



SA CANCER PLAN

2024-2028

Leading the way to cancer prevention
and control with personalised care

Draft for Consultation



Government
of South Australia

SA Health

MESSAGE FROM THE MINISTER



To be provided in
final plan.

Hon Chris Picton MP
Minister for Health and Wellbeing

MESSAGE FROM THE LEAD, CANCER STATEWIDE CLINICAL NETWORK



To be provided in
final plan

Dr Michael Osborn

Lead, Cancer Statewide Clinical Network

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INTRODUCTION

Cancer is a disease that affects a significant proportion of South Australians. The lifetime risk of being diagnosed with cancer is 1 in 3 for males and 1 in 4 for females in South Australia¹. Many people are surviving, with the lifetime risk of mortality from cancer in South Australia at 1 in 11 for males and one in 14 for females¹.

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

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

There is a lot of work underway in South Australia across all domains of the cancer spectrum, from prevention, screening, diagnosis and treatment, to care after initial treatment, supportive and palliative care. Exciting opportunities are emerging in research, clinical trials, data use and technologies to support and connect the spectrum of cancer care. Cancer treatments are continually emerging and with that, care after initial treatment (or survivorship) becomes a major part of people's lives.

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

We have heard about the difficulties patients experience in navigating cancer care and the complexities of life after initial treatment and living with and after a cancer diagnosis.

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

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

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

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

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

SA CANCER PLAN ON A PAGE

Vision

Leading the way to cancer prevention and control with personalised care

Goals

Reduce the incidence of cancer in the SA population

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

Improve long-term survivorship after diagnosis

Overriding principles

Equity of access



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

Evidence and research



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

Person-centred



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

Integrated care



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

Holistic care



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

Priority areas



Enhance consumer experience

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

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



Maximise cancer prevention and early detection

- > Primary prevention
- > Targeted education and screening

Actively reduce cancer risk and support all South Australians to access personalised, evidence-based cancer prevention and early detection



Enable health systems for optimal care

- > Service planning
- > Optimal care pathways

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



Provide strong and dynamic foundations

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

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



Enhance the workforce to deliver cancer care into the future

- > Workforce models
- > Recruitment, retention, wellbeing

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



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

- > Co-designed and targeted approaches

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

Governance

Monitoring and Reporting

Evaluation

Target outcomes

Reduce the risk of preventable cancers for SA residents

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

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

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

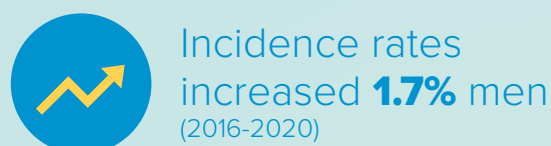
CANCER IN SOUTH AUSTRALIA

Incidence

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



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

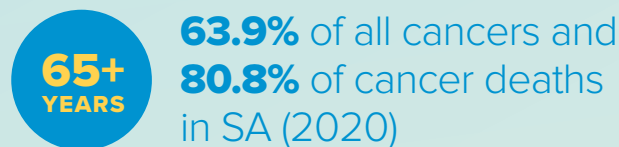


Lifetime risk of cancer diagnosis

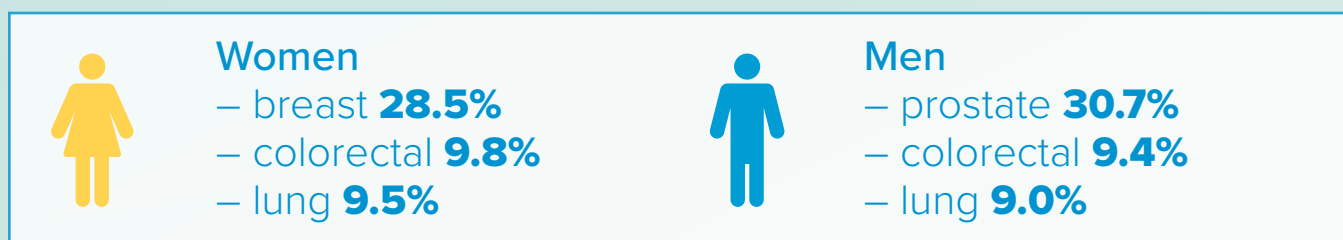
1 in 3 men



1 in 4 women



Most common cancers



Leading cause of cancer death



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

Target populations

	Aboriginal and Torres Strait Islander People	<p>Experience a higher cancer burden of disease than other Australians¹⁰</p> <p>Have a similar age-adjusted cancer incidence rate to other Australians, but a 50% higher cancer mortality rate²</p>
	People from CALD backgrounds	<p>May experience greater adversity in accessing culturally responsive care, information and clinical trials¹¹</p>
	People living in low socioeconomic areas	<p>5% higher incidence rates, 20% lower survival rates and 40% higher mortality rates than those in higher socioeconomic areas¹¹</p>
	People living in rural and remote areas	<p>1.3 times more likely to die from cancer and lower survival rate than those living in major cities¹¹</p>
	LGBTIQA+ people	<p>Affected by certain cancers disproportionately and more likely to delay seeking healthcare for fear of discrimination and inadequate knowledge of health professionals¹¹</p>
	People living with a disability	<p>Often experience more barriers and have poorer access to preventative care and cancer screening services potentially leading to poorer disease detection¹¹</p>
	People with co-morbidity of mental health	<p>Higher rate of cancer in those with a mental illness, 2.6% compared to 1.6% without¹¹</p>
	Older Australians	<p>Cancer is more common in older Australians who often have complex health needs and experience barriers to receiving cancer care¹¹</p>
	Adolescents and young adults	<p>Five-year survival after a cancer diagnosis for adolescents was 89% between 2010 – 2014, cancer survivors have a 1.9 times greater risk of developing a second cancer¹¹</p>
	Children	<p>Survivors of childhood cancer are at a high risk of adverse long-term health conditions due to their cancer and associated treatment¹¹</p>
	Veterans	<p>Veterans who served in the Vietnam and Korean wars have higher cancer mortality and incidence rates than those who did not serve^{12, 13}</p>
	Generations of servicemen involved in British Nuclear Tests in 1950s and 1960s and Aboriginal communities living in the vicinity of testing locations at Maralinga and Emu Field	<p>23% higher incidence rates and 18% higher mortality rate for Australians who participated in these tests, Aboriginal community impacts are unstudied but raised as a concern during the development of the SA Cancer Plan¹⁴</p>

INFLUENCES ON CANCER IN THE NEXT 5 YEARS

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

Increased cancer in an ageing population

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

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

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

Obesity rates

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

Smoking and vaping

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

In May 2023 the federal government announced they will introduce regulatory changes such as banning the importation of non-prescription e-cigarettes. These changes will balance the need to prevent adolescent and young people from taking up nicotine vaping, while enabling access to nicotine products as medically supervised smoking cessation aids. The South Australian Government will continue to work constructively both with the Federal Minister for Health and Aged Care, and other jurisdictions to implement and strengthen e-cigarette laws and their enforcement.

Cancer screening

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

COVID-19 impacts on diagnosis

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

Emerging evidence on carcinogens

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

Technological and treatment advances

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

It is expected the Bragg Centre for Proton Therapy will begin treating patients during the life of the Plan. As the first proton therapy centre in the southern hemisphere, patients are anticipated to travel from interstate and overseas to South Australia for treatment.

Evolving new technologies such as theranostics and CAR T-cell treatments will become more standardised, necessitating consideration for service planning and access.

New technologies and treatments will continue to be developed to provide alternate options to cancer treatment.

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

Funding treatment

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

Changes to clinical practice

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

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

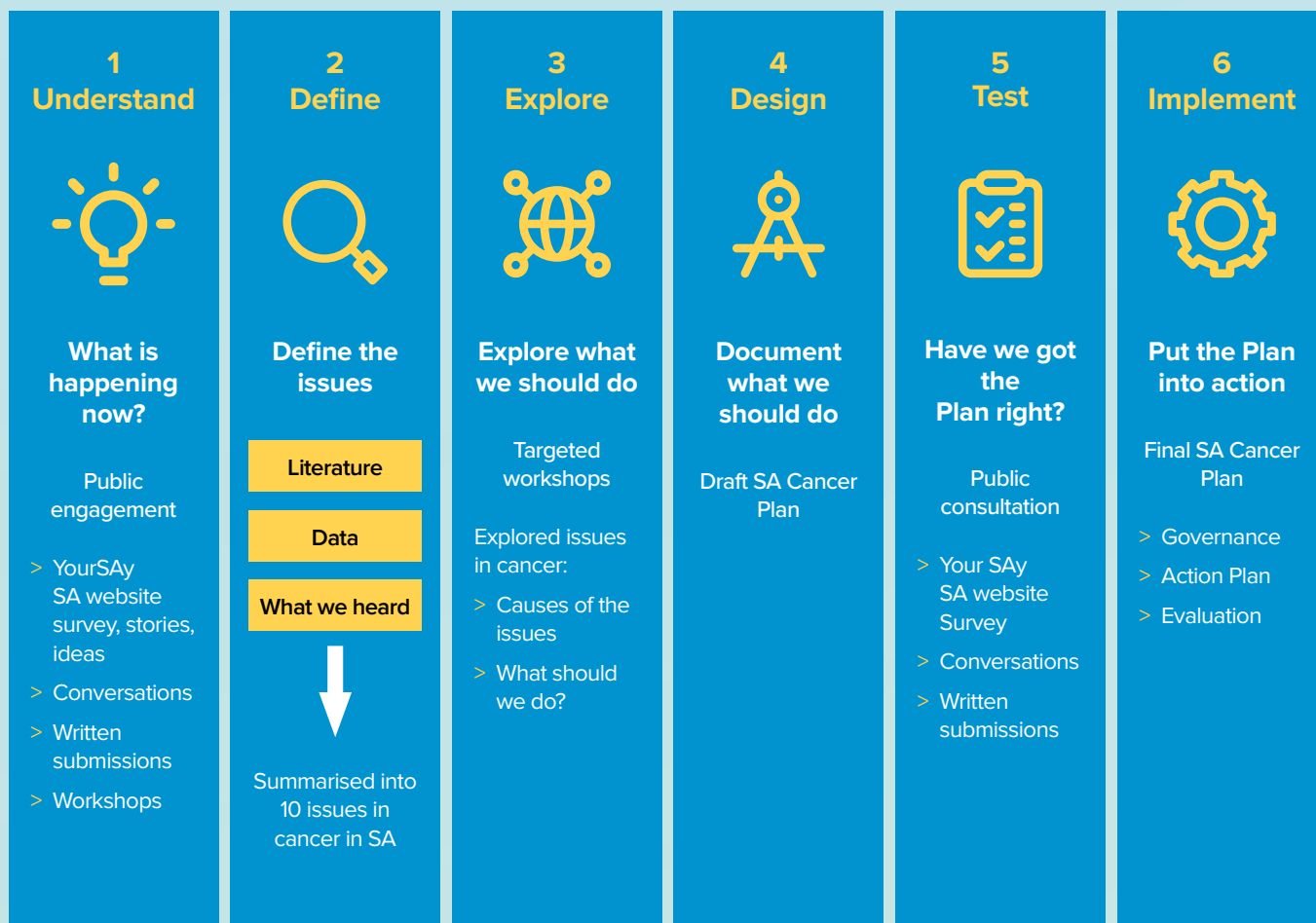
Infrastructure

Several significant infrastructure projects will be completed during the life of the SA Cancer Plan. These include:

- > SA Pathology / Australian Cancer Research Foundation Genomics Laboratory will expand genomic diagnostic testing for prevention, diagnosis and treatment of cancers from 2024
- > The Bragg Comprehensive Cancer Centre will be established as part of a national network of cancer centres in Australia
- > The Australian Bragg Centre for Proton Therapy and Research will begin treating patients
- > An integrated cancer centre at Mt Gambier Hospital will be developed
- > The Modbury Hospital Cancer Centre will be established to provide chemotherapy and treatment for cancer patients
- > The Mount Barker Hospital upgrades will include upgrades to chemotherapy services.

HOW WE GOT HERE

The SA Cancer Plan was developed with input from people through various steps



VISION

Leading the way to cancer prevention and control with personalised care

PRINCIPLES

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

Equity of access

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

Evidence and research

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

Person-centred care

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

Integrated care

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

Holistic care

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

PRIORITY AREAS

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

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

TARGET OUTCOMES

Four outcomes should be realised with the implementation of the Plan

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

PRIORITY 1

ENHANCE CONSUMER EXPERIENCE

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

Why is this important?

- > The consumer experience of cancer care in South Australia is varied, and care can be poorly coordinated or lacking following initial treatment.
- > Provision of multi-disciplinary cancer care is best practice to meet consumer needs, but multi-disciplinary and other supports are not always available.
- > Navigating between care components of the health system can be difficult.

How will we address this?

- Focus on specific needs of people who have poorer access to cancer care or cancer outcomes when resourcing and designing cancer services, and support innovative models that have proven success.
- Develop, design, and implement approaches to survivorship and care after initial treatment that support the individual needs of people.
- Develop care coordination and navigation pathways to meet diverse needs of target populations including Aboriginal and Torres Strait Islander people.
- Understand and elevate the value of multi-disciplinary cancer care, and work to incorporate a minimum standard regarding access to multi-disciplinary care that should be achieved or exceeded for all South Australians with cancer.
- Understand and elevate the value of non-clinical supports (e.g. peer programs, transport, financial supports) for people affected by cancer and embrace opportunities to partner between organisations that provide clinical and non-clinical supports.

- Shift the approach of activities and programs to a greater focus on consumer driven outcomes in line with value-based healthcare (care that focusses on the outcomes and experiences that matter to patients).
- Shift towards personalised medicine approaches including goal setting based on predicted outcomes and personal needs and goals.
- Recognise the value that peer support and peer groups can provide to a consumer's holistic experience.

What we could see in 5 years

During the life of the Plan, we could expect:

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

Activities

Survivorship care	
1.1	As a priority, implement the South Australian Survivorship Framework after updating as needed, including the incorporation of relevant care coordination activities.
1.2	Develop guidance for accessing adjacent services like Disability Support Pension and National Disability Insurance Scheme, as well as other supports to assist cancer patients and cancer survivors.
1.3	Consider the outcomes of the SA Cancer Council mapping of support services, and support impactful activities provided by peer support and other organisations that align with the principles and priorities of the SA Cancer Plan or fill clearly identified gaps in care.
Care navigation	
1.4	Develop a Cancer Care Navigation Framework and Roadmap for South Australia and embed the framework into practice.
1.5	Explore opportunities to link with existing directories ('13 Regional Services Directory' and 'Adelaide Primary Health Network Directory of Services & Programs') and explore the feasibility of developing and maintaining a directory of cancer services (including support and peer services) in South Australia.
1.6	Explore opportunities for partnerships between health services and non-government organisations to provide targeted information to cancer patients at critical times throughout the care continuum.
1.7	Identify how to effectively and efficiently give patients information about their care and the path it is expected to follow so they can be part of the process and implement across public and, where possible private, health services.
1.8	Explore how to provide simple information to patients on who to contact at various points of a patient's cancer experience (e.g. GP, oncologist).
1.9	Explore options to help patients understand access to the Patient Assistance Transport Scheme either by incorporating into care navigation systems or as a standalone support or electronic system.
Clinician communication	
1.10	Review and co-design culturally responsive cancer communications resources to enable healthcare providers to communicate respectfully with consumers.
1.11	Develop co-designed cancer resources across the spectrum of care which explain medical terminology and meet the needs of diverse population groups, particularly those with higher cancer incidence, poorer access to care, or worse survival outcomes and in particular, specific resources for Aboriginal and Torres Strait Islander people.

PRIORITY 2

MAXIMISE CANCER PREVENTION AND EARLY DETECTION

Actively reduce cancer risk and support all South Australians to access personalised, evidence-based cancer prevention and early detection

Why is this important?

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

How will we address this?

- Invest in multi-strategy, sustained, population-based approaches to cancer prevention, including reducing tobacco and vaping uptake and increasing smoking cessation, healthy eating, reducing alcohol consumption, increased physical activity, and reducing community exposure to environmental carcinogens.
- Invest in innovation in cancer prevention and screening including new thinking, forums and leading-edge pilot projects.
- Build on the strengths of high screening participation rates and continue to work to improve the screening rates in regions and population groups where screening participation rates are lower.
- Develop strong partnerships to prevent cancer and increase screening opportunities with non-government organisations and primary care health services, including Aboriginal Community Controlled Health Services that have specific contact with people who are at greater risk of cancer or poorer cancer outcomes.

- Increase health screening in Aboriginal and Torres Strait Islander populations.
- Develop education campaigns to improve population health literacy and clinician awareness of cancer risk factors, symptoms and diagnoses.
- Focus prevention efforts and expand or provide newly co-designed prevention and screening programs with communities most at risk of later diagnosis or higher cancer incidence, including people:
 - > living in localities with higher incidence rates and/or poorer outcomes of particular cancers
 - > who are Aboriginal and / or Torres Strait Islander
 - > who identify as LGBTIQ+
 - > who are trans and gender diverse
 - > from culturally and linguistically diverse backgrounds
 - > living with a disability
 - > living in low socioeconomic areas
 - > living with a mental illness
 - > living in remote and rural areas
 - > who are in insecure housing or are homeless
 - > in corrective services
 - > veterans
 - > Aboriginal communities affected by British nuclear tests in Maralinga and Emu Field in the 1950s and 1960s.

What we could see in 5 years

During the life of the plan, we could expect:

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

Activities

Primary prevention	
2.1	Review interface management policies in the South Australian Planning and Design Code to reduce community exposure to poor air quality, particularly fine particles.
2.2	Deliver best practice statewide quit smoking campaigns, create smoke-free public areas, expand health system capacity to support quitting, and examine other options for addressing the marketing and availability of tobacco products.
2.3	Develop and deliver campaigns and initiatives to increase awareness of vaping-related risks, and limit the potential harms associated with using these products.
2.4	Investigate opportunities to partner with other government agencies to support equitable access to nutritious food especially for communities that experience high levels of food insecurity.
2.5	Utilise multi-strategy approaches inclusive of public health campaigns to educate the community of the importance of preventative health risk factors such as physical activity and cancer screening.
2.6	Develop and implement a multi-strategy approach and coordinated response to skin cancer prevention and early detection in SA.
2.7	Explore the ethics, access issues and cost-benefits to develop a model of how and when genetic testing should be offered in the context of cancer prevention and screening, in line with national frameworks, guidelines and position statements.
2.8	Build an Aboriginal workforce to design and deliver culturally safe cancer prevention and health promotion programs.

Targeted education and screening	
2.9	Develop partnerships with NGOs and other organisations already delivering care to specific populations at risk of greater incidence, later diagnosis or poorer outcomes to achieve better cancer screening rates.
2.10	Plan and scale up the Southern Co-operative Program for the Prevention of Colorectal Cancer (SCOOP) across South Australia, including development of service links and agreements especially for the roughly third of the state's population who are located rurally.
2.11	Enhance co-designed or Indigenous led cancer screening and education programs for Aboriginal and Torres Strait Islander communities across the state including rural and remote sites.
2.12	Continue to partner with primary care services to offer One Stop Screening Shops for Aboriginal and Torres Strait Islander communities in metropolitan, rural and remote communities.
2.13	Establish a model of Aboriginal Ambassadors that works with Aboriginal Elders to educate other generations about cancer risks and prevention through storytelling (yarning) to provide a holistic approach to healthcare.
2.14	Establish a Culturally and Linguistically Diverse Ambassadors program that supports community champions to encourage cancer screening and prevention in multicultural communities at higher risk of cancer incidence, delayed diagnosis and poor outcomes.
2.15	Promote implementation of the alternative access bowel cancer screening pathways for Aboriginal People to South Australian healthcare providers.
2.16	Partner with Cancer Council SA to support dermoscopy training for GPs to increase their skills in the detection of suspicious lesions, thereby supporting early intervention for high-risk moles and avoiding unnecessary specialist referrals for lower risk lesions.
2.17	Continue to work with the Commonwealth regarding policy on age-based eligibility criteria specifically for bowel and breast cancer screening programs for Aboriginal people.
2.18	Partner with non-government organisations to offer targeted cervical screening clinics for transmasculine community.
2.19	As part of the annual cancer screening grants program offered by Wellbeing SA, include projects which offer outreach / mobile services to remote areas.
2.20	Support the implementation of new or expanded national cancer screening programs in SA including the National Lung Cancer Screening Program.

PRIORITY 3

ENABLE HEALTH SYSTEMS FOR OPTIMAL CARE

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

Why is this important?

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

How will we address this?

- At the system level, strengthen relationships with key cancer care providers outside SA Health including private, primary care and not-for-profit sectors to provide more integrated, person-centred care to patients.
 - At the health service and patient level strengthen communication and handovers and integration of all the parts of a patient's care so it is coordinated and organised.
 - Ensure a minimum level of cancer services is agreed and available to all patients across SA.
- Provide and design services to meet the diverse needs of communities and geographical areas of the state where there is greater incidence of cancer and/or poorer outcomes, including people:
 - > living in localities with higher incidence rates and poorer outcomes of particular cancers
 - > who are Aboriginal and / or Torres Strait Islander
 - > who identify as LGBTIQ+
 - > who are trans and gender diverse
 - > from culturally and linguistically diverse backgrounds
 - > living with a disability
 - > living in low socioeconomic areas
 - > living with a mental illness
 - > living in remote and rural areas
 - > who are in insecure housing / homeless
 - > in corrective services
 - > who are adolescents and young adults
 - > who are geriatric oncology patients
 - > veterans
 - > Aboriginal communities affected by British nuclear tests in Maralinga and Emu Field in the 1950s and 1960s.
 - Provide clear pathways for access to high complexity and emerging treatments for South Australians.
 - Provide patients with flexibility to suit the needs of individuals, including options of where treatment is provided (embracing telehealth and virtual care) and the setting of appointments.
 - Work to progressively implement the Optimal Care Pathways, including links to survivorship care.

- h) Work to expand patient access to radiation therapy in line with the Royal Australian and New Zealand College of Radiologists recommendations.
- i) Increase care as close to home as possible through the delivery of local services to local populations in regional and remote locations through innovative, flexible models of care.
- j) Actively work to increase opportunities and ease of sharing treatment information with those involved in a patient's care, including the patient.
- k) Integrate personalised medicine into clinical practice.
- l) Encourage earlier integration of palliative care and acknowledge that patients can benefit from these services while still receiving active treatment.

What we could see in 5 years

During the life of the plan, we could expect:

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

Activities

Standardised pathways and multi-disciplinary care	
3.1	Integrate Optimal Care Pathways as routine cancer care, including multi-disciplinary approaches. Use a monitoring and evaluation system that links implementation of Optimal Care Pathways to patient outcomes and experience.
3.2	Continue to support the Statewide Youth Cancer Service, and develop and implement a sustainable model of survivorship care.
3.3	Implement transition and survivorship care for paediatric survivors of cancer to support their needs when transitioning to adult primary and tertiary care services.
3.4	Implement the SA Surgical Clinical Network Optimised Pre-Surgical Care Framework along with the prehabilitation and rehabilitation recommendations in Optimal Care Pathways.
3.5	Identify a coordinated approach to cancer multi-disciplinary meetings (MDMs) across SA that includes access for public and private patients, specialist and subspecialist access, and access for the roughly third of the state's population located rurally.
3.6	Pursue a multi-disciplinary team (MDT) software platform for all public sites where cancer MDMs are held that includes ability to bill activity, monitor attendance and skillset of attendees, and which considers links with private providers and incorporation of clinical trial access.
3.7	Review oncology referral points to palliative care services and identify opportunities to achieve earlier referral, including consideration of the AMBER Care Pathway (approach for multi-disciplinary teams to follow when clinicians are uncertain whether a patient may recover).
3.8	Develop and support training for oncologists on palliative care and having difficult conversations about death and dying.
3.9	Undertake a gap analysis and explore opportunities to increase access to cancer medicines that are not always available in rural and remote communities, with a focus on access for Aboriginal and Torres Strait Islander people.
3.10	Identify the education and support needs of General Practitioners (including assessment of existing courses available) and implement / support education / training programs to support General Practitioners to manage the health needs of cancer survivors.
3.11	Consider the best approach to advocate for inclusion of all treating doctors on pathology forms, aligned with national initiatives.

Cancer service planning and models of delivery	
3.12	Develop a Statewide Cancer Service Plan to support the commissioning of cancer services that meet the needs of the community including vulnerable communities and addresses technology and treatment changes.
3.13	Develop a statewide approach including service provision for high complexity, low volume cancer treatments including extracorporeal photopheresis, CAR T-cells, cellular therapies, and other emerging therapies, as well as strategic direction on equipment needs include PET imaging now and into the future.
3.14	Increase care as close as possible to home for medical oncology and haematology services in regional SA.
3.15	Scope the inclusion of specific cancer and oncology emergency care opportunities through the SA Virtual Care Service.
3.16	Explore the re-establishment of paediatric allogeneic Bone Marrow Transplant availability in South Australia. This may involve pursuing paediatric and adult service partnerships to achieve accreditation.
3.17	Undertake a gap analysis and explore opportunities to increase access to cancer medicines that are not always available in rural and remote communities, with a focus on access for Aboriginal and Torres Strait Islander people.
3.18	Develop and implement a Geriatric Oncology model of care to address the growing geriatric patient population need.
3.19	Review existing models of cancer treatment services for their suitability for Aboriginal people, and be guided by the Aboriginal Cancer Healing Model.

PRIORITY 4

PROVIDE STRONG AND DYNAMIC FOUNDATIONS

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

Why is this important?

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

How will we address this?

- a) Use technology, artificial intelligence and data to identify and inform those 'at risk' of cancer and improve chances of early diagnosis.
- b) Develop governance models and optimise electronic systems so they support clinical activity and connect across the system including connection between public and private, primary and tertiary providers, with the aim of enabling cancer patients to move between or be co-treated at health services seamlessly and in an integrated manner.
- c) Develop systems that provide a digital profile for every patient that enables symptom tracking and connected care throughout their care experience.
- d) Create linkages between data sets such as the Patient Reported Measures and the South Australian Clinical Cancer Registry data.
- e) Optimise opportunities to provide flexible healthcare delivery models, including use of tele-health to enable greater reach of safe, equitable cancer care.
- f) Work to provide coordinated statewide access to biobanks.
- g) Focus research on understanding cancer survivor needs or gaps in services and translate survivorship research into practice.
- h) Improve access to clinical trials for underserved populations who have historically been underrepresented in clinical trials including:
 - > adolescents and young adults
 - > the elderly
 - > culturally and linguistically diverse populations
 - > people living in regional and remote areas
 - > Aboriginal people.
- i) Target research to identify gaps in multi-disciplinary care for South Australians with cancer.
- j) Work towards cancer care where researchers are embedded to advance knowledge of best practice and assist with local implementation and evaluation.

What we could see in 5 years

During the life of the plan, we could expect:

- > Continued progress towards the linking of data sets, including the South Australian Clinical Cancer Registry, the Cancer Registry and Patient Reported Measures.
- > Better awareness and integration of clinical trials with clinical practice.

Activities

Data and digital technology	
4.1	Pursue the Big Data Linkage Project to link population data with clinical and patient journey data in a statewide linked cancer database to support service delivery, population health service and clinical research in SA.
4.2	Continue to improve the South Australian Clinical Cancer Registry and other clinical registries so they are linked to other data sets and can ultimately be incorporated into real-time patient care.
4.3	Use Patient Reported Measures (PRMs) for cancer to monitor symptoms including quality of life and toxicity during and after treatment.
4.4	Coordinate cancer Patient Reported Measures activities across the state.
4.5	Seek clinical input to consider the application and use of International Consortium for Health Outcomes Measurement (ICHOM) cancer sets within South Australia.
4.6	Utilise Aboriginal PRMs instruments, including a spiritual and emotional wellbeing screening during patient care across the cancer care spectrum.
4.7	Explore opportunities to increase Aboriginal and Torres Strait Islander identification in data sets with national definitions.
4.8	Upon completion of the Clinical Prioritisation Criteria for Cancer and Digital e-Referrals System, consider opportunities to build or connect care navigation with this system.
4.9	Provide consumers with easier access to their own data that is aligned with their treatment stage.

Research and clinical trials	
4.10	Scope the best approach to establish a central hub for clinicians, patients and researchers to access information about clinical trials in South Australia, nationally and internationally.
4.11	Develop and implement a statewide cancer research and clinical trials strategy that is aligned to the SA Health and Medical Research Strategy, and that includes consideration of: <ul style="list-style-type: none"> > Priority areas of research > Opportunities to coordinate state bids for research, and agreements between clinical trials units regarding trial feasibility and placement in SA > Coordination of clinical trials access for patients in South Australia, including ways to expand access for under-represented populations and rare tumour groups. > Guidance on partnership opportunities > Governance of trials in South Australia > Tele-trials > Ways to communicate across the sector > Coordination of research outcomes and results and ways to share outcomes as standard practice.
4.12	Coordinate ethics and approvals for South Australia and into the Northern Territory where suitable.
4.13	Identify the current access, gaps and future coordinated need and opportunities to provide statewide access to biobanks.
4.14	Co-design communication materials and ways to skill clinicians to have culturally appropriate conversations about biobanking.
4.15	Embed clinical trials as part of standard cancer care. Embed clinical coordinators into standard care.
4.16	Facilitate SA Research 'Summit' for identification and sharing of recent key cancer research findings and translation to best practice.
4.17	Ensure all health care services statewide have access to functional tele-health and encourage utilisation of tele-trials.

PRIORITY 5

ENHANCE THE WORKFORCE TO DELIVER CANCER CARE INTO THE FUTURE

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

Why is this important?

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

How will we address this?

- a) Focus on the wellbeing of the cancer workforce. This includes acknowledging the challenges that come with caring for people with cancer including emotional and physical demands and developing strategies to support staff wellbeing at an individual and organisational level.
- b) Consider opportunities to change practice approaches where needed to enable professionals to work at the top of their practice and employ support staff to assist with workloads.
- c) Provide more training for staff, including staff who are not involved in cancer care, around the challenges of a cancer diagnosis and the cancer experience to improve compassion and understanding.

- d) Build the capability of the primary care workforce in caring for people with cancer, particularly post initial treatment and into survivorship.
- e) Embed a supportive culture across cancer services, recruit based on staff values and skills that build resilient, compassionate, supported workplaces.
- f) Strategically and succession plan the future cancer workforce to provide optimal cancer care.
- g) Increase the capacity and capability of the Aboriginal and non-Aboriginal workforce to provide high quality, culturally responsive, collaborative cancer care.

What we could see in 5 years

During the life of the plan, we could expect:

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

Activities

Workforce models and planning	
5.1	Identify and plan for current and emerging cancer workforce undersupply at both state and local levels using the SA Health Workforce Data Tool. Consider changes to workforce models including advanced practice roles in cancer services and creation of opportunities for career progression and succession planning.
5.2	Develop cancer specific education frameworks to assist guiding novice to advanced nursing practice in oncology and malignant haematology.
5.3	Explore new workforce models in the provision of cancer care that enable staff to work at the full scope of practice. Consider opportunities to provide additional support through junior clinical and non-clinical roles.
5.4	Upskill and expand practice of the current cancer care workforce to fill workforce gaps.
5.5	Ensure multi-disciplinary cancer care teams for Aboriginal and Torres Strait Islander people are trauma aware and healing informed.
5.6	Increase the Aboriginal cancer care capacity by creating positions for Aboriginal Health Practitioners (AHPs) male and female to provide culturally appropriate services.
Recruitment, retention and wellbeing	
5.7	Review cancer services workforce design with the aim of strengthening worker wellbeing and addressing the physical and emotional challenges of caring for people with cancer, including consideration of appropriate staffing and resourcing of teams, sustainable workloads, role clarity, effective workflows, ensuring staff have a sense of control in their work, and supportive collegiate teams.
5.8	Ensure regular opportunities for cancer-specific education within departments for nursing, medical, allied health and other clinical staff.
5.9	Take a conscious approach to embedding the Aboriginal workforce as core members of the collaborative cancer care team.
5.10	Build awareness and capacity of Aboriginal Health Workers/Practitioners to deliver client and community education across the cancer care continuum, including support for Aboriginal Health Workers/Practitioners to undertake relevant cancer related training.
5.11	Support the Aboriginal and non-Aboriginal workforce to develop the skills, knowledge and capability required to provide culturally responsive cancer care and education.

PRIORITY 6

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

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

Why is this important?

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

How will we address this?

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

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

What we could see in 5 years

During the life of the plan, we could expect:

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

Activities

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

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

IMPLEMENTATION AND MEASURING SUCCESS

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

Governance and Implementation

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

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

Key agencies that will be responsible for implementation include:

- > Aboriginal Community Controlled Health Organisations
- > Bragg Comprehensive Cancer Centre
- > Breast Screen SA
- > Commission on Excellence and Innovation in Health
- > Department for Health and Wellbeing
- > Department for Infrastructure and Trade
- > Drug and Alcohol Services SA
- > Local Health Networks
- > Primary Health Networks
- > Rural Support Service
- > Statewide Cancer Clinical Network
- > Wellbeing SA.

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

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

Monitoring, evaluation and reporting on progress

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

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

ACRONYMS

ACCHO	Aboriginal Community Controlled Health Organisation
AHP	Aboriginal Health Practitioner
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CALHN	Central Adelaide Local Health Network
CEIH	Commission on Excellence and Innovation in Health
DASSA	Drug and Alcohol Services South Australia
GP	General Practitioner
HPV	Human Papilloma Virus
ICHOM	International Consortium for Health Outcomes Measurement
LHN	Local Health Network
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual
MATOD	Medication Assisted Treatment for Opioid Dependence
MBS	Medical Benefits Schedule
MDT	Multi-Disciplinary Team
MDM	Multi-Disciplinary Meeting
NALHN	Northern Adelaide Local Health Network
NGO	Non-government Organisation
PET	Positron Emission Tomography
PHN	Primary Health Network
PRMs	Patient Reported Measures
RSS	Rural Support Service
SCOOP	Southern Co–Operative Program
SAHMRI	South Australian Health and Medical Research Institute
SALHN	Southern Adelaide Local Health Network
WCHN	Women’s and Children’s Health Network

GLOSSARY

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

Early detection	Early detection of cancer involves detecting symptomatic patients as early as possible or detecting cancers in asymptomatic patients using screening. Benefits of early detection include increased survival, increased treatment options, and improved quality of life.
Engagement	The processes used to engage, involve and communicate with relevant stakeholders, consumers and advocates for a purpose to achieve an accepted outcome.
Equity	Health equity means all South Australians are supported in the ways most suited to their cultural, socioeconomic, geographic, environmental, and personal situation to achieve the best possible cancer outcomes.
Genetic testing	A type of medical test that identifies differences in chromosomes, genes, or proteins within the human body. Genetic testing provides medical professionals with the capacity to confirm or rule out a suspected genetic condition or help determine a person's chance of developing or passing on a genetic disorder.
Mortality	The death rate or the number of deaths in a certain group of people in a certain period of time.
Multidisciplinary care	An integrated team approach to cancer care. This happens when medical, nursing, and allied health professionals involved in a patient's treatment together consider all treatment options and personal preferences of the patient and collaboratively develop an individual care plan that best meets the needs of that patient.
Optimal Care Pathways	The Optimal Care Pathways are a framework for the delivery of consistent, safe, high-quality and evidence-based care for people with cancer. They aim to improve patient outcomes by promoting quality cancer care and ensuring that all people diagnosed with cancer receive the best care, irrespective of where they live or receive cancer treatment.
Palliative care	An approach that improves the quality of life of patients and their families facing problems associated with an advanced or life-limiting illness for which there is no cure. Prevention and relief of suffering is provided through early identification and assessment and treatment of pain and other problems such as physical, psychosocial, and spiritual concerns.
Personalised care	Care that is respectful of and responsive to individual preferences, needs and values.

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

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For more information

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