



SA CANCER PLAN

2025-2029

Leading the way to cancer prevention
and control with personalised care



Government
of South Australia

SA Health

MESSAGE FROM THE MINISTER



The impact of a cancer diagnosis is significant, both for a person diagnosed with cancer, and for their family, carers and wider community support network. Currently one in three men

and one in four women receive a cancer diagnosis in their lifetime. Despite advancing medical practices and growing research capability, some people still face a higher risk of developing cancer, and others face greater barriers to accessing treatments and supports.

These challenges, alongside the emerging opportunities of advancing medical technology and improved clinical practice, underpinned the South Australian Labor Government election commitment to deliver a Cancer Plan for South Australia (SA).

I am pleased to now present the *SA Cancer Plan 2025-2029*. This plan, which has been informed by a broad range of people and organisations, outlines a clear pathway for coordinated work towards improving cancer health outcomes in South Australia by:

- > Enhancing cancer prevention and reducing unnecessary death through early diagnosis
- > Improving the experience for people diagnosed with cancer and their families / carers
- > Improving quality of survivorship.

This plan will be used by SA Health to underpin current and future work on key health system investment and infrastructure, including the delivery of South Australian Labor Government election commitments for:

- > A new Modbury Hospital Cancer Centre including 12 new chemotherapy treatment spaces and facilities for outpatient appointments
- > More cancer beds, childhood cancer doctors and specialty cancer nurses at the Women's and Children's Hospital
- > The Mount Barker Hospital expansion, including upgrades to chemotherapy equipment and consideration of increasing chemotherapy services to medium complexity.

The *SA Cancer Plan 2025-2029* has been developed in tandem with the Australian Cancer Plan, which was released in November 2023. Together these plans provide a platform for working together with the Australian Government to progress key initiatives and new innovations to benefit the people of South Australia.

I look forward to implementing the *SA Cancer Plan 2025-2029*, and progressing South Australia toward the shared vision of 'Leading the way to cancer prevention and control with personalised care.'

Hon Chris Picton MP
Minister for Health and Wellbeing

MESSAGE FROM THE LEAD, CANCER STATEWIDE CLINICAL NETWORK



As Lead of the South Australian Cancer Statewide Clinical Network, I strongly welcome the release of the *SA Cancer Plan 2025-2029*. I am pleased to have been involved in

developing this work alongside colleagues from across the community.

This plan has come together with input from across our system, including clinicians, researchers, policy leads, community service providers and the community itself. In particular, I want to acknowledge the experiences and advice provided by people who have or have had cancer, family members and carers. These voices have been invaluable in guiding development of a robust plan which helps connect the needs of the community with the advances in clinical practice.

As the plan identifies, key influences such as an ageing population, changing smoking and vaping behaviours, advances in clinical treatment and technical innovations to improve screening and carcinogen identification, will all impact the ways we must work together to reduce the incidence and impact of cancer across South Australia.

To support coordinated action over the coming five years, the *SA Cancer Plan 2025-2029* identifies a shared vision for 'Leading the way to cancer prevention and control with personalised care', and highlights six key priority areas for action:

- > Improve cancer experience
- > Maximise cancer prevention and early detection
- > Enable health systems for optimal care
- > Provide strong and dynamic foundations, including through research
- > Enhance workforce to deliver care into the future
- > Achieve equitable access to cancer healthcare for Aboriginal and Torres Strait Islander South Australians.

Achieving outcomes against these priority areas will require collaborative work across our system towards common goals. I am confident the vision established in this plan provides a strong foundation to support this work, and I look forward to working closely with others to implement the plan and improve the health outcomes for South Australians impacted by cancer.

A/Prof Michael Osborn
Lead, Cancer Statewide Clinical Network

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INTRODUCTION

Cancer is a disease that affects a significant proportion of South Australians. The lifetime risk of being diagnosed with cancer is one in three for males and one in four for females in South Australia¹. Many people are surviving, with the lifetime risk of mortality from cancer in South Australia at one in 11 for males and one in 14 for females¹.

For Aboriginal and Torres Strait Islander people, although the age-adjusted cancer incidence rate is similar to other Australians, they experience a 50% higher cancer mortality rate and a 70% higher cancer burden from premature mortality².

There are disparities in cancer incidence rates and outcomes across South Australia, seen in different community groups as well as geographical locations, most notably the approximate third of the state's population living in regional or remote areas.

There is a lot of work underway in South Australia across all domains of the cancer spectrum, from prevention, screening, diagnosis and treatment, to care after initial treatment, supportive and palliative care. There are many people and organisations involved in cancer care including general practitioners, other community-based providers, public and private hospitals and health services, non-government organisations (NGOs) and Aboriginal Community Controlled Health Organisations (ACCHOs). Exciting opportunities are emerging in research, clinical trials, data use and technologies to support and connect the spectrum of cancer care. Cancer treatments are continually emerging and with that, care after initial treatment (or survivorship) becomes a major part of people's lives.

Throughout the development of the SA Cancer Plan we have heard about the continued innovative approaches to cancer prevention, screening, diagnosis, treatments and research, the passion and dedication of individuals, organisations and teams to make a difference to their patients or people in their care.

We have heard about the challenges patients face in navigating cancer care, managing the complexities of life after initial treatment, and living with or beyond a cancer diagnosis.

The SA Cancer Plan provides a five-year response to guide the future of cancer prevention and care in South Australia. It aligns with national priorities and provides practical actions alongside high-level directions and priorities.

The vision '*Leading the way to cancer prevention and control with personalised care*' identifies a future where South Australia is at the forefront in all aspects of cancer including prevention, diagnostics, treatments, palliative care and the fundamental systems of research and workforce. The vision speaks to care changing to address the diverse needs of individual patients.

The Plan has six priority areas that propose action and direction across the cancer care spectrum as well as the systems that support and develop cancer care in South Australia. Specific focus is applied to communities with greater cancer incidence and poorer cancer outcomes, with an identified need to consider diversity when implementing Plan actions, ranging from decisions on the location of health services through to individual patient communications.

The success of the SA Cancer Plan relies on partnerships and collaboration across all parts of the cancer ecosystem. In practical terms this means organisations working together, sharing information and leading change. It also requires information, tools and support to be available for individual clinicians, researchers, patients and the public to make change where cancer care is delivered.

Implementation of the SA Cancer Plan will be supported by an Action Plan that details activities, responsibilities and measures to monitor achievement. Strong governance will support these functions.

SA CANCER PLAN ON A PAGE

Vision

Leading the way to cancer prevention and control with personalised care

Goals

Enhance prevention of cancer and reduce unnecessary death through early diagnosis

Improve the cancer experience for those diagnosed with cancer and their families/carers

Improve quality of survivorship

Overriding principles

Equity of access



Equity of access to prevention and care across cancer types and population groups

Evidence and research



Translational, meaningful, impactful research focused on patient outcomes and/or experiences

Person-centred



Care that is respectful of and responsive to the preferences, needs and values of the patient

Integrated care



Care that is connected and coordinated within and between services so that the person receiving care is not tasked with holding the parts of the system together

Holistic care



Care that recognises and supports all aspects of a person and their life around and beyond cancer

Priority areas



Improve cancer experience

- > Care navigation
- > Survivorship care
- > Clinician communication

People affected by cancer will be informed, actively listened to and supported to be partners in their own care and in design of the system



Maximise cancer prevention and early detection

- > Primary prevention
- > Targeted education and screening

People will be able to access personalised prevention and early detection of cancer tailored to their individual health status, health risks, and social and cultural needs



Enable health systems for optimal care

- > Service planning
- > Optimal care pathways

People with cancer will be offered timely, up-to-date, optimal and culturally safe care regardless of geographic location, socioeconomic status, language or other barriers, and will be able to access clinical trials as part of standard care



Provide strong and dynamic foundations

- > Research and clinical trials focus
- > Data and digital technology

People will have equitable access to a cancer care system informed by connected data, supported by appropriate funding and infrastructure, driven by targeted research and enabled through advanced technology



Enhance the workforce to deliver cancer care into the future

- > Workforce models
- > Recruitment, retention, wellbeing

People will have access to a well-supported, well-equipped cancer care workforce who are able to respond to future changes in the cancer control landscape, and who work together to enable best care for South Australians affected by cancer



Achieve equitable access to cancer healthcare for Aboriginal and Torres Strait Islander South Australians

- > Co-designed and targeted approaches

The knowledge and diversity of Aboriginal people will be valued and built upon to design and embed a cancer care system that consistently provides culturally safe care

Governance

Monitoring and Reporting

Evaluation

Target outcomes

Reduce the risk of preventable cancers for SA residents

Achieve equitable access to cancer care for all people living in SA

Increase the one and five year survival of people in SA with cancer

Measure and improve the experience of people with cancer in SA from pre-diagnosis to survivorship and end of life

CANCER IN SOUTH AUSTRALIA

Incidence

New cancer cases per 100,000 people (age standardised), 2018



Source: Australian Institute of Health and Welfare, 'Cancer Incidence by Sex and State and Territory, from 1982 to 2018'³



Incidence rates decreased **0.6%** women (2016-2020)



Incidence rates increased **1.7%** men (2016-2020)

Lifetime risk of cancer diagnosis

1 in 3 men



1 in 4 women



63.9% of all cancers and **80.8%** of cancer deaths in SA (2020)

Most common cancers



Women

- breast **28.5%**
- colorectal **9.8%**
- lung **9.5%**



Men

- prostate **30.7%**
- colorectal **9.4%**
- lung **9.0%**

Leading cause of cancer death



Women

- lung **17.4%**
- breast **12.8%**
- colorectal **11.5%**



Men

- lung **20.0%**
- prostate **11.9%**
- colorectal **9.8%**

Source: Government of South Australia, Wellbeing SA, Cancer in South Australia 2020 with projections to 2023.










The most common cancers in children (0-14 years) are leukaemia and brain cancers. The most common cancers in adolescents and young adults (15-24 years) are Hodgkin lymphoma, melanoma and testicular cancer.

Sources

Australian Institute of Health and Welfare (2020). Australia's children. Cat. no. CWS 69. Canberra: AIHW

Australian Institute of Health and Welfare (2023). Cancer in adolescents and young adults in Australia 2023. Cat. no. CAN 151. AIHW, Australian Government.

Target populations

	<p>Aboriginal and Torres Strait Islander people</p>	<p>Experience a higher cancer burden of disease than other Australians¹⁰ Have a similar age-adjusted cancer incidence rate to other Australians, but a 50% higher cancer mortality rate²</p>
	<p>People from CALD backgrounds</p>	<p>May experience greater adversity in accessing culturally responsive care, information and clinical trials¹¹ May experience a higher prevalence and burden of some cancers (e.g. liver cancer)¹²</p>
	<p>People living in low socioeconomic areas</p>	<p>5% higher incidence rates, 20% lower survival rates and 40% higher mortality rates than those in higher socioeconomic areas¹¹</p>
	<p>People living in rural and remote areas</p>	<p>1.3 times more likely to die from cancer and lower survival rate than those living in major cities¹¹</p>
	<p>LGBTIQA+ people</p>	<p>Affected by certain cancers disproportionately, and more likely to delay seeking healthcare for fear of discrimination and health professionals having inadequate knowledge and skills around inclusivity¹¹</p>
	<p>People living with a disability</p>	<p>Often experience more barriers and have poorer access to preventative care and cancer screening services potentially leading to poorer disease detection¹¹</p>
	<p>People with co-morbidity of mental health</p>	<p>Higher rate of cancer in those with a mental illness, 2.6% compared to 1.6% without¹¹</p>
	<p>Older Australians</p>	<p>Cancer is more common in older Australians who often have complex health needs and experience barriers to receiving cancer care¹¹</p>
	<p>Adolescents and young adults</p>	<p>Five-year survival after a cancer diagnosis for adolescents was 89% between 2010 – 2014, and cancer survivors have a 1.9 times greater risk of developing a second cancer¹¹</p>
	<p>Children</p>	<p>Survivors of childhood cancer are at a high risk of adverse long-term health conditions due to their cancer and associated treatment¹¹</p>
	<p>Veterans</p>	<p>Veterans who served in the Vietnam and Korean wars have higher cancer mortality and incidence rates than those who did not serve^{13, 14}</p>
	<p>Generations of servicemen involved in British Nuclear Tests in 1950s and 1960s and Aboriginal communities living in the vicinity of testing locations at Maralinga and Emu Field</p>	<p>23% higher incidence rates and 18% higher mortality rate for Australians who participated in these tests¹⁵ Aboriginal community impacts are unstudied but raised as a concern during development of the SA Cancer Plan</p>

INFLUENCES ON CANCER IN THE NEXT 5 YEARS

There are significant influences that will impact cancer in South Australia during the life of this Plan. These offer opportunities to capitalise on, as well as challenges to be addressed.

Increased cancer in an ageing population

South Australia's population is ageing. In 2016, 18% of people (303,117) were aged 65+ years in South Australia, and this is expected to increase to 23% by 2036 (464,126)⁴.

Incidence rates of cancer are greater in people aged 65 years and older. In 2020, 63.9% of all cancers in South Australia were in people aged 65 years and older¹.

It is expected that the number of people diagnosed with cancer in South Australia will increase as the proportion of people aged 65+ years increases.

Obesity rates

Obesity is a known contributor to cancer, and is prevalent in South Australian adults. The proportion of South Australian adults who were considered in the healthy weight range in 2021 was 31.9% (down from 36.2% in 2019). The proportion of healthy weight children in South Australia was 69.9% in 2021^{5,6}.

Alcohol consumption

Alcohol use is a risk factor for many cancer types, and risk of cancer increases with the amount of alcohol consumed. In 2021, 31.2% of South Australians reported consuming alcohol that put them at risk of harm from alcohol-related disease or injury⁵.

Smoking and vaping

Legislative changes to the sale of tobacco and vaping products, and education campaigns and quitting support services to curb smoking and vaping, will begin to have impact during this Plan. Although evidence on the impact of vaping on cancer and health more broadly is still emerging, e-cigarette exposure has been shown to be associated with an increased uptake of tobacco smoking and some chemicals present in e-cigarette aerosols are capable of causing DNA damage and mutagenesis and may pose a cancer risk.

As of 1 July 2024, the importation, domestic manufacture, commercial possession and sale of non-therapeutic vapes and disposable vapes is banned, regardless of whether they include nicotine or other controlled substances. Vapes for smoking cessation continue to be available from a pharmacy if they meet Therapeutic Goods Administration (TGA) regulatory requirements, including child-resistant packaging, and from 1 October 2024 therapeutic vapes containing nicotine or a zero-nicotine substance will be available for supply in pharmacy settings to patients 18 years or over without a prescription. The laws also ban the advertising of vapes, and flavours of therapeutic vapes have been restricted to mint, menthol and tobacco. The South Australian Government will continue to work constructively both with the Federal Minister for Health and Aged Care, and other jurisdictions to implement and strengthen e-cigarette laws and their enforcement.

Cancer screening

A new Lung Cancer Screening Program is planned for introduction by the Commonwealth in 2025 for people aged 50 to 70 years with at least 30 pack years smoking exposure.

Primary and community health care services are a key setting for the screening and early diagnosis of many cancers. Efforts to improve access to primary care more broadly, aligned with the recommendations of the Australian Government's Strengthening Medicare Taskforce Report¹⁶, will have a significant influence on the burden of cancer in Australia.

COVID-19 impacts on diagnosis

COVID-19 saw a delay in people seeking and receiving healthcare. As a result there has been an observed increase in later stage diagnosis of cancers^{7,8}.

Emerging evidence on carcinogens

Evidence will continue to emerge on carcinogens, necessitating review of public health policies. These include impact of inhalation of fine particulates from car fumes, burning of fossil fuels, and continued evidence around workplace risks such as exposure to asbestos and silica dust⁹.

Technological and treatment advances

There is a shift towards personalised care and precision medicine that will change the type of treatments people receive and will necessitate significant changes to mindsets and the approaches taken to treatment.

Precision diagnostic approaches and technologies that target new therapies to specific patient cohorts and drive therapeutic decision-making are being developed and implemented. Evolving new technologies such as theranostics and CAR T-cell treatments will need to be considered as part of service planning to ensure equitable access. New technologies and treatments will continue to be developed to provide alternate options to cancer treatment.

Advances in treatment success will not only increase the number of persons living with or beyond cancer, but may also prolong length of treatment for some patients.

Funding treatment

Funding models will need to be reorganised to align to the cost of treating cancer as new high-cost drugs are developed and approved, new technology and treatments become available, people are treated for longer periods of time and potentially with more lines of treatment, and more people are diagnosed with cancer.

Changes to clinical practice

New technologies and ways of delivering care will enable changes to clinical practice, including the use of artificial intelligence, telehealth and virtual care, as well as providing treatments in different settings such as in the community or at home.

Optimal Care Pathways for delivery of consistent, safe and high-quality cancer care, and Choosing Wisely recommendations for reducing unnecessary tests, treatments and procedures, will continue to be developed and may require changes to practice to deliver evidence-based care.

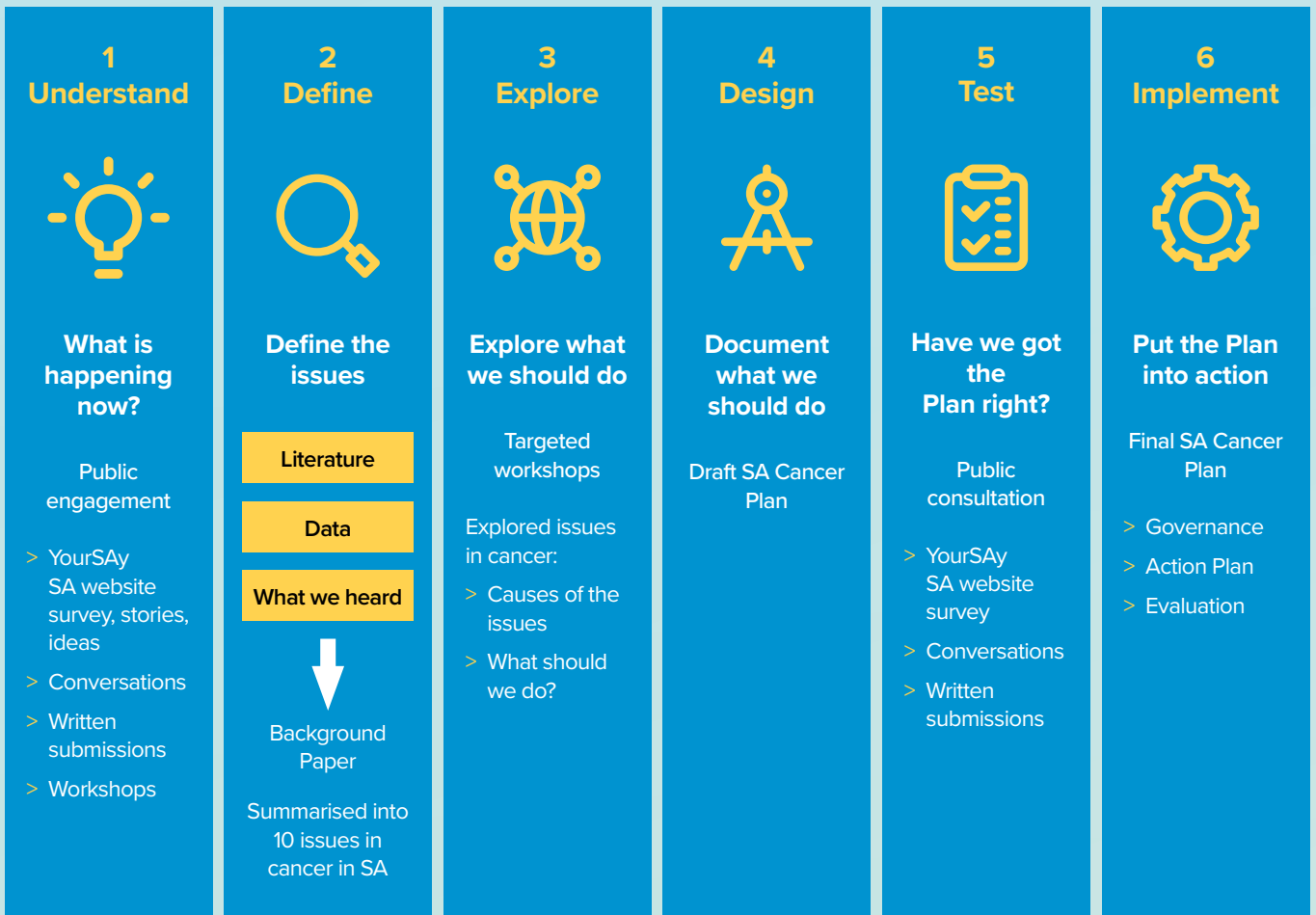
Infrastructure

Several significant infrastructure projects are currently committed to being completed during the life of the SA Cancer Plan. These include:

- > South Australian Cancer Genomics Laboratory in SA Pathology will expand genomic diagnostic testing for prevention, diagnosis and treatment of cancers
- > The South Australian Comprehensive Cancer Network will be established as part of a national network of cancer centres in Australia
- > An integrated cancer centre at Mt Gambier Hospital will be developed
- > The Modbury Hospital Cancer Centre will be established to provide chemotherapy and treatment for cancer patients
- > The Mount Barker Hospital upgrades will include upgrades to chemotherapy services.

HOW WE GOT HERE

The SA Cancer Plan was developed with input from people through various steps, including people with or who have had cancer, people supporting someone with cancer, health professionals, researchers and organisations.





VISION

Leading the way to cancer prevention and control with personalised care



PRINCIPLES

This Plan is based on five under-pinning principles that have guided decisions about content and activities for inclusion.

Equity of access

Equity of access to prevention and care across cancer types and population groups

Evidence and research

Translational, meaningful, impactful research focused on patient outcomes and/or experiences

Person-centred care

Care that is respectful of, and responsive to, the preferences, needs and values of patients and people with or who have had cancer

Integrated care

Care that is connected and coordinated within and between services so that the person receiving care is not tasked with holding the parts of the system together

Holistic care

Care that recognises and supports all aspects of a person and their life around and beyond cancer



PRIORITY AREAS

Six priority areas support the vision and build on and add to work being done at a national level to improve cancer prevention, care, outcomes and experience:

1. **Improve cancer experience**
2. **Maximise cancer prevention and early detection**
3. **Enable health systems for optimal care**
4. **Provide strong and dynamic foundations**
5. **Enhance the workforce to deliver cancer care into the future**
6. **Achieve equitable access to cancer healthcare for Aboriginal and Torres Strait Islander South Australians.**



TARGET OUTCOMES

Four outcomes should be realised with the implementation of the Plan

1. **Reduce the risk of preventable cancers for SA residents**
2. **Achieve equitable access to cancer care for all people living in SA**
3. **Increase the one- and five-year survival of people in SA with cancer**
4. **Measure and improve the experience of people with cancer in SA from pre-diagnosis to survivorship and end of life.**



PRIORITY 1

IMPROVE CANCER EXPERIENCE

People affected by cancer will be informed, actively listened to and supported to be partners in their own care and in design of the system.

★ Why this is important

- > People's experiences of cancer care in South Australia are varied, and care can be poorly coordinated or lacking following initial treatment. This can impact the person and also the efficiency and effectiveness of healthcare.
- > Provision of multi-disciplinary cancer care is best practice to meet the needs of people with cancer, but multi-disciplinary and other supports are not always currently available.
- > Navigating between care components of the health system can be difficult.

? How we will address this

- a) Focus on specific needs of people who have poorer access to cancer care or cancer outcomes when resourcing and designing cancer services, and support innovative models that have proven success.
- b) Develop, design, and implement approaches to survivorship and care after initial treatment that support people's individual needs.
- c) Develop care coordination and navigation pathways to meet diverse needs of target populations including Aboriginal and Torres Strait Islander people.
- d) Understand and elevate the value of multi-disciplinary cancer care, and work to incorporate a minimum standard regarding access to multi-disciplinary care that should be achieved or exceeded for all South Australians with cancer.
- e) Understand and elevate the value of non-clinical

supports (e.g. peer programs, transport, financial supports) for people affected by cancer and embrace opportunities to partner between organisations that provide clinical and non-clinical supports.

- f) Shift the approach of activities and programs to a greater focus on patient-driven outcomes in line with value-based healthcare (care that focuses on the outcomes and experiences that matter to patients).
- g) Shift towards personalised care and personalised medicine approaches including goal setting based on predicted outcomes and personal needs and goals.
- h) Recognise the value that peer support and peer groups can provide to the holistic experience of a person with cancer.
- i) Partner with people with cancer to improve the patient experience.

5 What we could see in 5 years

During the life of the Plan, we could expect:

- > Greater continuity and care after initial treatment for people with cancer as we focus on more supports and transition plans for this part of people's cancer experience.
- > Care Navigation Framework implemented across cancer services with the aim of ensuring that cancer care is coordinated across the spectrum of care.
- > People with cancer better equipped with information and tools to feel in control of their experience with cancer from time of diagnosis throughout the spectrum of care.

Activities

Survivorship care	
1.1	As a priority, review and implement the South Australian Survivorship Framework, including consideration of appropriate and sustainable resourcing, incorporation of relevant care coordination activities, paediatric to adult service transition needs, and strengthening cross sectoral partnerships between acute and primary care.
1.2	Develop guidance for accessing adjacent services like Disability Support Pension and National Disability Insurance Scheme, as well as other supports to assist cancer patients, their carers and cancer survivors.
1.3	Consider the outcomes of the SA Cancer Council mapping of support services, and support impactful activities provided by peer support and other organisations that align with the principles and priorities of the SA Cancer Plan or fill clearly identified gaps in care.
1.4	Explore options to improve access to reproductive choices for people diagnosed with cancer and cancer survivors, including gamete collection, storage and assisted reproductive technology.



Care navigation	
1.5	Develop a Cancer Care Navigation Framework and Roadmap for South Australia which provides consistent and effective support for cancer patients, and embed the framework into practice.
1.6	Explore opportunities to link with existing directories (<i>Country SA Services Directory</i> and <i>Adelaide Primary Health Network Directory of Services & Programs</i>) and explore the feasibility of developing and maintaining a directory of cancer services (including support and peer services) in South Australia.
1.7	Explore opportunities for partnerships between health services and non-government organisations to provide targeted information to cancer patients at critical times throughout the care continuum.
1.8	Identify how to effectively and efficiently give patients information about their care and the path it is expected to follow so they can be part of the process and implement across public and, where possible private, health services.
1.9	Explore how to provide simple information to patients on who to contact at various points of a patient's cancer experience (e.g. GP, oncologist).
1.10	Explore options to improve access to the Patient Assistance Transport Scheme (PATS), including relevant access for culturally diverse communities, and help patients understand PATS either by incorporating into care navigation systems or as a standalone support or electronic system.
Clinician communication	
1.11	Review and co-design culturally responsive and age appropriate cancer communication resources to enable healthcare providers to communicate respectfully and appropriately with people with cancer and their families, carers and support persons.
1.12	Develop co-designed evidence-based cancer resources across the spectrum of care which explain medical terminology and meet the needs of diverse population groups, particularly those with higher cancer incidence, poorer access to care, or worse survival outcomes and in particular, specific resources for Aboriginal and Torres Strait Islander people.



PRIORITY 2

MAXIMISE CANCER PREVENTION AND EARLY DETECTION

People will be able to access personalised prevention and early detection of cancer tailored to their individual health status, health risks, and social and cultural needs.

★ Why this is important

- > Although there is evidence that healthy lifestyle choices and / or vaccination programs can prevent some cancers, preventable cancers continue to remain prevalent in South Australia.
- > Some population groups have later stage cancer diagnoses and worse cancer outcomes including excess deaths. These groups include but are not limited to Aboriginal and Torres Strait Islander people, the approximate third of the state's population living rurally or remotely, people who identify as LGBTIQ+, older people and people with disability.

? How we will address this

- Invest in multi-strategy, sustained, population-based approaches to cancer prevention, including reducing tobacco and vaping uptake, obesity, alcohol consumption and community exposure to environmental carcinogens, and increasing smoking cessation, healthy eating and physical activity.
 - Increase access to evidence-based prevention programs for specific diseases which lead to preventable cancers, in line with national policies and strategies.
 - Invest in innovation in cancer prevention and screening including new thinking, forums and leading-edge pilot projects.
 - Build on the strengths of high screening participation rates and continue to work to improve the screening rates in regions and population groups where screening participation rates are lower.
- Develop strong partnerships to prevent cancer and increase screening opportunities with non-government organisations and primary care health services, including Aboriginal Community Controlled Health Services that have specific contact with people who are at greater risk of cancer or poorer cancer outcomes.
 - Increase health screening in Aboriginal and Torres Strait Islander populations.
 - Develop education campaigns to improve population health literacy and clinician awareness of cancer risk factors, symptoms and diagnoses.
 - Focus prevention efforts and expand or provide newly co-designed prevention and screening programs with communities most at risk of later diagnosis or higher cancer incidence, including people:
 - > living in localities with higher incidence rates and/or poorer outcomes of particular cancers
 - > who are Aboriginal and / or Torres Strait Islander
 - > who identify as LGBTIQ+
 - > who are trans and gender diverse
 - > from culturally and linguistically diverse backgrounds
 - > living with a disability
 - > living in low socioeconomic areas
 - > living with a mental illness
 - > living in remote and rural areas
 - > who are in insecure housing or are homeless
 - > in corrective services
 - > who are living with substance use disorders including alcohol use disorder, and those who drink alcohol regularly.
 - > who are veterans
 - > in Aboriginal communities affected by British nuclear tests in Maralinga and Emu Field in the 1950s and 1960s.



What we could see in 5 years

During the life of the plan, we could expect:

- > Continued improvement in understanding within the community about how to prevent cancer, particularly amongst specific community groups such as those from culturally and linguistically diverse backgrounds.
- > Increased participation in screening programs for specific under-represented populations, including Aboriginal and Torres Strait Islander people.
- > Policies and legislative requirements updated to reduce the impacts of unhealthy products and environmental carcinogens on South Australian communities, including consideration of workplace safety and building and planning requirements.

Activities

Primary prevention	
2.1	Review interface management policies in the South Australian Planning and Design Code to reduce community exposure to poor air quality, particularly fine particles.
2.2	Deliver best practice statewide quit smoking campaigns, create smoke-free public areas and smoke-free environments for children, expand health system capacity to support quitting, and examine other options for addressing the marketing and availability of tobacco products.
2.3	Develop and deliver campaigns and initiatives to increase awareness of vaping-related risks, and limit the potential harms associated with using these products.
2.4	Implement and enhance evidence-based legislation and policy to reduce the health impacts of unhealthy consumable products that can cause cancers.
2.5	Explore approaches to increase public awareness of the link between alcohol use and specific types of cancer, with the aim of empowering people to make informed decisions about their alcohol use, and reduce the incidence of alcohol-related cancers in SA over the longer term.
2.6	Investigate opportunities to partner with other government agencies to support equitable access to nutritious food especially for communities that experience high levels of food insecurity.
2.7	Develop and deliver campaigns and initiatives to increase awareness of overweight and obesity risks, and limit the potential harms associated with unhealthy foods and physical inactivity.
2.8	Implement the <i>SA Skin Cancer Prevention Partnership – A Framework for Action 2023-2028</i> and subsequent action plan as a coordinated response to skin cancer prevention and early detection in SA, in line with national initiatives.
2.9	Explore the ethics, access issues and cost-benefits to develop a model of how and when genetic testing should be offered in the context of cancer prevention and screening, in line with national frameworks, guidelines and position statements.
2.10	Build an Aboriginal workforce to design and deliver culturally safe policy, programs and partnerships that support cancer prevention and health promotion.
2.11	Continue to provide access to evidence-based prevention programs for specific diseases which lead to preventable cancers, in line with national policies and strategies. For example: <ul style="list-style-type: none"> > Immunisation for human papillomavirus (HPV) and hepatitis B > Early diagnosis and linkage to care including antiviral treatment for people living with chronic hepatitis B or hepatitis C > Other primary prevention programs including community education and harm reduction

Targeted education, screening and early detection	
2.12	Develop partnerships with NGOs and other organisations already delivering care to specific populations at risk of greater incidence, later diagnosis or poorer outcomes to achieve better cancer screening rates.
2.13	Continue to facilitate dermoscopy training for GPs and collaborate with Cancer Council SA to ensure access to dermatoscopes through Cancer Council SA Dermoscopy Grant for GPs, with the aim of increasing GP skills in the detection of suspicious skin lesions and high-risk moles for specialist referral and early intervention.
2.14	Develop and implement a Surveillance Colonoscopy Optimised Prevention via an E-System (SCOPES) program that will help manage the demand for colonoscopies, improve colorectal cancer prevention and survival outcomes, and enable all of SA including rural, urban, public and private, to have access to a surveillance program continually updated to the latest cancer prevention guidelines.
2.15	In partnership with Aboriginal community controlled agencies and leaders, enhance and deliver health promotion and prevention programs that address risk factors, and cancer screening and education programs for Aboriginal communities across the state including rural and remote sites.
2.16	Pilot and deliver targeted screening programs for other priority population groups at higher risk of cancer incidence, delayed diagnosis and poor outcomes to support the embedding of systems of ongoing screening pathways within these communities, including Culturally and Linguistically Diverse, LGBTIQ+ and regional/remote communities.
2.17	Support the implementation of new or expanded national cancer screening programs in SA including the National Lung Cancer Screening Program.
2.18	Continue to work with the Commonwealth regarding policy on risk-based eligibility criteria for screening programs, including age-based bowel and breast cancer screening programs.
2.19	Work with the Australian Government to maintain and improve access to cancer screening and early diagnosis in primary and community health care settings, aligned with the recommendations of the Strengthening Medicare Taskforce Report ¹⁶ .



PRIORITY 3

ENABLE HEALTH SYSTEMS FOR OPTIMAL CARE

People with cancer will be offered timely, up-to-date, optimal and culturally safe care regardless of geographic location, socioeconomic status, language or other barriers, and will be able to access clinical trials as part of standard care.



Why this is important

- > New and innovative cancer treatments are not always accessible to all or available locally (within SA or within a locality).
- > Access to cancer care is varied for people based on their location of residence, cancer type and population group.
- > Patient access to palliative care, specialist care and end of life care varies and can sometimes be too late to be of most benefit.
- > The number and profile of patients with cancer who would benefit from the involvement of specialist and non-specialist palliative care services is changing.



How we will address this

- a) At the system level, strengthen relationships with key cancer care providers outside SA Health including private, primary care and not-for-profit sectors to provide more integrated, person-centred care to patients.
- b) At the health service and patient level strengthen communication and handovers and integration of all the parts of a patient's care so it is coordinated and organised.
- c) Ensure a minimum level of cancer services is agreed and available to all patients across SA.
- d) Provide and design services to meet the diverse needs of communities and geographical areas of the state where there is greater incidence of cancer and/or poorer outcomes, including people:
 - > living in localities with higher incidence rates and poorer outcomes of particular cancers
 - > who are Aboriginal and / or Torres Strait Islander
 - > who identify as LGBTIQA+
 - > who are trans and gender diverse
 - > from culturally and linguistically diverse backgrounds
 - > living with a disability
 - > living in low socioeconomic areas
 - > living with a mental illness
 - > living in remote and rural areas
 - > who are in insecure housing / homeless
 - > in corrective services
 - > who are adolescents and young adults
 - > who are geriatric oncology patients
 - > who are veterans
 - > in Aboriginal communities affected by British nuclear tests in Maralinga and Emu Field in the 1950s and 1960s.
- e) Provide clear pathways for access to high complexity and emerging treatments for South Australians, and ensure cancer services providing highly specialised and complex services collaborate closely with other medical, surgical and diagnostic specialties to provide optimal care during and after treatment.

- f) Provide patients with flexibility to suit the needs of individuals, including options of where treatment is provided (embracing telehealth and virtual care) and the scheduling of appointments.
- g) Work to progressively implement the Optimal Care Pathways, including links to survivorship care.
- h) Work to expand patient access to radiation therapy in line with the Royal Australian and New Zealand College of Radiologists recommendations.
- i) Increase care as close to home as safely possible through the delivery of local services to local populations in regional and remote locations through innovative, flexible models of care.
- j) Actively work to increase opportunities and ease of sharing treatment information with those involved in a patient's care, including the patient.
- k) Integrate personalised medicine into clinical practice.
- l) Encourage earlier integration of advanced care planning and palliative care, and acknowledge that patients can benefit from these services while still receiving active treatment.
- m) Develop innovative and collaborative pathways between cancer services and specialist palliative care services in response to the changing cancer landscape.

What we could see in 5 years

During the life of the plan, we could expect:

- > Planned and funded cancer services based on population needs, including a specific focus on populations and communities with poorer outcomes.
- > Improved access to allied health, prehabilitation and rehabilitation services with the aim of making these standard during cancer care.
- > Statewide direction and coordination on the provision and access to cancer treatments that are of high complexity, low volume and/or new and emerging.
- > Provision of cellular therapies and gene therapies in SA where approved by MSAC/PBAC and/or via clinical trials.
- > Earlier referral of cancer patients to palliative care and concurrent involvement of palliative care while still receiving active treatment.
- > Cancer care being provided in more flexible settings with the continued use of telehealth and virtual service provision.

Activities

Standardised pathways and multi-disciplinary care	
3.1	Integrate Optimal Care Pathways as routine cancer care, including multi-disciplinary approaches and access to allied health care and pain management. Use a monitoring and evaluation system that links implementation of Optimal Care Pathways to patient outcomes and experience.
3.2	Continue to support the Statewide Youth Cancer Service, and develop and implement a sustainable model of survivorship care.
3.3	Implement transition and survivorship care for paediatric survivors of cancer to support their healthcare needs as adolescents and young adults, including when transitioning to adult primary and tertiary care services.
3.4	Implement the SA Surgical Clinical Network Optimised Pre-Surgical Care Framework along with the prehabilitation and rehabilitation recommendations in Optimal Care Pathways.
3.5	Identify a coordinated approach to cancer multi-disciplinary meetings (MDMs) across SA that includes access for public and private patients, specialist and subspecialist access including palliative care, and access for the roughly third of the state's population located regionally and rurally.
3.6	Pursue an Multidisciplinary teams (MDT) software platform for all public sites where cancer MDMs are held that includes ability to assist with meeting organisation, collect data, facilitate audit, bill activity, monitor attendance and skillset of attendees, and which considers links with private providers and incorporation of clinical trial access.
3.7	Review oncology referral points to palliative care services and identify opportunities to achieve earlier referral, including consideration of the AMBER Care Pathway (approach for multi-disciplinary teams to follow when clinicians are uncertain whether a patient may recover).
3.8	Develop and support training for oncologists on palliative care and having difficult conversations about death and dying.
3.9	Undertake a gap analysis and explore opportunities to increase access to chemotherapy and supportive medicines closer to home for people in rural and remote communities, with a focus on access for Aboriginal and Torres Strait Islander people.
3.10	Consider the best approach to advocate for inclusion of all treating doctors on pathology forms, aligned with national initiatives.

Cancer service planning and models of delivery	
3.11	Develop a Statewide Cancer Services Plan which supports commissioning of cancer services in line with population health needs. The Statewide Cancer Services Plan will inform infrastructure, workforce, digital health or other requirements to meet current and future demand for cancer services. The Cancer Services Plan will focus on equity of access, including for vulnerable communities, people in regional, rural and remote locations and people with rare cancers. It will consider access to timely, state-of-the-art technology, diagnostics and treatments across SA, including therapeutics that are not made available through the PBS, such as theranostics. In addition, it will consider referral pathways, access to multi-disciplinary care, and commissioning of specialised, centralised services such as the Allogeneic Stem Cell Transplant and Cellular Therapies Services.
3.12	Develop a statewide service delivery approach for emerging high complexity, low volume cancer treatments including extracorporeal photopheresis, CAR T-cells, other cellular or gene therapies, as well as strategic direction on equipment needs now and into the future.
3.13	Develop an SA cancer genomic plan or framework aligned to the SA Cancer Plan and SA Clinical Genomics Plan. The plan will support future national initiatives and cancer genomic services in SA, including use of genomics in cancer screening, diagnosis, therapeutic decision-making and long-term monitoring. The plan would consider SA's cancer genomic testing infrastructure needs, patient access to diagnostic genomic services and culturally and medically appropriate best practice genetic reporting and counselling, ethical use of genomics, workforce skill requirements and multi-disciplinary team (MDT) structures.
3.14	Review availability and provision of positron emission tomography–computed tomography (PET-CT) imaging across the state, with the aim of providing equitable access to enable timely decision-making for the most vulnerable and unwell patients with cancer.
3.15	Participate in development and establishment of appropriate pathways and models of care to support South Australian patient access to appropriate technologies.
3.16	Increase care as close as safely possible to home for medical oncology and haematology services in regional SA.
3.17	Scope the inclusion of specific cancer and oncology emergency care opportunities through the SA Virtual Care Service and the Child and Adolescent Virtual Urgent Care Service.
3.18	Explore the re-establishment of paediatric allogeneic Bone Marrow Transplant availability in South Australia. This may involve pursuing paediatric and adult service partnerships to achieve accreditation.
3.19	Undertake a gap analysis and explore opportunities to increase access to cancer medicines that are not always available in rural and remote communities, with a focus on access for Aboriginal and Torres Strait Islander people.
3.20	Develop and implement a Geriatric Oncology model of care to address the growing geriatric patient population need.
3.21	Review existing models of cancer treatment services for their suitability for Aboriginal people, and be guided by the Aboriginal Cancer Healing Model.



PRIORITY 4

PROVIDE STRONG AND DYNAMIC FOUNDATIONS

People will have equitable access to cancer care that is informed by connected data, supported by appropriate funding and infrastructure, driven by targeted research and enabled through advanced technology.



Why this is important

- > We have many data collection sources in cancer in South Australia that are yet to be linked.
- > There is not a clearly coordinated approach for cancer research and clinical trials in South Australia.



How we will address this

- Use technology, artificial intelligence and data to identify and inform those 'at risk' of cancer and improve chances of early diagnosis.
- Develop governance models and optimise electronic systems so they support clinical activity and connect across the system including connection between public and private, primary and tertiary providers, with the aim of enabling cancer patients to move between or be co-treated at health services seamlessly and in an integrated manner.
- Develop systems that provide a digital profile for every patient that enables symptom tracking and connected care throughout their care experience.
- Create a statewide cancer data platform for South Australia enabling linkage between public and private sectors including local and Commonwealth data.
- Optimise opportunities to provide flexible healthcare delivery models, including use of telehealth to enable greater reach of safe, equitable cancer care.

- Work to provide coordinated statewide access to biobanks.
- Focus research on understanding cancer survivor needs or gaps in services and translate survivorship research into practice.
- Improve access to clinical trials for underserved populations who have historically been under-represented in clinical trials including:
 - > adolescents and young adults
 - > the elderly
 - > culturally and linguistically diverse populations
 - > people living in regional and remote areas
 - > Aboriginal people.
- Target research to identify gaps in multi-disciplinary care for South Australians with cancer.
- Work towards cancer care where researchers are embedded to advance knowledge of best practice and assist with local implementation and evaluation.



What we could see in 5 years

During the life of the plan, we could expect:

- > Continued progress towards the linking of data sets, to create a statewide cancer data platform for South Australia enabling linkage between public and private sectors including local and Commonwealth data.
- > Better awareness and integration of clinical trials with clinical practice.

Activities

Data and digital technology	
4.1	Pursue data linkage opportunities to create a statewide linked database which may include population-based cancer data, clinical data sets or registries, patient journey information and palliative care data to support cancer prevention initiatives, cancer service planning and delivery, and clinical research in SA.
4.2	Continue to improve the South Australian Clinical Cancer Registry to provide a high quality system focused on health care quality improvements and outcomes for patients experiencing cancer in SA.
4.3	Coordinate cancer Patient Reported Measures activities across the state, including both Patient Reported Outcomes Measures (PROMs) and Patient Reported Experience Measures (PREMs).
4.4	Continue to support roll-out of PROMs for cancer, and use Patient Reported Measures (PRMs) for cancer to monitor patient experiences and outcomes during and after treatment, including quality of life and impacts of treatment toxicity.
4.5	Seek clinical input to consider the application and use of International Consortium for Health Outcomes Measurement (ICHOM) cancer sets within South Australia.
4.6	Utilise Aboriginal PRMs instruments, including spiritual and emotional wellbeing screening during patient care across the cancer care spectrum.
4.7	Explore opportunities to increase Aboriginal and Torres Strait Islander identification in data sets with national definitions including Aboriginal status on all screening, diagnosis, pathology, radiology and other requests and reports.
4.8	Establish and support Aboriginal and Torres Strait Islander-led initiatives which strengthen Indigenous cancer data sovereignty and governance in line with national initiatives, and which include consideration of biobanking.
4.9	Upon completion of the Clinical Prioritisation Criteria for Cancer and Digital e-Referrals System, consider opportunities to build or connect care navigation with this system.
4.10	Develop systems and/or processes to provide people who are being treated for cancer with easier access to their own data that is aligned with their treatment stage.

Research and clinical trials	
4.11	Scope the best approach to establish a central hub for clinicians, patients and researchers to find out about and access clinical trials in South Australia, nationally and internationally.
4.12	<p>Develop and implement a collaborative, whole of state cancer research and clinical trials strategy that is aligned to the SA Health and Medical Research Strategy, once finalised. This may consider:</p> <ul style="list-style-type: none"> > Aligning and prioritising research across the state to harness new technologies and improve the ways we deliver cancer care > Establishing governance structures to enable strategic and timely decisions, support sector growth and collaboration, and facilitate coordination of state bids for cancer research and clinical trials, including ways to use tele-trials and expand access for under-represented populations and rare tumour groups > Embedding cancer research and clinical trials as a core component of health service delivery > Facilitating development and retention of cancer researchers in SA within a strong ecosystem of academic medicine > Coordinating ethics approvals for South Australia and into the Northern Territory where suitable
4.13	Identify the current access, gaps and future coordinated need and opportunities to provide statewide access to biobanks, including use of co-designed communication materials and ways to skill clinicians to have culturally appropriate conversations about biobanking.
4.14	Facilitate SA Research ‘Summit’ to link skills and capabilities across the research continuum and support innovation and new collaborations, sharing of recent research findings, and translation to best practice for cancer researchers and the wider research community.
4.15	Ensure all healthcare services across the state have access to functional tele-health and encourage utilisation of tele-trials.
4.16	Continue to support increased access to clinical trials for regional patients through the SA/NT Regional Coordinating Clinical Trial Centre.



PRIORITY 5

ENHANCE THE WORKFORCE TO DELIVER CANCER CARE INTO THE FUTURE

People will have access to a well-supported, well-equipped cancer care workforce who are able to respond to future changes in the cancer control landscape, and who work together to enable best care for South Australians affected by cancer.

★ Why this is important

- > It is difficult to fill the workforce requirements for cancer care in some areas of South Australia and in some specialties. The average age of the cancer workforce in South Australia means its sustainability is at risk.
- > Cancer treatments are frequently complex and continually evolving to incorporate new developments. Staff require specialist knowledge and skills to ensure that contemporary care is being delivered.
- > Caring for people with cancer is often emotionally and physically demanding for frontline staff and this may increase risk of burnout with other health consequences. Staff wellbeing is critical to quality cancer care, patient satisfaction, and an engaged, sustainable workforce.

? How we will address this

- a) Focus on the wellbeing of the cancer workforce. This includes acknowledging the challenges that come with caring for people with cancer including emotional and physical demands and developing strategies to support staff wellbeing at an individual and organisational level.
- b) Consider opportunities to change practice approaches where needed to enable professionals to work at the top of their practice and employ support staff to assist with workloads.

- c) Provide more training for staff, including staff who are not involved in cancer care, around the challenges of a cancer diagnosis and the cancer experience to improve compassion and understanding.
- d) Build the capability of the primary care workforce in caring for people with cancer, particularly post initial treatment and into survivorship.
- e) Embed a supportive culture across cancer services, recruit based on staff values and skills that build resilient, compassionate, supported workplaces.
- f) Strategically and succession plan the future cancer workforce to provide optimal cancer care.
- g) Increase the capacity and capability of the Aboriginal and non-Aboriginal workforce to provide high quality, culturally responsive, collaborative cancer care.

5 What we could see in 5 years

During the life of the plan, we could expect:

- > A cancer workforce that is sustainable with succession plans in place.
- > The wellbeing of the cancer workforce is supported, and the demands of the role are recognised.
- > Training opportunities in cancer care are available for staff to undertake.
- > An Aboriginal workforce embedded as core members of cancer prevention and care teams.

Activities

Workforce models and planning	
5.1	Identify and plan for current and emerging cancer workforce undersupply at both state and local levels, including in rural and remote areas, using the SA Health Workforce Data Tool. Consider changes to workforce models including advanced practice roles in cancer services, creation of clear pathways and opportunities for career progression and succession planning, and improving timely access to cancer trained clinicians closer to home for rural and remote communities.
5.2	Develop cancer specific education frameworks for nurses or other health professionals (e.g. pharmacy) working in cancer care to assist guiding novice to advanced practice in oncology and malignant haematology.
5.3	Explore new workforce models in the provision of cancer care that enable staff to work at the full scope of practice. Consider opportunities to provide additional support through junior clinical and non-clinical roles.
5.4	Upskill and expand practice of the current cancer care workforce to fill workforce gaps.
5.5	Explore and support expanded cancer training opportunities for appropriate clinicians with an interest in cancer care. This could include doctors (e.g. general practitioners, paediatricians, physicians), nurses, allied health professionals, Aboriginal Health Workers and Aboriginal Health Practitioners, and consider use of shared care or other models where relevant..
5.6	Ensure multi-disciplinary cancer care teams for Aboriginal and Torres Strait Islander people are trauma aware, healing informed and include Aboriginal Health Workers and/or Aboriginal Health Practitioners where possible.
5.7	Take a deliberate approach to embedding the Aboriginal workforce as core members of the collaborative cancer care team.
5.8	Increase the Aboriginal cancer care capacity by creating positions for Aboriginal Health Practitioners (male and female) to provide culturally appropriate services.



Recruitment, retention and wellbeing	
5.9	Review cancer services workforce design with the aim of strengthening worker wellbeing and addressing the physical and emotional challenges of caring for people with cancer. This includes consideration of appropriate staffing and resourcing of teams, sustainable workloads, role clarity and effective workflows aimed at giving staff a sense of control in their work and building supportive, collegiate teams.
5.10	Ensure regular opportunities for cancer-specific education within departments for nursing, medical, allied health and other clinical staff.
5.11	Build awareness and capacity of Aboriginal Health Workers and Aboriginal Health Practitioners to deliver client and community education across the cancer care continuum, including support for Aboriginal Health Workers and Health Practitioners to undertake relevant cancer related training.
5.12	Support the Aboriginal and non-Aboriginal workforce to develop the skills, knowledge and capability required to provide culturally responsive cancer care and education.





PRIORITY 6

ACHIEVE EQUITABLE ACCESS TO CANCER HEALTHCARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER SOUTH AUSTRALIANS

The knowledge and diversity of Aboriginal people will be valued and built upon to design and embed a cancer care system that consistently provides culturally safe care.

★ Why this is important

- > Aboriginal and Torres Strait Islander people experience poorer cancer outcomes than other South Australians¹⁰.
- > Although the age-adjusted cancer incidence rate is similar for Aboriginal and Torres Strait Islander people and other Australians, Aboriginal and Torres Strait Islander people experience a 50% higher cancer mortality rate and a 70% higher cancer burden from premature mortality².

? How we will address this

- Strengthen health literacy for Aboriginal and Torres Strait Islander people through co-designed health promotion and lifestyle strategies for cancer prevention.
- Increase Aboriginal peoples' participation rates in cancer screening programs.
- Ensure coordinated and timely access for Aboriginal people to diagnostic services, particularly for those living in remote areas.
- Continue to improve access to safe, timely, optimal, equitable and culturally appropriate treatment services and supportive care for Aboriginal people in South Australia.
- Engage in activities and initiatives that promote greater understanding and collaboration between Aboriginal Traditional Healers and health professionals in South Australia.

- Develop a better evidence base to measure the effectiveness of cancer related services for Aboriginal people.
- Recognise the importance of influencing and supporting the positive management and nurturing of the physical, social, emotional, and cultural wellbeing of Aboriginal people.
- Develop strategies that improve statewide Aboriginal cancer activity data collection and monitoring to inform and enable system and service level design.

5 What we could see in 5 years

During the life of the plan, we could expect:

- > More Aboriginal people participating in screening programs and with greater awareness of ways to prevent cancer.
- > Aboriginal people to have greater access to timely, culturally appropriate, coordinated diagnosis and treatment of cancer and supportive care.
- > A focus on the building of evidence around the effectiveness of cancer services for Aboriginal people.

Activities

Co-designed and targeted approaches	
6.1	<p>Develop a cancer awareness, prevention and communication campaign for Aboriginal people which:</p> <ul style="list-style-type: none"> > is co-designed by Aboriginal people > uses plain language and clearly explains medical terminology > includes specific health promotion and communication campaigns that are children and youth friendly > learns from and builds upon existing effective awareness and prevention campaigns (all ages) > includes a focus on, and provides examples of social marketing campaigns to address, the lifestyle risk factors of smoking, inactivity, obesity, poor diet, alcohol, unprotected sexual activity, not being sun smart, hepatitis B and human papillomavirus > considers approaches to raise awareness of preventative strategies and support adoption and/or modification of lifestyle factors to reduce the risk of developing cancer through primary healthcare providers and non-government organisations > focuses on dispelling myths and misconceptions about cancer that may exist amongst Aboriginal communities > uses a strength-based approach focusing on the stories of survivors, and considers the use of narratives to convey key health messages > encourages participation of Aboriginal children in the National HPV Vaccination Program > includes key programs that can prevent Hepatitis B and C such as the Clean Needle Program and Medication Assisted Treatment for Opioid Dependence (MATOD).
6.2	<p>Develop and implement strategies to increase Aboriginal people's participation rates in evidence-based prevention programs for specific diseases which lead to preventable cancers, in line with national policies and strategies. In particular:</p> <ul style="list-style-type: none"> > Immunisation for human papillomavirus (HPV) and hepatitis B > Early diagnosis and linkage to care including antiviral treatment for people living with chronic hepatitis B or hepatitis C.
6.3	<p>Develop sex and gender specific health promotion campaigns for Aboriginal people that promote participation in national screening programs and promote the earlier age eligibility of Aboriginal people.</p>
6.4	<p>Increase the uptake of health assessments through Medicare for cancer prevention and early detection for Aboriginal and Torres Strait Islander people.</p>
6.5	<p>Support and facilitate Aboriginal health services and community services to establish and maintain Aboriginal cancer support groups or yarning circles across SA.</p>
6.6	<p>Develop culturally responsive and culturally appropriate evidence-based cancer information that supports Aboriginal people (including children, and adolescents and young adults) experiencing cancer, their families, and carers.</p>

6.7	Work with researchers and communities to develop clinical trials that are fit-for-purpose and culturally appropriate for Aboriginal South Australians.
6.8	Develop a transport process to ensure that Aboriginal clients have safe home-to-care-to-home journeys.
6.9	Identify culturally appropriate and affordable accommodation options for Aboriginal people if cancer treatment is provided away from home.
6.10	Expand the use of technology and virtual care to increase access for Aboriginal and Torres Strait Islander people and to support Aboriginal communities across the cancer care spectrum.
6.11	Coordinate with Primary Health Networks (PHNs) Closing the Gap programs to strengthen cancer coordination pathways for Aboriginal people across the cancer care spectrum.
6.12	Identify, implement and evaluate culturally appropriate and acceptable tools and templates for Aboriginal people with cancer and cancer survivors to be incorporated into the SA Survivorship Framework and cancer registries.
6.13	Collaborate with PHNs to promote culturally appropriate, community-based conversations about the care of Aboriginal people whose cancer is incurable, including conversations about the importance of identifying who would speak on the person's behalf if they were unable.
6.14	Increase awareness and monitoring of the number of Aboriginal people in SA with cancer having an Advance Care Directive.
6.15	Strengthen the role of Cancer Care Coordinators in assessing the palliative care needs of Aboriginal people and facilitate access to age appropriate and gender specific resources to manage those needs.



IMPLEMENTATION AND MEASURING SUCCESS

Measuring the outcomes of what we do and working towards the best possible outcomes for patients.

Governance and implementation

Successful implementation of the SA Cancer Plan requires clear governance for monitoring and reporting, as well as clear responsibility for implementation of the actions. Oversight for the implementation of the SA Cancer Plan will be undertaken by the Department for Health and Wellbeing with several agencies responsible for leading or partnering in implementation of activities within the Plan.

An Action Plan will be created to guide SA Cancer Plan implementation and to further define and monitor progress. The responsibilities of organisations for governing, leading and partnering in implementation of key actions and activities will be agreed and outlined in the Action Plan. Responsibilities may change over the course of the Plan's implementation as activities are completed.

Key agencies that will be responsible for implementation include:

- > Aboriginal Community Controlled Health Organisations
- > Breast Screen SA
- > Cancer Council SA and other relevant non-government organisations with links to target populations
- > Commission on Excellence and Innovation in Health
- > Commonwealth Department for Health and Aged Care
- > Department for Health and Wellbeing
- > Department for Infrastructure and Trade
- > Drug and Alcohol Services SA
- > Local Health Networks
- > Preventive Health SA
- > Primary Health Networks
- > Rural Support Service
- > SA Medical Imaging
- > SA Pathology
- > SA Pharmacy
- > South Australian Comprehensive Cancer Network
- > South Australian universities and medical research institutes
- > Statewide Cancer Clinical Network

While individual agencies will be responsible for parts of the implementation of the Plan, success will be achieved through partnerships and organisations working together to deliver the Plan.

Implementation at the local care delivery level will require individuals to be equipped with the information, tools, and support to change.

Monitoring, evaluation and reporting on progress

Reporting on the progress of implementation of the SA Cancer Plan and evaluation of the impact on South Australians and the health systems providing cancer care are critical to the Plan's success.

Key performance indicators and targets will be identified as part of the Action Plan to monitor the success of the SA Cancer Plan.

ACRONYMS

ACCHO	Aboriginal Community Controlled Health Organisation
AHP	Aboriginal Health Practitioner
AHW	Aboriginal Health Worker
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CAR T-cell	Chimeric Antigen Receptor T-cell
CEIH	Commission on Excellence and Innovation in Health
DASSA	Drug and Alcohol Services South Australia
DNA	Deoxyribonucleic acid
GP	General Practitioner
HPV	Humanpapillomavirus
ICHOM	International Consortium for Health Outcomes Measurement
LHN	Local Health Network
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual
MATOD	Medication Assisted Treatment for Opioid Dependence
MBS	Medical Benefits Schedule
MDT	Multi-Disciplinary Team
MDM	Multi-Disciplinary Meeting
MSAC	Medical Services Advisory Committee
NGO	Non-Government Organisation
NT	Northern Territory
PATS	Patient Assistance Transport Scheme
PBAC	Pharmaceutical Benefits Advisory Committee
PET-CT	Positron Emission Tomography – Computed Tomography
PHN	Primary Health Network
PREMs	Patient Reported Experience Measures
PRMs	Patient Reported Measures
PROMs	Patient Reported Outcomes Measures
SA	South Australia
SCOPEs	Surveillance Colonoscopy Optimised Prevention via an E-System

GLOSSARY

Aboriginal Community Controlled Health Organisations	An ACCHO is a primary healthcare service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate healthcare to the community which controls it, through a locally elected Board of Management.
Allied health	A diverse group of health professionals that often work within a multidisciplinary team to provide specialised support to suit an individual's needs. Examples of allied health professionals who may be involved in cancer care include counsellors, dietitians, occupational therapists, pharmacists, physiotherapists, psychologists, social workers, and exercise physiologists.
Cancer care spectrum	The stages of a person's cancer experience and interactions with the health system, which includes prevention and early detection, initial presentation, diagnosis, treatment, survivorship, and/or end of life care. A person's experience with cancer is not always linear through these stages.
Care after initial treatment and recovery	The transition from active treatment to post-treatment care. Depending on the stage of cancer, some people will need ongoing, hospital-based care, and in other cases a shared follow-up care arrangement with their general practitioner may be appropriate.
Co-design	<p>Co-design brings professionals and end-users together to design new services, resources and policies. Applied to policy, this means enabling or empowering people affected by a policy issue to contribute to its solution.</p> <p>For Aboriginal and Torres Strait Islander people, co-design involves centring their voices and lived experiences to determine and drive the agenda in finding and implementing effective solutions to the issues that Aboriginal and Torres Strait Islander people regard as important.</p>
Culturally and linguistically diverse (CALD)	Communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures, and religions.
Cultural safety	<p>Cultural safety identifies that people receiving treatment are safest when clinicians have considered power relations, cultural differences and patients' rights. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. Cultural safety is defined not by the clinician but by the experience of the person receiving healthcare – the individual's experience of the care they are given, and their ability to access services and to raise concerns.</p> <p>For Aboriginal and Torres Strait Islander people cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p>
Early detection	Early detection of cancer involves detecting symptomatic patients as early as possible or detecting cancers in asymptomatic patients using screening. Benefits of early detection include increased survival, increased treatment options, and improved quality of life.

Equity	Health equity means all South Australians are supported in the ways most suited to their cultural, socioeconomic, geographic, environmental, and personal situation to achieve the best possible cancer outcomes.
Genetic (genomic) testing	Genetic, or genomic, testing includes both germline genomic testing and cancer (somatic) genomic testing. Germline genomic testing provides information around disease risk (heritable) or diagnosis, but is not intended to directly test cancerous tissue. Cancer genomic testing aims to identify the genetic makeup of acquired abnormalities or mutations within the cancerous tissue, and can allow medical professionals to administer a more precise (targeted) treatment if one is available. Although not the primary intent of cancer genomic tests, they may also identify germline genetic changes.
Mortality	The death rate or the number of deaths in a certain group of people in a certain period of time.
Multidisciplinary care	An integrated team approach to cancer care. This happens when medical, nursing, and allied health professionals involved in a patient's treatment together consider all treatment options and personal preferences of the patient and collaboratively develop an individual care plan that best meets the needs of that patient.
Optimal Care Pathways	The Optimal Care Pathways are a framework for the delivery of consistent, safe, high-quality and evidence-based care for people with cancer. They aim to improve patient outcomes by promoting quality cancer care and ensuring that all people diagnosed with cancer receive the best care, irrespective of where they live or receive cancer treatment.
Palliative care	An approach that improves the quality of life of patients and their families facing problems associated with an advanced or life-limiting illness for which there is no cure. Prevention and relief of suffering is provided through early identification and assessment and treatment of pain and other problems such as physical, psychosocial, and spiritual concerns.
Personalised care	Care that is respectful of and responsive to individual preferences, needs and values.
Personalised medicine	Personalised medicine (also known as precision medicine) uses the knowledge of genetics, including the specific links between genes and some diseases, and between genes and the effectiveness of some medicines or treatments, to predict disease development and to influence decisions about lifestyle choices or to tailor treatment to an individual.
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health. Prevention is the ability to modify certain cancer-causing risk factors to reduce the likelihood of developing cancer.

Supportive care	The prevention and management of the adverse symptoms of cancer and its treatment across the spectrum of the cancer care including diagnosis through treatment to post-treatment care. It is a person-centred, holistic, and evidence-based approach which recognises and meets the physical, psychological, emotional, and financial needs to improve quality of care for patients, carers, and families.
Survivorship	Refers to the process of living with, through, and beyond cancer. By this definition, cancer survivorship begins at diagnosis. It includes people who continue to have treatment to either reduce risk of recurrence or to manage chronic disease and includes the longer-term impacts of cancer treatment on people affected by cancer.
Value based healthcare	Healthcare that improves the health outcomes that matter to patients, experiences of receiving care, experiences of providing care and effectiveness and efficiency of care.



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For more information

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