Childhood, Adolescent and Young Adult Cancer Roadmap

Roadmap on a page

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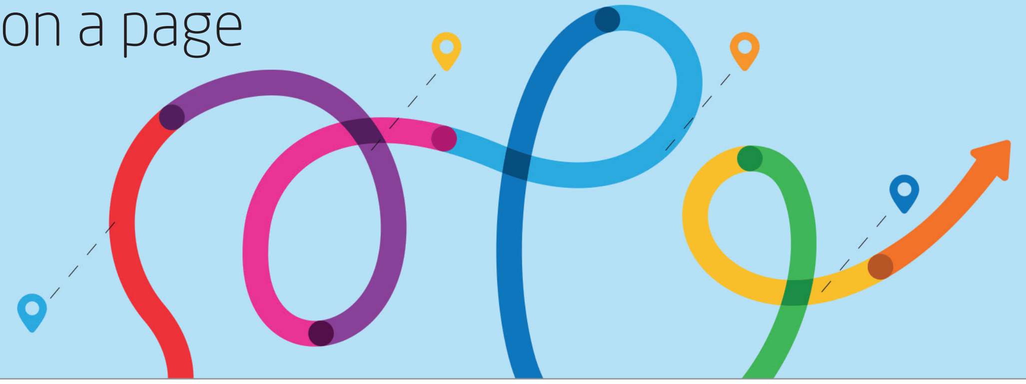

Australian Government

Cancer Australia

Supportive care

SC1: Equitable access to optimal care, including supportive care, for children with cancer, through the development of an Optimal care pathway for children with cancer and accompanying consumer guide.

SC1.1: Develop an ***Optimal care pathway for children with cancer***. The Optimal Care Pathway will outline best practice care across the cancer continuum (including survivorship care); and will align with the National Optimal Care Pathways Framework. (Within 2 years)

SC1.2: Embed the new Optimal Care Pathway into routine cancer care across the sector through integrating the Optimal Care Pathway into health care settings, systems and processes. (Within 5 years)

SC1.3: Evaluate Optimal Care Pathway use and adherence against national quality data indicators aligned with the National Cancer Data Framework and the development of the National Performance Reporting Framework. (Within 8 years)

SC2: Improved outcomes and experiences for adolescents and young adults, through a review of the Optimal care pathway for adolescents and young adults with cancer and the development of an accompanying consumer guide.

SC2.1: Commence the update of the ***Optimal care pathway for adolescents and young adults with cancer*** to align with the National Optimal Care Pathways Framework and develop an accompanying consumer guide. (Within 2 years)

SC2.2: Embed the ***Optimal care pathway for adolescents and young adults with cancer*** and consumer guide into routine cancer care across the sector through integration of the Optimal Care Pathway into health care settings, systems and processes. (Within 5 years)

SC2.3: Evaluate Optimal Care Pathway use and adherence against national quality data indicators aligned with the National Cancer Data Framework and the development of the National Performance Reporting Framework. (8 years)

SC3: Provision of tailored and appropriate optimal and supportive care guidance for children, AYA and their families in priority populations, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people living with disability, people in lower socioeconomic groups, and people living in rural and remote areas.

SC3.1 Map existing resources for children, adolescents and young adults with cancer, and their families in priority populations to identify gaps and to prioritise resource development. (Within 2 years)

SC3.2 Commence the development of co-designed resources with key stakeholders from priority populations and experts across the sector, to address identified gaps. (Within 2 years)

Access to emerging technologies and therapies

ETT1: Embedding availability of precision medicine diagnostics as part of standard care to enable access to best practice, including emerging therapies.

ETT1.1: Support the evolution of precision medicine diagnostics from the research setting to availability as part of standard care, coupled with ongoing research to ensure it remains evidence-based. (Within 5 years)

ETT1.2: Deliver genomics upskilling for the multidisciplinary workforce and expand access to specialist genetic counselling where required. Health services need to adapt to embed evidence-based genomic testing, multidisciplinary and molecular tumour boards, to personalise treatment. (Within 5 years)

ETT1.3: Enhance national registries and use of real-world data to collect outcomes and safety data on emerging technologies in children, adolescents and young adults to inform management decisions and continuous service improvement. (Within 5 years)

ETT2: Accelerated development of new therapies for children, adolescents and young adults with cancer.

ETT2.1: Accelerate development of genomic-guided treatments for children through prioritising paediatric cancer clinical trials in Australia and providing earlier access to international trials. (Within 5 years)

ETT2.2: Streamline the pipeline from clinical trials to standard of care for novel targeted and genomic-guided therapies (Within 5 years)

ETT2.3: Establish translational hubs that link discovery, trials, and implementation of novel therapies to enable equitable access nationwide (Within 5 years)

ETT2.4: Partner across health services, researchers and industry, to establish clinician–scientist pathways, including through fellowships and protected research time. (Within 8 years)

ETT3: Equitable access to emerging therapies and technologies.

ETT3.1 Implement reform activities which focus on clarifying eligibility, referral and funding to enable timely, equitable access to emerging technologies such as genomic-guided and cellular therapies. (Within 2 years)

ETT3.2 Improve clinical coordination and embed models of care to enable improved access, underpinned by digital infrastructure. (Within 5 years)

Research and clinical trials

RCT1: Equitable access to clinical trials and research for children, adolescents and young adults across the entire cancer care continuum.

RCT1.1: Address barriers that limit participation in clinical trials – including limited trial availability, small cohort sizes, and arbitrary age restrictions by leveraging international partnerships and clinical trials. (Within 8 years)

RCT1.2: Embed cultural safety in all stages of research design and delivery - including trial information, consent processes, and the collection, use and governance of data – prioritising research led by, or developed in genuine partnership with, Aboriginal and Torres Strait Islander communities and CALD communities. (Within 5 years)

RCT1.3: Expand access through decentralised and flexible trial delivery models, including regional leadership, teletrials, local enrolment and followup, and appropriate travel and accommodation support. (Within 5 years)

RCT1.4: Strengthen workforce capability by providing training, improved career pipelines and support so the research sector can meet the unique needs of children, adolescents and young adults with cancer, including adolescents and young adults treated in adult centres. (Within 2 years)

RCT2: Coordinated investment from government, philanthropic, and private sectors to drive innovative, equity-focused research and sustainable funding.

RCT2.1 Direct responsive and evidence driven research and investment to gaps in care and emerging needs across both the full cancer care continuum and research spectrum – including discovery, translational, clinical and health services research. (Within 2 years)

RCT 2.2 Strengthen coordinated, sustainable research efforts by aligning government, philanthropic and private sector investment to reduce duplication and fragmentation. (Within 2 years)

RCT2.3 Define research priorities that address unmet need, respond to emerging challenges and align with the broader national cancer agenda. (Within 2 years)

RCT2.4 Build and maintain international research and clinical trial partnerships, consistent with the National Health and Medical Research Strategy, to address shared priorities, monitor global risks and opportunities, and support professional development for Australia's research workforce and leadership in improving outcomes for children, adolescents and young adults with cancer. (Within 5 years)

RCT3: Build an integrated national data ecosystem with harmonised, comprehensive data infrastructure to support research, clinical trials and future priority-setting.

RCT3.1 Establish an integrated national data ecosystem using unified minimum data standards with improved linkage and monitoring, reducing duplication for the enhanced timely collection and use of consistent, high-quality childhood and AYA cancer and non-cancer data. (Within 8 years)

RCT3.2 Reduce duplication by strengthening centralised data collection and coordinated management of child and AYA data across registries, clinical systems and research platforms. (Within 5 years)

RCT3.3 Embed consistent, culturally safe equity measures in data systems, in line with Indigenous Data Sovereignty principles. (Within 5 years)

RCT3.4 Implement unified minimum data standards, and improved linkage and monitoring arrangements, in line with the National Cancer Data Framework, to support tailored treatments, realtime decisionmaking, and improved quality and completeness of childhood and AYA cancer data. (Within 8 years)

RCT3.5 Researchers receiving government funding should incorporate the collection of data meeting the minimum data standards in their research projects, and follow open science principles to make data available in a safe way to support further research and analysis. (Within 2 years)