COSA Exercise and Cancer Group Submission to the Draft Australian Cancer Plan Consultation 15 December 2022

Clinical Oncology Society of Australia

This submission is made on behalf of the **Clinical Oncology Society of Australia (COSA) Exercise and Cancer Executive Committee.**

We advocate for all Australian people with cancer and survivors to have the opportunity to receive assessment and intervention by a qualified exercise professional with experience in cancer care (Accredited Exercise Physiologist or Physiotherapist), as reflected in the "Clinical Oncology Society of Australia Position Statement on Exercise in Cancer Care" (https://pubmed.ncbi.nlm.nih.gov/29719196/).

We provide the feedback below to the final draft Australian Cancer Plan (ACP), in addition to our online survey responses.

We also understand much of this feedback may be too detailed for inclusion in the Australian Cancer Plan, and instead may be more applicable to the ACP implementation plan. However, we believe it important to ensure the comments are provided for consideration at the relevant opportunity.

Recommendations

As an adaptation to our original submission to the ACP consultation from the COSA Exercise and Cancer Executive Committee (March 2022), the key summary of transformative changes we are advocating for include the following **recommendations**:

1) **All patients receiving cancer care at public hospitals to have access to an oncology-specialised qualified exercise professional.**

2) **Revision to Medicare Benefits Schedule to fund more supervised sessions with a qualified exercise professional (e.g. increase from 5 to 10 sessions per year, addition of 8 group exercise sessions per year as Diabetes population receives).**

3) **Implementation of referral pathways between cancer centres and qualified exercise professionals in community settings prior to, during, and following treatment for cancer.**

4) **Establish partnerships between all cancer centres and universities, including conjoint appointments, to engage in exercise-oncology research.**

We do not believe the draft ACP reflects the established role that exercise has in cancer care in 2023 and beyond, and that patients are calling for.

Exercise and Physical Activity

The World Health Organization states explicitly that the terms “physical activity” and “exercise” should not be used interchangeably. Exercise is a subset of physical activity that is planned, structured, and repetitive and has as a final or an intermediate objective the improvement or maintenance of health and physical fitness. “Exercise medicine” is health assessment and subsequent prescription of exercise for the prevention and treatment of disease and when applied to patients with cancer the term is “exercise oncology”. Physical activity is certainly highly beneficial for prevention of some cancers and has been demonstrated to enhance quality of life and potential clinical outcomes for people with cancer. However, we believe that the ACP is an opportunity to do much better and recognise and support exercise medicine and lifestyle behaviours as an integral component of clinical care of people with cancer. **We do not believe the important role of exercise medicine to improve cancer care is adequately addressed in the Draft ACP**.

ACP STRATEGIC OBJECTIVES

The role of evidence-based exercise-medicine and physical activity falls in-line with the key ACP strategic objectives to optimise care and outcomes for Australians, and thus warrants further inclusion of the suggested priority areas in the revised ACP. The objectives where exercise-medicine falls in-line with include the following.

STRATEGIC OBJECTIVE 1: MAXIMISING CANCER PREVENTION AND EARLY DETECTION

Regarding the need for physical activity interventions and access for **priority populations** including Aboriginal and Torres Strait Islander people, People living in low socioeconomic areas, and People living with a disability (page 40), we offer the following.

Exercise professionals (exercise physiologists and physiotherapists) are well placed to provide evidence-based exercise programs to all these priority groups mentioned in the draft ACP. These groups have clearly been identified as lacking and needing intervention to modify physical activity, yet, it currently has not been sufficiently addressed in the ACP how they will receive this support. Further, for patients with significant morbidity and mortality risk, a more systematic strategy is required given the huge volume of research demonstrating that targeted exercise medicine inhibits growth of cancer cells, enhances effectiveness of chemotherapy and radiation therapy, improves surgical outcomes, and reduces side-effects of primary cancer treatments. Our four priority suggestions will allow for these priority groups, and others, to receive in-hospital support, in-community support, and expanded access via subsidised services.

Physical activity for secondary prevention, as noted throughout the ACP and especially in the glossary (page 148)

There is a strong evidence-base supporting the role of exercise for secondary prevention, including reducing the risk of cancer recurrence, mortality, and chronic diseases (Reference 5, 6, 7, 9, 10), yet it is not clear in the Draft ACP how Australians with cancer and survivors will receive evidence-based exercise-medicine to manage their risk of secondary prevention. Thus it is critical to ensure it is appropriately delivered in a personalised manner (i.e. best practice commencing at diagnosis, throughout treatment and delivered by exercise

professionals in-hospital; Recommendation 1), and ensuring exercise is continued post-treatment to rehabilitate the patient from the disease and treatment side-effects while reducing the risk of cancer recurrence and development of other chronic disease via establishing referral pathways between hospitals and community exercise clinics (Recommendation 3) and expanded Medicare funding from 5 to 10 sessions per year to ensure long-term sustainability (Recommendation 2).

STRATEGIC OBJECTIVE 2: ENHANCED CONSUMER EXPERIENCE

Exercise has the potential to improve quality of life, physical function, psychological wellbeing, fatigue, sleep quality, and reduce co-morbidities, recurrence and mortality risk. Appropriately prescribed exercise medicine has been demonstrated to ameliorate side-effects of chemotherapy and radiation therapy as well as improve surgical outcomes. These are all critical components representing enhanced consumer experience that can be achieved from a low-cost but highly effective intervention (Recommendations 1-4).

STRATEGIC OBJECTIVE 3: WORLD CLASS HEALTH SYSTEMS FOR OPTIMAL CARE

Action 3.2.3, dot point 2, page 80

- A nationally consistent and comprehensive understanding of what constitutes multidisciplinary care, including allied health, supportive and psychosocial care, community health, mental health, specialist services, emotional and spiritual health, and ***exercise physiologists***

We suggest rewording as follows:

- A nationally consistent and comprehensive understanding of what constitutes multidisciplinary care, including allied health (exercise physiology, physiotherapy, dietetics), supportive and psychosocial care, community health, mental health, specialist services, emotional and spiritual health

Given support for exercise physiologists and other allied health (e.g. physiotherapists) to optimise multidisciplinary care, our four priority suggestions provide the opportunity to provide world-class multidisciplinary care to patients undergoing and after treatment. These currently have not been sufficiently addressed in the ACP. Extensive research and clinical evidence that “exercise medicine” is an essential component of cancer care represents a missed opportunity to put Australia at the forefront of oncology and improve outcomes for people with cancer. Further, exercise physiology and physiotherapy are allied health disciplines with arguably the greatest impact on patient quality and quantity of life long enhancing effectiveness of surgical, systemic and radiation treatments while reducing side effects. Given the plethora of evidence on the role of ‘exercise-oncology’, not promoting patient-centred tailored prescribed exercise as part of patient cancer care restricts the potential for future Australian cancer patients to experience improved physical, psychological and clinical outcomes, including survival and reduced recurrence.

Australia is already considered world class in Allied Health via the Chronic Disease Management Plan (under the Medicare Benefits Schedule) allowing patients with any chronic disease to receive up to 5 sessions per calendar year across all allied health

professionals, including exercise physiologists and physiotherapists. Yet, this is not being utilized well enough, with numerous barriers including lack of established referral pathways (Recommendation 3), lack of awareness and lack of referral from General Practitioners (<1% of all consults). Enhancing the established Optimised Care Pathways to include consideration of referral for individualised tailored exercise plans will provide world class health delivery and enhance recovery. Given we have a skilled workforce in the community that have experience in delivering exercise-medicine services to cancer patients and survivors, we have the opportunity to provide world class health systems for future cancer patients in Australia by embedding exercise into routine care, by delivering exercise-medicine services in community settings (Recommendation 3) , and offering exercise-medicine services in-hospital delivered by qualified exercise professionals to ensure patients achieve optimal outcomes during treatment (Recommendation 1).

Another proposition to provide world class care in our current medical system is expanding and/or refining the access to Medicare funded exercise-medicine services to ensure optimum outcomes and long-term behaviour change are achieved. Suggestions of this include:

- Expanding the Medicare access from 5 (split across all allied health) to at least 10 sessions per year (Recommendation 2)
- Campaigning for new Medicare item number for an "exercise-oncology" service that can be activated by oncologists. Oncologists increasingly want exercise oncology support for their patients but the patient is required to go back to their GP for a Chronic Disease Management Plan, which is not efficient, a financial and time barrier for patients with potential extra out of pocket costs simply for this visit, and GP's current issue with limited access and increasing workload pose further barriers to activating this referral.
- Campaigning for Australian cancer survivors to access an additional 8 Exercise Physiology MBS-rebated sessions for small group exercise per year (a benefit which Australians with diabetes receive).

In addition, in a recent Deloitte report, patients with type 2 diabetes experienced one of the highest benefit-to-cost ratios from Accredited Exercise Physiologist interventions of all chronic diseases (8.8:1), accounting for an annual saving of $5,107 per person in health system expenditure (Reference 11). It is entirely possible that enhanced access to Accredited Exercise Physiologist interventions for people with cancer would result in similar economic benefits.

STRATEGIC OBJECTIVE 5: WORKFORCE TO TRANSFORM DELIVERY OF CANCER CARE

With calls to implement a cancer care workforce that can deliver engaged, capable and culturally-safe evidence-based care, we call for embedding exercise professionals into hospitals (Recommendation 1) to ensure patients are receiving personalised care from the start of their experience, which will optimise their outcomes and response to treatment. Introducing the patients to tailored exercise in the hospital setting early will lead to improved outcomes, enhance patient confidence in safety and efficacy, and promote long-term behavioural change to ensure ongoing benefits into survivorship. Models of care could be adapted by the clinic's resources and patient population, and as an example, can mirror the established cardiovascular and pulmonary rehabilitation services routinely offered (e.g.

8-week programs, 2 sessions/week) to improve outcomes to these patients in hospital settings.

By implementing referral pathways between cancer hospitals and community exercise professionals (Recommendation 3), this will allow collaboration opportunities between tertiary centres and community facilities, to ensure continuous upskilling, engagement and delivery of high-quality care.

STRATEGIC OBJECTIVE 6: ACHIEVING EQUITY IN CANCER OUTCOMES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

There is a strong platform to co-design the delivery of exercise-medicine services for Aboriginal and Torres Strait Islander People to allow for culturally safe evidence-based interventions to be delivered to this population and ensure equitable care and outcomes are being received.

There now exists the evidence and need for cancer care in Australia to leverage learnings from these examples to improve cancer care for all. Specifically, cancer-specific evidence supports integration of exercise medicine into all stages of cancer care (pre-, during and post-treatment), and supports that reimbursement of at least 10 sessions of exercise medicine within the first-year post-diagnosis is cost-effective and will lead to cost-savings (References 1 and 4). Further, cancer specific evidence supports multiple modes of delivery lead to survival benefits (including individualised and group-based support and face-to-face and telehealth delivery).

The COSA Exercise and Cancer Executive Committee thanks you for the opportunity to provide input into the Draft Australian Cancer Plan.

Acknowledgement: This submission is on behalf of the COSA Exercise and Cancer Group Executive Committee (which is made up of medical oncologists, nurses, exercise physiologists, physiotherapists, and researchers), including Dr David Mizrahi, Chair; A/Prof Tina Skinner, Deputy chair; Prof Sandi McCarthy, Dr Diana Adams, Dr Lina Pugliano, Prof Rob Newton, A/Prof Steve Fraser, A/Prof Kellie Toohey, Dr Lara Edbrooke, and Elizabeth Pinkham.

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