



Queensland Health

Queensland Cancer Strategy 2024



Queensland
Government

Queensland Cancer Strategy 2024

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Acknowledgement of Country

Queensland Health respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands, waters and seas across Queensland. We pay our respects to Elders past and present, while recognising the role of current and future leaders in shaping a better health system.

We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

Queensland Health acknowledges the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples and supports the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for their health and wellbeing.

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the images of deceased people.

Forewords

By working collaboratively, we can foster innovation and improve outcomes for all Queenslanders with cancer.

Shannon Fentiman

Minister for Health, Mental Health and Ambulance Services and Minister for Women



Cancer touches the lives of most Queenslanders and their families, and can have profound and long lasting impacts. That is why our Government is launching the *Queensland Cancer Strategy 2024*, to help ensure every Queenslander facing cancer receives compassionate, comprehensive, and equitable cancer care, closer to home.

To ensure every Queenslander diagnosed with cancer is provided the best possible care, no matter where they live, our Government is investing a record-breaking \$1.73 billion into cancer care in 2024-25.

This investment builds on our more than \$1.1 billion capital funding commitment for the opening of the new Queensland Cancer Centre which will allow us to deliver world-leading cancer care and research.

The Queensland Cancer Strategy will deliver cancer care across our Hospital and Health Services and enable key initiatives to be delivered, including lifesaving therapies, such as CAR T cell services. We will also be advancing crucial care outside of the hospital environment through programs such as Connected Community Pathways and we will provide enhanced coordination of cancer screening and diagnostic services, including for First Nations women in a culturally safe environment.

Queensland is a large, decentralised state, and we know that this can sometimes impact the types of cancer care and treatment available for people living in rural and remote communities, Aboriginal and Torres Strait Islander peoples, and people experiencing socioeconomic disadvantage.

As a Government, we are working tirelessly to achieve health equity and promote better health outcomes for all Queenslanders, whether they live in the city or in the regions. This strategy focuses on creating more inclusive and responsive cancer services that will better support all Queenslanders with cancer.

I would like to acknowledge the families and individuals, who helped inform the *Queensland Cancer Strategy 2024*. More than 1,000 people shared their deeply personal stories of the ways cancer has affected them—and I hope that these stories are honoured by this strategy. Thank you to the Queenslanders that shared their experiences and insights, we have listened and we are acting.

To achieve greater equity for all Queenslanders, we will work closely with our incredibly dedicated, compassionate and innovative health heroes. They play a crucial role in delivering the high-quality care Queenslanders receive every day, and provide support to people across our state when they need it most.

I am proud to launch the *Queensland Cancer Strategy 2024*, which charts a path forward for Queensland Health to listen and work collaboratively with the many and diverse communities across Queensland. In doing so, I believe we can improve the outcomes for all Queenslanders with cancer.

The Queensland Cancer Strategy 2024 reinforces our commitment to collaboration in the design and delivery of holistic cancer care.

Michael Walsh

Director-General, Queensland Health



Queensland Health is a proud partner in our state's cancer care system, providing high-quality care and achieving global impact in cancer research and innovation. The *Queensland Cancer Strategy 2024* is an ambitious strategy to continue to innovate, integrate and grow cancer services. It reinforces our commitment to collaboration in the design and delivery of holistic cancer care which is tailored to the diverse needs of individuals and communities across Queensland.

Cancer care has advanced significantly in the past three decades. Earlier detection, better treatment especially for metastatic disease, and reduction in risk factors means more Queenslanders are living longer with, and after, cancer than ever before.

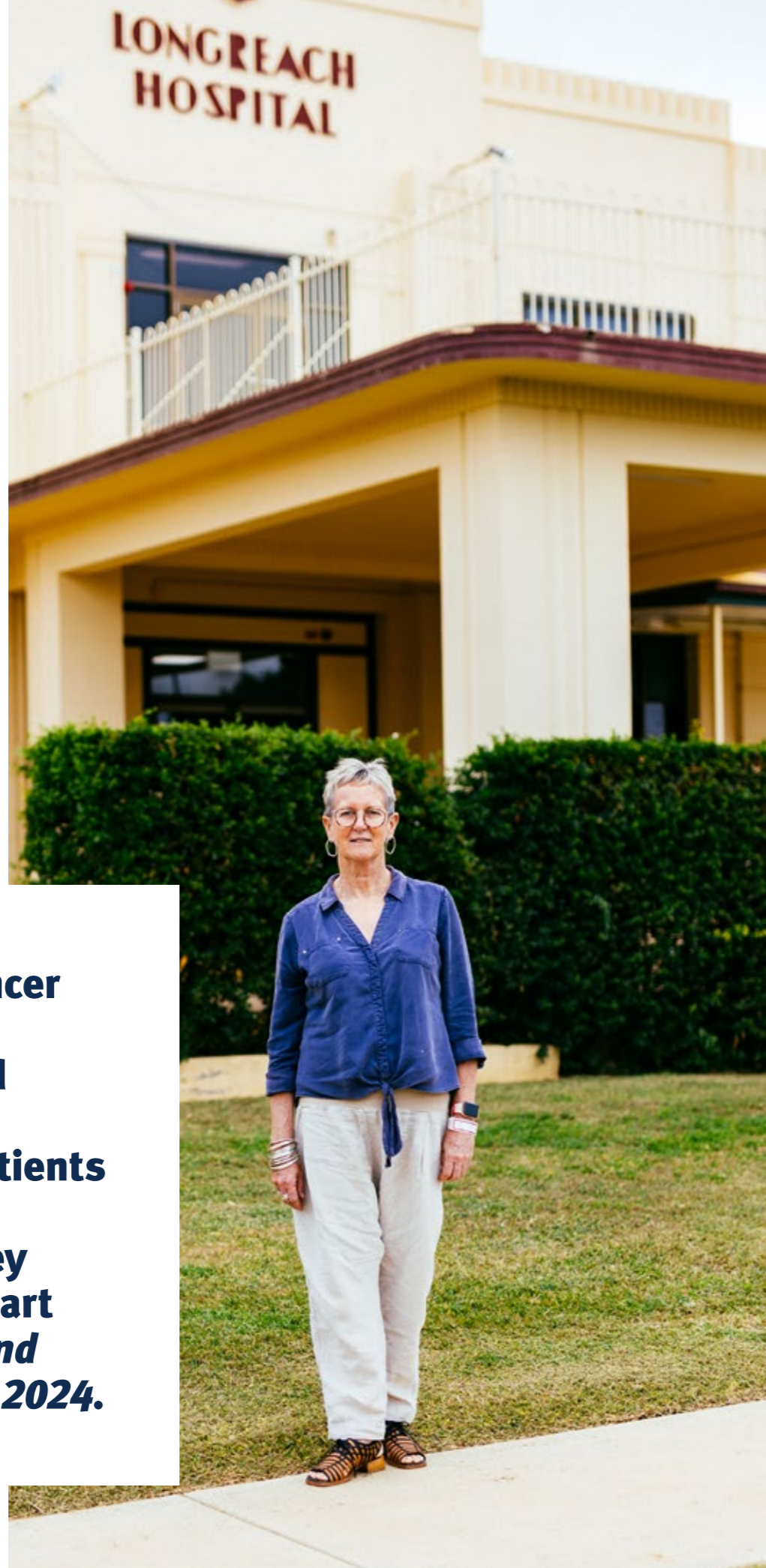
Despite advances in care, one in two Queenslanders are still likely to develop cancer. To address this need, Queensland Health has developed the Queensland Cancer Strategy to guide the development of future cancer services and challenge us to think and act differently when it comes to cancer prevention, cancer survivorship and equity of access and outcomes, especially for Aboriginal and Torres Strait Islander peoples.

Our geography, the health need in our regions, and our tradition of world-leading cancer research positions us well to develop a networked cancer service system that collaborates to provide the best possible cancer outcomes for all Queenslanders.

This strategy has been developed in partnership with people affected by cancer, health professionals and Queensland Health's partners in the cancer care ecosystem. I would like to take this opportunity to thank all who shared their experiences and contributed ideas for the future.

Finally, I'd like to welcome you to continue working with us. We understand the challenges and are excited by the possibilities, but we know to truly achieve the strategy's aim of improving cancer outcomes for Queenslanders and reducing the impact of cancer on individuals and communities, we need to work together towards a future where cancer is preventable, treatable, and curable.

KYM'S STORY



A network of cancer professionals, spanning far and wide, offering treatment for patients at home in the communities they love, is at the heart of the Queensland Cancer Strategy 2024.



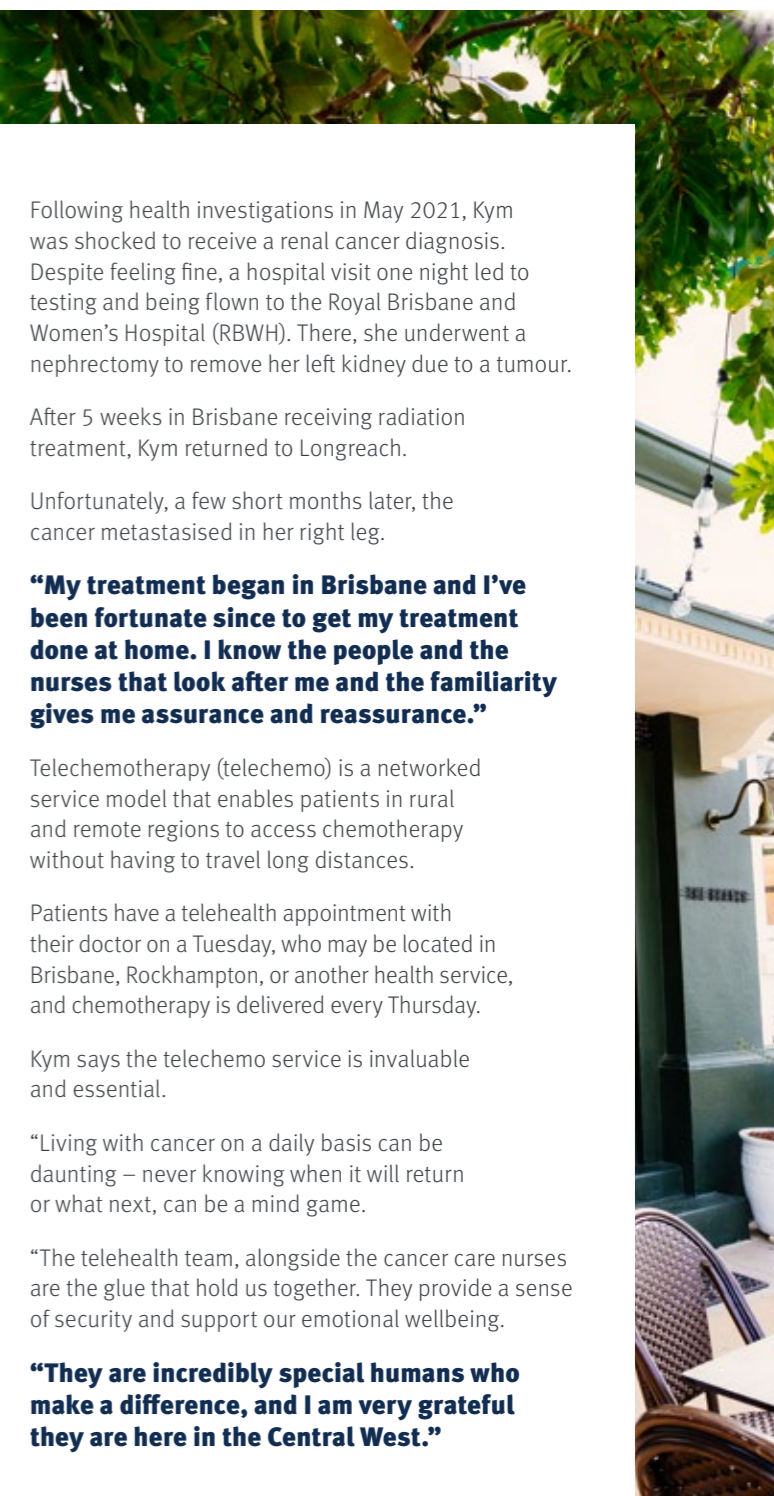
KYM

Patient

Longreach-born Kym returned in 2014 to the town she left as a young child, establishing herself as a well-connected member of a community she loves. Now, with the help of expanded health services, she can receive cancer treatment within the embrace of her community.

“I love everything about Longreach, but mostly the people,” Kym says.

“It’s a town that has retained its old values. So, your word is still true and it’s important. I love the community and the quietness. You can live as active or as quiet a lifestyle as you want. It’s a safe and really friendly town and it suits me.”



Following health investigations in May 2021, Kym was shocked to receive a renal cancer diagnosis. Despite feeling fine, a hospital visit one night led to testing and being flown to the Royal Brisbane and Women’s Hospital (RBWH). There, she underwent a nephrectomy to remove her left kidney due to a tumour.

After 5 weeks in Brisbane receiving radiation treatment, Kym returned to Longreach.

Unfortunately, a few short months later, the cancer metastasised in her right leg.

“My treatment began in Brisbane and I’ve been fortunate since to get my treatment done at home. I know the people and the nurses that look after me and the familiarity gives me assurance and reassurance.”

Telechemotherapy (telechemo) is a networked service model that enables patients in rural and remote regions to access chemotherapy without having to travel long distances.

Patients have a telehealth appointment with their doctor on a Tuesday, who may be located in Brisbane, Rockhampton, or another health service, and chemotherapy is delivered every Thursday.

Kym says the telechemo service is invaluable and essential.

“Living with cancer on a daily basis can be daunting – never knowing when it will return or what next, can be a mind game.

“The telehealth team, alongside the cancer care nurses are the glue that hold us together. They provide a sense of security and support our emotional wellbeing.

“They are incredibly special humans who make a difference, and I am very grateful they are here in the Central West.”





DR MELISSA EASTGATE

Director of Oncology – RBWH

Dr Melissa Eastgate is the Operations Director of Cancer Care Services at the RBWH. She has been an oncologist for 20 years and helped establish the telechemo service for Central West Hospital and Health Service (CWHHS).

Dr Eastgate said that before the telechemo service was in place, patients were often travelling every 3 weeks for treatment.

“I’ve had patients say to me that if it weren’t for this service, they wouldn’t be having treatment because the travel would be too much for them.”

Dr Eastgate says new cancer treatments and delivery methods continue to be explored.

“We’re innovating how we deliver our treatment through telechemo and teletrials and have a large Clinical Trials Unit continuously looking at new treatments.

“We’re involved in immunotherapy trials, a game-changer for many patients over the last few years as it has been seen to have fewer short-term side effects than chemotherapy, and is more effective than chemotherapy for some patients, significantly improving their long-term survival.

“We also do CAR (Chimeric Antigen Receptor) T-cell therapy, a special type of therapy used for lymphoma and leukemia particularly, but now being explored for other cancers. We use the patient’s T cells to help fight the cancer. We’re one of only 2 centres in the country making our own CAR T treatments.

“We are also looking forward to having the proton therapy radiation machine, which uses high-powered energy to treat cancer, at the Queensland Cancer Centre. This machine will be one of only 2 in the country and revolutionary for some of our patients.”

Dr Eastgate highlights that ongoing research is how we can continue to deliver better cancer treatment and care for patients.

“Without clinical trials, we wouldn’t have made the gains in cancer treatments over the last 10 to 15 years that we have. We want to improve how we give treatments and find the new drugs of the future.”

CLARE

Cancer Care Coordinator – CWHHS

As the Cancer Care Coordinator at CWHHS, Clare oversees support for cancer patients at 15 facilities.

The telechemo service started in Longreach in 2018 and was expanded 2 years later to Barcaldine. The service connects patients with their specialists, allowing timely reviews to determine the best treatment plans.

“We have 3 telechemo-trained nurses in Longreach and 3 in Barcaldine, which is amazing,” Clare says.

“We also work with the RBWH, partnering strongly with Lizzie, the telechemo nurse, to coordinate bookings and ensure appointments are appropriate.”

Clare says symptom management has improved with the telechemo model.

“Patients recover quicker, feel better and are less likely to delay or miss treatments due to toxicity or not recovering in time. We are seeing fewer admissions to hospital, leading to better health outcomes.

“During cancer care, people need to continue working and to stay connected to their support networks, whether for practical, emotional, or psychological support.”

“We need more people with specialist expertise to support the facilities, GPs, and nurses caring for cancer patients. Ongoing education and staying up-to-date with changes in therapies and side effect management is also crucial.”



LIZZIE

Telechemo Coordinator – RBWH

Lizzie is the telechemo coordinator based at the RBWH and Clare’s other half when it comes to delivering the telechemo service for patients living in the Central West region.

“Every Thursday, I dial into Longreach, Barcaldine, or Kilcoy to assist with telechemo treatments,” Lizzie says.

“We assess patients together, review their blood work, check the chemotherapy and then I monitor the infusion process online until it is complete.

“With telechemo, they can receive treatment locally, making it less disruptive to their lives.”

“The telechemo service is crucial for health equity, providing treatment closer to home and keeping patients with their families. It supports patients by giving them access to skilled nurses who understand their treatment and can explain it to other healthcare providers.”



MADDIE

Cancer Care Coordinator – CWHHS

Maddie is a cancer care coordinator, based at Longreach Hospital and has been working in the CWHHS for almost 2 years, most recently helping to grow the telechemo service.

Currently, the team delivers telechemo services, weekly, including immunotherapy, chemotherapy, and blood products in Longreach and Barcaldine.

“We build strong connections and rapport with cancer patients,” Maddie says.

“Navigating a new diagnosis and having to go away for scans, tests and further biopsies in a big city is overwhelming for people coming from a small town of 3,000 people.”

Maddie and the cancer care team are passionate about growing the telechemo service in CWHHS and implementing education and support for staff in the delivery of high-risk drugs, like chemotherapy. This helps to ensure they are equipped to provide high-quality cancer care to their community.

“We want to ensure everyone has equal access to healthcare. Whether you are living in Longreach or in Brisbane.”



The Queensland Cancer Strategy builds on Queensland's proud history in delivering high quality cancer prevention, screening and treatment across the state. It describes a future cancer care system that focuses on individuals and their extended family and support networks and working collaboratively across the care continuum, service settings, service providers and geographic regions. It recognises improved equity and health outcomes will only be achieved by working together.

Introduction



Our goal

The *Queensland Cancer Strategy* (the strategy) will advance a more connected and networked cancer care system that drives research, education and innovation across Queensland. Through this strategy, Queensland Health will expand a network of cancer services across the state and ensure that all Queenslanders have access to world-leading cancer prevention, early detection, treatment, and support services.

Success will mean we improve equity outcomes, reduce cancer risk factors, increase access, improve cancer treatment and support people to live well with, through, and beyond cancer. We will also uphold our commitment to translating research and education into practice, contributing to advancing international standards of care across the spectrum of cancer services.

Six focus areas are described in the strategy for action by the public sector, in partnership with private and non-government sectors.



Equity and inclusion

The strategy actively advances Queensland Health's commitment to an equitable and accessible health system, as outlined in *HEALTHQ32*, and recognises the importance of equity and inclusion in cancer service provision.

Queensland Health is proud to deliver high-quality cancer services throughout the state, but we know we can improve. All Queenslanders need access to culturally safe care that is responsive to their individual needs.

Queensland's large geography and diverse populations demand that we work to address inequities, especially for Aboriginal and Torres Strait Islander peoples. To improve cancer outcomes, reduce stigma, increase access, and ensure health services are welcoming and inclusive, the strategy embeds social and structural determinants of health across all focus areas.



Policy context and consultation

This strategy has not been developed in isolation. Extensive consultation with consumers, carers, families, cancer care workers, and Queenslanders from all over the state has informed its development. Appendix 1 outlines the approach.

The strategy builds on recommendations and actions outlined in national and state-level strategies and cancer planning activities, including the *Australian Cancer Plan*.

This strategy will be accompanied by the *Achieving Health Equity in Cancer Care with Aboriginal and Torres Strait Islander Queenslanders*, a collaboratively developed document that outlines our approach to removing barriers to accessing healthcare, reducing cancer diagnoses and improving cancer outcomes with Aboriginal and Torres Strait Islander peoples.

A list of policies and planning documents that have guided development of the strategy is provided in Appendix 2.

Cancer in Queensland

Cancer remains one of the leading causes of death and the leading cause of reduced quality of life in Queensland¹. At present, half of all Queenslanders will develop cancer before the age of 85². Every year, more than 33,000 Queenslanders are diagnosed with cancer³.

Queensland cancer incidence rates were 10 per cent higher than Australian rates in 2018 (standardised rate per 100,000 persons 542.0 and 493.9, respectively), largely driven by melanoma of the skin⁴.

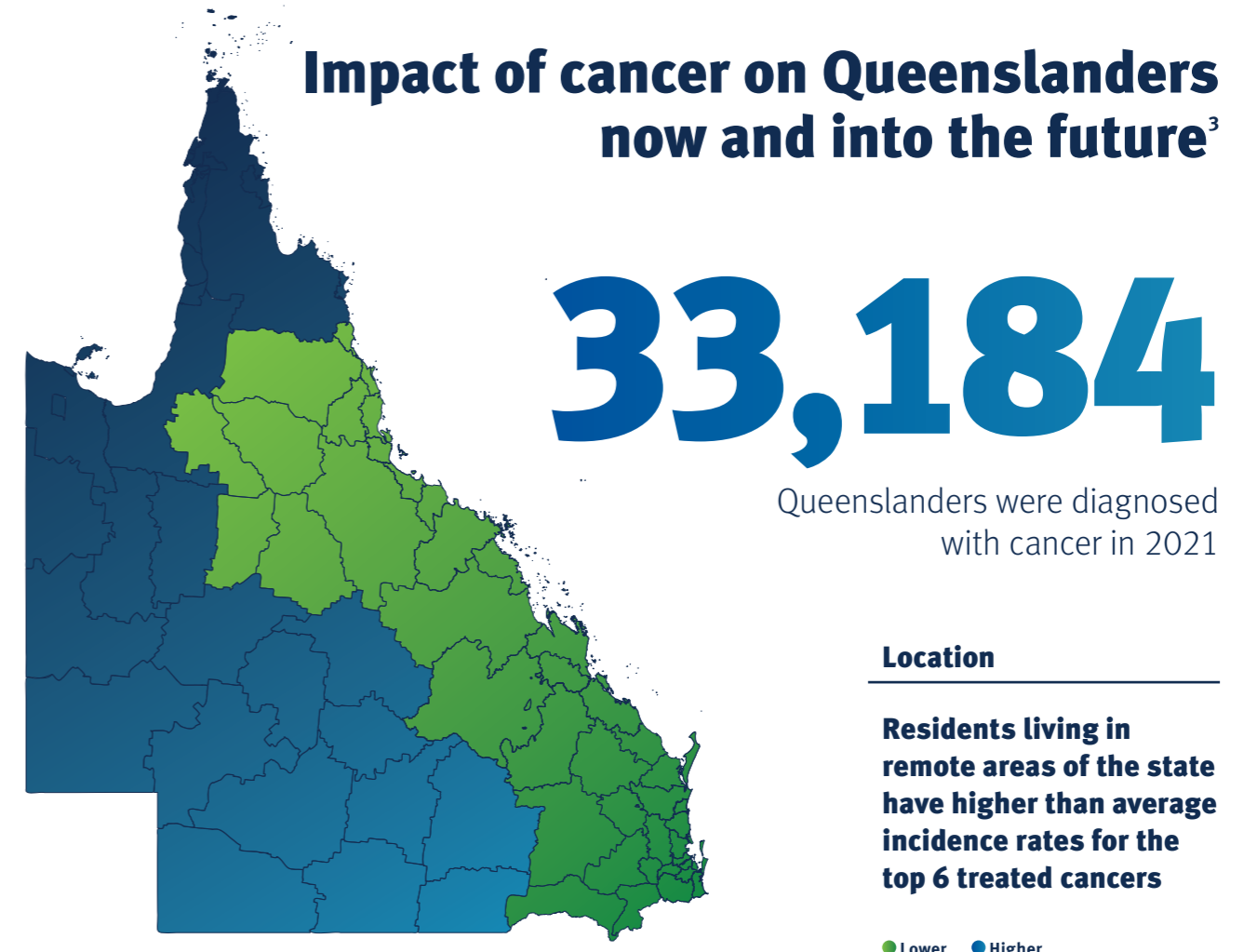
With an ever-increasing population and an ageing population, more people are being diagnosed with cancer every year and the total number of new cancer cases is expected to grow at 3 per cent each year from now until 2034.

Queensland as a leader in cancer care

Despite the burden of cancer in our communities, cancer outcomes for Queenslanders are among the best in the world. Increases in survival rates mean more people are living with, through and beyond cancer than ever before. This is a result of new treatments, research, innovation, the workforce's commitment to care, and a reduction in cancer risk factors.

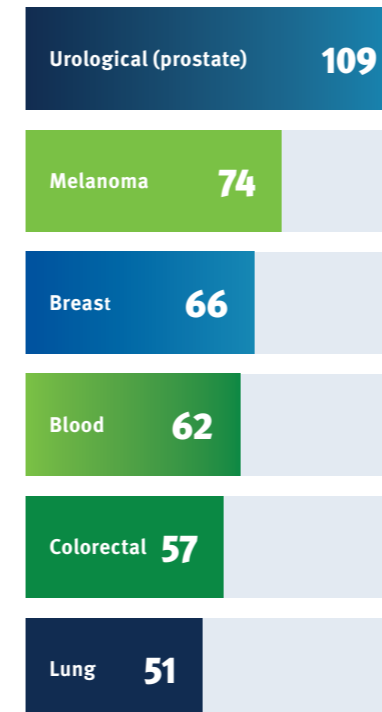
Queensland is also a world leader in cancer research, with our health sector, university sector and medical research institutes investigating how cancer starts, progresses and causes harm. The world's first vaccine for cancer prevention was developed by Professor Ian Frazer in Queensland. This discovery has brought worldwide attention to Queensland's health and medical capabilities and has the potential to save millions of lives by preventing cervical cancer.

Queensland Health leads the Australian Teletrial Program, which aims to increase access and participation in clinical trials for people living in regional, rural and remote areas. Our staff have strong local, national, and international connections with medical research institutes, universities and the private sector.



Cancer incidence rates

Age Standardised Rate per 100,000 population



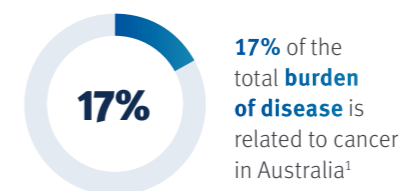
Demographics of people with cancer



- 0.5% Children (0–14)
- 0.7% Adolescent and young adults (15–24)
- 38.8% Adults (25–64)
- 60% Older people (65+)

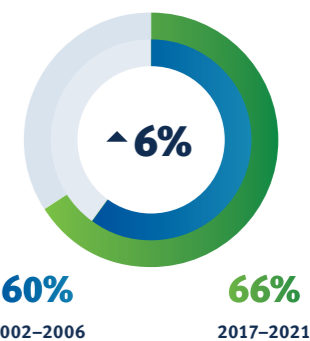
Mortality

One in seven have a risk of death from cancer



Survival

Survival rates have increased over time



1. Australian Institute of Health and Welfare. (2023). Australian Burden of Disease Study 2023. AIHW, Australian Government, accessed 05 June 2024.
 2. Cancer Council Queensland. Cancer Facts: Cancer Diagnoses, Deaths, Survival and Prevalence. <https://cancerqld.org.au/research/queensland-cancer-statistics/fact-sheets/>
 3. Most statistics included have been developed with Cancer Alliance Queensland and are accessible at Queensland Health. Cancer Data Explorer. Cancer Alliance Queensland, Queensland Cancer Control Analysis Team: Brisbane; 2024. <https://cancerallianceqld.health.qld.gov.au/cancerdataexplorer/Dashboard/Incidence/IncidenceASRChart>
 4. Australian Institute of Health and Welfare 2021. Cancer in Australia 2021. Cancer series no. 133. Cat. no. CAN 144. Canberra: AIHW. Accessed: May 2024; Cancer in Australia 2021, Summary - Australian Institute of Health and Welfare (aihw.gov.au).

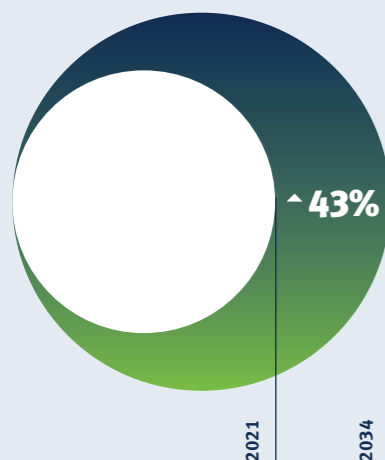
Hospital admissions



6% of total admissions across Queensland were for people with cancer (2020-2023)⁵

Projected growth

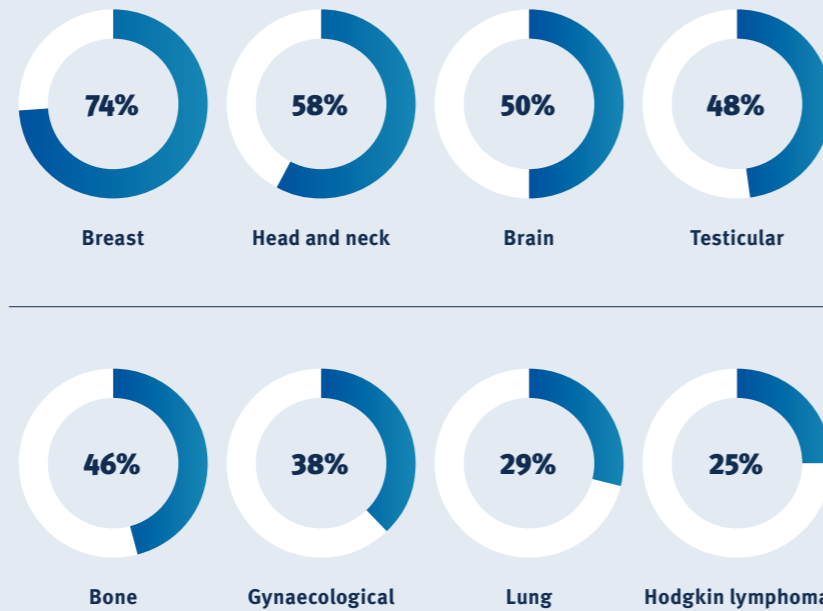
Population growth and ageing mean that overall **cancer diagnoses will increase**



Multiple treatments

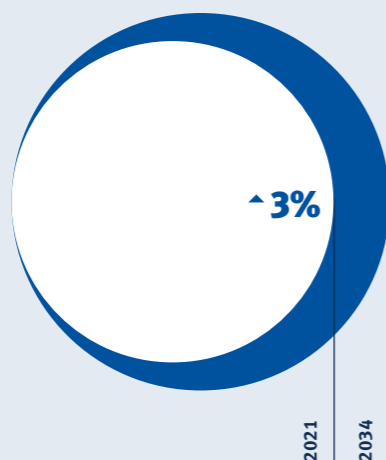
People with cancer receive **more than one type of treatment** - surgery, radiotherapy and/or chemotherapy*

Proportion of patients having more than one type treatment by cancer type



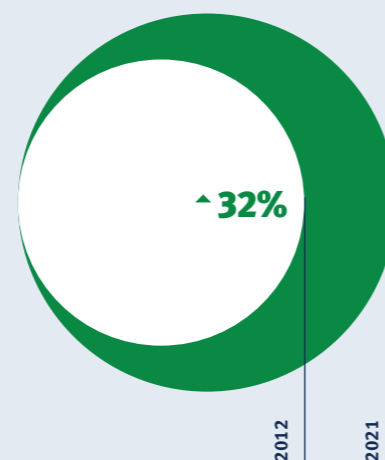
Ageing population

The proportion of the population **aged 65+ is increasing** and **60% of cancer diagnoses** are for people in this age group



Cancer survivorship

Increased cancer prevalence has meant **more cancer survivors** and increased demand for survivorship care



Cancer in children, adolescents and young adults Average incidence 2017-2021

430 Queensland children, adolescents and young adults are **diagnosed with cancer annually**

56%

of these children and adolescents are treated at Queensland Children's Hospital



Many childhood cancers are rare

Because they are **diagnosed infrequently**, care for children with cancer requires **access to specialists** for accurate diagnosis and treatment



Young people with cancer have specific needs

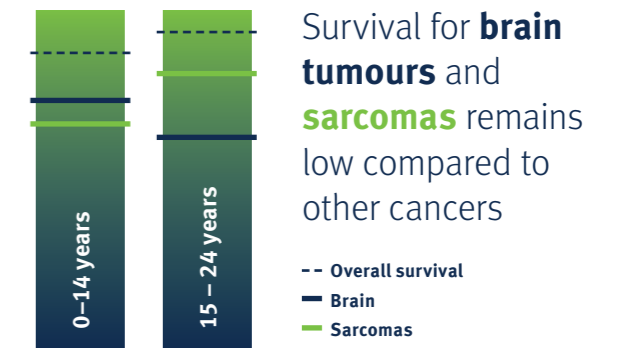
Adolescents and young adults are often treated in adult cancer services but **have specific clinical and psychosocial needs**

Average **diagnoses per year by age group**

155	87	147
Children (0-14)	Adolescents (15-19)	Young adults (20-24)

Average **cancer diagnoses**

34%	66%
are blood cancers including leukaemia and lymphoma	are solid tumours including bone and soft tissue sarcomas, brain, CNS and other rare cancers



Populations with poorer cancer outcomes

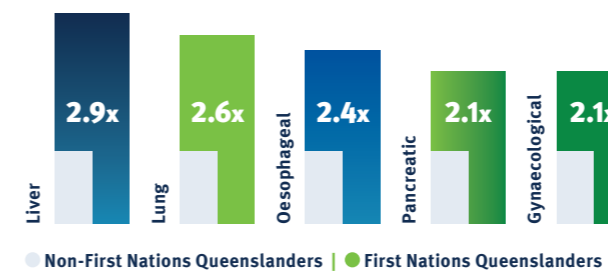
Some populations in Queensland have poorer cancer outcomes than our population overall with lower 5-year survival rates and higher mortality rates

Cancer outcomes for First Nations peoples

Cancer survival is lower for First Nations peoples



Aboriginal and Torres Strait Islander Queenslanders have a slightly higher diagnosis rate for all cancers combined, than other Queenslanders



Difference in 5-year overall survival **66%**

Remote and very remote communities **3%**

Most socio-economically disadvantaged **6%**

⁵Queensland Health Patient Admitted Data Collection analysis performed by Health Service Research, Analysis and Modelling Unit, System Planning Branch.

*excludes oral chemotherapy

What we do now

Queensland Health delivers comprehensive cancer services from prevention and treatment to survivorship and end-of-life care.

The service system is complex, with many providers working across care settings and different points along the cancer care continuum. Service providers include primary health care, the private hospital sector, non-government organisations, and the broader community services sector. Queensland Health partners with these organisations to provide cancer care and acknowledges their significant contribution to service delivery.

The complexity of the service system is increased by the diverse range of cancers diagnosed in Queensland each year. Some cancers are relatively common (breast, prostate, melanoma, colorectal and lung cancer) while others are very rare. For each type of cancer, different models of care and service responses are required for children, adolescents, young adults, adults, and older people to receive tailored, evidence-based care.

Cancer clinical streams include surgical oncology, medical oncology, systemic therapy, radiation oncology, interventional oncology, theranostics, haematology, palliative care, and cellular therapy. Appendix 3 outlines a summary of Queensland Health services for each cancer clinical stream.

Many other clinical specialties are important contributors to diagnosis, treatment and multidisciplinary cancer care, from primary care to specialist services like dermatology and respiratory medicine.

Adult cancer services

Adult cancer care is primarily delivered by multidisciplinary teams. This approach ensures comprehensive, coordinated care.

Within the public health system, all Hospital and Health Services across Queensland deliver cancer care. The range, volume and complexity of service delivery varies both by hospital facility and by Hospital and Health Service. The most complex cancer treatment in the public sector for adults is provided by teaching hospitals in South East Queensland and Townsville. Complex cancer services are also offered in a range of services across the state, including the private sector.

Statewide clinical networks are formally recognised multidisciplinary groups and include the Queensland Cancer Clinical Network and the Queensland Palliative Care Clinical Network. These networks bring together clinicians, consumers and stakeholders from across the cancer sector to collaboratively provide clinical leadership, expertise and advice to Queensland Health with the aim of improving consumer outcomes and experience.

Cancer services for children and adolescents and young adults

Cancer services for children and young people are well networked across Queensland. Services support the specific needs of children, adolescents and young adults during and after cancer treatment with respect to their developmental stage, including healthy growth, emotional and psychological support including family support, engagement in education, and social integration.

Diagnosis and treatment of childhood cancer is highly specialised. For children aged 0 to 14 years, Queensland Children's Hospital (QCH) delivers most cancer care supported by the statewide Queensland Paediatric Palliative Care Haematology Oncology Network (QPPHON). QPPHON provides shared care for children that live outside of Brisbane at Bundaberg, Cairns, Gold Coast University, Hervey Bay, Logan, Mackay, Nambour, Rockhampton, Toowoomba and Townsville Hospitals.

Care for adolescents and young adults is provided across QCH and other hospitals, supported by the Queensland Youth Cancer Service (QYCS). QYCS partner sites include QCH, Royal Brisbane and Women's Hospital, Princess Alexandra, Gold Coast University, and Townsville Hospitals.

Some survivorship supports are provided by QYCS and QCH, but service capacity currently limits access.

Data collection

The cancer care ecosystem has been supported by the statewide approach to clinician-led service improvement through the Cancer Alliance Queensland, founded upon data sharing, linkage and analysis.

The cancer care continuum in Queensland

	Description	Details
Prevention	One in three cancer cases is preventable by adopting a cancer smart lifestyle and modifying cancer risk factors.	<ul style="list-style-type: none"> Human Papillomavirus (HPV) Vaccinations Reducing ultraviolet (UV) radiation exposure Balanced diet and exercise Avoiding exposure to tobacco smoke Awareness of family history of cancer Environmental exposure to carcinogens
Screening	Regular screenings can help identify abnormalities or precancerous lesions before they progress into invasive cancer, leading to better outcomes for patients.	<ul style="list-style-type: none"> Bowel screening Breast screening Cervical screening Lung screening Specific screening for children Genomic analysis and screening
Diagnostics	A comprehensive diagnostic workup is critical for accurately diagnosing cancer and informing treatment decisions.	<ul style="list-style-type: none"> Cancer type and staging Genomic analysis Endoscopic procedures Biopsy procedures Diagnostic imaging and nuclear medicine Pathology
Cancer treatment	<p>The cancer multidisciplinary team plays a pivotal role in providing comprehensive care and support to cancer patients.</p> <p>Multidisciplinary care teams include medical, nursing and allied health professionals, including expertise in diagnostics. Care teams are varied and tailored to cancer type and stage.</p>	<ul style="list-style-type: none"> Surgical oncology Medical oncology Systemic therapy Radiation oncology Haematology Cellular therapies Theranostics Interventional oncology
Supportive care	<p>Advancements in early detection and treatment have led to increased cancer survival. Survivorship care encompasses the medical and psychosocial needs of cancer survivors.</p> <p>Palliative care plays a crucial role in enhancing quality of life.</p> <p>End-of-life care is the holistic care and treatment consumers, carers and families require as a person with cancer approaches end-of-life.</p>	<ul style="list-style-type: none"> Rehabilitation and allied health support A healthy life after cancer Management of complications Recurrence and metastasis Facilitated support groups

Enablers across the care continuum

Partnerships with primary care providers, non-government organisations, Aboriginal Community Controlled Health Organisations and across government	Partnering with people diagnosed with cancer and their support networks	Consideration of accessibility, where people live, socio-economic status and culturally safe care	Partnerships with universities and medical research institutes	Research including new treatments, techniques, clinical trials and health systems research
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What we can do differently

During statewide consultation we heard from Queenslanders about their issues and challenges in cancer care and how we can do things differently in future.

What do we know

What we can do



Through community consultation, we heard loud and clear that we need to strengthen a coordinated approach to survivorship care for all ages, and especially for children and young people.

Co-design age-appropriate networked models of survivorship care that consider the diverse individual needs of consumers.



Women, people residing in rural and remote communities, culturally and linguistically diverse populations, people living with disabilities and people on low incomes and in vulnerable housing are disproportionately affected by barriers in accessing screening, diagnostics and treatment.

Implement targeted and innovative screening, diagnostic and treatment networked service models that enable diverse populations to easily and equitably access quality care, as close to home as possible.



Due to the fragmented cancer ecosystem there can be poor coordination of care across a person's cancer pathway where there are multiple providers and specialists. There can also be a lack of support after treatment and these needs are expected to increase as cancer treatments improve rates of survival.

Deliver care coordinator roles that prioritise personalised care, support and resources for consumers, their families and carers throughout their entire cancer pathway.



The health system faces many system-level challenges. Partnerships are needed to solve issues like workforce recruitment and retention and fragmented approaches to cancer research, innovation and education.

Establish the Alliance for Cancer Care (the Alliance) in Queensland to provide system level stewardship for cancer research, education, and training to grow the cancer workforce.



Cancer treatments and consumer expectations are evolving rapidly which means our service system needs to be able to adapt to change.

Improve consumer access to cutting-edge treatments and technologies, novel diagnostic techniques, new treatment methods and clinical trials and integrate digital technological advances into cancer care.



Institutional racism continues to be one of the most significant barriers impacting health equity for Aboriginal and Torres Strait Islander peoples. Healthcare is not always provided in welcoming environments where Aboriginal and Torres Strait Islander cultures are acknowledged, respected, and celebrated.

Implement system-level changes that grows our Aboriginal and Torres Strait Islander cancer care workforce in cancer care and design culturally safe, welcoming, and inclusive health care environments that actively challenges institutional racism and discrimination.



Aboriginal and Torres Strait Islander peoples have a slightly higher diagnosis rate for all cancers combined than other Queenslanders and have significantly higher rates for more preventable cancers including liver, lung, oesophageal, pancreatic and gynaecological cancers.

Partner with Aboriginal and Torres Strait Islander Community Controlled Health Organisations across Queensland, so we can develop and implement strengths-based and holistic approaches to cancer prevention, screening and early detection, treatment and survivorship.



What we heard

"Children and young people are a neglected population in cancer care with unique psychosocial needs. When we do not get the care for this age-group right, mental health and other later effects can impact negatively on young people's lives - especially those living regionally and remotely."

"A patient's journey gets complicated especially if needing to deal with non-oncology specialties. As more specialists are needed it can be very difficult sharing previous tests and reports leading to poorer outcomes if doctors can't get the complex histories a cancer patient may have. If a patient doesn't remember/know at the time a test is being done at the hospital that it needs to be shared with another doctor (like a GP) it is an incredibly frustrating experience to retrospectively share the report/results."

"The cost of breast cancer screening and diagnostic ultrasounds for symptomatic young women is a barrier that prevents many early diagnoses due to the cost of getting this basic, low-invasive scan."

"Cancer patients and carers could be asked to more involved in research when diagnosed. Most patients want to find a cure and have the time to be involved. There is a lot of time spent in waiting rooms and chemo chairs."

"Waiting for hours for multiple appointments every week turns you into a professional patient, this comes at a point where often time is the thing you value most. People should be with family and friends."

"As an Aboriginal woman, through my upbringing and experience working within Indigenous communities, it is that sharing personal information to anyone is very hard for an individual, we do not like to be judged, being made to feel like we have done something wrong, others knowing our business, or asking for help."

"It is important to address health literacy across the whole health system in order to deliver care which is safe, high quality and person centred. Change at both individual and organisational levels is needed. Clinicians need to value the use of simple English in their explanations."

"The important role of the social, economic and cultural determinants of health and historical factors impacts Aboriginal and Torres Strait Islander Queenslanders ability to modify their risk factors for cancer."

"I have heard people advised that their cancer test was 'positive', sadly this was interpreted by people with low health literacy levels as good news."

"Partnerships allow us to pool resources, knowledge and expertise. They allow us to work collaboratively, leverage resources and maximise impact to improve health outcomes and address public health challenges."



Queensland Health will become a world leader delivering optimal cancer care through a responsive and networked cancer services system that works collaboratively with the broader cancer care system. This is the future of cancer care in Queensland.

The future of cancer care

Cancer care is rapidly evolving. Queensland can remain at the forefront and drive this evolution so that in the future, we improve equity of cancer outcomes and lower rates of preventable cancers. To do this, public cancer services will need to work together as one network across multiple Hospital and Health Services and with other partners.

Our future cancer services will focus on the best evidence-based care for every person with cancer. This will be responsive to individual circumstances and needs. More people will have regular touch points with a care coordinator, ensuring they receive personalised support that helps them navigate their care. This tailored approach will enable more Queenslanders to access supportive, culturally safe cancer care, especially those from diverse populations.

Recognising the broad impact of a cancer diagnosis on consumers, their families, and their communities, this network of public cancer services will also work in partnership with private providers, primary care, the community services sector, universities, research institutes and industry partners. Partnerships will enable us to provide more holistic support for people with cancer and allow more Queenslanders to contribute to cancer research and innovation.

Multidisciplinary teams will plan and deliver care aligned to the national Optimal Care Pathways. Statewide networked service arrangements for all cancer clinical streams will enable more local access to safe, quality cancer services that can be delivered broadly and provide highly specialised services and cancer expertise. This approach will ensure all Queenslanders receive consistent, high-quality care no matter who they are or where they live.

To complement inpatient care, we will increase community-based care through continuing to embrace new technologies that enable remote monitoring, in-home care and telehealth.

The new Queensland Cancer Centre will also enhance the broader network of existing public cancer services across Queensland by providing cutting-edge cancer treatments like cellular therapy, theranostics, and a new statewide proton beam therapy service.

This collaborative approach to cancer services requires stewardship. The new Alliance for Cancer Care in Queensland (the Alliance) will bring together stakeholders from across the cancer sector to transform the Queensland cancer care system. The three focuses of the Alliance will be:

- world-leading, equitable clinical care
- research and innovation translated into better patient outcomes
- education and training to grow the workforce.

The Alliance will ensure Queensland's service delivery and cancer research networks are connected to the Australian Comprehensive Cancer Network nationally and to cancer care leaders globally.

What the future networked approach will mean



Consumers, carers and families

- **People with cancer have greater access to care coordinators during active treatment and are connected to ongoing support.**
- **Cancer care is tailored to the needs of consumers, carers and families at different ages and stages of life.** Networked services will consider how to best support children and families, adolescents and young adults, adults and older people.
- **Equity, inclusion and consideration of the social determinants of cancer outcomes.** A co-design approach to developing networked service models ensures future services are inclusive, equitable and accessible.
- **Personalised care that incorporates genomics, precision oncology, and consideration of a consumer's individual social and financial circumstances.**
- **Access to the same care no matter who you are or where you live.** Future care will align Queensland Health's referral pathways to the Optimal Care Pathways, ensuring equitable access to highly specialised cancer services, and increased access to clinical trials and new technology.
- **More access to services locally.** Networked service models will maximise the local provision of cancer screening, diagnostics, treatment and post-treatment support, reducing the need to travel to access care in regional, rural and remote communities.



Clinicians and the cancer care workforce

- **A statewide approach to education, credentialling and professional development** that connects and supports the workforce.
- **Opportunities to work across the state** and experience in providing cancer care in different settings.
- **A diverse workforce** where people from all roles and backgrounds are celebrated for their unique contributions to care, fostering an inclusive environment that values and leverages each individual's strengths to enhance patient outcomes and workplace culture.
- **A strong workforce pipeline aligned to future service needs and models of care**, with clear career pathways and incentives to develop the skills required to provide future services.
- **A supportive work environment** that acknowledges the impact on staff in providing cancer care and actively promotes wellbeing, resilience and open communication.



The public health system

- **Stronger collaboration across the cancer care system driven by multidisciplinary teams**, with all service providers working together to provide exceptional, evidence-based care to achieve the best possible outcomes for people affected by cancer.
- **Coordinated growth in capability, capacity and trust across all Hospital and Health Services** to support safe care close to home and reducing duplication and patient travel.
- **Opportunities for Hospital and Health Services to innovate, re-design and grow high volume cancer services** for their local catchment supported by cross-Hospital and Health Service partnerships.
- **A coordinated approach to growth and development of new highly specialised services** to ensure safe, quality and sustainable low volume and/or high complexity cancer services.
- **A commitment to care coordination** supported by the use of fit-for-purpose clinical systems, driving improved data and information collection.



Research and innovation

- **Queensland maintains its global reputation as a leader in cancer research and innovation.**
- **An innovative culture** where new ideas are celebrated and developed and new networks with Australian and international cancer centres are developed.
- **Clinicians are supported and empowered to undertake transdisciplinary research and there is a well-established, diverse research workforce pipeline.** Research networks support academic-clinician research partnerships.
- **More consumers accessing better cancer care (including new treatments) through participation in research** with at least 20 per cent of cancer consumers involved in research, including greater enrolment in clinical trials.
- **Research drives better outcomes for people with cancer** through evidence-based investment and a focus on translating innovative discoveries into effective clinical practice.
- **Better data capture, linkage and use in quality improvement, research and innovation** (for example biobanking).



The broader cancer care sector

- **The Alliance for Cancer Care** provides system level leadership for networked services, statewide cancer research, translation of innovations into clinical care, and connects education, training and professional development across the cancer sector in Queensland.
- **Governance systems and frameworks allow productive partnerships to flourish across the sector** enabling collaboration and sharing of resources to benefit cancer consumers.
- **Partnerships with primary care, community organisations, peak bodies and government produce better cancer prevention, screening and early detection.**
- **Research and innovation partnerships** connect academic and clinical discoveries with industry expertise.
- **Information and data is shared** across the public, private, community and research sectors.
- **We are world leaders in all aspects of cancer care based on national and global benchmarks.**

To deliver the future of cancer care, we will take action on six focus areas.

Focus areas



Coordinated care

Coordinated and integrated care across the cancer care continuum for consumers, their families and carers.



Aboriginal and Torres Strait Islander equity

Provide quality, accessible and culturally safe cancer care for Aboriginal and Torres Strait Islander Queenslanders living with or at risk of cancer through partnership and shared decision-making.



Screening, prevention and early detection

Better understanding of cancer prevention in the community and reduction of risk factors. Improved access to screening and early detection services.



Services and treatment

Better cancer services and treatment through redesign, growth and innovation.



Health, wellbeing and survivorship

Holistic support for people to live well with, through and beyond cancer.



Research and education

Better care for consumers through empowering clinicians to undertake research, drive innovation, and develop their skills.



Equity

An overarching focus on equity and inclusion for populations with specific cancer care needs will ensure the best possible outcomes for diverse communities, outlined in Appendix 4. Focusing on health equity in all aspects along the cancer pathway will also support Queensland Health's *First Nations First Strategy 2032*, which aims to eliminate racism in the Queensland Health system.

Quality care

Improving quality of care in all aspects along the cancer care continuum is also embedded within each focus area. Continuous improvements in all aspects of cancer care will improve cancer outcomes and consumer, carer and family experiences.

Implementation

Each focus area outcome is supported by detailed strategies. Implementation of these strategies will be outlined in a future *Queensland Cancer Strategy Implementation Plan*.



Coordinated care

Outcome: Coordinated and integrated care across the cancer care continuum for consumers, their families and carers.

What this means for the future

Receiving a cancer diagnosis is difficult and often met with fear. Consultation informing this strategy confirmed that when care considers the broader health, emotional and social needs of an individual, it makes a real and meaningful difference. How we provide cancer care can reduce fear and uncertainty for consumers, families and carers. We can do more to ensure that personalised care, support and resources will empower consumers along their cancer journey.

Our approach to better coordinate and integrate care informed by individual needs will include:

- **Redesigning models of care coordination** to focus on what works for consumers, families and carers throughout the cancer experience, regardless of cancer type or where they live. This is especially important for populations with additional or complex needs, who experience challenges in accessing services, or who have poorer cancer outcomes.
- **Empowering consumers through improved access to information** so all consumers, carers and families can better understand the diagnosis, care options and how to live well with, and beyond, cancer. Technology means information can be tailored and delivered in new ways. How we communicate needs to be as diverse as cancer care consumers to ensure accessibility and informed decision-making.
- **Improving our services with consumer and carer involvement** through better integration of patient-reported outcome and experience measures into service delivery.

Our success will be measured through enhancements in patient-reported experience measures, better cancer outcomes, care coordination metrics, and increased healthcare utilisation among underserved populations. We are committed to providing comprehensive and tailored support for all individuals impacted by cancer.



Strategies

Equity, inclusion and co-design

- Enhance partnerships with cancer care providers in the private and non-government sectors, community organisations, support services and advocacy groups to enhance cancer coordination efforts and improve access to services.
- Collect and analyse data on consumer outcomes, access to care and disparities among different population groups to track progress and identify further areas for improvement, considering alignment with the *Australian Cancer Plan*.
- Provide ongoing cultural awareness and disability inclusion education to the cancer workforce to ensure staff are responsive to the diverse cultures, backgrounds, abilities and needs of consumers.
- Strengthen the capability of primary care and community health services including improved access to culturally safe and better coordinated care.

Equitable access to coordination of care across the cancer journey

- Increase the number of care coordinator roles to improve access and coordination of cancer services for individuals at all stages along their cancer pathway, with a focus on diverse populations.
- Develop a Queensland Cancer Care Coordination Framework with consideration of cultural supports, partnership approaches with the primary, private and non-government sector, and alternative workforce models to guide care coordination across the cancer care continuum for all major tumour streams. Ensure the framework is embedded into everyday cancer care and complements national investment in the Australian Cancer Nursing and Navigation Program.
- Integrate clinical support systems to support information sharing and cancer care coordination.

Flexible approaches to information for consumers, their families and carers

- Partner with non-government organisations to provide customised and accessible information about cancer care at all stages to individuals affected by cancer, their families and support networks. Recognise differences in messaging across the lifespan.
- Support the health workforce through targeted training in providing accessible information to all consumers and their families/support people (for example through the use of cancer-trained interpreters for people who are not fluent in English or through use of supportive decision-making for people with intellectual or developmental disabilities).
- Increase access to cancer care information for consumers, families and communities in multiple formats including digital platforms, phone and text-based communication and support for those who need it. Ensure these resources complement the Australian Cancer Navigation Service being developed under the *Australian Cancer Plan*.
- Share data to facilitate continuity of care between public, private and primary care/community providers.

Consumer reported measures of success

- Collect real-time patient-reported outcome measures to complement collection of patient-reported experience measures for cancer care with a focus on inclusion and health equity. Ensure outcome measures inform cancer service delivery models and alignment with the *Australian Cancer Plan*.



Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders

Outcome: Provide quality, accessible and culturally safe cancer care for Aboriginal and Torres Strait Islander Queenslanders living with or at risk of cancer through partnership and shared decision-making.

What this means for the future

Aboriginal and Torres Strait Islander peoples experience an inequitable cancer burden when compared to other Queenslanders. This inequity has been widening over the past decade as Aboriginal and Torres Strait Islander peoples continue to experience higher cancer diagnosis rates, higher cancer mortality rates and lower cancer survival rates. This increased cancer burden contributes towards the lower life expectancy of Aboriginal and Torres Strait Islander peoples.

The increase in inequitable health outcomes indicates that previous approaches have been less than optimal. It signifies that we must value and listen to Aboriginal and Torres Strait Islander peoples and in partnership, work to respond to the identified enablers for change.

We must also consider the broader determinants of health (social and cultural determinants) in developing and implementing strengths-based and holistic approaches. Further, we will continue to work towards eliminating racism from our health care system, as committed to in Queensland Health's *First Nations First Strategy 2032* and Hospital and Health Service Health Equity Strategies.

We envision improving the lives of Aboriginal and Torres Strait Islander peoples by reducing cancer incidence and mortality and improving cancer survival. We aim to achieve this by providing quality, accessible and culturally safe cancer services and care.



Our approach

We are committed to changing the way we work with Aboriginal and Torres Strait Islander peoples, corresponding to the four priority reforms of the 2020 *National Agreement on Closing the Gap*. For undertaking the work under Focus area 2 our way forward will be directed by the Guiding Principles and Governance as set out in the accompanying *Achieving Health Equity in Cancer Care with Aboriginal and Torres Strait Islander Queenslanders*.

We will partner with and share decision-making with Aboriginal and Torres Strait Islander communities and peoples along all points of the cancer care continuum and at all levels of decision-making. Aboriginal and Torres Strait Islander peoples' right to self-determination will be enabled by flexible implementation that recognises place-based solutions and the diverse needs of communities.

Our approach will include:

- **A culturally safe health workforce** – We are committed to growing the Aboriginal and Torres Strait Islander workforce across the cancer care continuum, and across all levels of healthcare including leadership.
- **Prevention** – We recognise the crucial role of Aboriginal and Torres Strait Islander Community Controlled Health Organisations in increasing awareness, understanding of cancer and participation in cancer screening in Aboriginal and Torres Strait Islander communities.
- **Optimal Care** – We will also work to improve communication between tertiary and primary healthcare to ensure optimal care coordination for Aboriginal and Torres Strait Islander peoples across ages and to increase trust in our health systems by providing culturally safe cancer care.

Our success will be measured by increasing the number of Aboriginal and Torres Strait Islander workers in the cancer care workforce, improving screening rates by providing culturally safe screening, greater cancer awareness and understanding in Aboriginal and Torres Strait Islander communities, access to optimal care, and access to culturally safe palliative care, including end-of-life care on Country.



Aboriginal and Torres Strait Islander women can face cultural barriers, including feelings of embarrassment and shame, when accessing breast screening services. The Sistas Shawl project, which features 'A Woman's Dreaming' artwork by Aboriginal artist Sharon McAvoy, was introduced to help overcome these barriers by offering a beautiful shawl for women to wear during screening.

The project recognises the importance of early intervention and screening for improving outcomes for Aboriginal and Torres Strait Islander peoples and builds upon the learnings of a successful cultural shawl project implemented at BreastScreen Queensland's Townsville Service.

BreastScreen Queensland's Brisbane Northside Service has partnered with Queensland Health's Metro North Health Aboriginal and Torres Strait Islander Leadership Team on the Sistas Shawl project to build upon a range of initiatives aimed at increasing access and improving cultural safety for Aboriginal and Torres Strait Islander women. The northside service includes cultural considerations such as murals in the breast screening rooms, special group booking days in partnership with Aboriginal and Torres Strait Islander Community Health Services, and regular in-service cultural capability training for staff to complement the Sistas Shawl project.

The Sistas Shawl initiative has been effective in encouraging more Aboriginal and Torres Strait Islander women to attend their breast screen appointments, particularly first time screeners. Feedback from Aboriginal and Torres Strait Islander women who have received a Sistas Shawl has been overwhelmingly positive. Metro North Hospital and Health Service has committed to supporting better access to other community based cancer screening programs including cervical and bowel cancer screening, as outlined in their Health Equity Strategy - *Our Journey Towards Health Equity - Metro North Health Equity Strategy 2022-2025*.

Strategies

Culturally safe workforce and cancer care

- Establish, support and maintain an Aboriginal and Torres Strait Islander cancer care workforce at all levels – including in primary health care and hospital settings.
- Create culturally safe and welcoming spaces for Aboriginal and Torres Strait Islander health care staff.
- Support accessible on-Country cancer screening.
- Provide culturally safe care across all health services that:
 - enables health care providers to understand and reflect on their professional and personal biases, communication and behaviours
 - supports health care providers to eliminate inequities in cancer care
 - meets the needs of Aboriginal and Torres Strait Islander patients and families (including treatment closer to home or support for travel).
- Create well designed environments in health services where Aboriginal and Torres Strait Islander peoples feel safe, welcome and accepted, with an embedded and resourced peer-led model of support for diverse communities and specialist health workers available in diverse community based settings.
- Provide resourcing to increase the capacity and capability in the cancer care workforce.
- Implement health system level changes to challenge institutional racism.

Prevention and early detection

- Increase access to health promotion programs including smoking cessation programs.
- Support and empower Aboriginal and Torres Strait Islander peoples to make evidence-informed decisions to reduce their cancer risk and risk of cancer recurrence.
- Develop and deliver targeted, evidence-based, Aboriginal and Torres Strait Islander culturally safe screening strategies and activities in partnership with key organisations.
- Promote cancer risk assessment in primary care.
- Implement clinical guidelines for prevention and early detection in all health care settings.
- Ensure referral and follow-up are timely, best practice and provided in culturally appropriate ways.
- Develop cancer care workforce materials that address the medical needs of Aboriginal and Torres Strait Islander peoples who identify with diverse populations.
- Promote cancer care workforce use of inclusive language to increase participation and strengthen health outcomes for Aboriginal and Torres Strait Islander peoples who identify with diverse populations.

Cancer awareness and understanding

- Develop tailored health promotion, education and awareness campaigns across the life course to increase health literacy; ensure health promotion activities are co-designed, equitable, accessible and tailored to a range of settings.
- Collect and distribute timely and accurate data to monitor outcomes and analyse the entire cancer journey; integrate data systems and use data to inform decisions about policies, programs and cancer care.
- Develop and distribute information and resources to meet the needs and preferences of Aboriginal and Torres Strait Islander peoples; this information should support their understanding across the cancer continuum and address the impact of cancer on the patient, their family and their community.
- Develop and maintain a central repository for information and resources, accessible to cancer care workers, patients and their families.
- Engage local champions who are cancer survivors and who reflect the diversity of Aboriginal and Torres Strait Islander peoples to encourage and inform community.

Optimal cancer care

- Embed current cancer clinical guidelines, relevant Aboriginal and Torres Strait Islander health strategies, policies and guidelines, the Optimal Care Pathway for Aboriginal and Torres Strait Islander peoples and the tumour-specific Optimal Care Pathways into service provision across all healthcare services.
- Support the role of primary care, including Aboriginal and Torres Strait Islander Community Controlled Health Organisations, to advocate for Aboriginal and Torres Strait Islander peoples and provide care coordination, handover with tertiary care and continuity of care, especially in rural and remote areas.
- Enhance cancer care systems and services to provide equitable, responsive and supported care to Aboriginal and Torres Strait Islander peoples affected by cancer.
- Provide psychosocial and practical support to families and carers impacted by cancer to improve their social and emotional wellbeing.
- Facilitate Hospital and Health Services multidisciplinary team meetings for every Aboriginal and Torres Strait Islander patient, including a team member knowledgeable in providing culturally appropriate care.
- Strengthen and expand access to health care innovations including telechemo, teletrials and telehealth services. Provide guidance and support on navigating and understanding legal requirements and pathways that recognise diversity.
- Review the way palliative care is delivered in the community to understand and address gaps.
- Involve the patient's family, including relevant extended community, in the patient's cancer care plan across cancer treatment and/or palliative care.



Prevention, screening and early detection

Outcome: Better understanding of cancer prevention in the community and reduction of risk factors. Improved access to screening and early detection services.

What this means for the future

Nationally, almost half (42 per cent) of the cancer burden is attributable to modifiable behavioural risk factors like smoking and obesity⁴.

An integrated and comprehensive approach to cancer prevention working with partners across the cancer care ecosystem will help reduce rates of preventable cancer. Understanding the social, economic, cultural, and historical determinants of health is crucial, as these factors significantly influence a person's ability to make healthy lifestyle choices and access preventative care.

Better access to evidence-based screening and early detection will also help identify cancers earlier, improving outcomes. Our future service system will increase access to and participation in cancer screening programs statewide including national screening programs for breast, bowel, and cervical cancer and the new National Lung Cancer Screening Program.

Prevention, screening and early detection are all delivered in collaboration with our partners in primary care and the community sector. Ongoing collaboration will ensure:

- **Greater community awareness** about the importance of cancer prevention, screening and early detection, including lifestyle modifications that reduce cancer risk.
- **Screening services are convenient, affordable and well-integrated with follow up care** including diagnostics and treatment when cancer is found.
- **Screening and early detection that is accessible** to all individuals, regardless of their socioeconomic status or where they live, especially for those in underserved or rural and remote areas.
- **Services are culturally appropriate** and tailored to the needs of Queensland's diverse communities.
- **Established referral pathways and coordinated access to treatment** where screening or early detection identify cancer.

Our success will be measured through tracking screening rates, modifiable risk factor rates, cancer staging at diagnosis, health outcomes data, monitoring public awareness levels and evaluating the effectiveness of interventions.



Strategies

Equity, inclusion and co-design

- Develop and enhance partnerships with organisations and providers already delivering care to specific populations (for example primary care, multicultural health organisations, disability support organisations) at risk of greater incidence, later diagnoses or poorer outcomes to achieve better cancer prevention, screening rates and outcomes.
- Co-design and deliver innovative screening service models (for example nurse-led clinics, mobile screening) for underserved populations to make it easier and more convenient for people to be screened and culturally safe.
- Co-design education and information campaigns with culturally and linguistically diverse communities about cancer care including promoting the importance of screening for breast, bowel, cervical and other cancers.

Prevention, risk factor reduction and health information

- Strengthen cancer prevention programs and reduce cancer risk factors like smoking and vaping, sun exposure and physical inactivity. This should continue to include whole-of-government and partnership approaches.
- Increase cancer awareness and promotion of healthy lifestyles with co-designed, targeted information across the lifespan to avoid preventable cancers. Consider the unique needs of people, such as people living with a disability.
- Continue to incorporate opportunistic cancer prevention strategies and health education into current healthcare services with our workforce undertaking ongoing education and training in prevention.

Role of genomic testing in cancer prevention

- Support the role of genomic testing in identifying people who are at increased risk of cancer where evidence-based risk management options are available, including for inherited cancer predisposition syndromes. Benchmark Queensland's policies and progress in implementing genomic testing against global best practice.
- Where genetic testing is supported by evidence, develop a statewide service model to provide support and counselling for consumers and their families.

Cancer screening

- Ensure screening results are timely and implement consistent referrals into follow up care for cancers detected through screening.
- Increase opportunistic screening in primary care and community settings (including dental care, general practice, and community health) through workforce education and upskilling.
- Promote alternative access to screening kits such as iFOBT (Faecal Occult Blood Test) kits and self-collection cervical screening tests.
- Support the implementation of the National Lung Screening Program in Queensland.
- Support continued uptake and increased rates of screening under the national screening programs for breast, bowel and cervical cancer.
- Translate into practice new and emerging evidence-based screening technologies across Queensland where these improve cancer screening access, wait times or outcomes.

Early detection

- Increase sustainable service provision and reduce waiting times by exploring alternative workforce models for early detection and diagnostic procedures.
- Educate health professionals in all settings about the signs and symptoms of different cancers across the lifespan (for example in children, in adolescents and young adults, or post-partum) and how to ensure appropriate follow up, especially in community and primary health settings.
- Empower consumers by building awareness and knowledge of their individual risk factors, the signs and symptoms of cancer and how to self-check for cancers like skin cancer and breast cancer.



Services and treatment

Outcome: Better cancer services and treatment through redesign, growth and innovation.

What this means for the future

Cancer care is rapidly evolving for children, young people, adults and older people. More lifesaving treatments are available, care is more multidisciplinary, and people with cancer receive longer, more complex treatment protocols.

We know continuing to grow and keeping pace with change is essential for improving individual and population outcomes, making the best use of our resources, advancing overall quality of care and providing our workforce with rewarding career opportunities.

Queensland has many exciting opportunities to enhance cancer services through clinical redesign, growth and innovation. Integrating multidisciplinary approaches, innovative models of care, and digital technologies and infrastructure into cancer service planning allows for more personalised and holistic care delivery. This will mean a more person-centred approach to future care, better referral processes and service coordination and improved cancer outcomes.

We will continue to deliver and advance:

- **Optimal Care Pathways** to ensure delivery of consistent, safe, high-quality and evidence-based care for people with cancer.
- **Personalised treatment plans** developed by consumers and with their cancer care team considering their individual needs, preferences, beliefs and values whilst aiming to optimise outcomes.
- **Networked service models** for each cancer clinical stream will facilitate and coordinate increased local access to safe, quality cancer services across the state, and ensure equitable access to highly specialised services.
- **New cutting-edge cancer treatments** developed and provided in Queensland.
- **Contemporary, evidence-based and data-informed cancer care** using close-to-real-time data, integrated clinical systems and decision support tools.

Our success will be measured through tracking cancer outcomes, reductions in travel and waiting times for appointments and increases in the number of new therapies and technologies, including availability of different services. We will also track the use of Optimal Care Pathways to ensure the most effective and efficient care possible.



Strategies

Equity, inclusion and co-design

- Implement targeted programs to increase access to cancer diagnostics and treatment in underserved populations, including rural and remote, people living with a disability and culturally and linguistically diverse communities. Programs should explore innovative approaches to safe, quality care delivery.
- Increase telehealth uptake, including teleoncology to provide more virtual consultations and local follow up care.

Improve access to diagnostics (scopes and biopsies) especially in regional and rural areas

- Develop a public diagnostic pathway for people with suspected breast cancer.
- Ensure timely access to diagnostic imaging and procedures across the state by expanding existing services in line with demand, expected growth and advances in cancer care. Where access to diagnostic services is a current gap, consider alternative service delivery and workforce models.
- As the role of genomics and precision oncology continues to evolve, increase coordinated access to genomic testing to guide effective cancer treatment.

Optimal cancer care

- Align service key performance indicators with published Optimal Care Pathways and support continued implementation of existing and new Optimal Care Pathways for children and adults as outlined in the Australian Cancer Plan.
- Update cancer care Clinical Service Capability Framework (CSCF) modules to incorporate advances in cancer care. Establish governance pathways to connect cancer services across the state in alignment with the CSCF.
- Introduce a statewide framework for multidisciplinary team (MDT) case conferences, supported digital systems and an agreed minimum data set collected for all cancer care MDTs.
- Establish after hours care coordination support in all cancer services so consumers can access support and care when required without presenting to emergency departments. Where consumers receive cancer care outside of where they live, these services should connect with local facilities.

Grow our existing services to meet future health need

- Review planning guidelines for chemotherapy services. Expand guidelines to project service requirements for all intravenous systemic therapies (including maintenance therapies for metastatic disease) and paediatric services.
- Assess service models for increasing access to radiotherapy across the state, including in high growth areas in South East Queensland and in regional Hospital and Health Services.
- Ensure equitable access to positron emission tomography (PET) services across all Hospital and Health Services supported by sustainable supply of PET tracers.
- Expand brachytherapy services to increase access to specialty treatment.
- Support growth in cancer services by growing required clinical support services including pharmacy, pathology, nuclear medicine, and medical imaging.
- Plan for expansion of palliative care bed capacity and consider alternative service models for community-based palliative care beds.

Develop sustainable networked service models to provide safe, quality care as close to home as possible

- Optimise service delivery and sustainable future expansion through networked service arrangements. This will include networked service models for surgical oncology for cancers where surgery is part of the Optimal Care Pathway, telechemotherapy (for adults and for paediatrics), and paediatric cancer care.
- Consider the options for localised networked service arrangements to expand access to subspecialty services focused on haematology and palliative care.
- Ensure networked service models are supported by contemporary clinical support systems.

Increase access to new therapies and new technology

- Continue to integrate evidence-based genomics and precision oncology into cancer care through inclusion in multidisciplinary case conferences and clinical decision-making.
- Develop a statewide service model for new interventional oncology services to guide service development, workforce planning and ensure equitable access across the state.
- Progress planning and implementation of proton beam therapy as a new statewide service at the Queensland Cancer Centre.
- Develop networked service models for high complexity, low volume cancer treatments and therapies including CAR T-cells, apheresis stem cells, and theranostics. These networked service models will be linked to statewide services for production and supply of therapeutic agents.
- Continue to discover, evaluate and introduce effective cutting-edge health technologies. Advance our processes to guide investment decisions in new technology guided by evidence and health outcomes.
- Integrate technological advances in digital applications and consumer wearable and interoperable technologies into cancer care.

Innovate in our cancer workforce models to maximise service delivery

- Grow and develop the cancer care workforce across specialties and disciplines to address workforce supply challenges.
- Develop, implement and evaluate alternative workforce models in cancer care that support growth, improve care delivery, and enable the workforce to operate at the top of their scope. Networked workforce arrangements will be considered as part of networked service models.
- Develop an approach to benchmarking and assessing cancer workforce needs across Queensland aligned to health needs.
- Expand delivery of allied health, nurse-led and shared-care models in cancer services across the state.



Communication plays a large part in how people access and engage with health services, especially following a cancer diagnosis which can be overwhelming and frightening. For many people cancer care is unfamiliar, difficult to understand and hard to navigate. For people from culturally and linguistically diverse communities there are added challenges. In some communities, stigma around having cancer can result in people avoiding or delaying routine cancer screening or seeking treatment. Religious beliefs and cultural practices in traditional medicine are other factors that can impact a cancer diagnosis and treatment.

Metro South Health's Health Equity and Access Unit (HEAT) and cancer care staff at the Princess Alexandra (PA) Hospital recognised the unique challenges for patients from culturally and linguistically diverse communities. They identified that to make a difference, they needed to partner with people from these communities to make improvements. The Metro South Health Multicultural Cancer Sub-committee was established in 2020 and is co-convoked between HEAT and the Division of Cancer at PA Hospital.

The committee has 15 members and meets 6 times per year. Members represent Metro South Health, Queensland Health staff and a range of cultural and community groups within the local community. The committee organised additional training for interpreters to increase their knowledge and skills in cancer, so they are better equipped to provide interpreter services in cancer care settings. More than 60 interpreters have undertaken this training. The committee recently developed a plain English resource on messages regarding cancer and medication which will be translated into ten languages.

Members are working on a range of initiatives to improve access to care including helping people understand the cancer services that are available, and data on health needs and cancer care outcomes for culturally and linguistically diverse communities in Queensland.



Health, wellbeing and survivorship

Outcome: Holistic support for people to live well with, through and beyond cancer.

What this means for the future

Health and wellbeing along the cancer pathway requires a focus on an individual's physical, psychological, social and spiritual needs.

Our future cancer services will be responsive to the challenges associated with cancer diagnosis, treatment and long-term health needs. This will be achieved through a system-wide approach to survivorship, palliative and end-of-life care, integrating with community services and other agencies.

Survivorship care is care beyond initial cancer treatment to address the long-term health of people with cancer. This may include rehabilitation, regular follow up, monitoring for recurrence, management of side effects, psychosocial support, peer support, lifestyle guidance and exercise, family support and the coordination of care among all care providers to ensure the best quality of life with and after cancer.

Care after cancer treatment may also include palliative care or end-of-life care. This strategy is aligned to and builds on the *Queensland Health Palliative and End-of-Life Care Strategy*.

The future system-wide approach will deliver the following benefits for Queenslanders:

- **Holistic support services** that address physical, emotional and practical challenges associated with a cancer diagnosis, such as psychosocial support, counselling, access to peer support, financial assistance and better linkages between service providers where these supports are provided across the cancer care ecosystem.
- **Co-designed, survivorship care models** that are appropriate for age and life stage, consider the diverse individual needs of consumers, and empower consumers to maximise their quality of life.
- **Support for children with cancer as they grow to adulthood** incorporating clear and effective pathways to adult care using a child and family-centred approach.
- **Effective survivorship care training** for the cancer workforce that provides clinicians with tools to support consumers to manage their own care.
- **Services and therapies for metastatic disease** recognising the increasingly chronic nature of cancer care and management and the emotional, psychological and practical challenges for people living with life limiting illness.
- **Enhanced palliative and end-of-life care services** including coordination and integration into multidisciplinary cancer care and strengthened cross-sector partnerships.

We will measure our success through monitoring and evaluating collaboration with consumers, clinical workforce and broader community care services.



Strategies

Equity, inclusion and co-design

- Strengthen digital health capabilities to support physical, psychosocial, and spiritual care needs of people with cancer across the state, especially in regional, rural and remote communities.
- Enable consumer choice and integration of complementary therapies and traditional medicines that support wellness into cancer care.

Develop age-appropriate networked models of survivorship care

- Co-design age-appropriate networked models of survivorship care that include management psychological symptoms and cancer treatment side effects, social supports, rehabilitation and lifestyle supports and secondary cancer prevention.
- Improve transition and survivorship support for children with cancer and their families by developing a standardised model of survivorship care.
- Continue to implement the Optimal Care Pathway for adolescents and young adults with cancer, considering the implications of transition from child to adult cancer services.
- Strengthen digital and remote care technology and data sharing platforms to enable multidisciplinary team survivorship care.

Support consumers after active cancer treatment

- Increase awareness of and access to rehabilitation and allied health support, recognising the importance of exercise and psychosocial support during treatment and recovery.
- Strengthen cross-sector partnerships and community-based models for an effective, comprehensive approach to rehabilitation and exercise after and during cancer treatment.
- Support access to fertility services and advice for consumers who need them before, during and after cancer treatment.

Increase workforce capacity and capability in survivorship care

- Expand the holistic care workforce with specialisation in cancer care to provide support across the care continuum.
- Support workforce training in survivorship care, to support consumers to actively communicate informed care choices.

Management of metastatic cancer

- Include management of long-term metastatic cancer in co-designed models of survivorship care to ensure a coordinated, multidisciplinary approach that includes access to appropriate therapies like immunotherapy for cancer control, symptom management, psychological support and advance care planning.
- Partner with non-government organisations and cancer support groups to ensure all consumers with metastatic cancer receive psychosocial and peer support.

Enhance palliative care and end-of-life care

- Ensure clinicians are supported to sensitively discuss palliative care and end-of-life options (including voluntary assisted dying) with consumers and families.
- Support integration of palliative care within the multidisciplinary care team and establish early referral pathways to palliative care services across all settings.
- Improve access to optimal, compassionate end-of-life care pathways and advance care planning that is appropriate for age and life stage, including children and young people.

Consumer quotes

"We are whole people with lives outside our diagnosis."

"Often patients and carers receive more intensive supports during treatment, however the impacts of cancer can be long lasting and far reaching."

"I am in remission thank goodness, but I still have concerns and I can't find much out here in my regional community to support me in survivorship once treatment was over."

"Cancer care and the patient journey do not stop when the bulk of active treatment ceases."

"Cancer not only impacts the individual with a diagnosis that impact follows on to immediate caregivers, siblings and extended family."



Research and education

Outcome: Better care for consumers through empowering clinicians to undertake research, drive innovation, and develop their skills.

What this means for the future

Queensland leads the world in cancer research, from development of the Human Papilloma Virus (HPV) vaccination to melanoma research. Nationally, Queensland is leading the Australian Teletrial Program, helping more people access lifechanging and lifesaving new treatments closer to home. Children with cancer in Queensland have the highest rate of enrolment on international collaborative group trials in Australia, and we have world-class research and education across our universities and medical research institutes. Building on our successes, we want to accelerate our real world impact by translating the discoveries, insights and evidence generated by research and innovation into cancer care.

This strategy aligns with the *Research Strategy 2032* and the *Health Workforce Strategy for Queensland to 2032* released under *HEALTHQ32*. Cancer research in Queensland will benefit from many of the system and statewide actions already underway as part of the *Research Strategy 2032*.

Cancer research is broad and includes all activities that use the scientific method to collect and analyse information to better understand all aspects of cancer care. This includes clinical trials, investigator-led studies and research into how services are delivered. Innovation is the process of using new ideas to create, develop and implement changes to cancer care. By focusing on cancer research and innovation, we will attract more research funding, incentivise interdisciplinary research and create more opportunities for clinician-researchers to deliver, improve and maintain world-class cancer care.

Supporting and providing development opportunities for the cancer care workforce is also critical for ensuring the delivery of high-quality, innovative care. The strategy includes a focus on supporting the cancer care workforce, growing the workforce of the future, and developing statewide approaches to professional development and education.



A coordinated and statewide approach to research, innovation, education and professional development will deliver the following benefits:

- **Better cancer care for consumers through access to novel diagnostic techniques, new treatment methods (including surgery and radiation oncology) and clinical trials.**
- **Translation of research and innovation into cancer care** leading to more effective treatments, more treatment options and improved cancer outcomes.
- **More support and education for cancer care providers** through a coordinated approach to professional development that strengthens multidisciplinary care and ensures our workforce has equal opportunity to develop skills and expertise no matter where they work.
- **Strong career pathways and mentoring** for clinicians interested in specialty areas of cancer care, including research.

We will measure our success by tracking statewide access to new treatments and technologies, the number of Queensland cancer patients participating in research and the number of formal partnership arrangements and joint initiatives our clinicians and researchers participate in. Success in education and training will be measured through participation in clinical education and training and workforce retention.



Clinical trials and research studies are a key part of improving cancer services and developing new cancer treatments. People volunteer to try new treatments or participate in new ways of delivering care to help find out if they work and if they are better than what is currently available.

In the past, to participate in research consumers had to be able to travel to research centres, usually in metropolitan areas. For people with cancer, this is challenging and for many, it's impossible. Only 10 per cent of people participating in research are from regional, rural or remote areas.

Teletrials aim to increase access to clinical trials for regional, rural and remote people with cancer. This means all Queenslanders can have equitable access to new treatments and therapies. Through the Queensland Regional Clinical Trial Coordinating Centre, Queensland Health is building capacity and capability outside of our major cities.

The benefits of teletrials are most obvious for patients like Hugh. The Townsville grandfather was shocked when he was diagnosed with stage 4 lung cancer late last year. Chemotherapy wasn't viable, so Hugh participated in clinical trials for several medications.

Traditionally he would have needed to travel to a metropolitan centre to do the trial, but teletrials enables access for patients like Hugh closer to home.

Despite his diagnosis, Hugh said he considers himself lucky to be given this opportunity.

"I am so thankful that I have had the chance to take part in these clinical trials. My weight seems to have stabilised with the medications, and my muscles are not wasting away. In fact, I still walk around the river most days and mow the yard every week".

Hugh is doing well after experiencing a relapse. What the trial has meant for him is access to additional line of treatment closer to home and more time with his loved ones.

Strategies

Equity, inclusion and co-design

- Continue to expand opportunities for all consumers and clinicians to participate in clinical trials and research activities.
- Co-design engagement processes with consumers to increase equitable participation, particularly for populations with identified gaps in current knowledge (for example Aboriginal and Torres Strait Islander-led research, people living with disability, culturally and linguistically diverse communities).
- Build the diversity of the cancer care workforce through both identified positions and supporting inclusion, diversity and equity in the broader workforce.

Coordinate cancer research across Queensland and increase consumer participation

- Establish the Alliance for Cancer Care in Queensland (the Alliance) to provide system level stewardship for a networked approach to cancer research, education and training.
- Map cancer research across Queensland so all sector partners can identify and pursue opportunities to further integrate cancer research networks.
- Improve awareness of clinical trial opportunities among consumers and clinicians, particularly for adult clinical trials.
- Incorporate consideration of eligibility for clinical trials into statewide processes and procedures for multidisciplinary team case conferences.
- Support consumers to participate in all aspects of research from the initiation of an idea through to publishing the research.
- Ensure researchers have access to data and biospecimens required to support research activities through better data linkage and sharing, addressing gaps in current data collection and exploring a sustainable approach to biobanking in Queensland.

Translate more research into practice

- Foster a collaborative innovation culture by encouraging new ideas and approaches to cancer care, adopting and advancing innovative technologies, and maturing Queensland Health's approach to commercialisation.
- Leverage industry partnerships with medical research institutes and universities to translate all types of research into better cancer care and health outcomes for Queenslanders.

Build workforce capacity and capability to undertake research

- Continue to support and build research infrastructure (ethics, governance, financial management and data management) and skills, especially in rural and regional areas.
- Increase the number of clinician researchers and research coordinators across the care continuum to build the evidence base for future cancer care.
- Strengthen existing research networks across Hospital and Health Services to increase sustainability.

Build statewide education and professional networks

- Develop statewide education and professional development programs across clinical streams and disciplines (medical, nursing, and allied health) to develop and maintain cancer care skills.
- Include specialised education for rural and regional cancer care in education programs with opportunities for rural and regional clinicians to undertake training in metro areas and for clinicians in metro areas to work in rural and regional cancer care services.
- Partner with universities to offer training for healthcare students and subspecialty training and higher degree placements for clinicians.



Appendix 1: How the strategy was developed

The strategy was developed through a comprehensive approach, involving statewide stakeholder consultation with those affected by cancer, their family and carers, people who work in cancer care, researchers, education providers, peak bodies, private providers and community services. Key steps to develop the strategy included:



Appendix 2: Policy context

Development of the strategy builds on recommendations and actions outlined in national and state strategies, and health service planning activities. To improve equitable cancer care and outcomes for Queenslanders affected by cancer, the strategy aligns with:

National plans and strategies

- Australian Cancer Plan
- Aboriginal and Torres Strait Islander Cancer Plan
- Australia's Disability Strategy 2021-2031
- National Agreement on Closing the Gap
- National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- National Preventive Health Strategy
- National action plans for specific cancer types:
 - National Pancreatic Cancer Roadmap
 - National Strategic Action Plan for Blood Cancer
 - National Strategic Action Plan for Lung Conditions
 - Ovarian Cancer National Action Plan
 - National Strategy for the Elimination of Cervical Cancer
- State of the Nation Report: Breast Cancer Network Australia
- State of the Nation in Melanoma: Final Report

Queensland Health plans and strategies

- HEALTHQ32
- Research Strategy 2032
- Health Workforce Strategy for Queensland to 2032
- Queensland Cancer Centre planning
- Palliative and End-of-Life Care Strategy
- Department of Health Disability Service Plan 2022-2024 (a 2024 update is forthcoming)
- Achieving Health Equity in Cancer Care with Aboriginal and Torres Strait Islander Queenslanders
- The First Nations health equity reform agenda including the First Nations First Strategy 2032 and the 16 Hospital and Health Service First Nations Health Equity Strategies.
- Queensland Women and Girls' Health Strategy 2032

Appendix 3: Current Queensland Health cancer services by clinical stream

Service stream	Current services
Cancer care adolescents and young adults	<ul style="list-style-type: none"> Queensland Youth Cancer Service (QYCS) operates as statewide service network led and coordinated centrally by a multidisciplinary team. The specialist statewide team works in partnership with five major cancer centres at Queensland Children's Hospital (QCH), Princess Alexandra Hospital, Royal Brisbane and Women's Hospital, Gold Coast University Hospital and the Townsville University Hospital. Through the statewide team and partner sites, the QYCS aims to connect with every young person (age 15 to 25 years) diagnosed with cancer in Queensland across both public and private care. The ARCHWAYS (After Cancer Health and Wellness for Adolescents and Young Adults) provides psychosocial support and development of comprehensive medical treatment summaries and survivorship care plans for adolescents and young adults following acute treatment.
Cellular therapy	<ul style="list-style-type: none"> Transplantation of a person's own healthy stem cells is performed at several specialised facilities across the state. Transplantation of donated genetically matched stem cells is only performed in Brisbane. A statewide Adult CAR T-Cell Service is delivered from the Royal Brisbane and Women's Hospital. This service accepts referrals from all residents of Queensland, Northern New South Wales and Northern Territory. A statewide Paediatric CAR T-Cell Service is delivered at the QCH. This service accepts referrals from all residents of Queensland and Northern New South Wales.
Haematology	<ul style="list-style-type: none"> Specialised haematology services including apheresis, transfusions and bone marrow biopsies are provided from Cairns and Hinterland, Central Queensland, Children's Health Queensland, Darling Downs, Gold Coast, Metro North, Metro South, Sunshine Coast and Townsville Hospital and Health Services. Haematology support treatments are provided at some regional facilities via a visiting medial officer outreach model and telehealth services on a limited basis.
Interventional oncology	<ul style="list-style-type: none"> Interventional oncology is a dynamic and rapidly evolving clinical subspeciality of interventional radiology that uses image guidance to perform targeted, minimally invasive oncology procedures incorporating both diagnosis and therapy. Highly specialised interventional oncology diagnostics and treatments are currently available at select locations with further sites being explored by HHSs across the state.
Medical oncology	<ul style="list-style-type: none"> Medical oncology services are provided as acute inpatient and ambulatory care via a multi-disciplinary team within specialist and regional hospitals. Rural and remote services are predominantly provided via nurse-led clinics with telehealth support from medical oncologists in higher service level facilities. Transition of care for consumers back to their local facilities is coordinated via a multi-disciplinary team, dependent on service capability.
Children's cancer services	<ul style="list-style-type: none"> A centralised paediatric oncology service is provided from QCH in Brisbane for complex and rare clinical oncology needs from birth to 14 years. QCH provides specialist oncology services for all malignant cancer and haematology cases, including leukemia, lymphoma, bone marrow transplants, brain and solid tumour services. The statewide Queensland Paediatric Palliative Care, Haematology and Oncology Network supports shared care arrangements with Cairns, Townsville, Mackay, Rockhampton, Bundaberg, Hervey Bay, Sunshine Coast, Toowoomba, Logan and Gold Coast. QCH links children with community-based survivorship care and provides ongoing support after cancer treatment.

Service stream	Current services
Palliative Care	<ul style="list-style-type: none"> Palliative care services are available to individuals affected by cancer at most Queensland Health facilities. Services include the Specialist Palliative Rural Telehealth Service for patients with terminal illness, the Paediatric Palliative Care Service for children and young people with life-limiting illnesses and a 24-hour bereavement telehealth support service for carers and families.
Radiation oncology	<ul style="list-style-type: none"> Public radiation therapy services are delivered in Townsville, Sunshine Coast, Metro North and Metro South HSSs. Some radiation services are provided through public-private partnerships in Cairns, Mackay, Rockhampton, Bundaberg, Hervey Bay, and the Gold Coast. Paediatric radiation oncology is provided as a statewide service in Brisbane as it can be distressing for children and young people and requires additional supports. Highly specialised radiation oncology treatments such as brachytherapy, non-lung stereotactic radiotherapy and cranial stereotactic radiotherapy are available at select locations across the state.
Surgical oncology	<ul style="list-style-type: none"> Most surgical oncology services are provided at hospitals with higher surgical capability levels for all cancer types. Complex and specialised surgeries are only provided at single Brisbane Metro sites (for example pelvic exenteration) or at a limited number of sites (for example oesophageal cancer). Surgery for breast, skin, colorectal, urology and low complexity head and neck cancers are provided at secondary level hospitals dependent on surgical complexity. The Mater Hospital also provides some specialist surgery. Ongoing follow up and treatment post-surgery is provided at the facility providing the surgery or closer to home through their local health facility with support from the specialised surgical facilities. Paediatric specialist surgical oncology services are provided in collaboration with the paediatric oncology service at QCH.
Systemic therapy (includes chemotherapy, immunotherapy and new targeted drugs)	<ul style="list-style-type: none"> Chemotherapy services are provided within acute inpatient and ambulatory care settings across our network of Queensland Health facilities. Newer anti-cancer drugs like immunotherapies are increasingly available. These drugs are provided systemically like chemotherapy but work by a different, often more specific mechanism.
Theranostics	<ul style="list-style-type: none"> The Royal Brisbane and Women's Hospital provides theranostic treatments for neuroendocrine tumours, thyroid cancer, metastatic castrate-resistant prostate cancer, and liver cancer. The statewide radiopharmaceutical laboratory (Q-TRaCE) is located on site. The Princess Alexandra Hospital houses the Integrated Theranostic Centre and undertakes clinical trials in theranostics for prostate cancer, extensive-stage small cell lung cancer, non-small cell lung cancers, Merkel cell carcinoma and renal cell carcinoma.

Appendix 4: Diverse populations with specific cancer needs

Population group	Services and cancer types to focus on	We will improve health equity by
Aboriginal and Torres Strait Islander peoples	<ul style="list-style-type: none"> Lung Upper GI* Gynaecological 	<ul style="list-style-type: none"> Implementing co-designed and co-delivered solutions that are culturally appropriate. Strengthening cultural capability for the cancer workforce. Strengthening partnerships with ACCHOs and communities. Delivering tailored care coordination services.
People living in rural and remote communities	<ul style="list-style-type: none"> Urological Skin Breast Lung Colorectal Blood cancers 	<ul style="list-style-type: none"> Improving services and access to participate in screening. Increasing telehealth and teleoncology services. Increasing access to cancer treatments, medicines, clinical trials and research activities. More affordable travel, accommodation and parking.
Children	<ul style="list-style-type: none"> Blood cancers CNS and brain Bone and soft tissue Rare cancers Fertility preservation and reproductive impacts of cancer treatment 	<ul style="list-style-type: none"> All children receive developmentally appropriate care throughout the entire cancer pathway. Consider how current paediatric cancer genomic testing provided by the Zero Childhood Cancer Program can be maintained long term. Optimise paediatric cancer care pathways and transition to adult care support. Meeting unique needs of paediatric consumers, their families and carers.
Adolescents and young adults (AYA)	<ul style="list-style-type: none"> CNS and brain Bone and soft tissue Colorectal Endocrine Fertility preservation and reproductive impacts of cancer treatment 	<ul style="list-style-type: none"> All AYAs receive developmentally appropriate care throughout the entire cancer pathway. Meeting unique needs of adolescents, their families and carers. Meeting unique needs of young adults and their families and ensuring models of care are adaptive to the involvement of families, carers and significant others. Support AYAs at key transition points across the care pathway.
Older persons (65 years and older)	<ul style="list-style-type: none"> Geriatric oncology approach when older people are diagnosed with cancer Urological Blood cancers Lung Melanoma Colorectal Breast 	<ul style="list-style-type: none"> Meeting unique needs of older persons, their carers and families. Enhancing the experience and outcomes for elderly patients. Improved awareness of geriatric oncology services. More specialist care coordination, including an advanced assessment of ability to undergo treatment in the context of an older person's social situation and other comorbidities.
People in lower socio-economic groups	<ul style="list-style-type: none"> Lung Urological Colorectal Upper GI* Blood cancers 	<ul style="list-style-type: none"> New national lung cancer screening programs. More affordable travel, accommodation and parking. Reducing the burden of out-of-pocket costs to access screening, diagnostics and treatment.

* Upper GI cancers include oesophageal, gastric, liver, pancreas, and biliary cancers.

Population group	Services and cancer types to focus on	We will improve health equity by
People from culturally and linguistically Diverse (CALD) or refugee and asylum-seeking backgrounds	<ul style="list-style-type: none"> Lung Breast Colorectal Pancreatic Gynaecological Where relevant, screening for viruses associated with cancers endemic in some overseas countries Upper GI* 	<ul style="list-style-type: none"> Delivering tailored care coordination services. Improving access to interpreters, co-designed multi-lingual communication resources and digital options. Co-design solutions with consumers with lived experience. Greater understanding of cultural and ethnicity factors that influence attitudes and beliefs towards screening, cultural support and education addressing misconceptions about cancer to promote access to screening, early detection and treatment. Increasing opportunistic screening and outreach models. Strengthened cultural capability for the cancer workforce.
Women	<ul style="list-style-type: none"> Breast Gynaecological Fertility preservation and reproductive impacts of cancer treatment 	<ul style="list-style-type: none"> Reducing out-of-pocket expenses for screening. Exploring a public diagnostic pathway for women with suspected breast cancer. Provide a public fertility preservation service and assisted reproductive technologies (model in development) to all eligible consumers with cancer across Queensland.
LGBTIQA+ peoples	<ul style="list-style-type: none"> Screening and targeted health prevention Inclusive language and approaches to delivering cancer care 	<ul style="list-style-type: none"> Inclusive and welcoming healthcare environments, free from discrimination. Co-design solutions with consumers with lived experience. Designing inclusive screening programs and resources.
People living with disability	<ul style="list-style-type: none"> For people with intellectual and developmental disability, more accessible, opportunistic screening integrated into other health services for breast, colorectal, blood cancers, testicular and gynaecological Inclusive, accessible (physical and virtual) and welcoming healthcare environments, providing reasonable adjustments as required. Targeted screening, health prevention and tailored care coordination services. 	<ul style="list-style-type: none"> Training and support for healthcare workforce that strengthens disability awareness inclusive language and capability to support lived experience. Increasing access to cancer treatments, medicines, clinical trials and research activities. Facilitating integrated co-treatment across clinical areas. Ensure people living with disabilities including those people who may have acquired a disability after cancer treatment are involved in co-design and co-delivery of focus area actions.
Men	<ul style="list-style-type: none"> Prostate and other urological cancers Melanoma Haematological Lung Colorectal Fertility preservation and reproductive impacts of cancer treatment Testicular 	<ul style="list-style-type: none"> Increasing opportunistic screening in primary care. Inclusive ongoing support services for men affected by prostate and other gender specific cancers. Provide a public fertility preservation service and assisted reproductive technologies (model in development) to all eligible consumers with cancer across Queensland.
People living with a mental health condition	<ul style="list-style-type: none"> Screening and targeted health prevention Inclusive language and approaches to delivering cancer care 	<ul style="list-style-type: none"> Inclusive, accessible and welcoming healthcare environments, free from discrimination and stigma. Using existing touchpoints with the healthcare system for health promotion and opportunistic screening. Keeping all care providers informed and involved in care and recognising the interrelationship between cancer treatment and mental health care.

* Upper GI cancers include oesophageal, gastric, liver, pancreas, and biliary cancers.

Terminology

Term	Description
Adolescents and Young Adults (AYA)	Refers to people between the ages of 15-24 years. AYA consumers are often treated in adult cancer services but have clinical and psychosocial needs specific to their age and stage of development. The most common cancers in this age group are paediatric cancers (sarcomas, brain tumours and blood cancers) that require specific expertise that is less available in adult cancer services. AYA cancer services also support young people with bowel, prostate, and breast cancer where services are often tailored to much older people.
Allied health professionals	Allied health practitioners are qualified practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. They are part of the multidisciplinary team and may include allied health assistants, audiology, clinical measurements, exercise physiology, genetic counsellors, medical physicists, medical radiation professionals, music therapy, nutrition and dietetics, occupational therapy, oral health, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology, rehabilitation engineering, social work, speech pathology, among others.
Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ACCHO)	An Aboriginal and Torres Strait Islander Community Controlled Health Organisation is a primary care service initiated and operated by the local Aboriginal and Torres Strait Islander community to deliver holistic, comprehensive, and culturally appropriate care.
Brachytherapy	An internal radiation therapy or implant therapy delivering radiation directly to the treatment area. It can be used to help control local disease, and to treat areas at higher risk of recurrence of the cancer, whilst preserving vital organ function and minimising normal surrounding tissue damage.
Cancer care ecosystem	This term refers to dynamic and interactive systems, services and communities involved across cancer care continuum.
Care coordination	Care coordination is an individualised, barrier-focused intervention that aims to facilitate timely access to healthcare services, diagnosis and treatment. It identifies and overcomes barriers to accessing care. Coordination occurs anywhere along the cancer care continuum and is delivered in a variety of modalities and settings.
Chimeric antigen receptor T cell (CAR T) therapy	A type of treatment in which a patient's T cells (a type of immune system cell) are changed in the laboratory so they will attack cancer cells.
Clinical Services Capability Framework (CSCF)	The CSCF is a standard set of minimum capability criteria for service planning and delivery in Queensland public hospital and licenced private health facilities.
Clinical support services	Cancer services rely on numerous clinical support services for diagnosis and treatment, including but not limited to pharmacy (for chemotherapy preparation, manufacturing of cellular therapies, and manufacturing of radiopharmaceuticals for nuclear medicine/PET), pathology and critical care/Intensive Care Unit services.
Culturally and linguistically diverse (CALD)	Cultural and linguistic diversity (CALD) can encompass a range of aspects including a person's country of birth, their ancestry, where their parents were born, what language/s they speak, and their religious affiliation.
Co-design	Co-design is a process to plan with people rather than plan for people. It involves bringing together health professionals, consumers, carers, researchers and many other stakeholders to collectively determine the future of cancer care in Queensland.
Disability	Disability is diverse and can encompass intellectual, cognitive, neurological, sensory, physical, or psychosocial impairments, when in interaction with barriers may hinder full, effective, and equitable participation in cancer care. Many people's experiences with disability are also shaped by intersectional factors including age, sex, gender identity, race, ethnicity, and where they live.

Term	Description
End-of-life care	End-of-life care includes physical, spiritual and psychosocial assessment, and care and treatment delivered by health professionals and ancillary staff, and also includes support of families and carers, and care of the patient's body after their death.
Health Equity	Health equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other dimensions of inequality (for example sex, gender, ethnicity, disability, or sexual orientation).
HealthQ32	Queensland Health's vision to be a dynamic and responsive health system where our people are valued and empowered to provide world-class healthcare to all Queenslanders.
Holistic cancer care	A holistic approach to cancer care recognises the important interconnection between physical, psychological, spiritual and social health and wellbeing and support systems.
LGBTIQA+	The acronym stands for lesbian, gay, bisexual, transgender, intersex, queer and asexual. The '+' reflects that the acronym letters do not capture the entire spectrum of sexual orientations, gender identities and intersex variations. 'LGBTIQA+' is an acronym of the words people use to describe their sexual orientation, gender and sex. The acronym is not intended to be limiting or exclusive of certain groups.
Multidisciplinary team (MDT)	A multidisciplinary team is comprised of doctors, nurses and allied health professionals, all involved in treating one consumer. Cancer treatment is often complex and requires multiple different professionals with specialist experience and an MDT approach helps to coordinate care and support decisions about the best treatment options.
Networked service models	Networked service models take a partnership approach to deliver clinical services to a defined population by 2 or more Hospital and Health Services through a formal arrangement which results in better outcomes than could be achieved independently.
Optimal Care Pathways (OCPs)	Optimal Care Pathways are developed nationally using expert committees in each cancer type. They are endorsed by Cancer Australia, all states and territories and Cancer Council Australia. OCPs set out key principles for optimal cancer care at each step of the patient journey from prevention through to survivorship and end-of-life care.
Palliative care	Palliative care is a person-centred approach that improves the quality of life of patients and their families who are living with a life-limiting illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.
Positron Emission Tomography (PET)	A positron emission tomography scan detects early signs of cancer, heart disease and brain conditions. It involves an injection of a safe radioactive tracer that helps detect diseased cells.
Precision oncology	An innovative approach to cancer treatment that ensures treatment is specifically designed and targeted to a person's unique form of cancer.
Proton Beam Therapy (PBT)	A type of radiation therapy that uses streams of protons (tiny particles with a positive charge) to kill tumour cells. This type of treatment can reduce the amount of radiation damage to healthy tissue near a tumour.
Survivorship care	Survivorship care provides a focus on the health and wellbeing of a person living with and beyond cancer. Family members and caregivers are also part of the survivorship experience.
Theranostics	A personalised approach to treating cancer, using both diagnosis and therapy tools as part of the treatment. Theranostics uses PET scan imaging to see if specific targets, known as tumour receptors, are present on tumour cells, and targets therapeutic agents to those tumour cells.



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