



Date: 8 July 2024

Dear Mr C.J. Tallentire, MLA
Chair - Education And Health Standing Committee

Re: Submission – to parliamentary inquiry into health and medical research

We refer to the above matter.

Cancer Council WA is Western Australia's leading cancer charity working with and for the community across all cancers, for everyone affected by or concerned about cancer.

As the peak non-government cancer control organisation in Western Australia (WA), Cancer Council WA advises the State Government and other bodies on practices and policies to prevent, detect, and treat cancer, in addition to cancer research funding priorities aimed at improving these practices and policies. Cancer Council have directly funded cancer research in WA since 1963, which started with funding for small research projects and the first vacation scholarships for tertiary students. Both funding schemes remain today.

In the spirit of deepening relationships, Cancer Council WA acknowledges all the traditional custodians and owners of country throughout WA and recognise their continuing connection to land, waters and community in our State. We also pay our respect to their Elders and extend that respect to all Aboriginal peoples living and working in this area.

Cancer Council WA is pleased to be given the opportunity to contribute to the above-named inquiry, and we applaud the Government for this important initiative that will hopefully strengthen health and medical research in WA. Cancer Council WA strongly advocates for increased investment in cancer research in WA and directly supports cancer research through our competitive funding programs. Since our inaugural research funding, we have invested over \$60 million in cancer research and our program currently awards at least \$2.5 million annually, which includes funding support for larger research projects, collaborative projects, and capacity building grants such as fellowships to support researchers across the career trajectory. In 2024, Cancer Council WA was successful in attracting \$840,000 per annum through the co-funded partnership with Office of Medical Research and Innovation. This funding will double our investment in our cancer research project grants over the next three years. A study conducted in 2012 identified Cancer Council WA as the largest investor

in competitive cancer funding after the National Health and Medical Research Council¹.

In 2020, Cancer Council WA undertook a review of its cancer funding programs through an external reviewer, and identified a number of key priorities for further cancer research investment, of which four priorities relevant to the inquiry include:

1. provide support for mid-career researcher fellowships to address a gap which currently exists.
2. build collaborations with WA Health – this is vital in the implementation of the State's Cancer Research Plan 2020-2025 and the allocations from the Future Health Research & Innovation Fund.
3. find new collaborative funders for the designation of pump-priming grants as reserved for specific priorities such as to address disparities amongst rural or Aboriginal and Torres Strait islander populations.
4. seek new funding partners to enable the expansion of research funding to include larger projects with multidisciplinary, cross-disciplinary, and multicentre groups to allow WA researchers the ability to participate in these high impact research endeavours.

We provide further detailed feedback below.

1. Western Australia's small share of national competitive funding.

WA's success rates for all health and medical research through NHMRC's competitive funding programs have seen a gradual decrease over the past decade and have been consistently lower than the average success rate for applications submitted across Australia. There is also a clear downward trend in WA's actual dollar share of NHMRC funding, with an average nine-year funding share of 4.5 percent of the total NHMRC health and medical research funding available.

When looking specifically at cancer research funding success, two reviews on project and program competitive research funding in Australia were conducted by Cancer Australia WA covering the periods 2006-2011 and 2012-2022. Over that period, WA's funding share decreased from 4.6 to 3.8 percent, a relative change of 17.4 per cent that equates to \$17M². In addition, the absolute funding level and proportion of the funding pool awarded to WA cancer researchers are both concerningly low. It is clear that WA is underrepresented in competitive research funding and further investigation as to why this downward decline continues is suggested.

The introduction of the Future Health Research & Innovation Fund by the WA State Government in 2020 has been a welcomed initiative to boost cancer research in WA, however, its impact on cancer-related funding in WA is yet to be established and is

¹ Shirazee, N., Musiello, T., Johnson, C., & Saunders, C. (2011). Cancer research and funding in Western Australia: An overview from 2008 to 2010. *Cancer Forum*, 35(3), 183-188.

² <https://www.canceraustralia.gov.au/research/grants-and-funding/cancer-research-in-australia>

unlikely to be understood in the short to medium term. It is also not clear what proportion of the FHRI funding is currently allocated to cancer research and if there is strategic priority beyond “burden of disease” to increase investment in cancer research.

An internal discussion paper by Professor Lin Fritschi, from Curtin University, on this issue found a paucity of data on the cause(s) of WA’s poor success rates in nationally-competitive cancer-focussed funding, but that it was likely to be multifactorial, and include:

- 1) lack of critical population mass, including established cancer researchers in key areas, for example cancer epidemiologists
- 2) lack of appropriate facilities
- 3) inadequate support for researchers facing gaps between NHMRC salaries and real world salaries
- 4) lack of mentorship and succession planning.

Recommendations:

Cancer Council WA recommends that the WA government undertake an urgent review of the local cancer research funding environment to identify and rectify the barriers and missed opportunities for WA cancer researchers to secure national funding.

Cancer Council WA recommends that the Future Health Research & Innovation Fund identify opportunities to increase cancer research funding beyond the current category of “burden of disease”.

Cancer Council WA recommends that the WA government advocate for and support a national review to be conducted to understand the underlying causes for jurisdictional imbalance in research funding, and to identify the barriers and enablers, and commit to developing and funding an implementation plan to address these.

2. How the state’s health and medical research priorities are determined.

In recent years, Cancer Council WA has strategically prioritised its cancer research funding programs under guidance from two key documents: the WA Cancer Plan 2020-2025, and the WA Health and Medical Research Strategy 2023-2033, both of which undertook an extensive consultation process during their development. Our priorities aim to align with those outlined in these documents, and address additional needs identified by Cancer Council WA in the context of cancer research. For example, our schemes aim to explicitly address capacity building to support early career cancer researchers aiming to retain cancer researchers in WA and encourage collaboration with national and international counterparts.

Recommendations:

Cancer Council WA recommend regular surveillance and monitoring of current WA health and medical research frameworks, as above, as part of the funding and implementation of these frameworks to ensure progress toward meeting the objectives of these frameworks is reported. This should include reporting on existing and new

funding allocated for medical and health research annually (including cancer research as a category).

Cancer Council WA recommend regular review of research priorities is undertaken, and in consultation with stakeholder groups.

The impact on specific types of research and areas of need.

Cancer as a priority

Cancer presents as a significant burden to the WA health system in terms of incidence, morbidity, and mortality. In WA, one third of all deaths are due to cancer³. The WA Cancer Plan 2020-2025 exists to address the significant burden of disease posed by cancer, and ambitiously aims to reduce the burden of cancer, harness the potential impact of local world-class health systems in support of optimal care, and address the imperative for equity in cancer outcomes for Aboriginal people in WA. However, while the current plan builds a strong case for cancer research and the need for increased and sustained funding, there is no specific provision of new funding for cancer research attached to the plan to meet the plans' ambitious aims, nor is there an implementation or evaluation plan. It is anticipated a new cancer plan will be developed for the coming 5 years, and cancer research is likely to be an ongoing priority.

Despite improvements in cancer outcomes and treatment in recent years, there is a projected increase of 51 per cent in the number of new cancer cases and 36 per cent increase in the number of cancer deaths in Australia between 2020 and 2044⁴. This illustrates the urgent need for increased efforts to identify how best to increase screening uptake, control risk factors (including smoking exposure, obesity, physical inactivity, and alcohol use), and improve diagnosis and treatment. Furthermore, Aboriginal people living in Australia are 14 per cent more likely to be diagnosed with cancer, and Aboriginal people die from cancer at 1.4-times the rate of non-Aboriginal people⁵. However, quality cancer research in Aboriginal populations is currently lacking. These data highlight opportunities to support much-needed research in these fields in WA, and a targeted approach and dedicated funding to these fields should be incorporated into future strategic planning of the WA Government.

Cancer Council WA applauds the Future Health Research & Innovation Fund for expanding funding opportunities to include a co-partnership with existing programs from non-government organisations. Available funds could be increased to maximise

³ [DoH Multi-page Template \(health.wa.gov.au\)](https://health.wa.gov.au)

⁴ Luo Q, O'Connell DL, Yu XQ, et al. Cancer incidence and mortality in Australia from 2020 to 2044 and an exploratory analysis of the potential effect of treatment delays during the COVID-19 pandemic: a statistical modelling study. *Lancet Public Health*. 2022;7(6):e537-e548. doi:10.1016/S2468-2667(22)00090-1

⁵ Australian Institute of Health and Welfare. *Cancer in Australia 2021*. Cancer Series No. 133. Cat. No. CAN 144.; 2021.

the open and competitive funding infrastructures that already exist in WA to fast-track opportunities to attract national funding to the state.

Recommendations:

Cancer Council WA recommends that future research strategies and frameworks, such as the next WA Cancer Plan, include an implementation, funding, and evaluation plan for identified cancer research priorities.

Cancer Council WA recommends strengthening the WA cancer research workforce through funding dedicated to teaching and research positions, including those in clinical settings.

Cancer Council WA recommends that the Office of Medical Research and Innovation ensure a minimum level of annual funding is allocated specifically to cancer research.

Cancer Council WA recommends that co-funding partnerships with appropriate cancer NGOs are not capped at \$1 million per annum but are instead dollar-matched.

Workforce development

Building and maintaining a skilled cancer research work force is crucial to maintaining a world class cancer research community in WA. Without investment in researchers, it is not possible to attract research funding, yet without research funding, it can be difficult to attract and retain researchers - this is a “chicken and egg” situation. Investing in cancer research and researchers across the cancer continuum, including the cancer research workforce at all career levels and supporting clinical engagement in research, is imperative for the success of a long-term cancer research strategy.

Creating dedicated funding for research positions at tertiary institutions, including tertiary hospitals, to support clinical cancer research, will build the capacity of research in WA. Providing support (funding and dedicated time in the role) for early- to mid-career researchers and ensuring that strategies address inequity should be prioritised.

Funding for core positions such as technicians, biostatisticians, and bioinformaticians is crucial, noting that while such professionals are less likely to lead research teams, they are essential for high quality research in cancer and many other health-related fields. Employment security for early, mid and late career researchers across cancer-fields within the university system is key to continuous long term research productivity – this includes cancer researchers in fields such as public health, epidemiology, fundamental biomedical research, and nursing and translational research. Stable employment means researchers will be able to form significant durable collaborations, will be more able to publish their results in high impact journals, and therefore will be more competitive for funding and have a greater likelihood of translating their findings into the clinic and driving meaningful policy change. There is an urgent need to provide improved and more secure career pathways for these professionals to ensure their employment retention and continuing high-impact medical research productivity.

Recommendations:

Cancer Council WA recommends identifying ways to support early-mid career researchers (e.g., funding, tenure of role, and mentorship).

Cancer Council WA recommends identifying strategies to attract and retain Aboriginal peoples to the field of cancer research.

Cancer Council WA recommends identifying strategies to support gender equity where funding institutions are required to retain and support women in cancer research. For example, through ensuring policies are in place that maintain researchers' track record during maternity leave.

Research Results

The basis of translation is discovery. Across the cancer continuum there is a substantial lack of cancer discovery research in WA. This includes development of diagnostic/prognostic and therapeutic technology/drugs. This sector needs to be enhanced with respect to its work force (scientists, clinician scientists), and infrastructure and integration of basic scientists into clinical services (for example, through participation in multi-disciplinary patient assessment teams).

There is also an urgent need for improved translation of research findings to inform cancer prevention (including behavioural science) and screening policy, and palliative and support care policy and practice in WA. Encouraging interstate collaborations and creating centres of excellence is needed. Creating and investing in evaluation and mechanisms to measure translation of research will be crucial to measure the success of the increased investment in cancer research that is so urgently needed.

Discovery needs to be linked to technology development, including creation of a biotechnology sector in WA. This would generate investment returns and an improved career structure for biomedical scientists. It would also guarantee that our discoveries are translated in WA or at the very least, not sold to international companies.

Clinical trials are integral to the translation of research into the delivery of optimal care. Increased investment in clinical research supports the conduct, resourcing, and recruitment to clinical trials. Ensuring there is workforce capacity to enable research is critical to trial completion, as well as governance structures to support efficient multi-centre research.

Recommendations:

Cancer Council recommends that translation of cancer research results is given priority over commercialisation opportunities.

Cancer Council recommends considering how best to provide academic standing/achievement for research findings which are used to inform policy and practice.

Thank you for your consideration of the matters raised. Please contact Melissa Ledger, Cancer Prevention and Research Director on [REDACTED] [REDACTED] or [REDACTED] should you wish to discuss or if you would like further information.

Yours sincerely

Ashley Reid
CEO
Cancer Council WA