Australian Cancer Plan

Submission by the

Australian Physiotherapy Association

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AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the first draft Australian Cancer Plan (the Plan) – another key piece of policy reform on the Albanese Government's transformational agenda.

We welcome the aim of the Plan to address disparities in cancer care across population groups, geographical locations and care settings - to achieve equity of cancer care outcomes for all Australians. To realise this aim there must be equity of access to evidence-based, high quality allied health care such as physiotherapy.

There is substantial evidence about the benefits of physiotherapy-led exercise and management across the cancer continuum. The landscape is slowly shifting to include more physiotherapy in cancer care as the recognition of the importance of exercise in cancer management is recognised. Physiotherapists also have an important role in providing functional rehabilitation, lymphoedema management and palliative care in cancer alongside the management of a person's complex medical needs. However there remain significant barriers to accessing high quality health care including inconsistency of approaches, lack of referral pathways and lack of funding across sectors.

Publicly funded physiotherapy to optimise patient function pre-treatment and maximise patient recovery, and manage the impacts of cancer long into survivorship or palliative care is urgently required.

A strong policy focus on growing the healthcare workforce is required to address critical skill need and increase workforce supply in under-serviced locations to address unmet patient need. The lack of national health workforce planning, beyond medicine, is limiting our ability to target effective policies across priority sectors and settings to ensure workforce sustainability. This is the key barrier to reform.

It is important to recognise the various roles of physiotherapists across the workforce – including discharge planning in hospital systems, facilitate timely referrals to appropriate services, communication to other members of healthcare team to ensure ongoing collaborative multidisciplinary approach

The role of allied health professionals, such as physiotherapists, includes assessment, monitoring, ordering and implementation of equipment, and training other members of the care team. This must be highlighted within the provision of human resources and workforce.

Further investment in developing skills and career pathways in cancer care for physiotherapists must be made to boost the physiotherapy workforce. Translating research into practice to give critical members of the care team confidence and knowledge in working with cancer patients should be a priority to ensure access to evidence-based care and maximise health outcomes.

Workforce data for cancer physiotherapy in Australia is still very limited reflecting the current poor mapping of the allied health workforce. Strengthened data mapping of not just the

workforce pipeline but the benefits and outcomes in achieving health and quality of life goals is a key factor in meeting the demand for optimal evidence-based care.

Navigating the healthcare system is currently challenging and streamlined multi-modal navigation assistance is essential to ensure their needs are met.

Addressing the complex needs of people living with cancer exceeds the scope of any one health profession. A more prescriptive skills focus supporting advanced scope roles that can facilitate multi-disciplinary, team-based approaches to enable high quality care is needed.

The key priorities for reform are a significant step forward in improving the health outcomes of Australians with cancer over the next decade. The APA is pleased that this critical reform is being undertake in collaboration with the healthcare sector and available to contribute to the work ahead to support its aims.

Recommendations

Recommendation 1

Recognise women under 50 as a priority population group.

Recommendation 2

Pilot program for physiotherapy-led rehabilitation for cancer care. Funds are required to implement and promote cancer physiotherapy services, including dedicating physiotherapists within oncology units to coordinate supportive care services.

Recommendation 3

Publicly fund physiotherapy via Medicare across all cancer types, at all stages of the cancer journey, including lymphoedema management, and settings to optimise patient resilience to treatment, recovery and quality of life.

Recommendation 4

Invest in a Cancer Physiotherapists Workforce Training Pilot Program to upskill physiotherapists to address unmet need.

Recommendation 5

Strengthen data mapping, collection and reporting of outcomes in achieving health and quality of life goals.

Recommendation 6

Embed multidisciplinary team-based care throughout all stages of cancer care.

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Physiotherapy and cancer

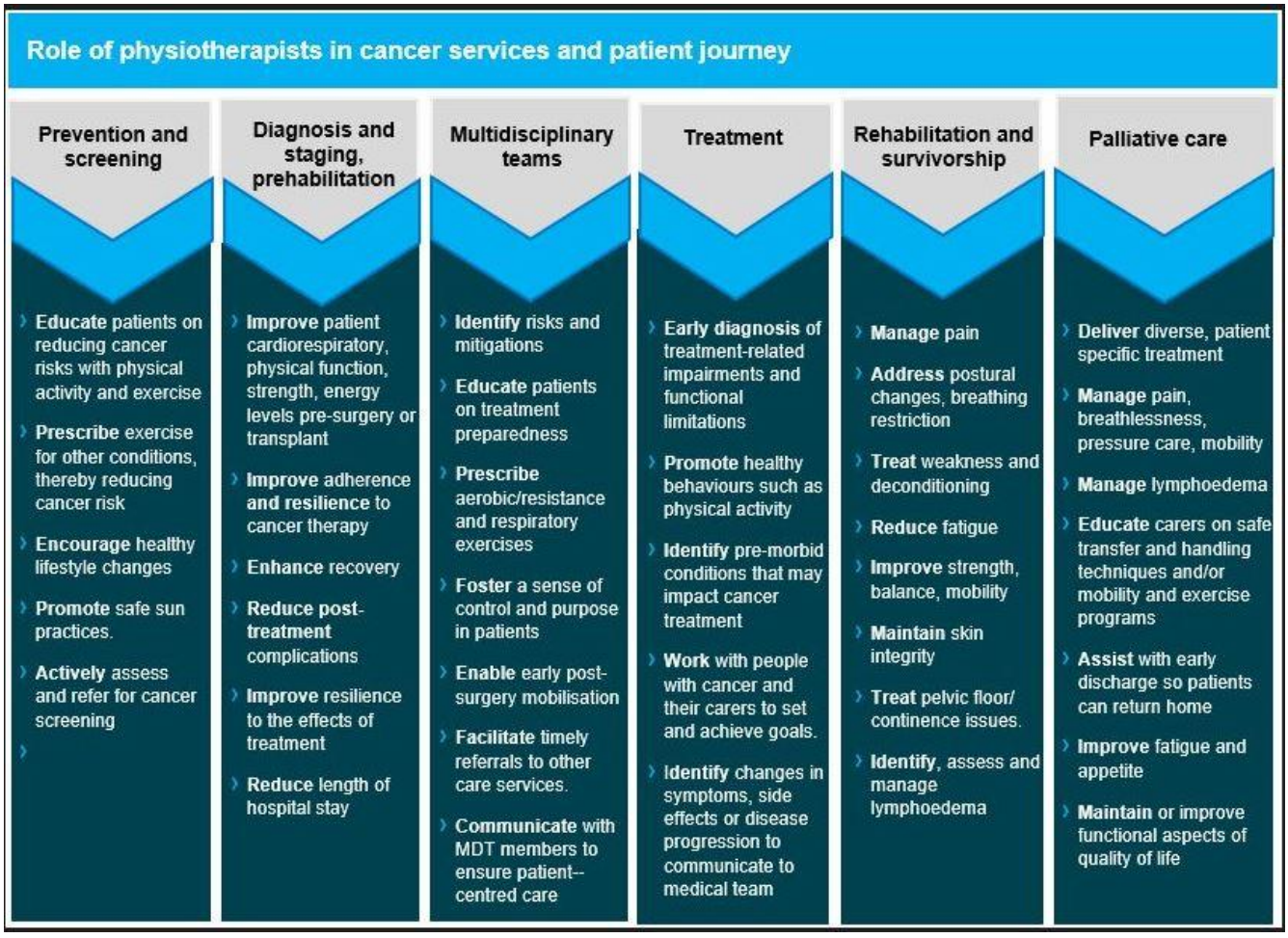
Physiotherapists play a key role in providing safe, individualised exercise prescription before, during and after cancer treatment. They are highly skilled and well placed across the cancer continuum from prevention, prehabilitation and treatment to survivorship and end of life. They are highly qualified to assess, treat and manage complex chronic co-morbidities.

They use a wide range of treatment techniques including strength, aerobic and balance training, hydrotherapy, Pilates for core and bone strengthening, lymphatic and pain massage and stretching.

Physiotherapists identify changes in a person's disease progression, management and care requirements, and provide timely support and referral to other members of the multidisciplinary care team. They work with people with cancer and their carers and families to optimise resilience, comfort and recovery, and foster a sense of control and purpose.

Physiotherapists are also involved in prospective surveillance models of care for cancer survivors such as early detections and interventions with lymphoedema.

Despite exercise being identified as part of cancer care in Australia since 2020, access to cancer physiotherapy is still poor due to lack of and inconsistent funding and lack of integration of services. There is extensive research to support physiotherapy cancer rehabilitation and physiotherapists must be strongly supported in professional development and training to boost the cancer physiotherapy workforce.



Physiotherapy-led exercise

In 2022, APA's Cancer, Palliative Care and Lymphoedema National Advisory Committee summarised the high-quality evidence for the embedding of exercise interventions into routine cancer care

Exercise may improve survival and prevent recurrence

Recent research has demonstrated exercise can counteract the side- effects of cancer and its associated treatments[1] In addition, a recent systematic review found patients who exercised after a cancer diagnosis had a lower relative risk of dying from cancer and of having their cancer recur after treatment, in comparison to patients who performed no, or less, exercise[2]. Possible mechanisms for this effect include:

1. improved physical fitness leading to improved tolerance to oncology treatment (meaning patients can have more treatment), or improved recovery from surgery (fewer complications), and
2. biological mechanisms such as exercise-induced positive changes to the immune and endocrine systems, both of which affect cancer growth.

Exercise is the number one treatment for cancer-related fatigue

Cancer-related fatigue (CRF) remains one of the most prevalent and troublesome side-effects experienced by people undergoing, and following cancer treatment, and is reported to be experienced by up to 96 per cent of patients receiving adjuvant therapy[3]. CRF can significantly impact physical function, psychosocial health and quality of life.

Exercise of at least moderate intensity is the most effective treatment to manage CRF, and is more effective than pharmaceutical and psychological treatments[4] Exercise should be recommended as a first line treatment to manage CRF. Physiotherapists have an important role to play in prescribing tailored exercise interventions for patients with cancer to manage their CRF.

People with advanced cancer can (and want to) exercise

Advances in oncology treatments mean many people with advanced cancer will live many months to years with their disease. Patients can experience symptoms such as fatigue, pain, shortness of breath and loss of physical fitness and function — all of which are amenable to exercise. Exercise is safe and feasible before, during and after treatment for people with advanced cancer[5]. The strongest benefits for these patients are related to reducing functional decline and improving strength and aerobic fitness.

Patients with advanced cancer also want to participate in exercise and to be physically active[6]. In particular, lung cancer survivors believe that physical activity can prevent their health from deteriorating, facilitate their activities of daily living, and improve mental health.[7] Physiotherapists are well placed across the continuum of care to engage this group in

exercise, and to promote exercise as a way of contributing to patients with advanced disease to 'live well'.

Moderate intensity exercise

People diagnosed with cancer should aim to complete moderate-intensity exercise, building up to 150 minutes.

The Clinical Oncology Society of Australia released a position statement in 2018 encouraging the individualised prescription of up to 150 minutes of exercise per week as part of routine cancer care. Recent evidence suggests that moderate-intensity exercise is safe and effective for cancer survivors[8]. High-intensity exercise training may also have a place in cancer rehabilitation, particularly for those who have completed primary chemotherapy and/or radiation[9]. The type of exercise prescribed is important, for example, aerobic training is most beneficial for treating fatigue and impact training such as jumping and skipping is most beneficial for preventing bone loss in men with prostate cancer.

Physiotherapy is a key part of lymphoedema prevention and management

Lymphoedema is the retention of fluid in the tissues, appearing as swelling, resulting from a compromised lymphatic system. Cancer and the treatments for cancer can be the cause of that compromise, in the form of removal or damage to lymph nodes and vessels, or an increase in fluid load. Incidence rates vary with the type of cancer, for example, one in five Australian women with breast cancer will develop arm lymphoedema.[10]

A systematic review published in 2016 found exercise had no effect on lymphoedema volume or symptoms for any type of exercise (aerobic, resistance, aerobic plus resistance)[11], meaning exercise does not make lymphoedema worse.

In women with breast cancer, exercise in the form of progressive resistance training results in gains in upper limb strength without changing arm volume or the incidence of breast cancer-related arm lymphoedema[12]. Physiotherapists educate patients, families and other health professionals so that having cancer-related lymphoedema does not stop patients from participating in exercise and gaining the benefits that come with exercise.

Physiotherapists are in a position to promote, guide and encourage participation in exercise to prevent and manage lymphoedema.

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Case study

Mrs A, 68, was diagnosed with left breast cancer in May 2020. Her condition was compounded by other chronic medical health issues including poor left shoulder function, osteoarthritis and multiple falls. She was referred to a hospital outpatient physiotherapist and received prehabilitation for three months prior to cancer surgery to improve overall strength, functional mobility, balance and shoulder function. The rehabilitation program was funded by a research grant from the hospital for one year and discontinued.

There were complications during Mrs A's left breast conserving surgery resulting in left shoulder dislocation and she faced a further elective surgery for a total shoulder replacement. However this was delayed multiple times due to COVID. By now, Mrs A had completed 'active' cancer treatment and commenced hormone replacement treatment in the cancer survivorship phase.

She undertook a cancer physiotherapy exercise program in the community funded by the local council grant and a community bank. This program enabled her to continue with daily activities; improve/maintain overall strength and function prior to her shoulder surgery, and manage the new onset of cancer treatment-related side effects such as fatigue and generalised joint pain and swelling. Her physiotherapist identified other risks such as malnutrition, family issues and referred Mrs A to a dietitian, counsellor and social worker.

Mrs A's physiotherapist also detected upper limb lymphoedema, which can commonly develop a few years after breast cancer surgery, and referred Mrs A to a specialist lymphoedema physiotherapist. There was no funding to cover this care so Mrs A paid for this treatment, including an expensive compression sleeve, fully out of pocket.

In November 2022, Mrs A completed left shoulder reversal surgery after a two-year surgery wait followed by two weeks of rehabilitation funded by private health insurance before going home. She immediately returned to the community physiotherapist who had supported her since diagnosis. She is still undertaking physiotherapy-led group cancer rehabilitation funded mostly out of pocket with a small subsidy through the Commonwealth Home Support Program.

Mrs A is now awaiting a left total knee replacement due to severe osteoarthritis and is still continuing with her physiotherapy program prior to a knee replacement. She has managed to be independent at home without any gait aid, and fully independent from the point of cancer diagnosis to present day with the help of her physiotherapists.

Further comment on Plan objectives

In addition to completion of the consultation survey, further comments are as follows:

Objective 1: Maximising cancer prevention and early detection

The objective details many priority population groups, however a key cohort is overlooked in the Plan. Women under the age of 50 who do not hold a concession card are not eligible for funded ultrasound if abnormalities are detected via mammogram. The $500 ultrasound fee is a barrier to further diagnosis and delays treatment. Many women between the age of 40 and 50 are particularly vulnerable, particularly if separated, managing children and work requirements and this equality in access must be addressed.

Objective 3: World class health systems for optimal care

Greater alignment between short and medium-term actions is required:

- five-year action description: Improve equitable access to evidence-based, innovative models of integrated multidisciplinary care across the cancer continuum.
- two-year action description: Pilot innovative, evidence-based models of care for people living with and beyond cancer.

Multidisciplinary care must be included in the two-year goals/action to establish an immediate increase and implementation in cancer care coordination and support. The two-year goals/actions need to be aligned with the five-year goals/actions.

Objective 5 – Workforce to transform the delivery of cancer care

It is positive that Objective 5 includes the multidisciplinary workforce working to its full scope of practice and is essential to transforming cancer care in Australia. There are still large existing gaps in national data mapping for the allied health and palliative care workforces. Recent AIHW released 2021 data on palliative care workforce and there was no data allied health data in this sector and very minimal data available in term s of physiotherapy. We do know that physios make up a large proportion of the allied health workforce. Direct is in terms of future workforce training and inform training program requirements for physiotherapists to increase skillset of physiotherapy to deliver cancer care.

Conclusion

The APA supports a strong policy focus on increasing access to publicly funded evidence-based health care at all stages of the cancer journey and growing the healthcare workforce with skills and career pathways investment to address unmet patient need. While recognition of the benefits of exercise and multidisciplinary care has grown as cancer care advances, it is vital that the policy focus shifts to adequately fund, value, retain and grow the health workforce to optimise health and quality of life outcomes for people with cancer.

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