the state. It complements the accountability and performance reporting requirements of the NSQHS *Partnering with Consumers Standard*.
- ***Perioperative service capability framework for Victoria***. This framework outlines minimum standards for perioperative (surgical) care and the range of complexity of procedures and patient needs. It applies to planned perioperative services delivered across health services, including cancer surgeries.

- ***Planned surgery reform blueprint***. Released by the Victorian Government in October 2023, this plan outlines a comprehensive approach to driving improved planned surgery effectiveness and efficiency, creating enduring system change at scale and promoting timely and equitable access to the best care for all Victorians. It includes a commitment to strengthened collection of endoscopy data and wait times that falls under Reform 10: Build robust data and intelligence infrastructure.
- ***Victorian Aboriginal Health and Wellbeing Partnership Agreement and Action Plan***. The Agreement is a commitment from the Victorian Aboriginal community-controlled health sector, the mainstream health sector and the Victorian Department of Health to work together to implement the key reforms through developing and implementing 2-year *Aboriginal Health and Wellbeing Partnership Action Plans*.
- ***Victorian health workforce strategy***. Published in February 2024, this strategy outlines Victoria's approach to building a strong, sustainable and engaged healthcare workforce.
- ***Victoria's digital health roadmap***. Published in August 2021, this roadmap aims to further improve the safety and efficiency of the health system by uplifting digital maturity in public health services. It includes a program of work to embed patient-centred care by joining up healthcare records.
- ***Victorian Aboriginal Health and Wellbeing Workforce Strategy 2022–2026***. Released by VACCHO, this strategy aims to support a strong and able workforce across VACCHO's member organisations to deliver holistic wellbeing services to Aboriginal people in Victoria. In so doing, it will improve health and wellbeing outcomes and improved health equity for the Aboriginal community.
- ***Victorian hepatitis B plan 2022–30 and the Victorian hepatitis C plan 2022–30***. These plans set the direction for eliminating hepatitis B and C as public health concerns by 2030.
- ***Victorian sexual and reproductive health and viral hepatitis strategy 2022–30***. This strategy sets the overarching direction for sexual and reproductive health and viral hepatitis prevention, testing, treatment and care. It supports Victorians to achieve the best possible sexual and reproductive health outcomes and reduces the impact of blood-borne viruses and sexually transmissible infections.
- ***Victorian sexually transmissible infections plan 2022–30***. This plan outlines priority actions to strengthen the sexual health and wellbeing of Victorians and reduce the transmission and impact of sexually transmissible infections, including HPV, through prevention, testing and treatment.
- **Victoria's mental health and wellbeing reform**. Victoria is committed to delivering the recommendations from the Royal Commission into Victoria's Mental Health System. Implementing the reforms will result in a responsive and integrated mental health system that is contemporary, adaptable and accessible to all Victorians.
- ***Victorian action plan to prevent oral disease 2020–2030***. This plan aims to improve the oral health of all Victorians with a focus on reducing the gap in oral health for people who are at higher risk of oral disease. One of the priorities in the plan is to increase the relative 5-year survival rate for Victorians with oral cancer by 2030.

Long-term commitment from the Secretary

A diagnosis of cancer deeply impacts the patient, their families and those involved in their care. Through this plan we are reaffirming a long-term commitment to reform our care system and improve the lives of those affected by cancer.

With cooperation and collaboration across the health sector, together we can do more to prevent cancer and protect Victorians. To do this we must continue to improve how we recruit and retain a strong cancer workforce, improve data quality and access and engage consumers in their own care. Over the next 4 years, we will work together to do exactly this.

Cancer reform is not merely a promise but a deep commitment to action, innovation and compassion. We recognise the impact cancer has – emotionally, physically and financially. This cancer plan offers hope, support and action to improve health outcomes for Victorians affected by cancer.

Our plan is deliberate in its commitment to equitable access to high-quality cancer care and support for *all* Victorians. Disparities exist across the system and affect people's ability to access timely diagnosis, treatment and support, particularly among priority populations. Through strategic investments we can improve consumer partnership, optimise access and care and make workforce improvements. We will strive to eliminate barriers to care and drive equitable outcomes for our community.

Support services play an essential role in ensuring no one faces cancer alone. Our cancer reform prioritises the holistic recovery and wellbeing of cancer consumers and those involved in their care, whether that be survivorship programs, mental health services or supportive care.

Let us unite in our efforts and continue building a cancer system that supports Victorians to be the healthiest people in the world.

Professor Euan M Wallace AM
Secretary
Department of Health

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