

Health and Other Legislation Amendment Bill 2022

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5 January 2023

Committee Secretary
Health and Environment Committee
Parliament House
George Street
BRISBANE QLD 4000

By email only: HEC@parliament.qld.gov.au

Dear Committee Secretary,

Health and Other Legislation Amendment Bill 2022

Thank you for the opportunity to comment on the *Health and Other Legislation Amendment Bill 2022 (Bill)*. Our submission relates to the specific amendments to the *Public Health Act 2005* to modernise the Queensland Cancer Register (**QCR**). We have significant interest in these amendments given the important role that timely access to quality data plays in helping to reduce the burden of cancer.

Overall, Cancer Council Queensland welcomes the amendments to expand the scope of notifiable data provided to the QCR. The QCR is fundamental to understanding the burden of cancer in Queensland and is essential for the conduct of population-based research to improve outcomes for all cancer patients.

While we strongly support the Bill, we wish to make some recommendations related to implementation and future amendments to the *Public Health Regulation 2018* that we consider necessary to ensure the outcomes achieved align with the intent of this Bill.

Firstly, we note the intention is to amend section 45 of the *Public Health Regulation 2018* to make more types of skin cancer notifiable. We welcome this and strongly encourage these amendments to include **all** Basal Cell Carcinomas (BCCs) and Squamous Cell Carcinomas (SCCs) as notifiable cancers. Queensland has the highest skin cancer rates in the world, and accurate information about patterns of incidence, morbidity and mortality of all of the main forms of skin cancer is essential to inform appropriate policy responses.¹ BCCs and SCCs are the most frequent cancers and contribute to the highest hospital admissions for any cancer in Australia.² The diagnosis and treatment of BCCs and SCCs therefore imposes substantial

costs on the health system (estimated at over \$1 billion nationally in 2015-16,³ second only to breast cancer). Understanding this impact is critical for effective system planning (including preventive interventions) and resource allocation.⁴ Excluding BCCs and SCCs from the QCR makes it difficult to anticipate these impacts and impedes our ability to research trends over time including outcomes across particular age groups or demographic cohorts. Capturing all BCCs and SCCs as notifiable cancers would enable Queensland's world-leading researchers to better understand the impacts of these cancer types, which is especially important given our ageing population and increasing burden of skin cancer in Queensland.

Secondly, we recommend that a maximum 12-month timeframe for annual reporting of incidence and mortality data be required by regulation. Currently, QCR data are not reported until *three years or more* from the date of diagnosis. For example, as of December 2022, the most recent data available are for patients diagnosed at the end of 2019, which is prior to the COVID-19 pandemic. While additional notifications are very welcome, rapid reporting capability is also an important element of effective public health control. This was evident during the COVID-19 pandemic when rapid reporting by some state population cancer registries was critical to inform health system planning and public health messaging for those communities.⁵ The time lag in Queensland means that health researchers and service providers do not have the data to respond to changes in population cancer outcomes during significant public health events.

To reduce the timeframe for the reporting and release of QCR data, and to align the QCR with the performance of cancer registries in some other Australian states, we strongly recommend increased investment in the Cancer Alliance Queensland. Without a firm commitment that the Queensland Government intends to allocate additional resources to the Queensland Cancer Alliance, we are concerned that the potential benefits of these amendments will not be fully realised.

In summary, Cancer Council Queensland welcomes the Bill and its intent to improve the completeness and quality of data regarding cancer in Queensland. To further improve the outcomes of this Bill, we recommend:

- *That future amendments to the Public Health Regulation 2018 expand the definition of notifiable cancers to include all BCCs and SCCs.*
- *That a maximum 12-month reporting timeframe for cancer incidence and mortality data be required under regulation, and that additional resources be allocated to the Cancer Alliance Queensland to ensure this timeframe can be met.*

We welcome any further discussion that may be necessary to inform your recommendations. Please contact [REDACTED], Head of Research at [REDACTED] or on [REDACTED] if you have any questions or wish to clarify any aspect of our submission.

Yours sincerely

[REDACTED]

Andrew Donne
Chief Executive Officer
Cancer Council Queensland

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- ¹ Aitken, JF, Youlden, DR, Baade,PD, Soyer, HP, Green, AC, Smithers, BM. (2017) Generational shift in melanoma incidence and mortality in Queensland, Australia, 1995–2014. *Cancer Epidemiology*, 142(8) 1528-1535. <https://doi.org/10.1002/jc.31141>. Pandeya, N., Olsen, C. M., & Whiteman, D. C. (2017). The incidence and multiplicity rates of keratinocyte cancers in Australia. *The Medical journal of Australia*, 207(8), 339–343. <https://doi.org/10.5694/mja17.00284>.
 - ² Thompson, B. S., Pandeya, N., Olsen, C. M., Dusingize, J. C., Green, A. C., Neale, R. E., & Whiteman, D. C. (2019). Keratinocyte cancer excisions in Australia: Who performs them and associated costs. *The Australasian journal of dermatology*, 60(4), 294–300. <https://doi.org/10.1111/ajd.13056>
 - ³ Australian Institute of Health and Welfare (AIHW). [Health system expenditure on cancer and other neoplasms in Australia, 2015–16 \(aihw.gov.au\)](https://www.aihw.gov.au/reports/cancer/health-system-expenditure-on-cancer-and-other-neoplasms-in-australia-2015-16). See also Gordon, LG, Elliott,TM, Olsen, CM, Pandeya, N and Whiteman, DC.(2017) Multiplicity of skin cancers in Queensland and their cost burden to government and patients *Australian and New Zealand Journal of Public Health* 42(1) 86-94. <https://doi.org/10.1111/1753-6405.12738>
 - ⁴ Ragaini, B, Blizzard, L, Newman, L, Stokes, B, Albion, T & Venn, A. (2021). Temporal trends in the incidence rates of keratinocyte carcinomas from 1978 to 2018 in Tasmania, Australia: a population-based study. *Discover Oncology*, 12. <https://doi.org/10.1007/s12672-021-00426-5>.
 - ⁵ Feletto, E, Grogan, P, Nickson, C, Smith, M, & Canfell, K. (2020). How has COVID-19 impacted cancer screening? Adaptation of services and the future outlook in Australia. *Public health research & practice*, 30(4), 3042026. <https://doi.org/10.17061/phrp3042026>. Edge R, Meyers J, Tiernan G, Li Z, Schiavuzzi A, et al. (2021) Cancer care disruption and reorganisation during the COVID-19 pandemic in Australia: A patient, carer and healthcare worker perspective. *PLOS ONE* 16(9): e0257420. <https://doi.org/10.1371/journal.pone.0257420>.