The Royal Australian and New Zealand College of Radiologists®

The Faculty of Radiation Oncology

Consumer Fact Sheet

Commonwealth Government Withdrawing Funding from Cancer Treatment

Radiation therapy involves the controlled use of radiation to treat cancer. It can cure cancers of the prostate, head and neck, bladder, lung, cervix and skin cancers, and is also used to reduce the risk of cancer recurrence after surgery for some cancers including breast, bowel and prostate. For some cancers that are too advanced to be cured, radiation therapy is very effective for relieving pain and other problems caused by cancer, such as bleeding from the lung or bladder.

Radiation therapy is involved in around 40% of all cancer cures, but is still underutilised in Australia. While 1 in 2 patients would benefit from radiation therapy at some point in their cancer journey, only 1 in 3 actually receive it.

Total government funding for radiation oncology in Australia is less than nine cents in every dollar spent on cancer, proving that it is also a very cost effective cancer treatment.

Though very cost effective, radiation therapy equipment has the highest capital cost of any equipment used in health service delivery. For this reason, unique funding arrangements are required to ensure that all Australian cancer patients have access to radiation therapy delivered using the most current and advanced equipment.

Through the Radiation Oncology Health Program Grants (ROHPG) Scheme, the Commonwealth has been contributing to the cost of all equipment used in the delivery of radiation therapy, which has allowed radiation therapy equipment to be upgraded or replaced as required, typically every 10 years.

Before the ROHPG Scheme was introduced, radiation therapy equipment was rarely replaced due to the high cost, which compromised patient access to advanced treatment techniques, potentially leading to poor outcomes.

At the end of 2016 the Commonwealth Government announced a severe reduction in the ROHPG Scheme, to take effect from 1 July 2017. The Faculty of Radiation Oncology of the Royal Australian and New Zealand College of Radiologists (RANZCR) estimates that these changes will cut $67 million from the sector over the next three years, with even more funding reductions in subsequent years.

Equipment required in delivering radiation therapy treatment includes:

- Linear accelerator (the main treatment machine): funding to be reduced
- Brachytherapy machine (crucial to treating cervix cancer): funding to cease
- CT scanner (crucial to allow mapping of treatment areas and then to allow the next stage of Treatment planning): funding to cease
- Treatment planning systems (crucial to determine where the direction and strength of the xray beams, therefore targeting the cancer but avoiding critical normal structures): funding to cease
- Networking system (this allows linking of all the different machines together with the electronic medical record and critical to patient setup each day and safety): funding to cease

Planning radiation therapy is critical to successful treatment. The equipment used to plan the treatment including CTs, planning and network systems is just as necessary as the linear accelerator which delivers the treatment.

In addition funding for brachytherapy machines will cease. Brachytherapy is an integral component in the treatment of cervical and endometrial cancer, and also has a role in treating prostate cancer. A recent study in United States highlighted the critical importance of brachytherapy in the treatment of cervical cancer. The study showed a decline in brachytherapy for cervical cancer resulted in worse outcomes for cervical cancer patients and concluded that brachytherapy use leads to increased survival. The cessation of funding for brachytherapy machines will likely result in a reduction in the cure rate for cervical cancer in Australia.

The effects of the cuts in ROHPG funding will have far reaching effects. There are many pieces of equipment due for replacement soon, and health facilities will struggle to replace equipment that has reached its useful life, potentially returning to the problems of the past where patients were receiving treatment from sub-standard equipment as well as having restricted access to radiation therapy.

What does this mean for patients?

All patients who need radiation therapy will be affected, including patients who might be cured or those who might need it to relieve symptoms caused by cancer.

Access
Reduced ability for patients to access life prolonging radiation therapy, especially specialised techniques such as brachytherapy, intensity modulated radiation therapy (IMRT) and radio surgery. This will particularly affect rural patients whose access is already limited.

Small regional centres do not have the financial resources of metropolitan centres and have less ability to cross-subsidise within the health facility to replace equipment. Expansion of new regional centres is also unlikely without the ROHPG scheme.

Cost
Patients will have increased out of pocket costs and may need to travel further to access the most appropriate treatment for them, removing them from their families and supports for extended periods of time. Indirect costs could also include loss of income. This will inadvertently lead to an inequality of cancer treatment options for patients in lower socio-economic and vulnerable groups i.e. women and indigenous communities.

Quality
Over time, the overall quality of radiation therapy delivered in Australia will be reduced. While Australia currently has the ability to offer patients access to advanced radiation therapy techniques, reduced investment in this area of cancer medicine will prolong uptake of new techniques for Australian patients and slow research in this area. This is frustrating when radiation oncology takes up so little of the Federal budget.

It is critical that the Government reviews and immediately reverses this decision that potentially affects all cancer patients. The future of radiation therapy and cancer patients depend upon it.