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14 April 2026

To Whom It May Concern,

**LETTER OF SUPPORT FOR MADDA FUNDING SUBMISSION TO THE WESTERN AUSTRALIAN
DEPARTMENT OF HEALTH**

I am pleased to provide this letter of support for Mesothelioma and Dust Diseases Australia (MADDA) and its funding submission to the Western Australian Department of Health.

I am a Professor at Curtin Medical School, a Respiratory Physician and Director of the Sir Charles Gairdner Hospital Occupational Lung Disease clinic. I have 14 years' experience caring for more than 2500 individuals exposed to asbestos in Western Australia (WA). I have published multiple research papers regarding asbestos-related lung disease, I Chair the Western Australia Mesothelioma Registry and was a member of the National Dust Diseases Taskforce. Therefore, I have a comprehensive understanding of the significant and ongoing burden of mesothelioma in WA and its' impact on patients and their families. Despite being an entirely preventable disease, mesothelioma continues to be diagnosed at disproportionately high rates in this state, reflecting the continuing legacy of asbestos exposure.

Mesothelioma is a rare, complex, aggressive malignancy for which there is no cure. Treatment requires coordinated multidisciplinary care across respiratory medicine, medical oncology, palliative care and allied health services. Evidence consistently demonstrates that patients with mesothelioma experience poorer outcomes with multiple unmet needs when care is fragmented, and where access to disease-specific support and information is limited.

WA has the highest incidence of mesothelioma per capita in the world. Statistical modeling projects a continued burden of mesothelioma for decades to come in Australia. In WA, there are currently no funded mesothelioma-specific support nurses or care navigators within the health system, representing a clear and significant gap in service delivery. By contrast, the United Kingdom (with a lower incidence per capita of mesothelioma compared to WA) has 30 funded specialist mesothelioma nurses.

MADDA provides a unique, evidence-aligned model of care that directly addresses this unmet need. Their nurse-led support service delivers structured care navigation, patient advocacy, and psychosocial support across the disease trajectory—from diagnosis through to end-of-life care and bereavement. From a clinical perspective, this model improves coordination between services, enhances patient understanding and engagement in care, and supports more timely and appropriate access to treatment and supportive services. There is strong evidence that such models of specialist nursing support contribute to improved patient experience, reduced unplanned hospital utilisation, and more efficient use of health system resources. This model of care has the strong support of specialist clinicians who care for patients with mesothelioma.

In addition to direct patient support, MADDA plays a critical role in primary and secondary prevention through advocacy, education, and industry engagement. Their work with training providers,

government, and industry stakeholders is essential in raising awareness of the ongoing risks associated with asbestos and hazardous dust exposure. Prevention remains the only effective strategy to reduce future incidence of mesothelioma, and sustained, targeted awareness initiatives are a key component of this effort.

MADDA is seeking \$250,000 per annum in ongoing funding to expand its specialist nursing support service and continue its advocacy and awareness programs. From both a clinical and public health perspective, I strongly support this request. Investment in this service represents a practical, evidence-informed approach to improving patient outcomes, addressing a clear gap in care, and contributing to long-term disease prevention.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'F. Brims', with a stylized, cursive flourish at the end.

Professor Fraser Brims
Respiratory Physician, Sir Charles Gairdner Hospital
Professor, Curtin medical School