From the Editor

The signing of the National Cancer Act of 1971 by then US President Richard Nixon is generally seen as the beginning of the global war on cancer, though it was not described as a “war” in the legislation itself. The expression “War on Cancer” refers to the effort to find a cure for cancer by increased research and evidence, to improve the understanding of cancer biology and the development of more effective cancer treatments such as targeted drug therapies. The aim of such efforts is to reduce cancer incidence and eradicate cancer as a major cause of premature death.

Yet more than 40 years later, whilst many other major killers like heart disease and pneumonia have shown dramatic advances in treatment, the mortality and morbidity rates for most cancers have remained almost unchanged.

Despite significant progress in the treatment of some cancers (such as childhood leukaemia), cancer in general remains a major cause of death leading to an overall perceived lack of progress. In light of this it is sobering to regularly consider the overall prevalence of cancer and its impact on our community as highlighted in this issue with the release of the latest cancer statistics for both Australia and WA.

- An estimated 121,500 new cases of cancer will be diagnosed in Australia this year, with that number set to rise to 150,000 by 2020.
- 1 in 2 Australian men and 1 in 3 Australian women will be diagnosed with cancer by the age of 85.
- Cancer is a leading cause of death in Australia – more than 43,000 people are estimated to have died from cancer in 2010.
- In Australia the number of cancer survivors has been estimated at more than 267,000 and is increasing as our population ages.
- In WA in 2010 there were 10,852 cases of cancer and 3,801 associated deaths.

WACOG plays it’s role in cancer control as a multidisciplinary focused educational provider. The Group has a long-standing commitment to:
- deliver continuing professional development opportunities;
- share advances in cancer research and treatment with the oncology health-care, science and research community;
- promote evidence based oncology care through clinical practice guideline dissemination and;
- promote participation in clinical trials.

In 2012 alone, WACOG independently convened 45 discrete multidisciplinary educational events that were attended by 2,315 cancer health professionals.

We thank everyone for their continued support as we strive to continue being a high quality provider of oncology education.

Cancer Matters - changes

We are modifying the distribution methods of Cancer Matters in order to have more frequent, timely and topical updates that will be released via email as special issues. Hard copies will still be distributed.

If you currently do not receive this newsletter by email it means we do not have your email. So if you wish to remain up to date with cancer control matters of local, national and global interest please send us your email to: wacog@cancerwa.asn.au.

We have also entered the realm of social media communications in order to embrace the ways in which these tools can enhance our health professional networks as they relate to education on all aspects of cancer control.

You and your colleagues can now follow the Western Australian Clinical Oncology Group via LinkedIn - and Twitter as @WACOG01

So please consider connecting with us!
Cancer Nurse Coordinators

A patient newly diagnosed with cancer often faces an intensive diagnostic work-up, multiple consultations with different health professionals, and complex treatment options that frequently include multi-modality therapy. This situation can often leave the patient and their family feeling fearful, anxious and confused.

Historically, patients and their families are left to navigate the hospital systems unsupported. This results in their educational, informational and psychological needs not being formally assessed and potentially never addressed. Such experiences can render a patient vulnerable to psychosocial morbidity.

How can the Cancer Nurse Coordinator Service help cancer patients?
A diagnosis of cancer can be a very worrying time for patients, their family and friends.
The Cancer Nurse Coordination team are specialist nurses located in both metropolitan Perth and rural regions of Western Australia.

They can support patients by:
- providing and explaining information on their diagnosis and treatment
- liaising and linking with other services both within their treating hospital and the wider community
- assisting them through the health care system and finding the best services to help them and their family
- acting as a central point of contact coordinating appointments.

How to contact the Cancer Nurse Coordinator Service
The service is available Monday to Friday from 8.30am to 4.30pm.

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<td>Wheatbelt</td>
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To implement the development of the WA Cancer Plan 2012-2017, the WA Cancer and Palliative Care Network have sought feedback from a wide range of stakeholder groups. On 22 November 2012, the Network held a Forum in Perth to obtain stakeholder perceptions of the key initiatives under the 5 Priorities of the WA Cancer Plan that will build, or strengthen specific clinical programs and services to improve the health of the population and enhance the patient experience of care (including quality, access and reliability). These are:

1. To reduce cancer incidence in WA through effective prevention initiatives
2. To improve survival in WA through screening and early detection
3. To improve outcomes and reduce morbidity for people affected by cancer in WA through equitable access to best practice treatment and care throughout the cancer journey
4. To promote innovation and measure progress in cancer control in WA through research and evaluation
5. To ensure the sustainability, efficiency and effectiveness of cancer control activities in WA through appropriate planning and use of resources.

A range of expert representatives from clinical; consumer; non-government organisation; research; academic; support and government policy were represented on the day (104 attendees). The Forum enabled these stakeholders to be full participants in identifying and debating critical issues in cancer care and delivery, and in examining potential opportunities for actions using existing resources.

The Forum was facilitated by James Jarvis, from Aboriginal Health at the Department of Health. The Open Space method was used where participants were invited to form mixed work groups of people with like interests and were encouraged to exchange views and to understand a wider range of viewpoints, in order to develop a sense of empowerment to shape cancer control services towards the kind of future the participants might desire. This Forum was vital to the development of cancer control as it will provide the means through which many recommendations can be implemented, monitored and quality assured.

Always treat on the bright side

Professor of Medicine and Medical Oncologist at the University of Sydney – Martin Tattersall – recently presented a guest lecture on behalf of WACOG and the UWA Cancer and Palliative Care Evaluation Unit titled ‘How long have I got? Estimating survival and discussing prognosis with cancer patients’.

Over 110 health professionals attended the event. Prof. Tattersall, discussed how many health professionals express discomfort at having to broach the topic of prognosis, including limited life expectancy, and may withhold information or not disclose prognosis."

Previous published research by Tattersall and colleagues has showed that although the majority of health professionals believed that patients and caregivers should be told the truth about the prognosis, in practice, many either avoid discussing the topic or withhold information. Reasons include perceived lack of training, stress, no time to attend to the patient’s emotional needs, fear of a negative impact on the patient, uncertainty about prognostication, requests from family members to withhold information and a feeling of inadequacy or hopelessness regarding the unavailability of further curative treatment. Studies suggest that patients can discuss the topic without it having a negative impact on them.

“There were ways to sustain hope without lying or avoiding the discussion. There are hope-giving ways of talking about prognosis, and one of the least hope-giving ways is not to talk about it,” said Professor Tattersall, who has written extensively on communicating prognoses with patients.

He recommended that to promote hope, clinicians could describe the best-case, worst-case and typical survival scenarios to patients, rather than focussing on the median survival time. He is currently working on a research project to develop a Smartphone App clinicians can use to present these scenarios to patients.

For information about prognosis visit: www.cancer.gov/cancertopics/factsheet/Support/prognosis-stats
Cancer of unknown primary origin (CUP) is the diagnosis when metastatic cancer is found but the place where the cancer began (the primary site) cannot be determined. About two to four percent of all cancer patients have a cancer whose primary site is never identified. Treatment for CUP depends on many factors, including where the metastatic cancer is found, what the cancer cells look like under a microscope, and the patient’s age and general health.

Recent advances in diagnostic techniques have improved doctors’ abilities to find the primary sites, even when the original diagnoses are ‘CUP’. CUP is one of the ten most common cancers and the fourth most common cause of cancer death worldwide. Relative survival after diagnosis of cancer of unknown primary site is poor when compared with that of other cancer sites.

In 2010 there were 137 male and 99 female cases of CUP in Western Australia and 99 male and 74 female deaths. CUP is the sixth most common cause of cancer death in Australians.

Health professional information on cancer of unknown primary diagnosis and treatment is available at the National Cancer Institute (US): http://tinyurl.com/cyl7byo

For a free copy of the patient information book: ‘Understanding Cancer of Unknown Primary’ call the Cancer Council Helpline on 13 11 20. Or visit this URL here: http://tinyurl.com/cjxtaqd

Why might it not be possible to find the primary cancer?
There are a number of reasons why it may not be possible to find the primary cancer.

• The primary cancer may be too small to be easily detected.
• The body’s immune system may have killed the primary cancer.
• The primary cancer may already have been removed by surgery for another condition.

What are the symptoms of cancer of unknown primary?
Symptoms of cancer of unknown primary vary depending on where the cancer has spread in the body.
Symptoms may include:
• a lump or thickening in any part of the body
• a new or unusual pain that doesn’t go away
• a cough or hoarseness of the voice that doesn’t go away
• change in bladder habits (such as more frequent urination) or change in bowel habits (such as constipation or diarrhoea)
• unusual bleeding or discharge
• unexplained fever that doesn’t go away
• night sweats
• loss of appetite or unexplained weight loss.

New hope in hunt for ‘unknown’ cancers
Australian researchers have developed a test that can identify the primary source of cancer in CUP patients which could improve treatment outcomes for the nearly 2,800 Australians cancer patients each year.

Researchers at the Peter MacCallum Cancer Centre in Melbourne, developed the test that, in trials, accurately identified the primary source of cancer in more than 90% of cases.

Head of the Cancer Genomics Program at Peter Mac, Professor David Bowtell in November 2012 presented to cancer specialists at the Clinical Oncological Society of Australia’s (COSA’s) Annual Scientific Meeting in Brisbane.

“CUP is a distressing and frustrating diagnosis for both patients and their doctors,” Professor Bowtell said.

In some cases you can do extensive clinical and pathological tests but still not confirm the site of origin, often causing distress to the patient. Older or very sick patients, especially, may not be up to such extensive testing.”

Professor Bowtell said the new test profiled the activity of thousands of genes simultaneously and matched them to a database of gene expression patterns of all known tumours. “Genetic profiling using microarray technology has been demonstrated to be effective in classifying cancers.

“Accurately identifying the primary tumour will allow clinicians to choose the most effective treatment strategy, hopefully leading to better outcomes and quality of life for these patients.”

The CUP test is being trialled and expected to be released before the end of the year. COSA past President, Professor Bogda Koczwara, said researchers worldwide had been working on ways to better identify CUP.

“If successful, this test will not only bring certainty to CUP patients and their families, but has the potential to save lives through more targeted treatments.”

Professor David Bowtell
Peter McCallum Cancer Centre, Melbourne

Professor Bogda Koczwara
Flinders Medical Centre, Adelaide
Clinical trials are the vital research link between scientific laboratory discoveries and the availability of new treatments for cancer patients.

Clinical trials are sets of tests in medical research and drug development that generate safety and efficacy data (or more specifically, information about adverse drug reactions and adverse effects of other treatments) for health interventions (e.g., drugs, diagnostics, devices, therapy protocols). They’re conducted only after satisfactory information has been gathered on the quality of the non-clinical safety, and health authority/ethics committee approval is granted in the country where approval of the drug or device is sought.

Since May 2009 WACOG has maintained an online Cancer Clinical Trials Registry on the Cancer Council Website. It is a listing of cancer and haematology clinical trials open for patient accrual in Western Australian hospitals.

WACOG, Cancer Council WA, and WA Cancer and Palliative Care Network—like many national and international cancer organisations—believe that where possible the best clinical management for cancer patients is in a clinical trial. Participation in clinical trials is especially encouraged by both organisations.

The registry includes trials from a wide range of cancer treatment areas including chemotherapy, radiation methods, surgical procedures, preventive measures, quality of life and lifestyle related studies.

Persons interested in finding out more about the trials listed on the website are encouraged to contact the respective hospital centre on the phone numbers listed in the trial entry.

All trials listed also appear on other national and international clinical trials registries—the relevant details of which are included on each respective clinical trial entry. The links to these registers are provided for each clinical trial appearing on the registry.

WACOG ensures that the register is regularly updated for prospective participants and all interested health professionals.

The register can be easily accessed at Cancer Council homepage: [www.cancerwa.asn.au](http://www.cancerwa.asn.au) via a quick link by clicking WA Clinical Trials in the Quicklinks section located in the bottom left corner. Or: [http://tinyurl.com/yzvpeoo](http://tinyurl.com/yzvpeoo)

**Understanding clinical trials and research booklet**

This 63 page booklet aims to help people make an informed decision about participating in cancer research. The first section covers general information about different types of research. The second section is about getting involved in a clinical trial or research. It covers practical considerations if you want to participate and explains how one can be assured that research studies are safe and reliable.

In 2012 Cancer Council WA held its 18th Cancer Council Update, which takes place during the 5 weeks leading up to Daffodil Day. The aim of the Cancer Council Update is to make the latest cancer information and research accessible to the WA public and health professional community.

Audio and slideshows from completed lectures are available for free from:

**Top 10 wins against cancer - Professor Ian Olver,**
Chief Executive Officer of Cancer Council Australia

Professor Olver, who is also an oncologist, discussed how we are on the verge of a tremendous shift towards personalising cancer treatment with targeted therapies, where the genetic profile of a tumour would be more important in determining treatment than where it was found.

“This is a complete change in the way we look at cancer....These new targeted therapies are already being used to treat solid mass tumours such as melanoma, and are proving to have a survival impact which no other drug has been able to achieve.”

Professor Olver nominated strategies to prevent cancer, such as tobacco control policies and quit smoking campaigns, as the biggest win against cancer in Australia in the last ten years.

“Measures to reduce smoking have cut cancer rates more so than anything else we’ve done.”

He explained the HPV vaccine was another significant win, which has prevented thousands of women dying from cancer of the cervix around the world and is now paving the way for other anti-cancer vaccines.

Professor Olver also discussed advances in drug therapy and how something as simple as aspirin could be incredibly effective in preventing cancer. Despite the fact that one in two people will be diagnosed with cancer in WA before the age of 85, survival rates have increased dramatically with many cancers now registering five-year survival rates over 80 per cent.

“Good access to anti-cancer treatments via the Pharmaceutical Benefits Scheme, multi-disciplinary clinics and the use of evidence based medicine have combined to help us achieve a proud record in fighting cancer,” said Professor Olver.

**Rare cancers in the spotlight - Associate Professor Clare Scott,**
Medical Oncologist, CART-WHEEL, the Centre for Analysis of Rare Tumours, Royal Melbourne Hospital

Rare cancers are defined as any cancers that have a low prevalence, eg, fewer than 5 people per 10,000 population or are uncommon enough that special combined efforts are needed to address them. They represent 20 per cent of all cancers diagnosed and cause around 30 per cent of all cancer deaths, but there is often very little support for rare cancer patients and they face particular medical challenges.

Assoc Professor Scott said the CART-WHEEL website www.cart-wheel.org not only encouraged individuals to get involved in medical research about their cancer but it also allowed them to drive the direction of research.

“CART-WHEEL is unique because it allows consumers to get online and enter their data into an academic, ethically approved, privacy-controlled website that could involve them in medical research, across the spectrum of rare cancers. It’s about involving patients who otherwise don’t get a look in with research and also pushes research agendas for cancers by allowing data collection for cases that wouldn’t necessarily be collected otherwise,” said Assoc Professor Scott.

Cases of cancer which, although rare, are similar can be pulled together through CART-WHEEL in a way that allows research studies to be undertaken.

“We are always looking at the patients in CART-WHEEL and considering where we might be able to involve them, whether in a research project or a clinical trial. Anyone who becomes involved in CART-WHEEL will do so knowing they will be contributing to our medical health information and to the excellent evidence-based medical care practiced in Australia,” said Assoc Prof Scott. The project also aim to improve integration of medical research data and promote collaboration with research groups at a national and international level.
I’m scared my cancer will come back - Fear of Cancer Recurrence
Dr Jemma Gilchrist, Clinical Psychologist, Crown Princess Mary Cancer Centre Westmead, Sydney

Up to half of all cancer survivors worry significantly about their cancer returning and limited emotional care for cancer survivors can create difficulties for some people. For example they can feel isolated when they finish treatment and have less contact with the health system. “It’s common for cancer survivors to feel ‘all at sea’ at the end of treatment and unsure who they would turn to if something went wrong. There is no right way to cope after a cancer experience but I’d encourage anyone at the end of treatment to reflect on what you’ve been through, to give yourself time to lick emotional wounds and to think about what kind of support and resilience you have to plan the next part of your life,” said Dr Gilchrist.

The challenge for cancer survivors was not so much about getting back to normal, it was more about what ‘normal’ looks like now and focusing on how to seek advice and support to put the pieces of their life back together. Dr Gilchrist also spoke on improving resilience, managing your thinking, the benefits of survivorship plans, stress management and ways to live well after treatments for cancer.

Information on survivorship plans can be accessed at: www.journeyforward.org

What ‘wee’ should know about urological cancers - Professor Dickon Hayne, Urological Surgeon and Professor of Urology, University of WA

Bladder cancer is the only major cancer in Australia where outcomes for patients are deteriorating. “Bladder cancer should always be treated, even if it is found in elderly and infirm patients, because a patient can get into worse trouble if the cancer is left untreated,” said Professor Hayne.

In 2010, 248 West Australians were diagnosed with bladder cancer and there were 83 deaths from bladder cancer. Professor Hayne also discussed early diagnosis and the latest treatment options for urological cancers and the reasons why kidney cancer is on the rise.

“The most important message is early disease is curable for urological cancers and late disease is incurable,” he said, “so it is vital for everyone to act on early warning signs. Blood in urine is the one symptom that should ring alarm bells. It should never be ignored and should always be followed up with a visit to your doctor and referral to a urologist for investigation.”

Professor Hayne also covered the pros and cons of Prostate-Specific Antigen (PSA) testing for prostate cancer. “I recommend all men experiencing lower urinary tract symptoms and those who may be worried about whether or not to have a PSA test, to discuss it with their doctor,” said Professor Hayne.

How to google your cancer! - Melissa Sweet, Health Journalist, Sydney

Melissa Sweet, an independent health journalist, author, and co-ordinator of ‘Crikey’s’ health blog ‘Croakey’, discussed the internet and cancer and how it is important to discuss information gathered from the internet with one’s health practitioner. The internet provides unrivalled access to health information but cancer patients are cautioned to be wary of making radical change to lifestyle or treatment based on what they find there.

“Reputable health organisations are the best sources of information on the internet and remember it’s the weight of evidence that counts. Patients, carers, and family members need to bear in mind that the findings from one study may not necessarily be reliable. Taking the time to understand different types of evidence will give you a useful framework for assessing media reports and research findings,” said Ms Sweet.

Melissa’s tips include:
• Don’t Google a medical condition – go to a reputable source or credible health organisation first and then search within that site, or Google the name of the organisation and the condition;
• Use Google Scholar for general research – this includes access to journal publications;
• Use the Cochrane Collaboration – a website providing good plain English reviews of evidence;
• The British site ‘Behind the Headlines’ (www.nhs.uk/Pages/HomePage.aspx) is an excellent source of information on understanding the evidence behind studies reported in the news;
• Media Doctor www.mediadoctor.org.au/ is a good Australian website with analysis of the quality of media stories;
• Be careful of anyone who is selling anything (related to health advice); and
• Critically analyse any health information you access via social media channels.
Cancer statistics

Cancer gender gap increases in Western Australia

The latest WA Cancer Registry report from the Department of Health, 2010 shows the gap between the number of WA men and women dying of cancer is widening. This includes significantly more deaths from lung, bowel and liver cancer in men (60 per cent of the 3,800 cancer deaths in 2010). As a result there were 720 more male deaths than females deaths in 2010, compared with 431 more male deaths in 2007.

It is thought that the upward trend for men with liver cancer could be linked to their higher alcohol consumption.

The five most common causes of the 2,260 male cancer deaths were cancers of the lung, prostate, bowel, pancreas and ‘unknown primary’. Whereas for females the most deadly cancers were lung, breast, bowel, pancreas and ovary. Lung cancer claimed the lives of 501 men compared with 290 women, bowel cancer claimed 260 men compared with 160 women, and 65 men died from liver cancer compared with 18 women.

Almost 11,000 West Australians received a cancer diagnosis in 2010.

Cancer Council WA chief executive Susan Rooney said WA was fortunate to have a register that produced reliable cancer data in a reasonable period of time.

“What this latest report shows is that the incidence of some cancers like lung cancer and melanoma is falling, but others are increasing,” she said.

“It is concerning that more men than women are dying of cancer and this gap is increasing over recent years.

“We know women are used to having more checks and men are less likely to seek help early, which can delay their treatment and affect their prognosis.”

The report shows that despite being a relatively rare disease, pancreatic cancer is among the top five causes of cancer death in men and women, responsible for 216 deaths in 2010.

Ms Rooney said although the overall numbers of pancreatic cancer were not high compared with more common cancers, it was worrying that survival rates had not improved.

“While the incidence of cancers such as breast cancer is quite high, the prognosis is much better, which probably reflects that with less common diseases like pancreatic cancer there’s been less investment in research,” she said.

The report shows the incidence of kidney and thyroid cancers is increasing but it is still unclear what is causing the trend.

Ms Rooney said the ageing and growing population would continue to push up cancer rates so there is a continuing need for more research and better treatments.

Adapted from: Cathy O’Leary Medical Editor, The West Australian August 23, 2012

Cancer incidence and mortality in Western Australia, 2010 is free and accessible via the WA Cancer Registry here:

Cancer survival and prevalence in Australia is free and accessible via:
www.aihw.gov.au/publication-detail/?id=10737422720

While overall cancer survival is improving in Australia, variations still exist between types of cancer,” said AIHW spokesperson Anne Bech.

The cancers with the largest survival gains between 1982-1987 and 2006-2010 were kidney cancer, non-Hodgkin lymphoma and prostate cancer.

While 5-year survival from prostate cancer increased considerably, from 58% in the period 1982-1987 to 92% in 2006-2010, explaining this trend is somewhat difficult, with complex issues around early detection using Prostate Specific Antigen testing.

Four cancers did not show any significant changes in survival over this time: cancer of the lip, cancer of the larynx, cancer of the brain and chronic lymphocytic leukaemia.

“Between 2006 and 2010, the cancers with the highest survival were testicular cancer, lip cancer, prostate cancer, thyroid cancer, and melanoma of the skin,” Ms Bech said.

All of these cancers had a 5-year survival of 90% or more.

Pancreatic cancer and mesothelioma had the lowest survival with 5-year survival for these cancers less than 10%.

Women generally had slightly higher survival rates than men, with 5-year survival for all cancers equalling 67% for females compared with 65% for males.

Younger people generally had higher survival than older people.

“Cancer survival also varied by population group-for all cancers combined survival was slightly lower for people living in remote and regional areas compared to those in major cities. Survival from all cancers combined was lower for those with greater socioeconomic disadvantage,” Ms Bech said.

The report also shows that for people with cancer who had survived 5 years past their diagnosis, survival prospects were very positive—more than 90% for the next five years (for all cancers combined).

Almost 775,000 Australians have a history of cancer (3.6% of the population), including 1 in 5 Australians aged over 80.

With one in two Australians developing cancer and one in five dying from it before the age of 85, cancer has a major impact on individuals, their families and the health-care system.
At the moment...

- Currently, if you are 50, 55 or 65 years old you are eligible for the program.
- Free faecal occult blood test (FOBT) kits are sent in the mail to be completed at home.
- Positive test results are notified to the participant and their nominated health care professional.
- A positive FOBT does NOT mean cancer, but it does mean there could be changes in the bowel that need to be checked to make sure a cancer does not develop.
- Most people with a positive FOBT will have a colonoscopy, but your GP will be able to advise on the best options available.

What changes are coming?

- Inclusion of 60 year olds from 2013.
- Inclusion of 70 year olds from 2015.
- Rescreening of 50 year olds who have previously participated in the NBCSP from 2013.
- Biennial (every two years) rescreening for the full cohort from 2017 and fully implemented by 2034.

What should people do if they get a kit?

People who receive a kit need to complete it. Completing this simple and quick test could save their life.

I’m a Doctor. What can I do to support the NBCSP?

1. Encourage – promote bowel cancer screening among the eligibly aged members of your practice.
2. Refer – participants with positive FOBT for further investigations, usually colonoscopy within the time frame recommended by the NHMRC Guidelines.
3. Flag – the referral as NBCSP enabling the most appropriate triage and allow clinicians along the screening pathway to report outcomes to the Register.
4. Report – to the Register; providing important feedback will strengthen monitoring and evaluation of the NBCSP.

Would you like more information? Visit www.cancerscreening.gov.au
Support for people with primary malignant brain tumours

A tumour that starts in the brain is a primary brain tumour.

Examples of primary brain tumours include:
- Astrocytomas;
- Glioblastoma Multiformes;
- Obligodendrogiomas; and
- Ependymomas.

Diagnosing brain tumours can be complex and may require a number of tests and scans before a diagnosis can be confirmed. Once diagnosed, brain tumours are usually treated with surgery, radiation and chemotherapy. These treatments may be alone or in combination.

The Neurology Cancer Nurse Coordination Service is a free, statewide service available to any person with a diagnosis of a primary malignant tumour of the central nervous system (brain and spinal cord).

Specialist nurse coordinators are available to:
- provide and explain information on your diagnosis and treatment;
- refer you to other health care professionals such as social workers, physiotherapy and occupational therapy, when appropriate;
- assist you and your family through treatment in all departments;
- coordinate your care to ensure timeliness of appointments and treatments; and
- act as a central point of contact.

Hollywood Private Hospital Prostate Cancer Specialist Nursing Service national pilot program

Registered Nurse Lisa Ferri has been appointed Hollywood Private Hospital’s Prostate Cancer Specialist Nurse after it was the only WA hospital selected for a national pilot program. The initiative is being conducted by Prostate Cancer Foundation of Australia’s (PCFA) Prostate Cancer Specialist Nurses pilot program.

Until now, no defined Specialist Nurse in prostate cancer care program has existed in Australia. However, with initial funding from the Movember Foundation, PCFA has developed this three year program to pilot a number of Prostate Cancer Specialist Nurses.

Based in 13 hospitals throughout metropolitan and regional Australia, the Specialist Nurses will provide care and support to those affected by prostate cancer.

Registered Nurse Lisa Ferri has been appointed as Hollywood Private Hospital's Prostate Cancer Specialist Nurse. Lisa has recently returned from a meeting in Melbourne as part of the initial training and orientation for the Service.

“I am so thrilled to be part of the Service and I am looking forward to coordinating the care of prostate cancer patients at Hollywood, wherever they are at in their cancer journey. As part of my role I will be working closely with the specialists and the rest of the health care team to deliver expert advice and specialist care to achieve the best outcomes for our patients,” said Ms Ferri.

This new role will provide care and support to patients from immediately after diagnosis to post-treatment, help patients and their families access support groups, and provide education and training to other health care workers to improve prostate cancer care.

For more information on Prostate Cancer Foundation of Australia’s Prostate Cancer Specialist Nurse Service please visit: [www.prostate.org.au](http://www.prostate.org.au)

Support for People with Urological Cancer

Over 2600 Western Australians are diagnosed with urological cancer in Western Australia each year. Urological cancer includes prostate, kidney, testicular, penile, bladder and urinary tract cancers.

Following diagnosis, a patient may undergo further staging examinations and receive multiple treatments including surgery, radiation therapy and/or chemotherapy.

The course of treatment will involve seeing specialists in a variety of settings over varying periods of time.

**Helping patients along their cancer journey**

The Urology Cancer Nurse Coordination Service is a free statewide service available to persons with a diagnosis of urological cancer in WA.

The Urology Cancer Nurse Coordination Service is available Monday to Friday 8.30 am to 4.30 pm and specialist urology cancer nurses can be contacted on: (08) 9222 0202

The Society of Urological Nurses Western Australia

**Aim**

The Society of Urological Nurses Western Australia has been established with the aim of promoting a communication network for those nurses and health professionals with a special interest in urology.

This Society will provide a forum for education, research and the sharing of ideas and information. It endeavours to promote the highest standards of practice in urological nursing.

**Objectives**

The Society of Urological Nurses Western Australia supports the following objectives:

- To provide a forum for educational opportunities
- To promote nursing research
- To facilitate access to relevant resource material
- To promote the role of the urological nurse in the health care system
- To promote a standard of excellence in nursing practice

For further information regarding this nurse’s specialist interest group or if you would like to join, please visit the website: [http://sunwa.anzuns.org](http://sunwa.anzuns.org) or contact sunwa1994@gmail.com