2021

Cancer

Needs Assessment

phn GOLD COAST

An Australian Government Initiative

Cancer

Local health needs and service issues

- Participation in BreastScreen, bowel and cervical cancer screening are below national rate.
  - Lower screening rates for breast, cervical and bowel cancer in 2020 due to COVID-19.
- Low participation in all cancer screening in Ormeau-Oxenford.
- Rate of new cancers diagnosed annually in the Gold Coast Primary Health Network region is above the national rate in 2013-2017. Breast cancer and colorectal cancer had the highest number of cases in the Gold Coast Primary Health Network region between 2013-2017.
- Higher rates of melanoma across the Gold Coast Primary Health Network region compared to national rates.
- Low community awareness of eligibility for cancer screening in the Gold Coast Primary Health Network region, for men in particular.
- General practice has limited view of screening data to support proactive steps with patients.
- Limited BreastScreen translated resources available for people from culturally and linguistically diverse backgrounds.

Key findings

- The incidence of new cancer diagnosed in the Gold Coast Primary Health Network (GCPHN) region for common cancers such as breast, colorectal and lung, is generally in line with national rate, except for melanoma (GCPHN region has a substantially higher rate).
- Utilisation of cancer screening services varies across the GCPHN region. The data identifies opportunities to further improve overall cancer screening participation rates. Some areas with low participation rates across all screening types (e.g. Surfers Paradise) require an overall effort to increase screening consistency. Others require targeted strategies corresponding to screening type, age and specific locations.
- Consultation suggests that low awareness of screening target groups in addition to limited knowledge about eligibility causes confusion with community and health professionals, resulting in fewer people being screened.
- During the COVID-19 pandemic, there was a concern that people may have been staying away from clinics for fear of contracting the virus or not wanting to waste their general practitioner (GPs) time. However, the National Bowel Cancer Screening Program continues to mail out faecal occult blood test to eligible people, and elective procedures continue to be offered through most public and private health providers. BreastScreen Queensland services are also back to “business as usual”, with additional safety measures in place, following a brief suspension. Eligible patients are strongly encouraged to continue cancer screening as part of their routine healthcare.

Evidence

Cancer incidence

Table 1 shows the Gold Coast number of all cancer Incidence have increased by 15.4 per cent from 2013 to 2017. Ormeau Oxenford had the highest number of cancers diagnosed in 2017 (676) which has increased by 45.4 per cent from 2013 (465).

Table 1. All Cancer Incidence by year by residence mapped to Gold Coast SA3 regions, 2013 to 2017.

	2013	2014	2015	2016	2017	Total	% Change from 2013 to 2017
Broadbeach – Burleigh	441	501	465	447	458	2,312	3.9%
Coolangatta	383	385	401	422	421	2,012	9.9%
Gold Coast – North	483	540	503	568	576	2,670	19.3%
Gold Coast Hinterland	118	136	122	133	135	644	14.4%
Mudgeeraba – Tallebudgera	168	193	188	199	196	944	16.7%
Nerang	397	326	395	424	438	1,980	10.3%
Ormeau – Oxenford	465	503	532	585	676	2,761	45.4%
Robina	312	280	285	319	302	1,498	-3.2%
Southport	378	377	353	381	424	1,913	12.2%
Surfers Paradise	245	243	244	260	287	1,279	17.1%
Gold Coast	3,390	3,484	3,488	3,738	3,913	18,013	15.4%

Queensland Health. Oncology analysis system (OASys). Cancer Alliance Queensland, Queensland Cancer Control Analysis Team: Brisbane; 2020. https://canceralliancegld.health.qld.gov.au/applications/qool. Accessed 26 May 2021., All the data in OASys is based on the location of residence of the person diagnosed with cancer, and NOT the treating facility/HHS etc.

Table 2 shows all cancer incidence per 100,000 people within the GCPHN region (546) is slightly above the Queensland rate (541) in 2017. Ormeau-Oxenford Statistical Area Level three (SA3) region had the highest rate (581) of all cancer incidence per 100,000 people in the GCPHN region.

Table 2. All Cancer Incidence by year by residence per 100,000 people by residence mapped To Gold Coast SA3 regions.

	2013	2014	2015	2016	2017
Queensland	543	539	535	542	541
Gold Coast	541	537	523	538	546
Broadbeach – Burleigh	555	616	568	529	541
Coolangatta	540	532	555	566	551
Gold Coast – North	531	567	504	551	563
Gold Coast Hinterland	532	581	515	543	564
Mudgeeraba – Tallebudgera	512	580	542	579	537
Nerang	580	460	544	559	559
Ormeau – Oxenford	505	519	528	539	581
Robina	564	491	487	516	491
Southport	583	550	510	524	569
Surfers Paradise	492	488	468	463	489

Queensland Health. Oncology analysis system (OASys). Cancer Alliance Queensland, Queensland Cancer Control Analysis Team: Brisbane; 2020. https://canceralliancegld.health.qld.gov.au/applications/qool. Accessed 26 May 2021. All the data in OASys is based on the location of residence of the person diagnosed with cancer, and NOT the treating facility/HHS etc.

Incidence of various cancer types

Table 3 provides the incidence of a sample of cancer types across the GCPHN region. The data shows that the GCPHN region has a slightly higher rate of new cancers diagnosed compared to the Queensland rate for breast, colorectal, lung, melanoma, and prostate cancer. People who live in Queensland have the highest rates of melanoma in the world. Over 12,000 cases of melanoma are diagnosed each year in Australia[1]. Globally it is the third most commonly occurring cancer in men (after prostate and colorectal cancer) and women (after breast and colorectal cancer)[2].

Data analysis at a more granular level provides further insight into smaller geographic regions where increased effort may be required to prevent and treat types of cancer.

- Gold Coast age standardised rate (ASR) for breast cancer (71) above Queensland ASR (66) with Gold Coast-North (81) having the highest ASR among the 10 SA3 regions in the GCPHN region.
- Gold Coast ASR for colorectal cancer (59) slightly below Queensland ASR (60).
- Gold Coast ASR for lung cancer (46) slightly below Queensland ASR (47).
- Gold Coast ASR for melanoma (82) above Queensland ASR (75) with Broadbeach-Burleigh (165) having the highest ASR among the 10 SA3 regions in the GCPHN region.

Table 3. Incidence of various cancer types within SA3 regions, by average number of cases per year and age-standardised rate (ASR) per 100,000 people, 2013-2017.

SA3 Region	Breast cancer		Colorectal cancer		Lung cancer		Melanoma		Prostate cancer	
	Avg. no. of cases cases	ASR	Avg. no. of cases	ASR	Avg. no. of cases	ASR	Avg. no. of cases	ASR	Avg. no. of cases	ASR
Broadbeach-Burleigh	56	72	46	53	41	46	83	107	67	165
Coolangatta	41	62	38	49	34	43	77	111	52	142
Gold Coast-North	74	81	60	60	57	55	66	73	79	160
Gold Coast Hinterland	17	71	16	70	10	40	18	85	20	151
Mudgeeraba-Tallebudgera	27	76	22	65	14	43	26	75	28	158
Nerang	55	74	45	62	37	50	54	76	52	142
Ormeau-Oxenford	73	67	63	63	41	42	77	73	83	161
Robina	40	72	30	50	24	40	43	76	41	145
Southport	46	70	47	66	39	54	52	77	48	144
Surfers Paradise	33	65	29	54	24	43	39	76	41	145
Gold Coast	**462**	**71**	**397**	**59**	**320**	**46**	**535**	**82**	**512**	**153**
Queensland	**3,435**	**66**	**3,161**	**60**	**2,523**	**47**	**3,885**	**75**	**4,081**	**154**

Source. Queensland Health. Oncology analysis system (OASys). Cancer Alliance Queensland, Queensland Cancer Control Analysis Team: Brisbane; 2020. https://canceralliancegld.health.qld.gov.au/applications/qool. All the data in OASys is based on the location of residence of the person diagnosed with cancer, and NOT the treating facility/HHS etc.

1 Whiteman DC, Green AC, Olsen CM. The Growing Burden of Invasive Melanoma: Projections of Incidence Rates and Numbers of New Cases in Six Susceptible Populations through 2031. J Invest Dermatol. 2016; 136: 1161-71.

2 Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clinc. 2018; 68: 394-424.

Cancer mortality

Incidence of cancer has obvious impacts on individual health and the health system more broadly, which makes monitoring the incidence of new cancers important. AIHW mortality data[3] indicates that within the GCPHN region between 2014 and 2018:

- Cancer accounted for six of the top 20 leading causes of death from 2014 to 2018.
- Lung cancer caused 1,062 deaths at a rate of 29.4 deaths per 100,000 persons, same as the national rate of 29.4. It was the 3rd leading cause of death for people in the GCPHN region from 2014 to 2018.
- Colorectal cancer caused 657 deaths at a rate of 18.2 deaths per 100,000 persons in the GCPHN region compared to the national rate of 22.0. It was the sixth leading cause of death for people in the GCPHN region from 2014 to 2018.
- Prostate cancer caused 479 deaths at a rate of 12.8 deaths per 100,000 persons in the GCPHN region compared to the national rate of 13.3. It was the seventh leading cause of death for people in the GCPHN region from 2014 to 2018.
- Pancreatic cancer caused 386 deaths at a rate of 10.7 deaths per 100,000 persons in the GCPHN region compared to the national rate of 11.8. It was the 10th leading cause of death for people in the GCPHN region from 2014 to 2018.
- Breast cancer caused 364 deaths at a rate of 10.4 deaths per 100,000 persons in the GCPHN region compared to the national rate of 12.2. It was the 11th leading cause of death for people in the GCPHN region from 2014 to 2018.

Service utilisation data

Table 4 shows the rates of participation in national cancer screening initiatives for bowel, breast, and cervical cancers in the Gold Coast region in 2018-2019.

Table 4. Participation rates in national cancer screening programs, by SA3 region, 2018-2019.

	Bowel cancer screening (Persons aged 50-74) %	Breast cancer screening (Women aged 50-74) %	Cervical cancer screening (Women aged 25-74) %
National	43.8	54.8	46.3
GCPHN region	40.5	51.9	46.2
Broadbeach – Burleigh	42.9	54.4	52.8
Coolangatta	41.9	53.8	50.3
Gold Coast – North	40.3	49.7	43.1
Gold Coast Hinterland	42.2	49.3	47.5
Mudgeeraba – Tallebudgera	41.2	55.5	51.5
Nerang	39.7	51.3	47.5
Ormeau – Oxenford	39.3	52.0	43.8
Robina	41.0	54.6	47.6
Southport	38.6	52.8	43.4
Surfers Paradise	39.6	45.2	39.8

Source: AIHW analysis of National Bowel Cancer Screening Program Register, BreastScreen Australia data and state and territory cervical screening register data. (The majority of screening mammography performed in Australia is through BreastScreen Australia. However, a relatively small amount of screening mammography occurs through services other than BreastScreen Australia, which are not within the scope of the data below)

3 AIHW, 2019. MORT (Mortality Over Regions and Time) books: Primary Health Network (PHN), 2014-2018.

In 2018-2019, participation in the National Bowel Cancer Screening Program among residents of the GCPHN region aged 50-74 years (40.5 per cent) was lower compared to national rate (43.8 per cent) rate. Bowel screening participation was lowest in SA3 regions of Southport, Ormeau-Oxenford, and Surfers Paradise.

The rate of women aged 50-74 years participating in BreastScreen Australia screening services in 2018-2019 in the GCPHN region (51.9 per cent) was lower than the national rate (54.8 per cent). Mudgeeraba-Tallebudgera (55.6 per cent) was the only SA3 region on the Gold Coast that recorded BreastScreen rates higher than the national rate.

The rate of women aged 25-74 years participating in cervical screening services 2018-2019 in the GCPHN region (46.2 per cent) was slightly below the national rate (46.3 per cent). There were several SA3 regions with lower rates of participation in the National Cervical Screening Program, particularly Surfers Paradise, Gold Coast-North, Southport, and Ormeau-Oxenford.

Prevalence

Analysing data extracted through PATCAT[4] from 158 GCPHN region general practices from March 2021 there were a total of 566,828 active patients[5]. Of these patients, 24,606 patients had an active cancer condition. Table 5 shows the prevalence of each active cancer type in 158 general practices in the GCPHN region.

Table 5. Active patients with active cancer condition, March 2021.

Measure	Number	Rate
Total Population	566,828	
Cancer prevalence	24,606	4.3%
Leukemia	881	3.6%
Lymphoma	1,271	5.2%
Multiple Myeloma	303	1.2%
Breast Cancer	5,840	23.7%
Bowel (Colorectal) Cancer	3,290	13.4%
Pancreatic Cancer	157	0.6%
Cervical Cancer	612	2.5%
Ovarian Cancer	285	1.2%
Prostate Cancer	4,409	17.9%
Uterine Cancer	389	1.6%
Melanoma	6,343	25.8%
Lung Cancer	826	3.4%

Source. Gold Coast Primary Health Network PATCAT tool, data extract from 158 general practices.

4 PAT CAT is a web-based interface that aggregates de-identified General Practice data for population health management and research programs.
5 Active population represents the portion of the total population that have had at least three visits to the same practice in the last 2 years as per RACGP Accreditation Standards for general practice.

Cancer screening and COVID-19

The COVID-19 pandemic affected many areas of people lives, including their access to and use of health services such as cancer screening programs. As part of these restrictions, many healthcare services also suspended or changed the way they delivered their services. Due to this, and the potential for people to change their behaviour whilst under restrictions, there is increased public interest around the effects of COVID-19 on Australia's three national cancer screening programs[6]:

- **BreastScreen Australia** services (screening mammograms) are delivered in specialised facilities which usually involve close contact between clients and health workers. BreastScreen services were suspended from late March to late April/early May 2020 due to COVID-19 restrictions. The BreastScreen Queensland Gold Coast Service suspended screening between 1-30 April 2020.
- **The National Cervical Screening Program** involves a test which is usually carried out by a person's GP. While GP services continued during the pandemic, cervical screening tests require in-person consultations. There was no suspension of the National Cervical Screening Program.
- **The National Bowel Cancer Screening Program** involves home test kits, sent to eligible participants who return them by mail. People do not need to leave their homes to complete the test, or to get their results, but do need to mail their completed test kit to the pathology laboratory. There was no suspension of the National Bowel Cancer Screening Program.

The long-term effects of delayed screening during the COVID-19 pandemic will not be known for some time. It will be important to continue monitoring the effects of this changing situation on cancer screening and other health services in future years.

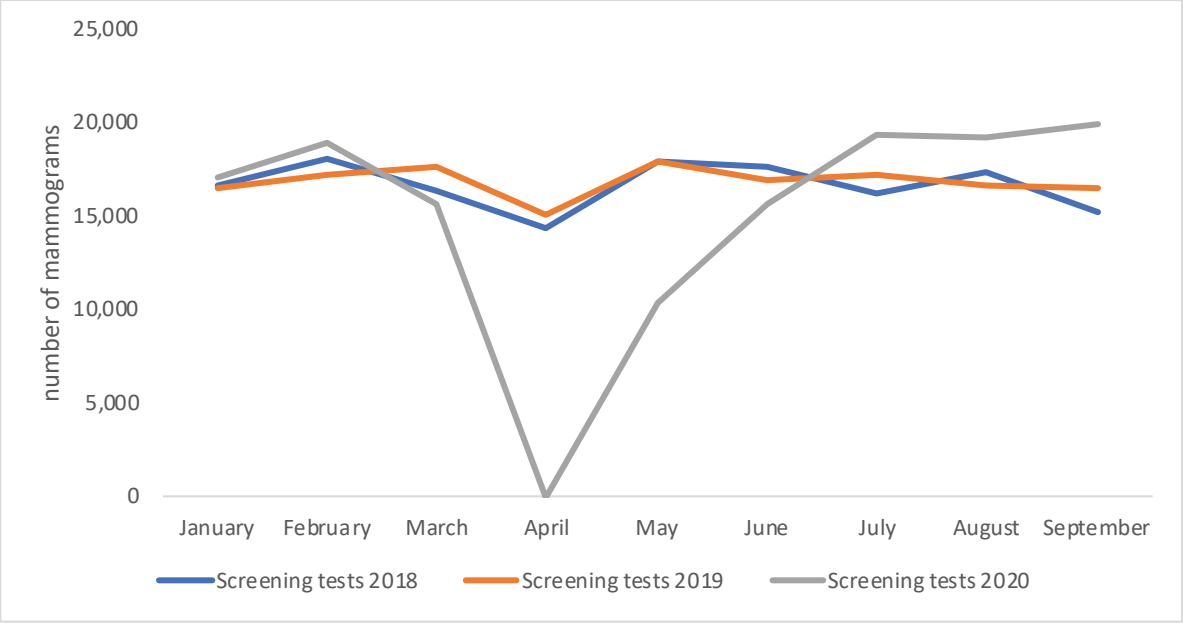
BreastScreen Australia

The number of screening mammograms performed through BreastScreen Australia declined in March in 2020 in Australia and Queensland as the COVID-19 pandemic worsened and tighter restrictions were put in place that included a suspension of all BreastScreen services from 25 March 2020.

In March 2020, 15,578 screening mammograms were conducted in Queensland, this decreased to 38 in April. Following an easing of restrictions that included a lifting of the suspension from late April/May 2020, the number of screening mammograms increased through May and June. In total 15,660 less mammograms were completed in Queensland in 2020 compared to 2019. Figure 1shows the number of screening mammograms through BreastScreen Australia in Queensland.

6 Cancer screening and COVID-19 in Australia, Australian Institute of health and Welfare, 2020.

Figure 1.Number of screening mammograms through BreastScreen Australia by month for Queensland aged 50-74, 2018, 2019 and 2020.

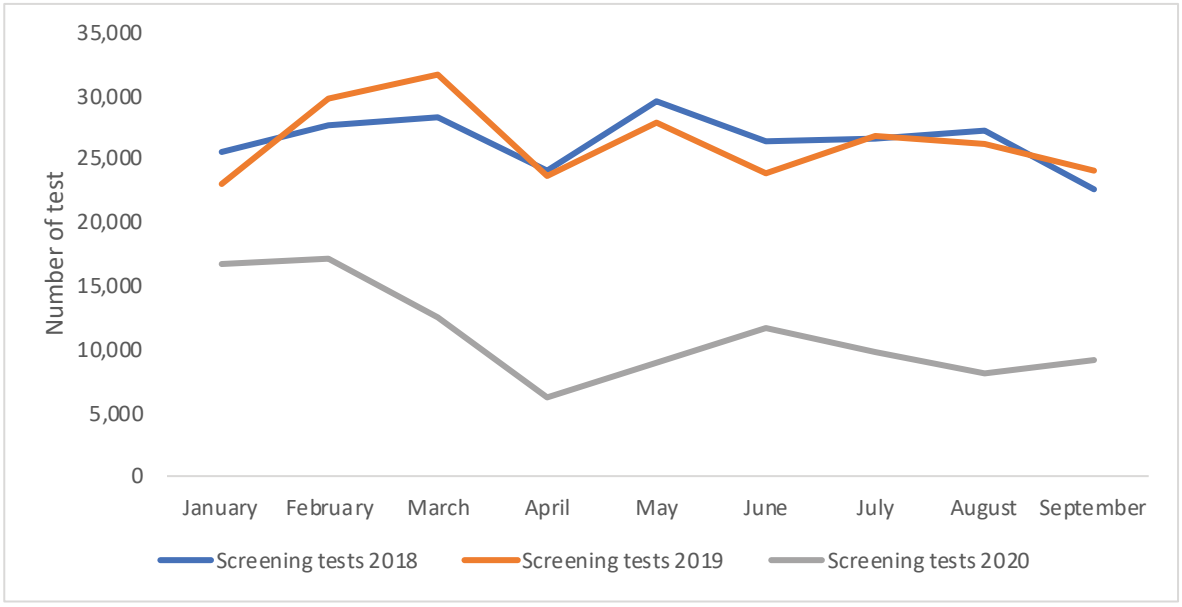


Source: Australian Institute of Health and Welfare analysis of state and territory BreastScreen register data

National Cervical Screening Program

The expected trend of fewer cervical screening test in 2020 compared with 2019 due to the change from 2-yearly to 5-yearly screening is evident. While there was fewer cervical screening test in 2020 compared with 2019 in Queensland, the impact of COVID-19 cannot be measured without further years of data (as 2020 is the first year impacted by the transition to 5-yearly screening. Figure 2 shows the number of screening test through National Cervical Screening program in Queensland.

Figure 2. Number of screening test throughout the National Cervical Screening program by month for Queensland, aged 25 to 74, 2018, 2019 and 2020.



Source: Australian Institute of Health and Welfare analysis of National Cancer Screening Register data.

National Bowel Cancer Screening program

The number of bowel cancer screening kits sent in 2020 in Queensland (573,547) was 47,031 more invites sent compared to 2019 (526,516). The number of screening test returned in 2020 in Queensland (153,846) was 65,261 less than what was returned in 2019 (219,107). The rate of screening test returned in 2020 in Queensland was 27 per cent compared to 2019 where the rate was 42 per cent. Table 6 shows the number and rate of bowel cancer screening invites sent and screening test returned in Queensland.

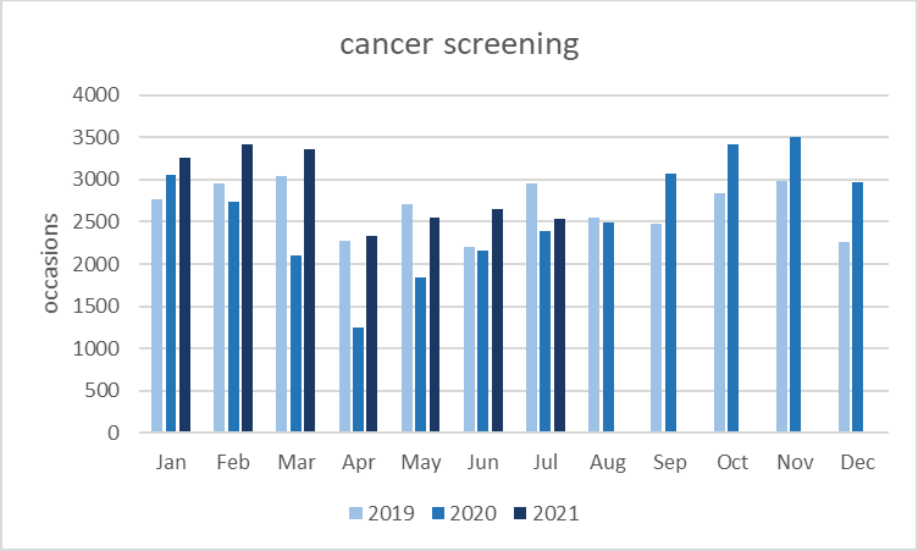
Table 6. Number of invites and number of screening tests through the National Bowel Cancer Screening Program by month, ages 50–74, 2019 and 2020.

	2019			2020		
	Invites	Screening tests	Rate	Invites	Screening tests	Rate
January	40,566	15,713	38.7%	4,069	10,867	267%
February	40,115	17,762	44.3%	39,858	7,389	19%
March	56,860	20,424	35.9%	72,773	7,310	10%
April	57,452	20,104	35.0%	76,227	13,085	17%
May	64,224	24,871	38.7%	101,351	17,737	18%
June	82,944	29,103	35.1%	67,335	24,086	36%
July	57,534	27,978	48.6%	42,401	29,239	69%
August	56,114	37,205	66.3%	56,164	18,652	33%
September	70,707	25,947	36.7%	113,369	25,481	22%
Total	526,516	219,107	42%	573,547	153,846	27%

Source: Australian Institute of Health and Welfare analysis of National Cancer Screening Register data.

The data extracted from Primary Sense in the figure below shows there was some reduction in attendance for cancer screening visits to general practice, due to COVID-19 in February -May 2020. Cancer screening requires a visit or referral letter/pathology request and appears to have been impacted to a greater extent. Cancer screening includes, bowel, breast, cervical and skin. Despite reduced services due to COVID-19 in early 2020, since this time, there have been catch up periods where general practices have seen increased attendances for these interventions, particularly in 2021. Overall, there are more visits to general practice in 2021 (YTD) than pre pandemic in 2019, reinforcing and supporting the anecdotal higher utilisation of general practice. Overall, the data does not suggest that there are emerging concerns of longer-term health issues due to people avoiding routine and preventative care in general practices.

Figure 3. Cancer screening in 80 Gold Coast General Practices, 2019 to 2021.



Source. Primary Sense

Service system

Services	Number in GCPHN region	Distribution	Capacity discussion
General practice	206	Broad distribution and availability across GCPHN region.	• Screening for cervical cancer. • Skin checks for melanoma • Limited integration of utilisation and results data with general practice impacts follow up, availability and accessibility. • National cervical screening program have electronic results going to GP • Cancer screening training and information event well attended in GCPHN region.
BreastScreen	5	4 permanent sites (Helensvale, Robina, Southport, West Burleigh), plus a monthly staff clinic at Gold Coast University Hospital. 1 mobile service visiting 6 locations (North Tamborine Mountain, Nerang, Elanora, Beenleigh, Pimpama, and Beaudesert).	• Public breast screening • Fewer permanent sites than comparative HHS regions (e.g. Sunshine Coast area). • Wait times at the Gold Coast Service are currently one week or less, partly due to the temporary suspension of screening in response to COVID-19. • Follow up occurs at Southport site. • Follow up of abnormal results usually incurs a 2 week wait as service is often at capacity. • BreastScreen and GPs • BreastScreen has set a screening target of 33,700 for the GCPHN region in 2020-2021.
Private breast screening clinics	5	Majority of providers along eastern strip of Gold Coast.	• Growing market—some private imaging clinics, some women's health-focused. • Eligible for Medicare rebate— out-of-pocket costs still generally apply.

National Bowel Cancer Screening Program (NBCSP)	1	Eligible people aged 50 – 74, identified by Medicare and Department of Veterans' Affairs, are posted a faecal occult blood test (FOBT) kit and invited to complete the test.	• Current roll-out NBCSP results sent electronically to GP. • Follow up of abnormal results from the program incurs a variable wait time. • People with a positive result may also choose to follow up with a private referral.
Private bowel cancer screening			• Non-program FOBTs can be sourced privately through some pharmacies, pathology companies and organisations such as Bowel Cancer Australia and Rotary. These are not integrated with the National Cancer Screening Register or factored into local bowel cancer screening participation rates. • Some people who are eligible for the NBCSP screen via private colonoscopy which provides added cost and health risk.
Skin clinics	32	Spread across GCPHN region Mostly located at medical centres.	• An identified shortage of culturally appropriate and culturally safe services inhibit access for CALD and many Aboriginal and Torres Strait Islander consumers.

Consultation

Community and stakeholders identified:

- Many people in the community are not aware of cancer screening target groups.
- There is negative stigma with the screening process itself.
- There are low levels of health literacy in specific pockets of the population which adversely influences screening awareness and uptake.
- Barriers to general practice playing a more prominent role in screening include:
    - Invitations to participate in the National Bowel Cancer Screening Program are sent out to eligible Australians separate to general practice, with GPs initially left out of the loop.
    - While FOBT kits are easily available, those not issued through NBCSP are not being integrated with the National Cancer Screening Register making it difficult for GPs to receive information and provide follow-up.
    - While results from BreastScreen and the NBCSP are now coming directly into general practice software, GPs are not made aware of NBCSP service decliners, so they cannot be proactively followed up.
- Potential of over-screening – people may receive an invite to screen in the NBCSP despite completing a recent FOBT or colonoscopy if this takes place outside of the national program.
- People attending private breast screening services are not entered into the state reminder system.
- Cultural complexities may inhibit screening for some groups.
- Regularly changing eligibility criteria and national priorities.
- Funding model for screening in general practices influences uptake and cost effectiveness of consultation.
- The change for cervical cancer screening to a 5-year timeframe is causing some anxiety for women so education is needed to support the change.
- Limited resources and information for community on the three programs, difference in cervical screening test.
- Breast cancer is rising in the under 50 age group, need to advocate to lower the age for breast screening to 40 and promote to the community.

The GCPHN Community Advisory Council (CAC) 2017, noted a limited awareness in Gold Coast community regarding screening and eligibility requirements:

- 66 per cent knew about cervical cancer screening.
- 75 per cent knew about breast cancer screening.
- 50 per cent knew about bowel cancer screening.
- Only 50 per cent indicated they were aware of target groups for the different screening services.

The CAC also noted:

- The community expects health professionals to notify/remind them to get screened, carry out the screening test if relevant and make referral if required – this ranked as more important than providing them with information on what screening services are available.
- The community has differing attitudes towards public and private screening services.
- The community identified difficulty accessing services and report high complexity navigating the system.
- There is a "embarrassment" factor in breast, bowel and cervical screening that inhibits uptake.

What we understand works

National Bowel Cancer Screening Program (NBCSP)

There is extensive evidence that bowel cancer screening is highly effective and cost-effective. With current levels of participation (40 per cent), the NBCSP is expected to prevent 92,200 cancers cases and 59,000 deaths over the period 2015-40; and additional 24,300 and 37,000 cases and 16,800 and 24,800 deaths would be prevented if participation were increased to 50 per cent and 60 per cent, respectively[7].

A 2014 study found that people who were invited to screen through the NBCSP had 15 per cent less risk of dying from bowel cancer and were more likely to have less-advanced bowel cancers when diagnosed, than people who were not invited[8]. It is expected that from 2016 to 2020 approximately 9,000 suspected or confirmed cancers and over 26,000 advanced adenomas will be detected and removed. This will significantly reduce the burden of bowel cancer on Australians and their families.

A study published in MJA found that participation in the National Bowel Cancer Screening Program led to colorectal cancer down-staging. Participants were more likely to have stage A lesions compared with all other patients, and half as likely to have stage D colorectal cancer. A further shift towards earlier stage was seen in those who participated in screening and those with positive test results compared with all other patients.

National Cervical Screening Program

Since its introduction in 1991, the National Cervical Screening Program has been very successful. Incidence and mortality from cervical cancer in Australia fell by around 50 per cent in the first decade. However, in the second decade of the screening program, rates of cervical cancer incidence and mortality appear to have levelled out.

7 Lew JB, St John DJB, Xu XM, Greuter MJE, Caruana M, Cenin DR, et al. Long-term evaluation of benefits, harms, and cost-effectiveness of the National Bowel Cancer Screening Program in Australia: a modelling study. Lancet Public Health. 2017;2(7):e331–40.

8 AIHW 2014. Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program. Cat. no. CAN 87. Canberra: AIHW.

An independent review of the National Cervical Screening Program was undertaken in 2014, which led to changes to improve the effectiveness of the program that commenced on 1 December 2017. These changes include:

- Women will be invited when they are due to participate via the National Cancer Screening Register.
- The Pap smear will be replaced with the more accurate Cervical Screening Test to detect human papillomavirus (HPV) infection, which is the first step in developing cervical cancer.
- The time between tests will change from two to five years.
- The age at which screening starts will increase from 18 years to 25 years.
- Women aged 70 to 74 years will be invited to have an exit test.
- Evidence shows that changes will reduce cervical cancer incidence and mortality by at least 20 per cent and require fewer tests over a woman's lifetime.

BreastScreen Australia

When free BreastScreen Australia services started in 1991, the rate of mortality due to breast cancer was 68 deaths per 100,000 women, which decreased to 43 deaths per 100,000 women by 2010. This decrease is due to the early detection of breast cancer through mammogram and the effective treatment for breast cancer. Detecting any abnormalities early ensures that women have all treatment options available to them. The earlier breast cancer is found, the better the chance of surviving it. It is recommended that women aged 50-74 years without breast cancer symptoms should have a screening mammogram every two years, as more than 75 per cent of breast cancers occur in women aged over 50. BreastScreen Australia has a program participation target of 70 per cent of women in the target age group, which has not been met previously at a national level. Women aged 40-49 and 75 and over are eligible to receive free mammograms but do not receive an invitation to attend. It is estimated that around 8 deaths from breast cancer will be prevented for every 1000 women screened every two years from age 50 to age 74, based on evaluation of mammographic screening in Australia.

Australian Government

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An Australian Government Initiative

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Primary Care Gold Coast (ABN 47152953092), trading as the Gold Coast Primary Health Network. Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health.

Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.