



4 November 2019

ADAVB response to the Victorian Cancer Plan consultation paper 2020-2024

About the ADAVB

The [Australian Dental Association Victorian Branch \(ADAVB\)](#) is the voice of dentistry in Victoria, representing nearly 80% of all Victoria's dentists across the public and private sector and advocating to improve the oral health of all Victorians. Our advocacy and health promotion initiatives aim to promote the importance of oral health to Victorians and support our members to deliver the best possible care to their patients. For further information about the content of this submission please contact the ADAVB Policy and Research Team: Ph: 03 8825 4600; E: advocacy@adavb.org

Impact of oral cancer on Victorians

Oral cancer¹ is the 9th most common cancer in men, and the 15th most common cancer in women. Oral cancer is a significant cause of disease burden in Victoria with an average of over 14 new diagnoses and three deaths a week.

Oral cancer is difficult to detect in the early stages, and may not be detected until well advanced, with severe health and economic consequences for patients and their families.

Smoking and alcohol consumption are major risk factors for oral cancer. Exposure to alcohol and tobacco together significantly increases the risk of oral cancer compared to exposure to either of these risk factors in isolation. Some oral cancers are also attributable to Human Papillomavirus (HPV) infection. The majority of oral cancers are therefore considered to be preventable.

The Victorian Cancer Plan 2016-2020 recognised Oral Cancer as an area of need for improved outcomes. This included funding of the Victorian Oral Cancer Screening and Prevention Program, a partnership program to increase screening, early detection and oral cancer prevention². The training program providing oral health professionals with the skills to detect early signs of oral cancer in their patients is currently being piloted.

ADAVB therefore welcomes the opportunity to provide input into the Victorian Cancer Plan 2020-2024 through this consultation. In this submission we have focussed on Action Areas 1 and 2 – Primary Prevention, and Screening and Early Intervention, and offer selected comments on Action Areas 4 and 5 – Wellbeing and Support, and Research.

¹ Oral cancer is a subset of head and neck cancer, and includes cancer of the lip, tongue, gum, floor of the mouth, roof of the mouth and any other part of the oral cavity. Oral cancer also includes the back of the throat. ADAVB suggests that the following ICD-10 codes be utilised to define oral cancer: C00-C10 and C14 (International statistical classifications of disease and related health problems, tenth revision) – see AIHW Cancer in Australia 2019 Appendix B for further information: <https://www.aihw.gov.au/getmedia/8c9fcf52-0055-41a0-96d9-f81b0feb98cf/aihw-can-123.pdf.aspx?inline=true#page=131>

² See <https://www.dhsv.org.au/news/news-stories/general-news-stories/2019-news/dhsv-leads-the-way-with-oral-cancer-screening> for further information about the Oral Cancer Screening and Prevention Program.



Action area 1: Primary prevention

The consultation paper proposes the following focus areas for the next four years:

Focus area: Embed support and services that help people to stop smoking as routine care across the health and human services system.

ADAVB Response:

ADAVB strongly supports this focus area. ADAVB urges the government to promote and fund smoking cessation brief interventions across the health sector as part of routine practice.

Significant work has been undertaken in the oral health sector to develop a systematic smoking cessation brief intervention for oral health professionals through the Smokefree Smiles project³. New resources and an online training package is now available to dental professionals on the Quit Victoria [website](#), however more work needs to be done to embed this training State-wide across the public and private dental sectors.

Many categories of health professionals will be in a position to engage in a brief smoking cessation discussions with their patients and offer a referral for further tobacco counselling, such as to a general medical practitioner or Quitline. Some of these include medical specialists, dentists, pharmacists, dieticians, psychologists, and physiotherapists. However, the only category of health professional in the primary care setting that can claim remuneration for this is a general medical practitioner. This is a barrier to implementing comprehensive smoking cessation support as routine practice in health services.

In the case of dentistry, Australian Dental Association (ADA) item code 142 ('tobacco counselling') from the [Australian Dental Association Schedule of Dental Services and Glossary](#)⁴, has previously been funded in the public dental sector in Queensland, but is not funded in Victoria.

Recommendations

- that the Victorian Government provides specific additional funding for the use of ADA item code 142 in the public and private dental sectors as this will incentivise smoking cessation interventions
- that smoking cessation brief intervention training be provided to health professionals across the health sector

³ Smokefree Smiles was funded by the Department of Health and Human Services, and was a partnership between Quit Victoria, Dental Health Services Victoria, the Department of Health and Human Services, and the Australian Dental Association Victorian Branch Inc.

⁴ Australian Dental Association (2017). The Australian Schedule of Dental Services and Glossary, 12th Edition. Available from [https://www.ada.org.au/Dental-Professionals/Publications/Schedule-and-Glossary/The-Australian-Schedule-of-Dental-Services-and-\(1\)/Australian-Schedule-and-Dental-Glossary-2015-FA2-W.aspx](https://www.ada.org.au/Dental-Professionals/Publications/Schedule-and-Glossary/The-Australian-Schedule-of-Dental-Services-and-(1)/Australian-Schedule-and-Dental-Glossary-2015-FA2-W.aspx)



Focus area: Continue to increase awareness of the risk of developing skin cancer and improve early detection.

ADAVB Response: ADAVB supports this focus area.

Focus area: Strengthen tracking of ionising radiation exposure by workers and develop personal radiation dose monitoring services.

ADAVB Response:

ADAVB queries whether this action is necessary - it is not viewed as a priority in the dental sector. ADAVB understands that there are already processes in place to track ionising radiation exposure by workers and that this is effective. ADAVB recommends any regulatory changes to radiation practice in the dental sector be informed by state-wide public consultation and a cost-benefit analysis. ADAVB urges the government to ensure a risk-based regulatory approach to radiation safety. The most common imaging procedure in dentistry is the intraoral X-ray. This is a very low risk X-ray procedure, which is currently exempt from personal radiation exposure monitoring requirements.

Recommendation

- That this focus area be removed or assigned a lower priority

Focus area: Improve Hepatitis B and Human papillomavirus vaccination reporting and recording.

ADAVB Response:

ADAVB supports this measure, however we understand that sufficient recording and reporting of HPV vaccination may already be in place. HPV is one of the causative agents of cancers of the oral cavity and oropharynx, and increased recording and reporting of vaccinations is welcome.

Focus area: Improve Human papillomavirus vaccination services for children who miss school vaccinations and for priority groups.

ADAVB Response:

ADAVB strongly supports this measure. Data from 2014-15 indicates that, although HPV vaccination rates are increasing, people in very remote or low socioeconomic areas still have lower vaccination rates⁵. As HPV vaccination can prevent some cancers, ensuring good vaccination coverage across the population is important.

Focus Area: Improve the health and wellbeing of children and adolescents by increasing physical activity, decreasing excessive alcohol consumption and decreasing the prevalence of overweight or obesity.

ADAVB strongly supports this focus area. This focus area should be applied to people of all ages, not just adolescents.

⁵ Australian Institute of Health and Welfare (2018). HPV immunisation rates in 2015-16. Cat. no: HPF 17. Online report released 22 March 2018. Available from <https://www.aihw.gov.au/reports/immunisation/hpv-immunisation-rates-2015-16/related-material>



Comments on tackling excessive alcohol consumption

ADAVB strongly supports actions to decrease excessive alcohol consumption in the community, as there is a strong association between excessive alcohol consumption and oral cancer. The risk of oral cancer is increased when people both drink and smoke, and this exceeds the oral cancer risk associated with either of these behaviours in isolation.

While the relationship between smoking and cancer is well recognised in the community, the increased cancer risk associated with alcohol consumption is not as widely understood. It will therefore be important to engage in community awareness raising campaigns about the cancer risks of excessive alcohol consumption.

Further training programs are needed to assist health professionals (in addition to GPs) to engage in conversations about alcohol consumption with their patients. Many different categories of health professionals will be in a position to discuss alcohol consumption with patients however some may not feel confident in doing so.

In 2013-15 ADAVB led a pilot project funded by the Victorian government called “Health Promoting Practices”⁶, which aimed to increase the number of health promotion discussions that dentists and physiotherapists engaged in with their patients. One finding of this project was that dentists were comfortable promoting healthy eating and smoking cessation, and physiotherapists were comfortable promoting healthy eating and physical activity. Neither group was very confident in discussing risky alcohol consumption and may not routinely screen patients for this behaviour.

Comments on tackling overweight and obesity

Decreasing overweight and obesity requires an integrated system-wide response. The Victorian Government is taking some actions in this area, but much more needs to be done both at the State level and nationally. This includes improving labelling of packaged foods, regulating the marketing of unhealthy food, particularly to children, restricting the sale of unhealthy foods, community education campaigns and monitoring and evaluating actions taken.

The Victorian Government is currently undertaking an audit of the food available in public hospitals and aged care facilities. ADAVB urges the government to leverage this opportunity to demonstrate leadership in promoting the health of Victorians – strong actions must be taken to remove unhealthy foods from these settings.

The Cancer Council’s “13 types of Cancer Campaign”⁷ is an important step in raising community awareness about the increased risk of certain cancers for people who are above a healthy weight. Further investment is needed to ensure the community becomes more aware of this.

⁶ The Health Promoting Practices Project was led by the Australian Dental Association Victorian Branch Inc. (ADAVB), in partnership with the Victorian Department of Health and Human Services (DHHS), Dental Health Services Victoria (DHSV), and the Australian Physiotherapy Association Victoria (APA Vic), and funded by the DHHS. The Final Report on the Evaluation of the Health Promoting Practices Project is available from ADAVB upon request.

⁷ See <https://www.cancervic.org.au/healthyweight/obesity-and-cancer-what-is-the-link>



Recommendations

- Apply this focus area to people of all ages, not just adolescents.

Decreasing the prevalence of overweight or obesity:

ADAVB recommends that the Victorian Government:

- continues to support initiatives to raise community awareness about the links between overweight/obesity and cancer risk
- seeks to regulate the advertising of junk food to children, and advocates for national junk food advertising regulations
- ensures stricter controls on the availability of junk food in authorising environments such as residential aged care facilities, hospitals and schools
- removes sugary drinks from sale in all government facilities
- bans junk food advertising on all government infrastructure, and
- supports and advocates for a national tax on sugary drinks

Decreasing excessive alcohol consumption:

ADAVB recommends that the Victorian Government:

- Funds and supports further programs to assist health professionals (in addition to GPs) to engage in conversations about alcohol consumption with their patients. Many different categories of health professionals will be in a position to discuss alcohol consumption with patients however some may not feel confident in doing so.
- Seeks to raise community awareness about the links between alcohol consumption and cancer, particularly oral cancer.

Are there any other areas we should focus on over the next four years to improve cancer outcomes through primary prevention?

No



Action area 2: Screening and early detection

ADAVB offers comments on the following focus areas:

- Work to improve participation rates in cancer screening program, and
- Work to ensure timely and appropriate access to services and care across the cancer screening pathway
- Improve early detection of cancers by training general practitioners and health professionals in screening and early detection and by strengthening referral pathways.

Training the health workforce to screen for oral cancer

The Victorian Government has funded and supported a program to increase oral cancer screening and early detection capability and practice in the oral health sector. This is intended to be applied to the general medical practice setting in future. ADAVB is partner in this program, and we welcome the government's recognition of the need to reduce the impact of oral cancer on Victorians through training the health workforce to systematically screen patients in higher risk categories for oral cancer.

Educating the community about the signs of oral cancer

It is important that investments in training the health workforce to screen for oral cancer is paired with government funded community awareness raising campaigns, so that the community understands the signs of oral cancer and knows where to seek help if they have concerns.

Inequities in access to oral cancer screening – issues with regular access to dental care

Currently no formal screening program exists for oral cancer, screening therefore occurs as part of a routine dental check-up. As this disease is painless and difficult to detect in the early stages, a comprehensive intraoral examination by a dentist at least once per year is the best way to screen for oral cancer.

Timely access to dental care is also critical, and ADAVB urges the government to increase funding for adult public dental care to reduce waiting times to not more than 12 months. This will help to ensure that disadvantaged Victorians have the same opportunities for oral cancer screening and early detection as those who are in a position to fund their own dental care.

Waiting times to access public general dental care in Victoria are currently 20.2 months on average but can be up to three years in some parts of Victoria. Unless inequities in access to dental care can be addressed, oral cancer will continue to disproportionately impact on people in vulnerable groups.

Inequities in funding for follow up diagnostic procedures for patients with suspected oral cancer

When a dentist or medical practitioner determines that their patient has a suspicious oral lesion that could be cancerous, the patient would usually be offered a referral to an appropriate dental specialist for follow up. This specialist may perform a tissue biopsy to seek a diagnosis. Categories of dental specialists that would commonly receive these referrals include Oral Maxillofacial Surgeons, Oral Medicine Specialists and Oral Surgeons. Australian



Dental Association (ADA) item code 051 – Biopsy of Tissue can be used for the biopsy procedure. Oral Maxillofacial Surgeons can utilise Medicare Benefits Schedule item code 52024⁸ as an alternative to ADA item code 051.

It is important that any patient, who has a suspicious oral lesion, is able to access appropriate follow up care in a timely manner as close to home as possible with little or no out of pocket costs. ADAVB was therefore concerned to learn recently that, while dental extras policies from the major private health insurance funds provide a rebate for ADA item code 051, Australian Unity does not.

The biopsy procedure is an essential diagnostic tool to facilitate the identification of oral cancer in the early stages. The decision by a health fund not to provide a rebate for this procedure not only causes a financial impact for the patient but sends a misleading message that this procedure is not valuable or important. It therefore acts as a potential barrier to the early diagnosis of oral cancer. ADAVB therefore recommends that the Victorian Government puts measures in place to ensure that patients referred for follow up of suspicious oral lesions are able to access timely care with no out of pocket costs, irrespective of the referral pathway or their health insurance status.

Recommendations

- continue to fund and support the Oral Cancer Screening and Prevention Program to train oral health professionals and general medical practitioners to screen their patients for oral cancer
- invest in community education campaigns to raise awareness of the signs of oral cancer and how to access oral cancer screening
- address inequities in access to oral cancer screening by providing more funding for adult public dental care to ensure that all Victorians, regardless of their socioeconomic status, can access dental care at least once per year
- put measures in place to ensure that patients referred for follow up of suspicious oral lesions are able to access timely care as close to home as possible with no out of pocket costs, irrespective of the referral pathway or their health insurance.

Are there other areas we should focus on over the next four years to improve cancer outcomes through screening and early detection?

No

⁸ MBS code 52024: “Biopsy of skin or mucous membrane, as an independent procedure (MBS fee: \$53.05) (only available if the procedure is performed by an Oral Maxillofacial Surgeon)” from Medicare Benefits Schedule Book Category 4, operating from 1 July 2019. Available from [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/E45D240FB9C1C74FCA2583DD00074EC3/\\$File/201907-Cat4%20Jul2019.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/E45D240FB9C1C74FCA2583DD00074EC3/$File/201907-Cat4%20Jul2019.pdf).



Action area 4: Wellbeing and support

ADAVB offers comment only on the following question within this action area:

Are there other areas we should focus on over the next four years to improve cancer outcomes through treatment?

The treatment of many cancers can impact on the oral health of patients, predominantly as a consequence of the side-effects of chemotherapy and radiation therapy. This can be through reduced salivary flow and increased risk of dental disease, lowered oral health related quality of life with difficulty chewing and swallowing, or the increased risk of osteonecrosis of the jawbone. Therefore it is essential that dental care is an integral component of cancer treatment. This requires a dental assessment where relevant prior to the commencement of cancer treatment, as well as access to ongoing dental care during treatment. Funding must be made available to ensure that all patients at risk of dental complications of cancer treatment are able to access timely and appropriate dental care in either the public or private dental system.

Recommendations

- ensure that appropriate dental care is an integral component of cancer treatment
- ensure that all patients at risk of dental complications of cancer treatment are able to access timely and appropriate dental care in either the public or private dental system

Action area 5: Research

ADAVB offers comment only on the following question within this action area:

Are there other areas we should focus on over the next four years to improve cancer outcomes through research?

From 2005 to 2017, the number of oral cancer cases in Victoria increased by 42% on average. This is despite declining smoking rates and increasing rates of HPV vaccination. More research is therefore needed into oral cancer prevention, diagnostic tools, and treatments. Further research is also needed in the areas of health workforce training and implementation.

Currently there is no central repository for oral cancer data collection in Victoria. It would be easier to monitor progress in improving early diagnosis and outcomes if a more comprehensive data collection system was put in place.

Recommendations

ADAVB recommends that the Victorian Government:

- Provides funding for more oral cancer research
- Funds initiatives to improve the monitoring of oral cancer incidence, oral cancer staging data and outcomes, and
- Invests in research into oral cancer preventive programs