



External consultation on draft *Guidance for the management of early breast cancer*

Feedback form – please provide comments by Monday 20 April 2020

email: [Earlybreastcancerguidance@canceraustralia.gov.au](mailto:Earlybreastcancerguidance@canceraustralia.gov.au)

	<p><b>Please read the checklist for submitting comments at the end of this form.</b></p> <p>We would like to hear your views on the draft recommendations and practice points presented in this guidance, and any comments you may have on the structure of the final guidance.</p> <p>Please see the ‘Methods report’ for how the draft guidance was developed.</p> <p>Please note that the current structure and format of the guidance is pragmatic for the purpose of consultation. A web-based version will be developed for final publication.</p>
<p><b>Organisation name:</b> (if you are responding as an individual rather than an organisation please leave blank)</p>	<p><b>The National Rural Health Alliance</b></p>
<p><b>Disclosure</b> Please disclose any potential conflicts of interest you may have</p>	<p>Nil to declare</p>
<p><b>Name of commentator person completing form:</b></p>	<p><b>Dr Gabrielle O’Kane</b></p>
<p>Recommendation/ Practice Point number or General Comments on the Guidance or any sub-topics (‘general’ for comments on whole document)</p>	<p style="text-align: center;">Comments</p> <p>Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.</p>
<p><b>General – Access to treatment delivery options</b></p>	<p>Women in rural and remote Australia should have access to breast cancer treatment and care at an equivalent standard of care as those available to urban residents. Yet, there is currently reduced access to specialist support pathways in rural and remote settings. These guidelines provide no clear suggestions as to how they can be adapted to settings where workforce and infrastructure is limited. Women living in or near large regional centres may be able to receive the level of care detailed in the guidelines, but not those living in more remote locations.</p>



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	<p>The guidelines make no reference to the care of Aboriginal and Torres Strait Islander women or those from a CALD background. There does not appear to be any provision for the care of Aboriginal and Torres Strait Islander women who may have to leave country to receive the care they need. How will their physical and mental health be attended to through the application of these guidelines?</p> <p>Outreach clinics and Telehealth options can overcome some of the challenges of access, but not all of them. Frequent phone contact and the utilisation of a local health professional for face to face contact (with patient consent), is vital and also starts to pave the way for follow up once the patient returns home.</p>
<b>General – Financial burden of a breast cancer diagnosis</b>	<p>Many women may not be able to afford the time and expense of many of the treatments if it means attending large centres and requiring considerable time off work. Will these guidelines be supplemented with additional information about dealing with living away from family members for an extended time and entitlements for accessing travel assistance for travel costs to receive treatment?</p> <p>Patients and their families need to know of the existence of a number of Commonwealth, state and Territory travel assistance packages as soon as possible as the thought of uprooting the family to move to a larger centre for a number of months can be crippling.</p> <p>Perhaps these guidelines would benefit from a particular section on the special needs of rural and remote women and their families?</p>
<b>General – Follow-up care and survivorship</b>	<p>The guidelines make underlying assumptions on the ready availability of all the multi-disciplinary team members including the pathology, psychiatry, surgery, oncology and radiology services in rural and remote Australia.</p> <ul style="list-style-type: none"><li>• Discharge planning must consider what returning to home means in a rural and remote area, and not be based on the assumption that a range of visiting services will be available to assist. Lack of cancer specialist support groups and services in rural and remote areas can also lead to poor overall management of rural women with a positive breast cancer diagnosis.</li><li>• Without a multi-disciplinary team that is co-located, poor communication between the medical, allied health professionals and the patients may lead to inadequate care, which can in turn result in higher morbidity and mortality rates.</li><li>• In the absence of culturally sensitive and appropriate specialist health facilities, there are the potential consequences of delayed diagnoses and suboptimal treatment of Aboriginal and Torres Strait Islander women. Also the importance of the involvement of the local Community Controlled Aboriginal Health Service in assisting both patient and family on an ongoing basis is noteworthy.</li></ul>



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	Applying the presented guidelines for rural and remote settings, will require primary, secondary and acute care services to redress limited infrastructure and access to multi-disciplinary team care to improve the overall outcomes of women with early breast cancer diagnosis in the rural settings.

Insert extra rows as needed

**Checklist for submitting comments**

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the necessary aspects of the form, including the disclosure section.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- **Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to Cancer Australia that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use.
- For copyright reasons, comment forms **must not include attachments** such as research articles, letters or leaflets. We will return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation (06 April 2020).**

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.