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COMMENTARY **Open Access**

Implementing Australia's first national cancer control plan to shape Australian cancer control policy for the next decade and beyond

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Abstract

Cancer outcomes in Australia are among the best in the world, but this is not the story for all Australians, with significant disparities in cancer outcomes and experiences among specific groups in Australian society. The Australian Government developed the Australian Cancer Plan (the Plan) as a national approach to improve cancer outcomes and experience for all. The Plan identifies six strategic objectives that require nationally coordinated effort, to achieve the Plan's vision of world class cancer outcomes and experience for all Australians affected by cancer. The Plan emphasises person-centred approaches to cancer care, underpinned by a Health Equity in Cancer Outcomes Framework. As the Australian Government's national cancer control agency, Cancer Australia is driving the Plan's reform agenda through five implementation policy priorities: the development and establishment of an Australian Comprehensive Cancer Network; the development of a National Optimal Care Pathways Framework; the development of a National Comprehensive Cancer Data Framework and minimum dataset; the development of a National Genomics in Cancer Control Framework; and initiatives to improve cancer outcomes for Aboriginal and Torres Strait Islander people. These priorities will lay the foundation to deliver an integrated, accessible, and equitable cancer control system to deliver the Plan's vision over the next decade.

Keywords Australian Cancer Plan, Cancer control, Health policy, Policy implementation, Cancer policy

1 Cancer in Australia

Cancer outcomes in Australia are among the best in the world [1], yet cancer is responsible for Australia's largest disease burden and is a leading cause of death [2, 3]. There are over one million people in Australia who are currently living with or have lived with cancer, and in 2023, it was expected that nearly 165,000 people would be diagnosed with the disease [4]. Cancer deaths in Australia are expected to increase by 36% over the next two decades due to population growth and ageing [5]. Despite these projections, Australia has one of the highest cancer survival rates in the world [1, 6], with improved survival rates being observed at a whole-of-population level over the last three decades.

However, such improvements in cancer survival rates are not experienced uniformly across the Australian population, including for Aboriginal and Torres Strait Islander people[1] and those from culturally and linguistically diverse (CALD) backgrounds.

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[1] From this point onwards, *First Nations Australians/First Nations people* terminology is used in this Commentary to refer to Aboriginal and Torres Strait Islander people, the Indigenous people of Australia.

For example, disparities in cancer outcomes and experience exist among specific groups, particularly for First Nations people, the Indigenous people of Australia, for whom cancer is the leading cause of death [7]. The age-standardised mortality rate due to cancer and other neoplasms increased by 12% for First Nations Australians, but decreased for non-Indigenous people by 10%, between 2010 and 2019 [7].

In addition, with 28% of Australia's resident population born overseas [8], people from diverse backgrounds experience greater adversity in accessing culturally responsive care and information due to factors such as communication barriers and poorer health literacy [9, 10]. Available evidence also indicates there are inequities in cancer detection, treatment, and survivorship for CALD migrants in Australia compared to those born in Australia [11].

Other factors including where a person lives in Australia, their background and personal circumstance, and the type of cancer they have, can also influence their cancer risk, experiences during diagnosis and treatment, and survival [2].

2 The need for a national cancer control plan in Australia

Disparities in cancer outcomes and experience in Australia are unacceptable and require collective and coordinated national effort to ensure a future where world class cancer outcomes and experience is available for all Australians.

The development and implementation of national cancer control plans (NCCPs) is critical to addressing a country's cancer burden, serving as a framework for cancer control policy design and implementation [12, 13]. The World Health Organization's (WHO) 2017 resolution on cancer control urged member states to develop and implement NCCPs that focus on equitable outcomes [14]. When implemented effectively, NCCPs can improve cancer outcomes at the population level [15].

As a federation of states and territories, some jurisdictions in Australia have developed their own jurisdictional cancer control plans. However, a NCCP has never existed. There is a critical need for a national, system-level approach to cancer control in Australia to ensure cancer outcomes and experiences are improved for all Australians at a population level. This need was recognised and in November 2020, Australia's Minister for Health and Aged Care requested that Cancer Australia, the Australian Government's cancer control agency, develop the nation's first NCCP.

3 Australian Cancer Plan

The Australian Cancer Plan (the Plan) was published in November 2023, and is designed as a digital platform accessible at www.australiancancerplan.gov.au [16]. The method to develop the Plan was underpinned by comprehensive stakeholder engagement and included a mixture of public consultations, workshops, targeted engagements with First Nations people and other priority populations, and webinars. This methodology has been described in detail previously [17].

The Plan is a framework for Australian national cancer control reform for the next decade, with a vision of world class cancer outcomes and experience for all Australians. To achieve this vision, the Plan identifies six strategic objectives:

1. Maximising cancer prevention and early detection
2. Enhanced consumer experience
3. World class health systems for optimal care
4. Strong and dynamic foundations
5. Workforce to transform the delivery of cancer care
6. Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people

Each strategic objective sets a 10-year ambition, which is underpinned by 2-year and 5-year goals together with a set of actions (46 actions in total) to achieve these goals.

3.1 Health equity and person-centred care at the heart of the Plan

Achieving equity will be a fundamental measure of success for the Plan and aligns Australia with the WHO's 2017 resolution [14]. As such, the Plan is designed to improve cancer outcomes for all Australians and identifies ten priority populations, including First Nations people and people from CALD backgrounds, who face poorer health outcomes and experiences.

To succeed in achieving equity for these priority populations and for all Australians, the Plan is underpinned by a person-centred Health Equity in Cancer Outcomes Framework (Equity Framework, Fig. 1). The application of this framework positions the Plan to provide all Australians with world class cancer outcomes and experience and the opportunity to live longer, healthier lives [16].

Consistent with the Equity Framework, person-centred approaches are embedded in the design of the Plan's strategic objectives, ambitions, goals, and actions. Person-centred approaches to cancer care are associated positively with patient-reported outcomes, such as improved wellbeing, better quality-of-care, and improved

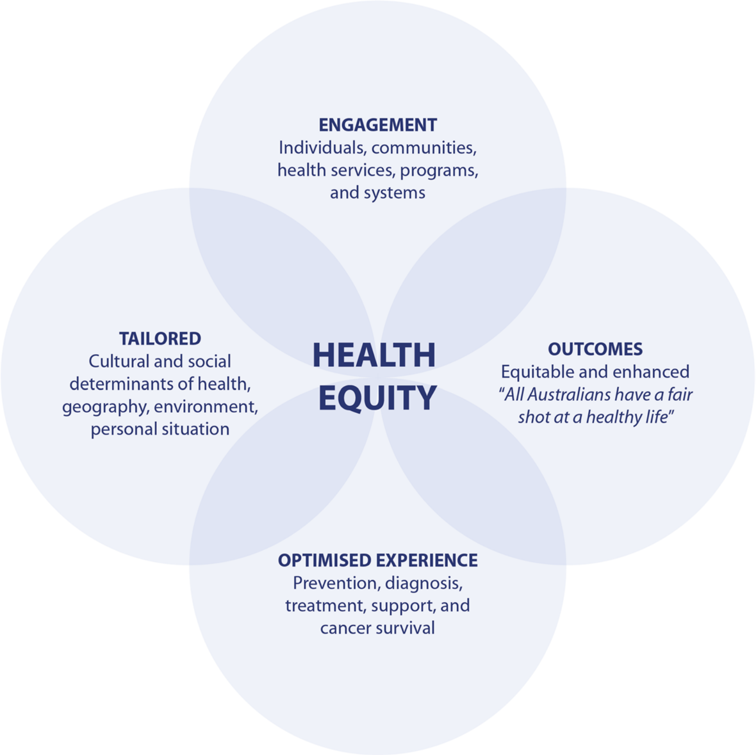

Fig. 1 The Australian Cancer Plan's Health Equity in Cancer Outcomes Framework

trust in health professionals [18, 19]. Adopting person-centred approaches ensures that all people affected by cancer, including families and carers, are at the heart of the Plan and its implementation.

3.2 Implementing the Australian Cancer Plan

Collaborative partnerships are necessary to implement comprehensive cancer control initiatives [20]. To succeed in improving cancer outcomes for all Australians, implementing the Plan is a shared responsibility requiring joint efforts from the entire cancer control sector in Australia. Stakeholders across the sector will lead and contribute to achieving the Plan's actions, goals, and ambitions. This includes governments, non-government organisations, health service providers, clinicians, First Nations health organisations including Aboriginal Community Controlled Health Services, and the research sector. Implementing the Plan aligns with the Australian Government's National Agreement on Closing the Gap to enable First Nations Australians and governments to work together to overcome the inequality experienced by First Nations Australians and achieve life outcomes equal to all Australians [21].

4 Cancer Australia's policy priorities for implementation

Cancer Australia has committed to leading implementation through five foundational policy priorities. Underpinned by the Equity Framework, these five priorities are critical to initiating Australia's cancer control reform agenda for the next decade and to improve the lives of all Australians affected by cancer. *Key Principles and Best Practices for Co-Design in Health with First Nations Australians* and principles of Indigenous Data Sovereignty and governance underpin the development of these priorities to ensure First Nations Australians' perspectives, experiences, and measurements of success are built into the design, delivery and evaluation of each initiative [22–26]. Table 1 outlines how each priority aligns with the Plan.

4.1 The establishment of an Australian Comprehensive Cancer Network

Cancer care networks enable integrated and multidisciplinary care and improved patient outcomes [27, 28], by linking primary, secondary, tertiary and community care [29].

The establishment of an Australian Comprehensive Cancer Network (ACCN) will facilitate links between Comprehensive Cancer Centres and other cancer

Table 1 Cancer Australia's policy priorities and alignment with the Australian Cancer Plan

Policy Priority	Sub-activity	Alignment with the Australian Cancer Plan	
		Strategic Objective	Relevant actions in the Plan
The establishment of an Australian Comprehensive Cancer Network	-	World class health systems for optimal care	Action 3.2.2 Action 3.5.2
The development of a National Optimal Care Pathways Framework	-	World class health systems for optimal care	Action 3.2.1 Action 3.5.1
The development of a National Cancer Data Framework and minimum dataset	-	Strong and dynamic foundations	Action 4.2.1 Action 4.2.4
The development of a National Framework for Genomics in Cancer Control	-	Maximising cancer prevention and early detection	Action 1.2.4 Action 1.5.4
Improving cancer outcomes for First Nations Australians	Cultural safety grants program	Workforce to transform the delivery of cancer care; Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people	Action 5.2.3 Action 5.5.3 Action 6.2.2 Action 6.2.3 Action 6.5.2
	Postgraduate scholarship program	Strong and dynamic foundations; Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people	Action 4.2.4 Action 6.2.1 Action 6.2.3
	Research grants program	Strong and dynamic foundations; Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people	Action 4.2.2 Action 4.2.4 Action 6.5.1
	Co-design toolkit	Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people	Action 6.2.1 Action 6.2.3 Action 6.5.2

services, including cancer care units, primary care services, regional hospitals, academic and research institutions, and data collecting and reporting entities. This network will ensure that all people affected by cancer in Australia have equitable access to coordinated, optimal cancer care across the continuum, irrespective of their background or location.

The ACCN will drive excellence and continuous improvement in cancer care by fostering nationwide communities of practice committed to all facets of cancer care. This includes delivering equitable access to culturally safe care; enabling seamless patient navigation; collecting, sharing and reporting of comprehensive cancer data; fostering a capable cancer care workforce; connecting and sharing expertise across the network; and self-evaluating performance for quality improvement.

The ACCN also acts as a platform to integrate and promulgate cancer control policy priorities (Sects. 4.2–4.5 below).

4.2 The development of a National Optimal Care Pathways Framework

Population-level evidence shows that care aligned to standardised pathways based on best principles of cancer care reduce variation, improve care coordination and cancer outcomes [30, 31], and have been shown to improve timeliness of care, reduce length of stay and costs of hospital care, and potentially improve survival [32]. As such, the WHO recommends the development of optimal care pathways across the entire cancer care continuum [33].

In Australia, Optimal Care Pathways (OCPs) offer best practice guidance and outline consistent, safe, high-quality, and evidence-based care for people affected by cancer, across the cancer continuum. Establishing OCPs as the standard for optimal cancer care has unified efforts to improve cancer care across all jurisdictions [34]. However, implementation of OCPs is varied at jurisdictional and local health service levels. There is a need to develop a National OCP Framework to standardise the approach to developing, updating, adapting, evaluating, and embedding OCPs into cancer care. This will support health practitioners to deliver optimal care, and ensure OCPs are available to, and resonate with, people affected by cancer.

The Framework is underpinned by four key principles: improving equity in cancer outcomes across priority populations; person-centred to resonate with people affected by cancer, their carers and families; promoting collaboration across the healthcare system; and future-focused, to ensure its components are applicable to current and future OCPs. Once implemented, the Framework will improve accessibility of OCPs for patients, carers and communities, improve functionality for clinicians by embedding them into clinical workflows and training, and enable the evaluation of OCP uptake and alignment with cancer experiences and outcomes.

4.3 The development of a National Cancer Data Framework and minimum dataset

A harmonised, fit-for-purpose, sustainable cancer data ecosystem that includes comprehensive health and cancer data that is accessible, used and shared across all care settings is critical to improving service planning, delivery, and research to drive better cancer outcomes [35, 36].

While there is access to robust data in Australia's current cancer data ecosystem, a key challenge lies in integrating and utilising this data effectively for improved cancer care across all jurisdictions [35]. The cancer data ecosystem is currently fragmented and duplicative, leading to inefficiencies and redundancies in information management. This lack of cohesion hinders seamless data sharing and integration, impeding efforts to understand and address cancer-related challenges. Improvements are also required in data custodianship, the use of collected data, reporting mechanisms and the completeness of data including stage at diagnosis, Indigenous status, patient-reported experience measures, patient-reported outcome measures, and system performance monitoring indicators.

A critical element in the evolution of Australia's cancer care system is a new approach to the collection and use of data. Cancer Australia is leading the development of a National Cancer Data Framework and a minimum dataset for the collection and reporting of comprehensive cancer data across the cancer control continuum.

This will improve the accessibility, consistency, and comprehensiveness of integrated data sets, which will enable better data usage to improve service delivery, clinical care, and research.

4.4 The development of a National Framework for Genomics in Cancer Control

The use of genomics in cancer screening, diagnosis and treatment is expanding rapidly, with significant implications for cancer care, service delivery, workforce, research and data, and policy across the care continuum. Genomics has the potential to improve equitable experiences and outcomes for people affected by cancer [37].

In Australia, there is opportunity to use genomics in cancer care for personalised prevention and risk reduction, earlier diagnosis, and targeted personalised care. Limited evidence on genomics in priority population groups [38] indicates a need for engaging with First Nations people for improving equitable cancer outcomes [39, 40]. This includes improving the limited data that exists on current cancer genomic profiling and the extent to which cancer genomic testing is used outside of clinical trials [37, 41, 42]. Cancer Australia is leading the development of a National Framework for Genomics in Cancer Control which will focus on the role of genetic testing in personalised prevention, risk-stratified screening and early detection of cancer and the use of genomics to inform personalised treatments, clinical trials, and supportive care.

This will establish approaches to determining who, how and when people at risk of, and with cancer, will have access to genomics, including mitigating the risk of broadening disparities in care and outcomes. It will span the care continuum from personalised prevention and risk-stratified screening to diagnosis, treatment, follow-up care and end-of-life care, and include foundations specific to cancer care (models of care, research and data, quality and safety, and funding considerations).

4.5 Improving cancer outcomes for First Nations Australians

Indigenous peoples worldwide share a common history of experiencing systemic disparities in access to cancer prevention and optimal care, resulting in disproportionately poorer health outcomes and lower life expectancy than non-Indigenous people [43–45]. Contributors to poorer cancer outcomes for Indigenous populations include factors related to healthcare systems and socio-cultural and political contexts, and risk factors such as tobacco use, alcohol consumption, nutrition, and level of physical activity [43].

In Australia, key factors that contribute to poorer cancer outcomes for First Nations Australians include communication, lack of cultural safety in service delivery related to institutional racism, intergenerational trauma as a result of colonisation and inequitable access to cancer care services [46–49]. Achieving equity in cancer outcomes for First Nations Australians is the Plan's most significant ambition.

Cancer Australia is progressing several initiatives to improve cancer outcomes for First Nations Australians in collaboration and partnership with First Nations health organisations, health professionals, researchers, and consumers. These initiatives include the development of a cultural safety grants program; a postgraduate scholarship program; a research grants program and an engagement and co-design toolkit.

The cultural safety grants program will accelerate the delivery of culturally safe, responsive, and accessible care by funding innovative service-level approaches to design, implement and embed cultural safety initiatives within cancer services. The program will build the capacity and capability of cancer services to provide locally tailored initiatives developed in partnerships with First Nations people and communities.

The First Nations postgraduate scholarship program will be delivered in partnership with a First Nations-led organisation to support First Nations people to complete higher degrees in areas of study that are aligned with the priorities of the Plan. The program aims to increase Indigenous-led research capacity within Australia and support national cancer research to improve health outcomes of First Nations people.

The First Nations research grants program will build sector capacity and knowledge to inform strategies to eliminate inequities in cancer outcomes for First Nations people. The program will be co-designed with Indigenous leaders in the research, community-controlled and cancer control sectors to inform and guide the development of key components of the grants program.

The engagement and co-design toolkit will provide practical guidance to implement the *Key Principles and Best Practices for Co-Design in Health with First Nations Australians* in health policy, program and service development with and for First Nations Australians [26]. This project will embed First Nations people's voices in policymaking on cancer prevention, care delivery and standards through leadership, collaboration and co-design processes.

Through partnership with First Nations people and communities, these initiatives aim to accelerate the delivery of culturally safe care at cancer services and establish partnerships between specialist and community-controlled health services. This will support the delivery of holistic, culturally appropriate care and support across the cancer care continuum. These initiatives will also build the capacity of First Nations researchers to undertake research to improve cancer outcomes for First Nations Australians.

5 Conclusion

Australia's health system is strong and survival rates for most cancers are among the best in the world. Despite this success, cancer outcomes are not equal for all Australians. Shaping Australia's reform agenda in cancer control will require significant coordinated national effort, and the Plan will be the way to achieve it. Partnerships and cross-sector collaborations are key to the success of the Plan and to ensuring person-centred approaches are embedded in implementation. Cancer Australia's current policy priorities for implementation, underpinned by the Equity Framework, will set the foundation of this reform agenda to achieve the Plan's vision of a world-class, accessible, and integrated health system that can deliver optimal care to all Australians including First Nations people. Successfully delivering these priorities will support global cancer control efforts around best practice service delivery, clinical care and research, and the elimination of inequities in cancer outcomes and experiences.

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