



Fact Sheet 8

Cancer in rural Australia

MAY 2009

Cancer is responsible for Australia's largest disease burden, and people with cancer in rural areas have poorer survival rates than those living in major metropolitan centres.

The burden of cancer in rural Australia

The Australian Institute of Health and Welfare (AIHW) reports that cancer is responsible for Australia's largest disease burden, with more than 106,000 new cases and more than 39,000 cancer deaths in 2006. About one-third of people affected by cancer live in regional and rural areas. For them, the burden of cancer is disproportionately heavy.

People living with cancer in rural areas have poorer survival rates than those living in major metropolitan centres, and the further from a metropolitan centre patients with cancer live, the more likely they are to die within five years of diagnosis. A NSW study by Jong, Smith, Yu et al (reported in the Medical Journal of Australia (MJA) in 2004) found that people with cancer in regional areas were 35 per cent more likely to die within five years of diagnosis than patients in cities. For some cancers, remote patients were up to three times more likely to die within five years of diagnosis.

Contributing factors

Factors which contribute to lower survival rates for people with cancer in rural and regional areas include:

- their cancers are often diagnosed at a later stage, meaning they are more advanced and more difficult to successfully treat;
- poorer treatment;
- relative shortage of health care providers; and
- higher proportion of disadvantaged groups such as Aboriginal and Torres Strait Islander peoples.

Jong, Smith, Yu et al (MJA 2004)

In rural and remote areas, men in particular have significantly higher rates of cancers diagnosed in advanced stages, which may be a consequence of avoiding or delaying visits to the doctor.

The incidence of some cancers is higher for people in rural and remote areas, in part due to lifestyle factors. There is a significantly higher incidence of melanoma (associated with sun exposure) and lung, head and neck, and lip cancers (associated with smoking) compared to people in metropolitan areas. The incidence of cervical cancer is also much higher in rural and remote areas.

What limited evidence there is on cancer in Indigenous people in non-metropolitan areas also indicates significantly poorer treatment outcomes than for people in major cities.

Access to treatment and support

About 30 per cent of people diagnosed with cancer live outside the major population centres where tertiary care is available. Cancer patients who live furthest from a large treatment centre are at the highest risk of a comparatively poor treatment outcome.

In 2005, COSA's Regional and Rural Oncology group co-ordinated the first national mapping of clinical oncology services in regional and rural hospitals. This study found that there were marked deficiencies in cancer services in rural and regional areas of Australia and that the quality and availability of services directly influenced survival rates.

Other studies (reported by Jong, Vale, Armstrong in the MJA in 2005) have documented examples of poorer cancer care in rural and remote areas including less 'state of the art' diagnosis, staging and treatment of prostate cancer; less breast-conserving surgery for women with breast cancer; and an apparently lower probability of completing treatment when referred for radiotherapy for rectal cancer.



PHOTO: GRAHAM STEPHINSON



Financial and personal burdens

For most people a cancer diagnosis causes significant physical and emotional distress, loss of income and substantial expense.

Because of the complexity of cancer treatment and the absence of specialist services in rural areas, most people with cancer need to travel to major centres for at least some of their care. This creates a great financial and personal burden for patients and their families.

Rural and regional oncology services

COSA's mapping study showed that Australians in rural and remote areas have relatively poor access to cancer treatment and support. For example:

- 38 per cent of rural hospitals administering chemotherapy had neither a resident nor visiting medical oncology service;
- while medical oncologists write most chemotherapy orders in all of the benchmark metropolitan centres, only 58 per cent of rural hospitals surveyed reported that most orders were written by a medical oncologist;
- chemotherapy was increasingly administered by people other than a chemotherapy-trained nurse, such as other nurses and general practitioners, as the remoteness of hospitals increased;
- only 7 per cent of non-metropolitan hospitals that reported administering chemotherapy had access to a radiation unit;
- many hospitals reported long waiting times for allied health services and/or services restricted to inpatients; and
- 61 per cent of the hospitals requested urgent access to psychological services and support.

Clinical Oncological Society of Australia. Mapping rural and regional oncology services in Australia, 2006.

Several Australian studies have identified supportive care issues in regional and rural areas that justify further investigation of the impact of service inequities on quality of life as well as survival. A patient's preference to be treated close to their home and family should not compromise access to high-quality care. In addition to providing better services in larger regional centres there is a need to utilise new technologies such as teleoncology, to enable improved access without compromising quality of care.

The government-funded travel and accommodation schemes for cancer patients and their families in each State and Territory are complex and inadequate. Reform is needed to provide greater assistance to cancer patients who must travel, often long distances and frequently, to access appropriate cancer treatment and support.

Reducing the gap

The burden of cancer in Australia is increasing as our population ages, and there is evidence that people in rural and remote areas will continue to bear a disproportionate part of this burden.

Reducing the gap in cancer outcomes for people in rural areas requires governments to work closely with healthcare professionals to improve access to cancer services.

A key purpose of COSA's national mapping project was to identify areas for reform. Following consultation with cancer care professionals working in rural and regional Australia, COSA has recommended several measures to improve access to best-practice cancer services for patients in rural Australia.

Centres of Excellence

Regional Cancer Centres of Excellence – in regions with a suitable population – would provide multidisciplinary care and improve support and educational services. They would be mentored by metropolitan centres and, in turn, provide support and training for smaller regional centres.

Other measures

Short-term measures that can help improve access to best practice treatment for people in rural and regional areas include:

- investment in clinical data systems to audit, monitor and plan oncology services;
- investment in psychosocial support services, as people in rural and remote areas have limited access to such services;
- support for distance education, mentoring and innovative models such as telemedicine in remote areas; and
- improved coordination of government-funded travel and accommodation schemes for cancer patients and their families in remote areas.

Addressing current deficiencies in cancer services is essential to improving survival and outcomes for people affected by cancer in rural and regional areas.

The Clinical Oncological Society of Australia's Regional and Rural Oncology Group is a multidisciplinary group focused on the unique issues facing cancer service delivery



outside the metropolitan areas. It is working to highlight deficiencies in service delivery, enhance equity of access to current best practice care and facilitate clinical research and access to clinical trials.

For more information on rural cancer and on the Clinical Oncological Society of Australia, visit www.cosa.org.au