

**Clinical Oncological Society of Australia**  
**Inquiry into the supply of chemotherapy drugs such as Docetaxel**  
**Answers to Questions on Notice – 28 March 2013 – Sydney**

Please find further information below and attached in regards to questions on notice from the Senators at the hearing on 28<sup>th</sup> March. This further submission is on behalf of the Clinical Oncological Society of Australia.

1. Senator Claire Moore

Question about the issues in relation to private health funds. Mr Tony Noun will submit on this question as a hospital operator he is much better placed to give an accurate account.

2. Senator Fierravanti-Wells

Question about the number of patients affected in the private sector. This was answered by the Pharmacy Guild of Australia during questions. Request for information in reply to the statement by the Cancer Voices rep that care/treatment is better in the public system. Ms Suzanne Kirska (Society of Hospital Pharmacists of Australia) said during the hearing that she would seek permission to submit a copy of a presentation with data showing that patient outcomes are the same in both public and private hospitals. Mr Tony Noun will also submit further information on this matter.

3. Senator Nick Xenophon

Requested further information about the differences in outcome of regional treated patients vs metropolitan treated patients.

**Cancer treatment and outcomes by location**

Evidence shows that the further a cancer patient lives from a metropolitan centre, the more likely they are to die within five years of diagnosis.<sup>11,12,13</sup> For some cancers, remote patients are up to 300% more likely to die within five years of diagnosis.<sup>14</sup> Cancer care is less accessible as geographical isolation increases, with survival rates correlating directly to quality and availability of services.<sup>15</sup>

Geographic isolation, shortage of healthcare providers and a higher proportion of disadvantaged groups are contributing factors.<sup>3</sup>

Capital funding for the establishment of 20 regional cancer centres across the country under the Rural Cancer Centres Initiative has the potential to reduce geographic inequity in cancer care outcomes. However, the current federal investment is capital funding only; there is no coordinated intergovernmental plan to underpin the sustainability of these and other regional cancer centres.

A national analysis published by the Clinical Oncological Society of Australia in 2006 showed that the further an individual cancer patient is located from a metropolitan or larger regional hospital, the poorer their access to chemotherapy services. The

availability and sustainability of cancer pharmacy services in small regional hospitals in particular is limited, by comparison with larger centres.<sup>16</sup>

**If centres in regional and rural locations were forced to close, patients would have to travel substantially further to access chemotherapy or have delayed access to treatment. Any threat to the viability of oncology pharmacy services in remote locations poses a significant threat to patient access to appropriately administered chemotherapy. Compromising access to chemotherapy would risk a further widening in the geographic gap in cancer treatment outcomes.**

Attachments:

11. Australian Institute of Health and Welfare and Australasian Association of Cancer Registries. Cancer survival in Australia 1992–1997: geographic categories and socioeconomic status. Canberra: AIHW, 2003. (Cancer Series No. 22. AIHW Catalogue No. CAN 17).
12. Jong KE, Vale PJ, Armstrong BK. Rural inequalities in cancer care and outcome. *Med J Aust* 2005; 182: 13-14.
13. Australian Institute of Health and Welfare. Health in rural and remote Australia. Canberra: AIHW, 1998. (AIHW Cat. No. PHE 6).
14. Jong KE, Smith DP, Yu XQ, et al. Remoteness of residence and survival from cancer in New South Wales. *Med J Aust* 2004; 180: 618-622.
15. Clinical Oncological Society of Australia, Mapping regional oncology services, 2006.
3. Australian Institute of Health and Welfare, Health system expenditures on cancer and other neoplasms in Australia, 2000–01, 2005.