



How the 2022–23 Budget is investing in cancer prevention, diagnosis and treatment

The Australian Government is investing \$893.5 million in services that will improve the health outcomes and survival rates of Australians from a range of life-threatening cancers, by building state-of-the-art cancer treatment centres and ensuring Australians catch up on testing, screening and treatment of cancers impacted through the COVID-19 pandemic.

Early detection and intervention is a critical step in improving cancer survival rates, enabling earlier, more effective and less invasive treatments, and reducing long term costs on the health system.

Since 2013–14, the Australian Government's commitment to addressing the impact of cancer has increased by 122%, growing from \$2.2 billion to more than \$4.9 billion in 2020-21.

Over the past decade, significant developments in preventing and treating cancer include expanding Australia's population based screening programs for breast, cervical and bowel cancer, increasing access to publicly funded cancer diagnostic and treatment services through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), and investing in cancer research through the Medical Research Future Fund.

Through the 2022–23 Budget, the Australian Government will invest:

- \$375.6 million over four years to contribute to the establishment of a Western Australian Comprehensive Cancer Centre in Perth through a joint funding partnership with the Western Australian Government. The Centre will improve access to our world-class cancer care and ensure better cancer outcomes for Western Australians. The Centre will co-locate a state-of-the-art treatment facility, including intensive care and emergency department facilities with dedicated research and clinical trial resources
- \$32.6 million to introduce a new positron emission tomography (PET) scan for initial staging of patients with rare and uncommon cancers

- \$40.7 million to increase the availability of testing and screening services for a range of cancers to catch up on COVID-19 related delays, and facilitate appropriate referrals, early diagnosis and intervention, including:
 - \$9.7 million for breast cancer screening
 - \$20.2 million for cervical cancer screening and associated promotion, and
 - \$10.2 million for colonoscopy triage.
- \$66 million over four years, to deregulate and expand access to Medicare funded magnetic resonance imaging (MRI) services in regional, rural and remote areas (Modified Monash Model (MMM) 2–7 areas) from 1 November 2022, providing critical diagnostic imaging services to more regional and rural Australians
- \$10.6 million for an amendment to the current MRI of the breast item for patients at high risk of developing breast cancer, raising the age limit from 50 to 60
- \$28.1 million over three years for the establishment of Genomics Australia to drive the integration of genomics-led diagnostics and medicine into health care, which will deliver more sensitive screening for cancer and more effective, personalised medicine
- \$5.9 million to support priority populations, in particular Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse background (CALD) communities, to catch up on missed health screening opportunities
- \$700,000 for updated Prostate Specific Antigen (PSA) Testing and Early Management of Test-Detected Prostate Cancer clinical guidelines, to promote early detection and treatment of prostate cancer, as identified in the *National Men's Health Strategy 2020–2030*, and improve the health outcomes for Australian men.
- \$329.4 million to include new cancer medication on the PBS including:
 - Trodelvy® (sacituzumab govitecan) for the treatment of triple negative breast cancer, which will save an average of 580 patients each year \$80,000 per course of treatment, from May 2022
 - Lynparza® (olaparib) for the treatment of metastatic castration-resistant prostate cancer, which means around 200 patients will no longer pay more than \$78,000 per course of treatment, from April 2022
 - Mylotarg® (gemtuzumab ozogamicin) for patients with acute myeloid leukaemia, which means they will no longer need to pay \$18,000 per course of treatment, from March 2022

- Calquence® (acalabrutinib), for the treatment of approximately 350 patients with mantle cell lymphoma, which means they will no longer have costs of \$8,200 per script, from February 2022, and
- Braftovi® (encorafenib) in combination with PBS-listed cetuximab, for which around 340 patients battling colorectal cancer (bowel cancer), they will no longer have costs of more than \$33,600 per course of treatment, from January 2022.
- \$20 million to improve outcomes and survival for people with pancreatic cancer, including:
 - \$15 million (\$12 million from the Medical Research Future Fund) over five years to implement the National Pancreatic Cancer Roadmap with Cancer Australia, and
 - \$5 million to support the Pancreatic Centre at Epworth in Victoria.

This approach will encourage all Australians to return to screening and health checks, temporarily increase the availability of cancer screening to make up for COVID-19 related delays, and support priority populations to access screening and treatment services.

Why is this important?

Cancer is the leading cause of death by disease in adults and children in Australia, exceeding ischaemic heart disease, dementia and cerebral vascular disease. According to Australian Institute of Health and Welfare statistics, in 2020:

- over 145,000 Australians were diagnosed with cancer and cancer accounted for nearly 50,000 deaths, and
- three in every 10 deaths was due to cancer.

Australia has some of the best cancer survival rates in the world, driven by our excellent research and clinical care. The Australian Government has invested almost \$27 billion on cancer care, research and treatment since 2013–14.

The burden of disease from cancer in Australia is forecast to grow, with one in every two Australians forecast to be diagnosed with cancer by the age of 85 years.

During the COVID-19 pandemic, many Australians have delayed vital cancer screening, routine health checks and diagnostic tests. During extended lockdowns and health system preparations for COVID-19 management, many screening services were closed and Australians avoided routine check-ups for fear of potential exposure to COVID-19. In addition to a drop off in preventive health MBS claims, uptake of items for cancer diagnosis and treatment also fell, with more than 150,000 fewer BreastScreen Australia mammograms completed in 2020.

Every year almost 20,000 Australian men are diagnosed and 3,300 men die with prostate cancer. Prostate cancer is the second most common cause of male cancer deaths in Australia and the fourth most common cause of male deaths overall. Updating the *PSA Testing and Early Management of Test-Detected Prostate Cancer Guidelines* will ensure that up-to-date

evidence and clinical guidance on best practice care can be incorporated to assist with optimised treatment and management of prostate cancer patients.

The establishment of a WA Comprehensive Cancer Centre will see cancer patients in WA, including rural and remote communities, receive more comprehensive, integrated care for all types of cancers.

The PBS remains one of the most important pillars of Australia's Medicare system, supporting millions of Australians every year to access subsidised medication for a wide range of illnesses, including cancer.

Pancreatic cancer is anticipated to be the third leading cause of cancer death in Australia. Its five-year relative survival has only increased from 3% to 11.5% over the past 30 years, reinforcing the importance of the Roadmap.

Who will benefit?

The Australian Government's investment will positively impact the health of all Australians by enhancing access to routine health care for routine health matters, including screening, to help prevent, detect and manage cancer, and subsidised access to important medications.

Priority populations, including those experiencing socio-economic disadvantage, Aboriginal and Torres Strait Islander people, people living in rural and remote communities, people with a disability and those from CALD backgrounds, will be key beneficiaries of the investment.

How much will this cost?

The Australian Government is investing \$893.5 million over five years, from 2021–22 to 2025–26.