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## Cancer survival lifts, treatment changes

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Australian Broadcasting Corporation

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**Reporter: Mike Sexton**

**Early detection and medical advances mean growing survival rates amongst those with cancer and, therefore, a change to how hospitals are treating the condition.**

### Transcript

CHRIS UHLMANN, PRESENTER: Cancer is the single largest cause of death in this country, but early detection and advances in treatment mean death rates are falling. Almost two-thirds of those with the disease will live for at least five years after diagnosis, so a growing number of Australians are having to learn to live with cancer. Mike Sexton reports.

MIKE SEXTON, REPORTER: They don't give Order of Australia medals for surviving cancer, but the applause that rang through Government House in Adelaide for Ashleigh Moore was for the closest thing to it. Twice he's faced up to the disease and then used his experience to help others in similar circumstances.

ASHLEIGH MOORE: I think it's important, the fact that advocacy and people that are patients and consumers of the health services can speak up and have that sort of thing acknowledged really at the highest level in the country, I guess.

MIKE SEXTON: Ashleigh Moore is one of a growing number of Australians who survived cancer. In many circumstances, what was a death sentence a generation ago is now more of a chronic disease. And as the number of people living with cancer grows, it's forcing medicine to rethink how it deals with the big C.

BOGDA KOCZWARA, ONCOLOGIST: Well last 20 years has been a very exciting period of tremendous growth, tremendous results, but also as a result I think we have a much higher expectations for now and for the future.

MIKE SEXTON: The happy photos taken at Government House are in total contrast to 2005, when Ashleigh Moore's life plunged into turmoil after a tumour spread from his tonsils into his neck and head.

ASHLEIGH MOORE: I went from being perfectly fit and healthy with a career and a young family and a mortgage and all those normal things, then all of a sudden I'm diagnosed, and overnight, within the space of a week I had a major operation. I then went into - it was fairly debilitating. And then after a period of time I started chemotherapy and radiotherapy and it was all new to me.

MIKE SEXTON: Ashleigh Moore threw himself into his treatment and recovery and found exercise, specifically cycling, helped. Almost six years after beating the disease it returned in a different form. He endured surgery that removed almost half his lungs.

ASHLEIGH MOORE: It was hard dealing with it with all of that knowledge as well. You knew that the statistics weren't very good, you knew all of that, because you'd been there before. And you thought - I thought all that was behind me and I was looking forward to a rosy future and then all of a sudden that happened. So - but then you just gotta get on with it and suck it in and get on with the treatment.

MIKE SEXTON: The physical rollercoaster of surviving cancer is matched by a wild emotional and psychological ride. Ashleigh Moore left his work as an executive with the South Australian Government as restoring his health consumed so much time. He then returned at a much lower position in part as a diversion from the illness.

BOGDA KOCZWARA: Even though we will celebrate completion of treatment, the process of finishing your treatment and leaving a very intensive period of therapy and monitoring and scans on to a more longer follow-up, that can be quite frightening, quite stressful. Suddenly you left to your own devices.

MIKE SEXTON: Ashleigh Moore addressed the anxieties about cancer by taking it head on.

ASHLEIGH MOORE: After I got through that treatment, I then wanted to do something to give back for the things I'd seen in the treatment that I'd been through and through going through the system.

MIKE SEXTON: He gathered together cancer survivors in a cycling team that now numbers more than 450. Collectively they share experiences and advocate for patients. As cancer survivorship grows, patients are by necessarily having more treatment over longer period of time and are less tolerant of outdated systems of treatment that are based around stand-alone specialists.

JULIE MARKER: The information that you don't receive, the gaps, the way the services don't always connect, the poor co-ordination and communication, I think, for me, they're the key issues why I joined Cancer Voices and what I hope to be able to change.

MIKE SEXTON: It's a thought shared by a growing number of health professionals.

BOGDA KOCZWARA: Cancer care needs to be integrated and consolidated in one location, that we will not deliver one good care just by one provider in one area and then send the person down the corridor to the next treatment. We really want to do much better than that.

MIKE SEXTON: When medical oncologist Dr Bogda Koczwarra began practising 20 years ago, the accepted mantra was "Kill the cancer at any cost". Now advances, particularly in drugs, means more than 60 per cent of her patients live past the five-year mark. With that comes a greater emphasis on long-term management.

BOGDA KOCZWARA: There might be fatigue, there might be some bone loss as a result of cancer treatment and we need to recognise that we might eradicate the cancer, but the patient might be left with osteoporosis, for example. So we as oncologists need to learn how to manage osteoporosis and recognise that that's a risk and factor that in into the overall health of our patients.

MIKE SEXTON: Julie Marker and Ashleigh Moore were guests of honour recently when a \$28 million facility was opened at the Flinders Medical Centre in Adelaide's south. They had acted as consultants, giving a patient's perspective for the layout of the treatment areas.

JULIE MARKER: I'm really optimistic that with the new building as well and the opportunities for putting in new technologies, that this will be a game-changer, I hope.

MIKE SEXTON: The centre's emphasis on surviving means for the first time prevention strategies, research, treatment, counselling, nutrition and case management are all under one roof. This trend toward broader treatment is reflected in a similar facility being built at Melbourne's Austin Hospital and a cancer survivors' centre being created in Sydney.

Within days of the euphoria of the new centre being opened, Ashleigh Moore was back in hospital. Even after 19 months free of cancer, there remains the nagging fear of every survivor: what if it comes back?

ASHLEIGH MOORE: I've had most of the things that are currently available for my type of cancer. And I was told that if it does return, there's not a lot left.

MIKE SEXTON: He agreed to allow 7.30 to film a pioneering procedure call narrow band imaging where doctors search his lungs for potential cancer cells

PHAN NGUYEN, THORACIC PHYSICIAN: We're looking for pre-cancerous lesions. They have the potential to become cancer, but if we catch 'em early enough, then we can treat them without invasive things like surgery or radiotherapy.

MIKE SEXTON: However, during the procedure, a sample of tissue was examined with the worst news. A 10 millimetre tumour was discovered in his lung.

The 53-year-old now faces surgery and an unknown future, but his story isn't unusual. In Australia tomorrow, more than 300 people will be diagnosed with some form of cancer. They'll need a health system that's having more success every year, but which Ashleigh Moore believes in doing so, always needs to answer one basic question:

ASHLEIGH MOORE: What's the impact on that person for their survival, for their family to live a good, long, healthy life and have a quality life.

CHRIS UHLMANN: Mike Sexton reporting.

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