



The Royal Australian and New Zealand
College of Radiologists*
The Faculty of Radiation Oncology



MEDIA RELEASE

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Government-proposed funding changes to Health Program Grants will compromise patient access to cancer treatment.

Cancer patients requiring brachytherapy, a special type of radiation therapy, stand to lose access to this cancer treatment if proposed changes from a government funding scheme are implemented.

Radiation oncologists attending the **Australasian Brachytherapy Group (ABG) 2017 Annual Scientific Meeting** have noted the changes to the Radiation Oncology Health Program Grants (ROHPG) Scheme will reduce patient access to cancer treatment, specifically for brachytherapy.

Brachytherapy is effective for many cancers including gynaecological cancers and prostate cancer. Brachytherapy—which is an internal form of radiation therapy given directly into the cancerous tissues—kills the cancer cells and avoids the need for a major operation. In gynaecological cancers, it is also used after a hysterectomy to stop the cancer coming back.

61 year old James Bradford, an engineer in the NSW rural fire service, says brachytherapy saved his life.

"There is no doubt that brachytherapy was the best treatment for me. The benefits of brachytherapy are nothing short of fantastic, to date I have had absolutely no side effects since I first had treatment in April 2010. I was so lucky that I heard about all the treatment options for prostate cancer," said Mr Bradford.

James was diagnosed with intermediate risk prostate cancer in September 2009 after his PSA blood test result started rising. After seeing a surgeon and a radiation oncologist, James decided that he did not want to have surgery and opted for brachytherapy.

"When you are faced with a life-threatening health issue, the best gift for a patient is to have all the alternatives outlined to them. They should have the opportunity to be fully informed about the potential options, before deciding for themselves which treatment they prefer," said Mr Bradford.

Nearly 7 years after treatment with brachytherapy, it looks like James is cured of the cancer. He loves his job and continues working long hours with the fire-fighting teams extinguishing blazes in rural NSW resulting from the recent heatwave. He has absolutely no side effects from the brachytherapy and has maintained normal urinary, bowel and sexual function.

The ROHPG scheme has been instrumental in funding the many essential capital components of radiation therapy service in both the public and private sectors, by providing patient access to advanced treatment techniques, improving cancer cure rates and reducing side effects.

A critical component of cancer care, radiation therapy could benefit one in two cancer patients as long as they have access to it. It is a crucial part of treatment in around 40% of cancer cures. Radiation oncologists are particularly concerned that some of the proposed changes to the scheme involve the cessation of funding for items such as specialised brachytherapy equipment.



“The effectiveness of brachytherapy in the treatment of prostate cancer has been highlighted in numerous scientific studies. It has been proven as a treatment option which has one of the lowest rates of long-term side effects and very high rates of cancer control. Access to modern brachytherapy equipment is vital in ensuring optimal care for prostate cancer patients,” said A/Prof Jeremy Millar, Director of Radiation Oncology, Alfred Health.

“In the absence of ROHPG support, it is highly unlikely that radiation therapy facilities will be able to invest in essential brachytherapy equipment given the relatively high maintenance costs to facilities. For many women with cervix and endometrial cancers this will have a devastating impact on the ability to deliver safe, up to date brachytherapy treatment which is the standard of care for many of these cancers around the world. In other words, equipment will certainly deteriorate or malfunction and will almost certainly lead to suboptimal care and poor outcomes for patients,” said A/Prof Michael Jackson, Chair ABG.

“The impact of the proposed changes will be felt heavily in both the public and private sectors, but there is a real risk that vital yet complex services required to treat smaller numbers of patients say, with gynaecological cancers which are currently available in the private sector will close and increase the burden on the public sector in the respective states.”

“This in turn will have adverse consequences and compromise patient access, particularly in non-metropolitan areas – ultimately, threatening access to modern radiation therapy equipment and resulting in a profound impact on the delivery of cancer care in Australia overall, especially considering the increasing cancer rates expected in the ageing population,” said A/Prof Dion Forstner, Dean Faculty of Radiation Oncology, Royal Australian and New Zealand College of Radiologists.

Notes to Editors

Prostate seed brachytherapy was introduced to Australia in Perth in 1994, and now brachytherapy is a widely-used cancer treatment available all over Australia and New Zealand. The long-term results validate its use as an effective curative treatment option for early and advanced prostate cancers. Men with prostate cancer should ask for a referral to a radiation oncologist to hear about this treatment option.

For more information about the Australasian Brachytherapy Group please visit www.abq.org.au

For more about radiation therapy and brachytherapy in particular go to <http://www.targetingcancer.com.au/radiation-therapy/brachytherapy/brachytherapy-for-prostate-cancer/>

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