

# Senate inquiry into men's health: submission from Cancer Council Australia

March 2009

**Cancer Council Australia** is the nation's largest non-government cancer control organisation, representing the national interests of the eight state and territory Cancer Councils in reducing the impact of cancer in Australia.



Responsibility for the content of this submission is taken by the Chief Executive Officer of Cancer Council Australia, Professor Ian Olver.

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## Summary statement

Cancer Council Australia welcomes the opportunity to participate in this inquiry. As this submission will demonstrate, the three best measures *immediately available* to the Australian Government for reducing cancer death and disease in Australian men are:

- expediting the implementation of the National Bowel Cancer Screening Program to ensure the program is fully operational by 2012 – a decade after successful Australian pilot studies commenced;
- increasing the excise on tobacco products in line with WHO and World Bank recommendations, which has been shown to reduce smoking rates particularly in blue collar workers, who bear a disproportionate smoking-caused death and disease burden;
- maintaining the commitment to a national skin cancer awareness campaign, to reduce the burden of melanoma and non-melanoma skin cancer, which disproportionately affects Australian men.

## Recommendations

### Bowel cancer

- We ask the Senate to note that the burden of bowel cancer in Australia is borne disproportionately by men. Bowel cancer is also the only cancer affecting men for which there is a population-based screening test.
- At a time when Government is investing heavily in infrastructure to stimulate the economy, we ask the Senate to document the evidence showing bowel cancer screening is cost-effective and therefore a sound investment in the future health and economy of the nation.
- We ask the Senate to note that national screening programs for cervical and breast cancer were operational within five years of government agreement to introduce them and, in the case of cervical cancer screening, within five years of a study showing its effectiveness on a population basis. (Australia now has one of the world's lowest rates of cervical cancer mortality.)

- We ask the Senate to consider the question, if bowel cancer affected only women and had the vocal support of a strong women's health lobby, would the national program have progressed beyond its current infancy 12 years after highest-level scientific evidence showed its effectiveness in preventing 30% of bowel cancer deaths among the screened population?
- We call on the Senate to recommend that the Government prioritise the full implementation of its National Bowel Cancer Screening Program by no later than 2012 – a decade after the successful pilot programs commenced.
- We call on the Senate to note that bowel cancer screening is demonstrably one of the best measures available to government to reduce premature death and disease in Australian men, and to better engage Australian men in the health system.

#### Tobacco excise

- We ask the Senate to note that the burden of cancers attributed to smoking in Australia is borne disproportionately by men.
- The most effective measure currently available to Government to reduce this burden is increasing tobacco excise, which would prompt 130,000 adults to quit, the majority of them men.
- Increasing the price of tobacco products through excise by 21% would bring Australia into line with WHO and World Bank standards.
- This increase would raise an additional \$1.03 billion per annum in federal revenue, which could be reinvested in health.
- We call on the Senate to note that smoking is an important men's health issue and that increasing tobacco excise would significantly improve men's health outcomes.

#### Skin cancer prevention

- We ask the Senate to note that the Government's national skin cancer awareness campaign has been shown to provide significant benefit in reducing the burden of skin cancer, which is currently borne disproportionately by Australian men.
- Continuing to fund the campaign would, on the basis of independent scientific analysis, return \$2.32 for every \$1 invested by government and generate an additional \$90 million to the economy.
- Continuing to fund the campaign over 20 years could prevent 20,000 melanoma and 49,000 non-melanoma skin cancer cases, which, on current trends, would otherwise occur predominantly in men.
- We call on the Senate to note that skin cancer is an important men's health issue and that maintaining the Government's recent campaign commitment is the best measure available to reduce skin cancer disease burden in Australian men.

## Overview

Cancer control is particularly relevant to men's health, as:

- men experience higher incidence and mortality from all cancers commonly diagnosed in both men and women;<sup>1</sup>
- the two cancers causing the most deaths (and the most premature deaths) in Australia, lung cancer and bowel cancer, are more prevalent and more fatal in men;<sup>1</sup>
- the key behavioural risk factors attributed to cancer – smoking, inadequate nutrition and physical activity, alcohol consumption and exposure to UV radiation – are more prevalent in men and cause greater cancer burden in men;<sup>1,2</sup> and
- the cancer causing the second highest number of male deaths, prostate cancer, is not subject to a population-based screening program due to insufficient evidence of population benefit,<sup>3,4,5</sup> highlighting the need for more research in this area.

While cancer control in relation to men's health is complex and wide-ranging, for the purposes of this inquiry Cancer Council Australia will focus specifically on bowel cancer screening and tobacco excise.

Our rationale is that there is abundant, longstanding evidence of the effectiveness of bowel cancer screening in reducing cancer mortality and morbidity;<sup>6</sup> and that price control of tobacco products through excise is shown to be one of the best measures for reducing cancer death (from up to 12 cancer types) among men.<sup>7</sup>

There is an immediate opportunity under the current government policy framework to expedite bowel cancer screening and to increase tobacco excise. This urgency is demonstrated by evidence that Australia is not realising its potential to reduce cancer death and disability in Australian men due to:

- a bowel cancer screening program still in its infancy despite more than a decade of highest level scientific evidence showing that a third of bowel cancer deaths in the screened population could be prevented;<sup>6</sup> and
- a tobacco excise regime that falls well short of international best practice and WHO recommendations,<sup>8</sup> despite its demonstrated effectiveness in driving down smoking rates, particularly among male blue-collar workers.<sup>6</sup>

We contend that the National Bowel Cancer Screening Program, if fully implemented (i.e. screening all Australians aged 50 and over every two years with a faecal occult blood test), would engage Australian men in the health system on a level never before experienced in this country. In our view, population-based breast and cervical cancer screening programs have for many years contributed to an evolving culture of health awareness and health system participation that has only benefited women. Expediting the bowel cancer screening program, supported by a tailored communications strategy to maximise participation, would on that basis help to promote a similar ethos among Australian men.

## **Bowel cancer screening**

### **Evidence of benefit**

In 2005, 7,181 Australian men were diagnosed with bowel cancer, compared with 5,895 Australian women. A total of 2,126 Australian men died of bowel cancer in 2006 (1,675 female deaths).<sup>1</sup>

This equates to over 70 Australian bowel cancer deaths each week, more than 40 of them in men.<sup>1</sup> Up to 30 bowel cancer deaths could be prevented each week if the Government's National Bowel Cancer Screening Program was fully implemented, 57% of them in men.<sup>9</sup> This is consistent with highest-level evidence from international studies dating back to 1997 showing conclusively the benefits of population-based bowel cancer screening with faecal occult blood testing of asymptomatic people aged 50 and over in reducing mortality and morbidity.<sup>10</sup>

In addition, bowel cancer screening can significantly reduce hospital expenditure. For example, removing a precancerous polyp detected through screening costs around \$1250, while treatment at a public hospital for cancers that develop from polyps can cost more than \$23,000 per case.<sup>11</sup>

It is now more than five years since the Australian Department of Health and Ageing's three comprehensive bowel cancer screening pilot studies were completed, indicating that population-based screening in Australia would be effective, as supported by international studies, in significantly reducing mortality and morbidity from the disease.

### **Current position**

In the 2005-06 federal budget, the Government allocated \$43.4 million over three years to phase in the National Bowel Cancer Screening Program.

Screening commenced in Queensland in August 2006, with other states and territories added in stages. People turning 55 and 65 years of age during the three-year phase-in period and those who had been invited during the pilot were invited to participate in this phase.

Consistent with the pilot program, an immunochemical faecal occult blood test kit was mailed directly to eligible participants by a national register maintained by Medicare Australia. Almost one million Australians were targeted under the program's first phase.

An economic evaluation of the National Bowel Cancer Screening Program<sup>12</sup> found that biennial screening was a cost-effective interval. It also showed that targeting a broad age cohort, rather than a single age, and using biennial as opposed to one-off screening would maximise cost-effectiveness, including health system cost savings.

The Labor Opposition in 2007 campaigned on a commitment to add all Australians aged 50 and over to the screened population over three years. From 1 July 2008, the Australian Government added people turning 50 to the screening cohort (joining those turning 55 and 65) as part of the program's second phase. According to the 2008-09 federal budget papers, there will be no re-screening during this phase.

The Government has committed to full implementation of the program (i.e. biennial screening for all Australians aged 50 and over), without setting a timeframe.

## Cancer Council Australia concerns

The piecemeal, delayed approach to implementation (i.e. staggered age cohorts, no re-screening, no communications to maximise participation, no long-term implementation plan) result in the screening program falling demonstrably short of its potential to reduce bowel cancer death and disease through early detection.

Of particular concern is that, despite having a 57% higher age-standardised bowel cancer incidence rate than females, men aged 55-74 years are significantly less likely to screen for the disease. The program participation rate for Australian men from August 2006 to June 2008 was 39.2%, compared with 46.7% for women.<sup>13</sup> To add to this, men were more likely to receive a positive test result (an indication of a possible bowel cancer) and require a follow-up colonoscopy. (8.9% for men, 6.4% women)

Yet bowel cancer screening is, in our view, an ideal vehicle to not only reduce the disproportionately high burden of bowel cancer in Australian men, but to also better engage men in their own healthcare more generally. If bowel cancer screening was available to all men aged 50 and over every two years (not one-off, as it is for its current restricted age cohort), these men would interface with the health system in a way that only large numbers of women currently do – i.e. through screening at regular intervals for common cancers (cervical and breast).

Cancer Council Australia takes in good faith the Government's commitment to *eventually* implement its bowel cancer screening program in full, along the lines articulated by the Federal Health Minister in Shadow Cabinet: "Labor will work with state and territory governments to set up a national framework for ongoing implementation of the National Bowel Cancer Screening Program, including a structure for workforce planning, training and support; and ensuring sufficient follow-up services and quality assurance mechanisms are in place".<sup>14</sup>

Our concern, however, is that progress remains unacceptably slow and that cost-cutting may see continual delays to the program's roll-out, leading to hundreds of unnecessary deaths each year, particularly among men. Therefore:

- At a time when Government is investing heavily in infrastructure to stimulate the economy, we ask the Senate to document the evidence that bowel cancer screening is cost-effective, therefore a sound investment in the future health and economy of the nation.
- We ask the Senate to note that national screening programs for cervical and breast cancer were operational within five years of government agreement to introduce them and, in the case of cervical cancer screening, within five years of a study showing its effectiveness on a population basis. (Australia now has one of the world's lowest rates of cervical cancer mortality.<sup>1</sup>)
- It is in our view also appropriate to ask, if bowel cancer affected only women and had the vocal support of a strong women's health lobby, would the national program have progressed beyond its current infancy 12 years after highest-level scientific evidence showed its effectiveness in preventing 30% of bowel cancer deaths among the screened population?

- We call on the Senate to recommend that the Government prioritise the full implementation of its National Bowel Cancer Screening Program by no later than 2012 – a decade after the successful pilot programs commenced.
- We call on the Senate to note that bowel cancer screening is demonstrably one of the best measures available to government to reduce premature death and disease in Australian men.<sup>15</sup>

## **Tobacco excise**

### **Evidence of benefit**

Of the 11,308 Australians diagnosed in 2005 with cancers attributed to tobacco use, 7,874 (more than 70%) were men. Of 8,155 cancer deaths in 2005 attributed to smoking, 5,637 (more than 72%) were in men.<sup>1</sup> Up to 12 potentially fatal cancers diagnosed in men, many of them with poor prognoses compared with other cancers, are caused by smoking.<sup>16</sup>

Australian males smoke at higher rates than females in all age groups except 14-19-year-olds.<sup>17</sup> Evidence shows one of the most effective public policy measures for driving down smoking rates is price control through excise, which has been particularly successful in prompting blue collar workers to quit smoking.<sup>18</sup>

On the basis of long-term trends, increasing the price of tobacco products by 21% through excise would prompt 130,000 adults, including a significant proportion of male blue collar workers, to quit smoking and prevent 35,500 children from taking up smoking.<sup>19</sup>

This increase, which would bring Australia's excise regime into line with where it would be had it not slipped behind WHO and World Bank recommended standards since 1999, would also generate an additional \$1.03 billion per annum in federal revenue – more than enough to fund targeted quit programs for men in high-risk populations (e.g. those on lower incomes, Aboriginal men, men with mental illness etc.).<sup>20</sup>

Increased tobacco excise has strong community support, including among male smokers. Our own research, conducted by Newspoll, shows 86% of Australians support increasing tobacco excise if the majority of revenue goes towards disease prevention.

### **Current position**

Australia's current 67.9% excise rate is more than 10% lower than the rates imposed in the three most effective tobacco excise collectors, France, Ireland and the United Kingdom. Moreover, Australia's tobacco excise regime has not kept pace with WHO recommended excise levels for a decade.<sup>21</sup>

The World Health Organization and World Bank recommend the price of all tobacco products should rise by at least 5% per year in real terms. Increasing excise duty by 7.5 cents per stick, or a 21% increase in overall price, would restore cigarettes to the price they would have been had Australia followed this policy since 1999.

Australia is one of the few high and middle income countries that has not increased tobacco excise and customs duty since 1999, except for twice-yearly consumer price indexation.

There are 29 high and middle income nations that collect more excise as a proportion of total tobacco product prices than Australia does, including 19 OECD nations.

## **Cancer Council Australia concerns**

Despite the demonstrable benefits of increasing tobacco excise, to both significantly reduce tobacco burden and raise revenue for further investing in public health, Cancer Council Australia is concerned about government reluctance for this measure on the basis of spurious perceptions that: it may punish socially disadvantaged groups; it may be inflationary; reduced smoking rates will reduce overall tobacco excise revenue; and that the “Henry review” of taxation should report before any tax reform is undertaken. These perceptions can be countered in light of:

- evidence that shows tobacco excise is particularly effective in encouraging male blue collar workers to quit smoking, thereby preventing thousands of premature deaths in this group;
- evidence shows tobacco excise increases do not cause significant inflation, but in fact generate a substantial tax revenue and one that has high-level community support;
- the revenue from a 21% increase in tobacco prices through excise would more than offset any reduction in revenue through people quitting smoking (based on established trends);
- increasing excise does not require the sort of structural change being explored by the “Henry review” and could be achieved from the 2009-10 budget.

Cancer Council Australia therefore calls on the Senate to note that:

- The burden of cancers attributed to smoking is borne disproportionately by Australian men.
- The most effective measure currently available to Government to reduce this burden is increase tobacco excise, which would prompt 130,000 adults to quit, the majority of them men.
- Increasing the price of tobacco products through excise by 21% would bring Australia into line with WHO and World Bank standards.
- This increase would raise an additional \$1.03 billion per annum in federal revenue, which could be reinvested in health.

## **Skin cancer prevention**

### **Evidence of benefit**

In 2005, 6,044 Australian men were diagnosed with melanoma compared with 4,640 women. Melanoma in 2005 caused 786 male deaths compared with 452 female deaths.<sup>1</sup> It is projected that in 2008 around 434,000 persons will be diagnosed with one or more non-melanoma skin cancers in Australia, of them 253,000 males compared with 180,000 females.<sup>1</sup> In 2006, 410 Australians died from non-melanoma skin cancer, with male deaths more than double female deaths.<sup>22</sup>

Social marketing, including mass media, has been shown to be highly effective in influencing sun protective behaviours that reduce the social and economic burden of skin cancer, which currently affects Australian men disproportionately.<sup>23</sup>

According to a comprehensive independent evaluation by Deakin University, if the Australian Government's national SunSmart campaign, which ran over three summers from 2006-07 to 2008-09, was maintained over 20 years, it could prevent 20,000 melanoma and 49,000 non-melanoma skin cancer cases. Based on current trends, the majority of these preventable cancers would occur in men.<sup>24</sup>

On the same analysis, continuation of the campaign over 20 years would also deliver \$2.32 for every \$1 invested in direct government savings (through reduced healthcare costs) and net gains to the general economy of \$90 million.<sup>25</sup>

### **Current position**

The Government's national skin cancer awareness campaign originated as a four-year initiative in the 2005-06 federal budget, with the first year's allocation on development and the ensuing three years on media buy. Within a month of gaining office, the Rudd Government confirmed its intention to maintain the campaign, as scheduled, until the end of the 2008-09 summer.

There is currently no indication that the campaign will be funded again, now that the 2005-06 budget allocation has been spent.

### **Cancer Council Australia concerns**

Despite the demonstrated effectiveness of the Government's national skin cancer awareness campaign, both in economic and social terms, Cancer Council Australia is concerned that there will be no commitment to continue the campaign in the 2009-10 budget due to the Government's cost-cutting agenda.

While we understand the need to find savings, we contend that, as the campaign has been clearly shown to be a very strong investment, it should be maintained, particularly by a Government that campaigned on reorienting the health system towards improved primary prevention.

Cancer Council Australia therefore calls on the Senate to note that:

- The Government's national skin cancer awareness campaign has been clearly shown to provide significant benefit in reducing the burden of skin cancer, which is currently borne disproportionately by Australian men.
- Continuing to fund the campaign would, on the basis of independent scientific analysis, return \$2.32 for every \$1 invested by government and generate an additional \$90 million to the economy.
- Continuing to fund the campaign over this period could prevent 20,000 melanoma and 49,000 non-melanoma skin cancer cases, which, on current trends, would occur predominantly in men.



## References

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- <sup>1</sup> Australian Institute of Health and Welfare, Australian Cancer Incidence and Mortality Books, 2008.
- <sup>2</sup> Australian Institute of Health and Welfare, the Burden of Disease and Injury in Australia 2003, 2007.
- <sup>3</sup> Harris R & Lohr KN 2002. Screening for prostate cancer: an update of the evidence for the US Preventive Services Task Force. *Ann Intern Med*, 2002.
- <sup>4</sup> Andriole et al, Mortality Results from a Randomized Prostate-Cancer Screening Trial, *New England Journal of Medicine*, 2009.
- <sup>5</sup> Schoder et al, Screening and Prostate-Cancer Mortality in a Randomized European Study, *New England Journal of Medicine*, 2009.
- <sup>6</sup> Clinical practice guidelines for the prevention, early detection and management of colorectal cancer, National Health and Medical Research Council, 2006
- <sup>7</sup> Wakefield M, Durkin S, Spittal M, Siahpush M, Scollo M, Simpson J, et al. Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence: time series analysis. *American Journal of Public Health*. 2008.
- <sup>8</sup> World Bank. *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. Washington: World Bank, 1999.
- <sup>9</sup> Colorectal Cancer Screening, Report of the NSW Chief Medical Officer, October 2008.
- <sup>10</sup> Clinical practice guidelines for the prevention, early detection and management of colorectal cancer, National Health and Medical Research Council, 2006
- <sup>11</sup> Corporate Value Associates, CRC Screening Strategy: Governing committee cancer control network presentation, 2002.
- <sup>12</sup> Ibid.
- <sup>13</sup> Australian Institute of Health and Welfare, National Bowel Cancer Screening Program monitoring report 2008, 2008.
- <sup>14</sup> Federal Labor media statement, 11 October 2007, <http://www.alp.org.au/media/1007/mshea110.php>
- <sup>15</sup> Ibid.
- <sup>16</sup> Ibid.
- <sup>17</sup> Australian Institute of Health and Welfare, Household Drug Survey
- <sup>18</sup> Wakefield M, Durkin S, Spittal M, Siahpush M, Scollo M, Simpson J, et al. Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence: time series analysis. *American Journal of Public Health*. 2008.
- <sup>19</sup> Scollo et al, analysis prepared for National Preventative Health Taskforce.
- <sup>20</sup> Ibid.
- <sup>21</sup> Ibid.
- <sup>22</sup> Australian Institute of Health and Welfare, Cancer Australia, Non-melanoma skin cancer: General practice consultations, hospitalisation and mortality, 2008.
- <sup>23</sup> Dobbins, S, Jansen K, Francis K, Dunlop S and Wakefield M, 2006–07, National Sun Protection Survey, 2008.
- <sup>24</sup> Carter, R., R. Marks, and D. Hill, *Could a national skin cancer primary prevention campaign in Australia be worthwhile?: an economic perspective*. Health Promotion International, 1999.
- <sup>25</sup> Ibid.