



WA Cancer Plan 2020 – 2025 *Implementation Update*

March 2022

Background

The WA Cancer Plan 2020-2025 (the Cancer Plan) was launched in February 2020. The Cancer Plan provides direction for the state to achieve a well-coordinated, consumer focused cancer control system and to improve cancer outcomes for Western Australians. [Priorities for implementation](#) were established in December 2020.

This Communiqué provides stakeholders with quarterly updates on initiatives underway to implement the *WA Cancer Plan 2020-2025 Priorities for Implementation* and opportunities for engagement. Please share with interested parties.

Consumer Information, Support, Transitional and Survivorship Care

Underway

2.6.1 Implement a stratified and coordinated approach to meet the information needs of those affected by cancer.

The 'Information Needs for Consumers' project commenced in July 2021. The project is being led by the Cancer and Palliative Care Research and Evaluation Unit (CaPCREU) in collaboration with a Project Working Group (PWG) convened by the Department of Health, Health Networks. CaPCREU and the PWG have continued to meet monthly to progress the program of work, which currently comprises a consumer survey along with desktop and jurisdictional reviews. The review has been completed and CaPCREU have disseminated and closed the survey. CaPCREU are currently undertaking survey analysis and the expected outcome of this work is to identify recommendations for solution(s) to meet the informational needs for people affected by cancer. Outcomes are expected in April 2022.

5.11.2 Establish an Aboriginal Cancer Nurse Coordinator to coordinate care for Aboriginal people with complex cancer care needs.

The WA Cancer and Palliative Care Clinical Implementation Unit (WACPCN CIU) have commenced recruitment for an Aboriginal Clinical Nurse Consultant. This position will support the existing cancer specific nurses and focus on Aboriginal people with cancer, helping address barriers to care and improving outcomes for Indigenous patients. Please email the [Coordinator of Nursing](#) if you would like to learn more.

Cancer Data

Underway

3.8.1 Develop and roll-out an annual PREMS collection for those affected by cancer using internationally recognised and consumer endorsed measures.

WACPCN CIU awarded a contract to the University of Western Australia in 2021 after an open tender process to deliver a Patient Experience Survey. The survey uses the *All.Can* validated tool and was delivered to all patients diagnosed with cancer in Western Australia in 2019. The survey is now closed and analyses on the data has commenced. Findings from this survey will be used to better understand the cancer patient journey and inform future planning of cancer services.

5.4.1 Develop a timely data collection for cancer stage at diagnosis.

Curtin University staff lead by Professor Rachael Moorin, including a project coordinator, project officer, and data scientist, have commenced the development and implementation of cancer stage at diagnosis, initially covering breast and colorectal tumour groups. A Project Advisory Group and tumour working groups have been established and the first round of meetings have recently been completed. The team is now working through the extremely useful and detailed feedback from the working groups and are exploring methodologies and workflows to automate the collection of staging utilising information notifiable to the WA Cancer Registry. Machine Learning algorithms have also been explored to predict broad tumour types on reports with excellent success and the project team are now exploring options to implement this into the WA Cancer Registry Information System, enabling fast tracking and streamlining coding of selected tumour groups.

State-wide Governance and Workforce

Completed

2.8.2 Provide coordinated care for people with rare cancers and those at increased risk of inherited cancers

A Rare and Less Common Cancer Nurse Coordinator position was formally created, and the successful applicant appointed in January 2021. Following 6 months of service mapping and implementation, the Rare and Less Common Cancer CNC commenced clinical care management in July 2021. WACPCN CIU is currently exploring opportunities to expand FTE within this service.

Underway

2.8.3 Introduce a dedicated genetic-oncology position.

On January 31st 2022, Dr Nicola O’Neil commenced as WA’s first Genetics-Oncology trainee at Genetic Services of Western Australia (Genetic Services). Dr O’Neil was the successful recipient of a WACPCN Cancer Fellowship (Fellowship) grant to begin her training as a cancer geneticist in 2022. Dr O’Neil completed her Medical Oncology advanced training in NSW, developing a keen interest in cancer genetics and familial cancer before relocating to WA where she completed fellowships at BCRC-WA and Fiona Stanley Hospital. She has now commenced her dual training in clinical genetics which will be completed in 2024. WA does not currently have an oncologist who has undergone formal genetics/genomics training and as such, this Fellowship has addressed a crucial deficit in the contemporary and optimal care and management of cancer patients.



This position has been funded for 12 months via the Fellowship. WACPCN CIU is in discussions with Genetic Services to continue funding this training in future years.

2.9.8 Seek accreditation of genomic sequencing panel tests for profiling of cancer patients.

A validation study for a new 33 gene panel has been completed by the Department of Molecular Anatomical Pathology PathWest, and was recently assessed by an assessor from National Accreditation Testing Authority (NATA) and accreditation granted. Lymphoma-specific gene panels that are suitable for this cancer type and NGS based clonality assay tests are currently being investigated. Research and development are an important component of the strategic aims for the project, and this year research has commenced in approved projects for the investigation of mesothelioma, a cancer associated with asbestos exposure. Investigations into homologous Recombination Repair/Deficiency (HRR/HRD) testing are also underway for selected tumours that could benefit from PARP inhibition therapy (including advanced ovarian and metastatic castrate resistant prostate cancers) given that FDA approved treatment pathways exists for these tumours. Discussion and collaborations with several stakeholders on how to incorporate Recombination Repair/Deficiency (HRR/HRD) testing scores into existing panels are progressing.

Multidisciplinary Teams and Optimal Care Pathways

Underway

4.4.1 Improve Access to clinical trials

In January 2022, the Minister for Health approved the Future Health Research and Innovation (FHRI) Fund Program: Early-Phase Clinical Trials Capacity. This Program proposal resulted from a [major clinical trials consultation](#) conducted by the Department of Health, on behalf of the FHRI Fund, in August and September 2021. Implementation of the Early-Phase Clinical Trials Capacity Program is underway and is expected to provide more opportunities in the future for Western Australians to participate in clinical trials.

5.3.1 Purchase and roll-out across WA health system providers, a fit for purpose multidisciplinary team (MDT) meeting software system to better coordinate and facilitate cancer MDT meetings.

The Department of Health's Cancer Multidisciplinary Activity Program (CanMAP) has officially received the QLD Cancer Control Analysis Team (QCCAT) tender submission post discovery phase for the QOOL MDM software solution. This is now with the Evaluation Panel for individual assessment before the next evaluation meeting later this month for the Panel to jointly evaluate the submission, the success of which will determine the award date.

The MDMR Project kicked off in November 2021 and is being led by Dr Annette McWilliams. The main objectives for the MDMR Project are to develop best practice guidance and resourcing models for cancer multidisciplinary meetings. The Project Working Group has made excellent progress so far thanks to their expertise and commitment.

2.9.1 Develop framework for referral for molecular testing for public oncology patients.

The implementation of State-wide Comprehensive Genomic Profiling (CGP) at PathWest Anatomical Pathology is progressing very well. The implementation framework for referral of cases at PathWest Anatomical Pathology for Comprehensive Genomic Profiling (CGP) of patient's cancers has been adjusted to reflect referrals based on emerging biomarkers and priority of testing of tumours that do not have associated Medicare funding. As a result, tumours such as mesothelioma, gynaecological, urothelial cancers, upper gastrointestinal tumours (oesophageal, gastric, pancreas, biliary tree and small bowel), rare cancers, triple negative breast cancer and metastatic castrate resistant prostate cancer have been selected for the first round of CGP testing. Furthermore, criteria for case referral to genetic services for handling potential germline variants detected as a result of the comprehensive genomic profiling have been set. A protocol and an algorithm based on national and international guidelines have been put in place through combined efforts of PathWest Anatomical Pathology and Genetic Services.

The project has now developed a rich state-wide network with researchers, clinicians and local clinical trials institutes. PathWest Anatomical Pathology has developed a strong collaboration with Genetic Services to ensure that the clinical importance of the incidental detection of variants that may have significance in hereditary diseases (particularly cancer predisposition for colorectal, breast and ovarian cancers), is correctly addressed. This work is making a significant contribution to the early detection of hereditary cancer risk and work has begun on developing a successful screening algorithm. PathWest Anatomical Pathology is also collaborating with Dr Andrew Redfern, to test indigenous breast cancer patients for comprehensive genomic profiling. Investigations into larger sequencing panels (including RNAseq, cell free DNA sequencing and methylation panels) and the acquisition of higher capacity instruments and procurement for robotics to facilitate whole genome/exome sequencing, has also commenced.

Other News

[Whisper No More: Sharing our story for better cancer outcomes for Aboriginal people](#)

The Western Australian Centre for Rural Health with support from the UWA Poche Centre for Indigenous Health have developed the [Whisper No More](#) online learning package for healthcare providers to help them understand the specific needs of Aboriginal people with cancer and improve their cancer outcomes. It encourages reflection and discussion around health issues for Aboriginal people, communication styles and best practice care for people with cancer.

Whisper No More contains stories from Aboriginal people about their experience of cancer. Understanding more about peoples' views of cancer and experiences of health care is essential to developing better cancer care and health outcomes. Topics covered in interviews include the person and their family, their symptoms and diagnosis, care seeking and delays in diagnosis, response to diagnosis, treatment, what helped them living with their cancer diagnosis, things they did to stay well and wishes for end-of-life care.

In addition to the online content, Whisper No More face-to-face facilitated training is also available. For more information, please email Leanne Pilkington at leanne.pilkington@health.wa.gov.au.

If you would like to include information in this Communiqué regarding your initiatives to implement the *WA Cancer Plan 2020-2025 Priorities for Implementation*, please contact the WA Department of Health's Cancer Network via email to cancernetwork@health.wa.gov.au.

Contributors to this edition include the Department of Health's Cancer Network, WACPCN CIU, WA Cancer Registry, PathWest, Department of Health's CanMap team and Department of Health's Office of Population Health Genomics unit.

Further Information

Please visit the WA Cancer Plan website:

https://ww2.health.wa.gov.au/Articles/U_Z/WA-Cancer-Plan

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