



Queensland
Cancer Fund

a b r e a t h o f f r e s h a i r



annual report 04
Viertel Centre for Research in Cancer Control

Contents



Viertel Centre for Research in Cancer Control1	Physical activity and quality of life following a diagnosis of colorectal cancer14
Message from the Executive Director2	Investigating the coping process in adjustment to a diagnosis of colorectal cancer: a longitudinal study15
Report from the Director3	The experience of gynaecological cancer survivors: supportive care needs, quality of life and community supportive care use15
Research in Profile4	Staff Members and Associates16
Cancer Causes, Prevention and Early Detection4	Publications: 200424
The Queensland Cancer Risk Study4	Book Chapters24
Melanoma diagnosis and skin screening in Queensland4	Peer-reviewed Publications24
How are skin clinics affecting the diagnosis and management of skin cancer in Queensland?5	Other Publications, Abstracts and Reports . . .26
Randomised trial of screening for melanoma: continuing analysis6	Invited Review Published in a Periodical . . .26
Surveys of skin screening behaviour in Queensland6	Conference Presentations27
The Australian Melanoma Family study . . .6	Research Grants and Awards30
How is colorectal cancer diagnosed in Queensland?7	Funding to Viertel Centre for Research in Cancer Control30
Communicating risk for prostate cancer8	Other Collaborative Research Grants30
Cancer Survivorship8	Professional and Community Activities31
ProsCan: Prostate cancer patient outcomes and supportive care trial8	Committee Memberships31
How can we improve the quality of life of people living with colorectal cancer?9	The Cancer Council Australia31
Logan Healthy Living Program10	International Union Against Cancer31
Investigating the unmet support care needs of people with brain tumours and their families in Queensland11	Queensland Health31
Childhood cancer survivors in Queensland: how healthy are they?11	Other Committee Memberships31
Non-cancer causes of death among cancer patients12	Other Professional Memberships32
Cancer Clinical Trials Register12	Reviews and Editorial Activities32
Patterns and Trends in Cancer Occurrence . .13	Editorial Panel32
Prostate cancer in Queensland13	Reviews for Journals32
Cancer in small geographical areas13	Reviews for Funding Bodies33
Trends in mortality from prostate cancer . .13	Academic Appointments33
Patterns of melanoma in the community . .14	Jeff Dunn33
Research by Post-graduate Students14	Joanne Aitken33
	Liz Eakin33
	Post-graduate Students34
	Brigid Lynch34
	Machelle Rinaldis34
	Vanessa Beesley34
	Visitors35
	International Visitors35
	National Visitors35
	VCRCC Advisory Groups36



Charles Viertel
1902 – 1992

The Sylvia and Charles Viertel Charitable Foundation was established in 1992 following the passing of Charles Viertel, prominent Queensland investor and philanthropist.

In 2004 the Foundation made a significant and ongoing commitment to the Queensland Cancer Fund in support of the Viertel Centre for Research in Cancer Control.

The Queensland Cancer Fund gratefully acknowledges the support of the Sylvia and Charles Viertel Charitable Foundation and its Chairman Mr George Curphey.

Message from the Executive Director

Recent decades have seen remarkable improvements in the diagnosis and management of cancer. As a result of these advances, cancer survival in Queensland today is among the best in the world. The enormous gains that we have witnessed have come about through research and it is only through research that we will continue to find the answers we need to achieve a cancer-free future.

The Queensland Cancer Fund is committed to reducing the impact of cancer, especially the suffering it causes. This is why we have invested so much in cancer research, including the strong and diverse cancer research program of our Viertel Centre for Research in Cancer Control. The progress we have made is outlined in this report of its second year of operation.

One of the strengths of the Viertel Centre for Research in Cancer Control is its close and direct link with the Queensland Cancer Fund's Community Services Department. This link provides ready insights into the real needs of cancer patients within the community and how the Centre's research can best be targeted to address these needs. It also ensures the results of this research are translated rapidly into improved services for cancer control. You will find many examples of this fruitful collaboration within this report, including our state-wide survey of cancer risk factors and behaviours and our work in improving outcomes and supportive care for prostate cancer patients.

The Queensland Cancer Fund could not support such a breadth of cancer research without the generous support of individuals and communities across the state who have shown their support through grassroots fundraising efforts. In addition to this, a major highlight this year has been the generous support of the Sylvia and Charles Viertel Charitable Foundation which has made it possible to expand our capacity within the Centre to improve diagnosis and early detection of cancer, understand more about the causes of cancer and learn best how to improve the lives of Queenslanders coping with cancer every day.

I congratulate the Viertel Centre for Research in Cancer Control on its achievements in its second year of operation and commend this report to you.

Jeff Dunn PhD
Executive Director
Queensland Cancer Fund

Adjunct Professor,
School of Social Science, Univ. of Qld.
Associate Professor,
School of Population Health, Univ. of Qld.



Report from the Director

*Viertel Centre for Research in Cancer Control
Director **Dr Joanne Aitken**; Associate
Professor, School of Population Health,
Univ. of Qld; Adjunct Associate Professor,
School of Public Health, QUT.*



The goal of the Viertel Centre for Research in Cancer Control is to advance our knowledge and understanding of how to prevent cancer, how to diagnose cancer earlier and thereby extend survival, and how to enhance quality of life for cancer patients. This is the Centre's second year of operation and as this report testifies, it has grown rapidly since its inception. The Centre now incorporates an Epidemiology Unit and a Behavioural Science Unit which together conduct a vibrant and collaborative research program which will improve cancer control for the Queensland community and beyond.

The Cancer Epidemiology Unit was established in 2003 to improve our understanding of what causes cancer, pinpoint who is most at risk, investigate strategies for improving early diagnosis, and assess survival and quality of life of cancer patients. In addition, the Epidemiology Unit now provides accurate and up-to-date information on the occurrence of cancer in Queensland to help us identify priorities for cancer control in the Queensland community. Associate Professor Lin Fritschi has been appointed to head the Cancer Epidemiology Unit and will join us in early 2005. We look forward to outlining Lin's personal achievements in our next report.

A highlight of 2004 was the establishment of our Behavioural Science Unit, headed by Associate Professor Liz Eakin. The research program in the Behavioural Science Unit is focussed on translating what we know and learn about cancer prevention, early detection and survivorship into people's everyday lives. The work of the Behavioural Science Unit concentrates on community-based programs with broad population reach, especially targeting disadvantaged subgroups and those in rural and remote regions with limited access to cancer prevention and support services.

A major achievement of the Centre this year has been the completion of the Queensland Cancer Risk Study, the first state-wide survey of those factors in our everyday lives that influence our risk of cancer, including smoking, sun exposure,

diet, alcohol consumption, physical activity and weight gain, as well as cancer screening practices. Information was collected from close to 10,000 Queenslanders and results will be available in 2005 to assist the Queensland Cancer Fund to shape future cancer control programs. We have completed a study of more than 3500 patients with melanoma to investigate how melanoma is diagnosed in Queensland, what are the causes of delayed diagnosis, and how skin screening may assist; we have involved more than 2200 patients with colorectal cancer in a study to track quality of life and how they fare during the five years after treatment; and we have begun Queensland's first large scale randomised trial of a telephone-based supportive care program for men treated for prostate cancer. The full scope of our research is outlined in the report that follows.

The Viertel Centre for Research in Cancer Control has achieved recognition for its contributions to cancer control through competitively awarded research grants, more than 30 published reports in the peer-reviewed scientific literature in 2004, and numerous presentations to national and international scientific audiences, all listed herein.

I would like to acknowledge and thank the Queensland Cancer Fund Epidemiology Advisory Group (Professor Adèle Green, Professor Beth Newman, Dr Chris Bain, Dr Michael Coory and Dr Nick Hayward) and Behavioural Science Advisory Group (Professor Melanie Wakefield, Associate Professor Afaf Girgis, Professor Beth Newman, Professor Neville Owen, Dr Suzanne Steginga) for their invaluable assistance and advice in the ongoing development of our research program.

Finally, I would like to thank the staff of the Viertel Centre for Research in Cancer Control for their dedication to the highest quality research, our research collaborators and partners, the volunteers who assist us so ably in the day-to-day work of the Centre, and the cancer patients and their families who have provided their time and effort to participate in our research.

Research in Profile

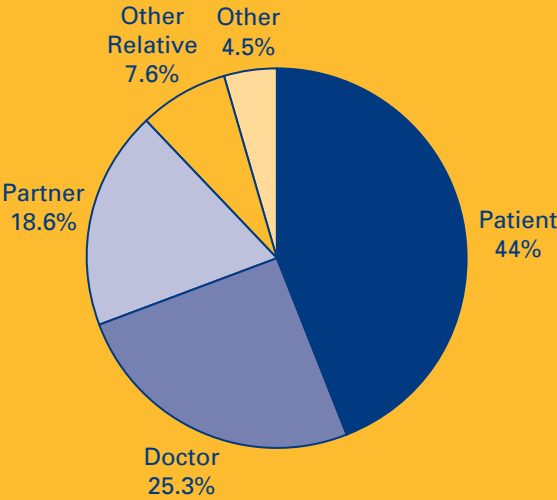


Figure 1. Who detects melanoma

Cancer Causes, Prevention and Early Detection

The Queensland Cancer Risk Study

Background: In 2002, 17,938 Queenslanders were diagnosed with cancer. The major behavioural risk factors for cancer are tobacco smoking, sun exposure, dietary habits, alcohol consumption, physical inactivity and weight gain, and these account for a high proportion of total cancer risk in the population. These factors in addition to early detection and screening practices are the main targets for primary and secondary prevention programs. Improving the effectiveness of these programs is hampered by the lack of population-based data on the distribution and trends of these behavioural factors in Queensland.

Our research: The Queensland Cancer Risk Study, a major initiative of the Centre, is the first statewide cross-sectional study of cancer risk factors and knowledge and attitudes towards cancer among Queenslanders, involving close to 10,000 people aged between 16 and 75 years throughout the state. Data were collected using telephone interviews and by postal self-administered questionnaires. Questions were asked about behavioural risk factors such as tobacco use, sun exposure, physical activity, weight, diet, and alcohol consumption, as well as questions about cancer screening behaviours and knowledge, perceptions and attitudes towards cancer. Recruitment and telephone interviews were completed in December 2004. Data entry and analysis is continuing and preliminary results will be available in 2005.

Information from the survey will assist in the interpretation of trends in cancer incidence and mortality in Queensland, and will help to refine and target current prevention and early detection programs.

Steering Committee: Ian Frazer, Ross Young, Brian Cole, Jeff Dunn

Project Management Committee: Joanne Aitken, Liz Eakin, Beth Newman (QUT), David Whiteman (QIMR)

Associate investigator: Neville Owen (Univ. of Qld.)

Project staff: Carla Rogers, Carla Buttenshaw, Tracey Round

Contact: CRogers@qldcancer.com.au or TRound@qldcancer.com.au

Melanoma diagnosis and skin screening in Queensland

Background: Melanoma is one of the most common invasive cancers in Queensland. Regular full-body skin examinations may achieve earlier diagnosis of melanoma, however, there is currently no conclusive evidence as to whether skin screening actually does improve early detection and thereby improve melanoma survival.

Our research: The aims of this world-first case-control study are to assess the association between the practice of skin screening (both self-screening and screening by a doctor), the incidence of late-stage melanoma, and the possible over-diagnosis of less-progressive lesions. The study will also provide a comprehensive description of how melanoma presents, how it is diagnosed (such as who first notices the melanoma, who and how many

medical professionals a patient sees before diagnosis), and reasons for delays in diagnosis in people with different histologic types and thicknesses of melanoma. More than 4000 patients with melanoma and a comparison group of 4000 people without melanoma are taking part in this work. Interviews with all participants have been completed and analysis of data collected is underway.

Preliminary findings show that almost half (44 per cent) of the patients first noticed a change in an existing spot, or the appearance of a new spot themselves while doctors detected a quarter (25 per cent) of melanomas. Most patients visited a doctor within three months of detecting a suspicious spot, although of concern is that 10 per cent waited over a year. Most (85 per cent) melanomas detected by a doctor during a routine skin examination were early, thin lesions. In comparison, melanomas found by the patient themselves or another lay person tended to be thicker lesions.

Results from this study will provide evidence on the benefits of skin screening, and also indicate areas for improvement of education or health services for the early detection of melanoma.

Staff: Joanne Aitken, Michelle McPherson, Pip Youl, Peter Baade

Collaborators: Mark Elwood (National Cancer Control Initiative), Dallas English (The Cancer Council Victoria).

External funding: NHMRC

Contact: PYoul@qldcancer.com.au

How are skin clinics affecting the diagnosis and management of skin cancer in Queensland?

Background: The cost to the community of treating skin cancer is enormous. Medical practices devoted entirely to the diagnosis and management of skin lesions are a relatively new and growing aspect of health care in Queensland. There is evidence suggesting that, increasingly, patients now attend these skin clinics for suspicious skin lesions rather than seeing their own General Practitioner.

Our research: This prospective study will compare the diagnosis and management of skin cancer in skin clinics with that in usual general practice. The factors of interest are the number and types of skin lesions excised, the diagnostic outcomes, the comparative costs and patients' reasons for attending the clinic or their general practitioner. Clinics include those that use computer imaging technology. Feasibility work and piloting of data collection forms and protocols were completed during 2004. Formal data collection will begin in March 2005.

This study will provide the first objective assessment of the impact and performance of skin clinics in Queensland. It will provide an evidence base for rational decisions about how best to manage skin cancer in the community and will assist the Queensland Cancer Fund in advising the public on this. The study will also provide doctors with information on their own performance in relation to skin cancer diagnosis and management and where further training would be most beneficial.



Staff: Peter Baade, Pip Youl, Monika Janda, Joanne Aitken

Collaborators: David Whiteman (QIMR), Chris Del Mar (Bond University), Mark Elwood (National Cancer Control Initiative)

Contact: PYoul@qldcancer.com.au

Randomised trial of screening for melanoma: continuing analysis

The melanoma screening trial was a community-based randomised controlled trial that aimed to investigate the effectiveness of a melanoma screening program in reducing deaths from melanoma. The first phase of the trial involved 18 communities in rural and regional Queensland, half of which were selected at random to receive a three-year community-based melanoma screening program. The pilot phase demonstrated a significant and dramatic increase in melanoma diagnosis in the communities in the screening group. We are continuing to track all people diagnosed with melanoma in the trial through the Queensland Cancer Registry to investigate whether, over time, the screened communities also show a reduction in the diagnosis of late-stage melanoma.

Surveys of skin screening behaviour in Queensland

As part of this randomised controlled trial we conducted three cross-sectional telephone interviews of more than 3000 participants aged ≥ 30 years to establish the prevalence and predictors of both clinical and self-skin examination, the frequency of skin screening intentions and factors associated with intentions to screen.

Results of the last survey show that 45 per cent of participants intended to have skin examination by a doctor, and 72 per cent intended to examine their own skin within the next 12 months. Men were less likely than women to intend to participate in skin screening. Participants who had experienced a skin examination before were more likely to express an intention to screen. Concern about skin cancer and a personal history of skin cancer were important determinants of screening intention.

Overall, our results indicate that interest in, and practice of, screening for melanoma in Queensland is continuing. Community members who are concerned about a spot or mole are more likely to undergo a skin examination, in line with current public health messages encouraging the public to see a doctor for any suspicious spots or moles.

Staff: Joanne Aitken, Monika Janda, Pip Youl

Collaborators: Mark Elwood (National Cancer Control Initiative), Ian Ring (Queensland Health), John Lowe (University of Iowa)

External funding: Queensland Health

Contact: MJanda@qldcancer.com.au or PYoul@qldcancer.com.au

The Australian Melanoma Family study

Background: While the association of melanoma with sun exposure is well known, the role of genetics in melanoma aetiology is not well understood. This study will improve our understanding of how genes and the environment act together to cause melanoma, and about the specific sun exposure patterns which produce the highest risk of melanoma.

Our research: This study, being conducted in Brisbane, Sydney and Melbourne, uses a population-based case-control-family design in which individuals with melanoma and their families are compared to individuals without melanoma and their families. We are collecting information in three ways: telephone interviews focusing on sun exposure, family structure and diagnoses of cancer; blood samples for genetic analysis; and skin examinations focusing on the number and distribution of moles. During 2004 the study continued to recruit families and now involves more than 6000 participants.

Knowing how melanoma develops is vital in the fight against this common disease. Establishing the genetic factors that cause melanoma and the way they interact with sun exposure will help to identify high-risk individuals or families and will lead to insights into the development of melanoma that may result in novel approaches to preventing and treating this disease.

Staff: Joanne Aitken, Jodie Jetann, Pam Saunders, Michelle Hillcoat, Kellie Holland, Joan Shortt

Collaborators: Graham Mann (Principal Investigator; Westmead Institute for Cancer Research, Sydney), John Hopper (University of Melbourne), Richard Kefford (Westmead Institute for Cancer Research, Sydney), Graham Giles (The Cancer Council Victoria), Bruce Armstrong (University of Sydney).

External funding: NHMRC, National Institutes of Health (USA).

Contact: JJetann@qldcancer.com.au

How is colorectal cancer diagnosed in Queensland?

Background: Colorectal cancer is the most common invasive cancer in Australia and the second leading cause of death, following lung cancer. Prognosis varies with the extent of disease at diagnosis; five-year survival ranges from more than 90 per cent for early-stage disease to less than 10 per cent for metastatic disease. Symptoms may not be apparent until late in the course of disease and as a consequence it is often diagnosed at an advanced stage.

Our research: This project will be Queensland's first large, population-based study of the diagnosis and treatment of colorectal cancer, including the role that screening plays in the diagnosis of this disease. The study will determine factors contributing to delay in diagnosis and investigate the relationship between delay and outcomes following treatment.

Telephone interviews will be conducted with approximately 2400 people recently diagnosed with colorectal cancer.

This project will provide a clear description of the process of diagnosis and the prevalence of colorectal cancer screening in Queensland. This will inform discussion concerning the likely introduction of a national colorectal cancer screening program. The study will give us insight into the reasons for delay in diagnosis and will help guide strategies to improve early diagnosis and patient satisfaction.

Staff: Joanne Aitken, Jeff Dunn, Brigid Lynch, Lyn McPherson, Heather Day

“Cancer is a problem that has already had huge impacts on my family. I worry about whether I will be affected by melanomas due to my skin type, so anything that may assist the next generation in combating this problem I am grateful to be able to participate in.”

Samantha, Brisbane – Australian Melanoma Family Study



“When I was asked to take part in the Colorectal Cancer and Quality of Life Study, I thought “I’ve been through all of this ... I’ve been through surgery, chemotherapy and radiotherapy, maybe my experience will help others”. I personally get a fair bit out of participating in the research. If I can help others, why not? I hope my input will help in getting the message out there, particularly for early diagnosis, as I certainly had a close shave!”

Max, Bribie Island – Colorectal Cancer and Quality of Life study



Collaborators: Beth Newman (QUT), Barbara Leggett (RBWH), Ken Pakenham, Neville Owen (Univ. of Qld.)

Contact: BLynch@qldcancer.com.au

Communicating risk for prostate cancer

Background: Until definitive evidence of the effectiveness of prostate cancer screening is available, most guidelines advocate that patients make their own decision about testing, after being fully informed. A man's perception of his personal risk is a key element in the decision making process. We suggest that the current routine use of population risk estimates may prevent men from making a fully informed decision.

Our research: We analysed population-based incidence, mortality and survival data for men in Australia to calculate the likelihood of Australian men being diagnosed with prostate cancer or dying from prostate cancer. Risk estimates should be meaningful for the man making the choice, in particular they should be age-specific and where possible include adjustments for known risk factors such as a family history of prostate cancer. A man diagnosed with prostate cancer in his 50s has a greater likelihood of dying prematurely (before 80 years) from prostate cancer than a man diagnosed when aged 70. This can be attributed to the longer time available for the prostate cancer to progress, and the increased effect of competing causes of death among older men.

The decision for men whether to be screened for prostate cancer relies on informed choice, including an understanding of personal risk. Results of this study will enable doctors and their patients to better understand their own risk of

prostate cancer, and the limitations of current estimates of risk.

Staff: Peter Baade, Suzanne Steginga, Joanne Aitken

Collaborators: Carole Pinnock (APCC)

Contact: PBaade@qldcancer.com.au

Cancer Survivorship

ProsCan: Prostate cancer patient outcomes and supportive care trial

Background: In Queensland approximately 2200 men were diagnosed with prostate cancer in 2002. At present there is little information available on how men are diagnosed and treated for prostate cancer and how this impacts on their lives.

Men can experience high levels of distress when making a decision about their treatment, and this distress may continue for some time after treatment. Previous research has shown that men do not readily access health services such as cancer support groups. There is a need to develop services which are appealing to and accessible by patients with prostate cancer from across Queensland.

Our research: This project consists of a descriptive study of management for prostate cancer and outcomes following treatment, and a randomised controlled trial of a supportive care and lifestyle intervention for men newly diagnosed with prostate cancer. Over the next two years, 800 men with prostate cancer will be recruited through the private practices of Urologists and major treatment hospitals in Brisbane, Townsville and Mackay. We will assess the health and quality of

life of these men soon after diagnosis and follow them for two years after their treatment, with regular telephone interviews and self-administered questionnaires, to identify how prostate cancer diagnosis and treatment has affected their lives.

The randomised controlled trial will offer men with localised cancer the opportunity to take part in a trial of a new telephone-delivered support service. This service is designed to assist men through the stress associated with treatment decision making, and to improve their health and well-being through changes in diet and physical activity. The support intervention will be compared to usual care to determine psychological, health behaviour and quality of life changes. A pilot of the program commenced at the end of 2004, with the larger study due to begin early in 2005.

By examining the experiences of men diagnosed with prostate cancer in Queensland, we will be able to provide clinicians and patients with essential information on the outcomes of prostate cancer treatments that may be beneficial when deciding between different treatment options. In addition, if the telephone service is found to be successful, it may provide a model for effective delivery of cancer support services that could be used across Queensland to provide support to patients with other types of cancer. As part of this project, researchers from the Queensland University of Technology will examine the role of genetics in the development and spread of prostate cancer and how this relates to the medical and clinical outcomes that men experience.

Staff: Joanne Aitken, Suzanne Steginga, Liz Eakin, Monika Janda, Megan Woolf, Marina

Reeves, Kari Mudie, Trish Stadtmiller, Samantha Clutton, Sandy Hutchison, Tina Thomas

Collaborators: David Nicol (PAH), Frank Gardiner (RBH, Univ. of Qld.), Beth Newman (QUT), Mary-Anne Kedda (QUT), David Thomas (Mater Hospital), Spence Broughton (Community Representative), The Northern Section of the Urological Society of Australasia

Contact: MWoolf@qldcancer.com.au

How can we improve the quality of life of people living with colorectal cancer?

Background: Colorectal cancer is common in Queensland and our aging population will further increase the number of colorectal cancer cases diagnosed each year. Survival has improved over the past two decades and so there are increasing numbers of people in the community living with colorectal cancer, many of whom have significant physical and psychological side-effects from their disease and its treatment.

Our research: The Colorectal Cancer and Quality of Life project is a population-based, longitudinal study. It will examine the treatment outcomes and the subsequent quality of life for colorectal cancer patients during and after their diagnosis. Those who take part will be followed-up for five years, during which time they will complete a series of postal questionnaires and telephone interviews. Questionnaires will also be sent to participants' doctors to elicit details related to the diagnostic process, tumour stage and site, treatment and co-morbidities.



Almost 70 per cent of eligible patients have consented to participate in this study, with approximately 2100 patients recruited to date. Ultimately, our aim is to provide the first comprehensive picture of the impact of diagnosis and treatment on the well-being and quality of life of colorectal cancer patients and their families. We will also describe those patients most at risk from psychological distress and compromised quality of life and we will recommend ways in which the unmet needs of these patients may be addressed.

Staff: Joanne Aitken, Jeff Dunn, Brigid Lynch, Lyn McPherson, Heather Day

Collaborators: Beth Newman (QUT), Barbara Leggett (RBWH), Ken Pakenham, Neville Owen (Univ. of Qld.)

Contact: BLynch@qldcancer.com.au

Logan Healthy Living Program

Background: Getting regular physical activity and eating a healthy diet are key to the management of our most common chronic conditions, and recent research suggests that physical activity and diet are also important in improving the quality of life of cancer survivors. We need to know more about how best to deliver lifestyle interventions to the growing number of cancer survivors.

Our research: The Logan Healthy Living Program is a randomised controlled trial that will evaluate a telephone-delivered lifestyle intervention targeting physical activity and diet for cancer survivors as well as patients with other chronic conditions. Five hundred patients with a previous

diagnosis of cancer, type 2 diabetes or high blood pressure will be recruited from general practices in the Logan area, south of Brisbane. Half of the patients will receive telephone counselling and mailed print materials on diet and physical activity over a 12-month period.

The remainder will receive standard print materials. The health behaviour and quality of life changes and cost effectiveness of the telephone and print-delivered intervention will be compared to those observed in the print only intervention. A pilot of the program commenced at the end of 2004, with the larger project due to begin in early 2005.

Lifestyle changes to improve diet and physical activity may assist cancer survivors to better manage their health and reduce the risk of developing other chronic illnesses. The study will have important implications for the delivery of community-based lifestyle intervention programs to cancer survivors in Queensland.

Staff: Liz Eakin, Marina Reeves, Kirsty Pickering, Trish Stadtmiller

Collaborators: Brian Oldenburg, Nick Graves, Diana Battistutta, Gavin Turrell, Andrew Hills (QUT), Chris Del Mar (Bond University), Ken Wilkie (LADGP), Anna Hawkes (Heart Foundation)

External funding: NHMRC

Contact: KPickering@qldcancer.com.au

Investigating the unmet support care needs of people with brain tumours and their families in Queensland

Background: A primary tumour of the brain is diagnosed in about 1300 Australians and about 260 Queensland residents a year. Brain tumours are uncommon compared to other cancers, accounting for less than 2 per cent of all cancers, however they carry significant burden for patients and their families or carers. Side effects caused by the tumour itself or its treatment may have a significant impact on quality of life amongst patients and their carers. People diagnosed with brain tumours and their families face unique challenges and may be in need of specific supportive care services.

Our research: We conducted telephone interviews and focus groups with 18 brain tumour patients and 18 carers. Through these interviews and focus groups we collected themes and topics important to patients and carers. Based on these qualitative data we will compile a questionnaire comprehensively covering supportive care needs of brain tumour patients.

This will be the first comprehensive assessment of brain tumour patients' and their carers' needs in Queensland. Some supportive care needs identified from the study include the need for (1) information at time of diagnosis, treatment and beyond; (2) information on how to access support services; (3) emotional support at time of diagnosis and beyond; (4) help to re-learn daily living skills; (5) a guide on how to establish eligibility for financial and practical support; and (6) transport, basic living support and childcare.

This research will provide information about supportive care services needed by patients and carers and will inform areas for improvement.

Staff: Monika Janda, Jeff Dunn, Liz Eakin, Suzanne Steginga, Kate Troy, Lucy Bailey, Anne-Marie Dewar, Robyn Fanning, Deb Amery

Collaborators: David Walker (RBWH)

Contact: MJanda@qldcancer.com.au

Childhood cancer survivors in Queensland: how healthy are they?

Background: Around 150 new cases of leukaemias, central nervous system (CNS) tumours and lymphomas are diagnosed in children aged zero to 17 years each year in Queensland. With increasing numbers of children surviving these conditions there is a growing number of adults in the community suffering the long term side-effects ('late effects') of treatment for childhood cancer.

Our research: We conducted a descriptive pilot study to determine childhood cancer survivors' current health behaviours and their level of interest in health promotion programs. Childhood cancer survivors were identified from the 'Seize the Day' and 'CanTeen' mailing lists. Telephone interviews were conducted with 28 survivors of childhood cancer (12 with CNS tumours, nine with leukemia and seven with lymphoma) and 10 parents of survivors under the age of 18 years.

The study found that the health behaviours of childhood cancer survivors, like many other populations, are not consistent with national

“Unless someone gives you suggestions and points you in the right direction, you think you’re doing alright...and I was doing alright, but I’m doing even better now.”

Elizabeth Bean, Waterford West - Logan Healthy Living Program

Photo courtesy of Albert and Logan News.



Photo courtesy of Adam Head, The Courier-Mail.

recommendations. Under a third (32 per cent) of survivors ate the daily recommended fruit intake (two serves) and no survivors met the recommended vegetable intake (five serves). Approximately a third (36 per cent) of survivors undertook sufficient physical activity, while 11 per cent were sedentary. Almost half (46 per cent) of the survivors were classified as overweight or obese based on self-reported height and weight. Only two (7 per cent) survivors were current smokers. Physical activity level and weight status differed between the tumour types.

Interventions targeting healthy eating and physical activity were of greatest interest to survivors and their parents. When asked how they would like to receive support for active, healthy living, most preferred mailed information. Queensland Cancer Fund researchers, along with Cancer Support Services staff, will investigate opportunities to further address this area in 2005.

Staff: Liz Eakin, Marina Reeves, Kate Troy, Lucy Bailey

Collaborators: Wendy Demark-Wahnefried (Duke University, USA), Jackie Price (CanTeen)

Contact: MReeves@qldcancer.com.au

Non-cancer causes of death among cancer patients

Background: Due to a combination of earlier detection and improved treatment, the number of cancer survivors is increasing. Some overseas research suggests that cancer survivors are more likely to die from other causes when compared to the general population. No Queensland data exist on this question.

Our research: Using information from the Queensland Cancer Registry and the Registrar of

Births, Deaths and Marriages, we will investigate the ratio of cancer patient to general-population mortality rates for a range of conditions.

Understanding the additional conditions to which cancer survivors are susceptible will help inform the patients and cancer support service personnel, particularly if those additional causes of death are preventable.

Staff: Peter Baade, Joanne Aitken

Contact: PBaade@qldcancer.com.au

Cancer Clinical Trials Register

Clinical trials are the mechanism by which new treatments are evaluated for efficacy, safety and side effects. The progressive improvements in cancer survival rates that are now apparent would not have occurred without clinical trials of new treatments. The collated results from clinical trials also provide the basis for the development of evidence-based treatment guidelines. Supporting cancer specialists to collaborate in clinical trials is a priority of the Queensland Cancer Fund. Through the Queensland Cooperative Oncology Group, the Queensland Cancer Fund Cancer Clinical Trials Scheme provides data managers to assist clinicians to increase enrolment of cancer patients in clinical trials and to improve collection of high quality data. Since March 2001, the Epidemiology Unit has documented all statewide cancer clinical trial activity through the Cancer Clinical Trial Register, a database of cancer clinical trials conducted in Queensland institutions.

Currently more than 340 different clinical trial protocols are documented on the Cancer Clinical

Trial Register and we have been able to demonstrate a significant increase in clinical trial recruitment in Queensland over the three year period that the program has been operating.

Staff: Adam Stoneley, Heather Day

Contact: AStoneley@qldcancer.com.au

Patterns and Trends in Cancer Occurrence

The analysis of routinely collected data from the Queensland Cancer Registry and other population-based sources provides important information about the changing patterns of cancer in Queensland. This is essential for informing the Queensland Cancer Fund and other cancer care providers, health care professionals and health researchers about current and future priorities in terms of service delivery, support, treatment and research needs.

Prostate cancer in Queensland

Using data from the Queensland Cancer Registry along with other sources we have documented the incidence, mortality, survival and prevalence of prostate cancer in Queensland, and summarised the known epidemiological evidence in the literature. Prostate cancer causes a large burden to the Queensland community, particularly the support and treatment needs of those diagnosed with prostate cancer. This report will soon be available to the public, health care professionals and researchers. By providing a snapshot of prostate cancer in Queensland,

this report will provide a much needed comprehensive source of information for the community and prostate cancer patients, target support and service provision for men with prostate cancer, and promote future research in areas of identified need.

Staff: Peter Baade, Suzanne Steginga, Joanne Aitken

Contact: PBaade@qldcancer.com.au

Cancer in small geographical areas

This project will examine whether cancer causes a greater burden in some areas of Queensland compared to others by investigating differences in cancer incidence, mortality and survival across a range of broad geographical areas in Queensland. Whilst it is difficult to identify reasons for any geographical differences, these analyses will help provide important information for planners and health service professionals when allocating resources and services.

Staff: Peter Baade, Joanne Aitken

Contact: PBaade@qldcancer.com.au

Trends in mortality from prostate cancer

Population trends in prostate cancer mortality provide a preliminary indication of whether current combinations of detection, management and treatment of prostate cancer are reducing prostate cancer deaths. Three analytical studies were undertaken: (a) international trends in prostate



“It has been extremely helpful to have access to this level of information and support, so close to diagnosis. I feel ProsCan will prove to be a very valuable program.”

Malcolm Hopkins, Brisbane - ProsCan



cancer mortality; (b) the first report of prostate cancer mortality trends in Belgrade, Serbia; and (c) geographical differences in prostate cancer incidence, mortality, PSA testing and radical prostatectomy in Australia. This report has found that reductions in prostate cancer mortality are becoming more widespread internationally, including Australia. Prostate cancer mortality rates were higher in rural and regional areas of Australia, associated with reduced rates of active treatment (prostatectomy) and PSA testing.

In the absence of definitive data from randomised-controlled trials, information such as this can provide some preliminary results indicating possible screening or treatment benefits. These results need to be explored further with clinical research studies.

Staff: Peter Baade, Joanne Aitken

Collaborators: Michael Coory (Queensland Health), Tatjana Pekmezovic (University of Belgrade)

Contact: PBaade@qldcancer.com.au

Patterns of melanoma in the community

Queensland has the highest rates of melanoma in the world with more than 2500 people diagnosed with this disease in 2002. We conducted a series of studies to investigate current patterns of melanoma in the community. Three studies are being conducted: (a) examining melanoma incidence patterns in Queensland; (b) analysing trends in melanoma mortality in Australia and (c) an examination of survival patterns for melanoma

mortality. We found the incidence of melanoma is continuing to increase, with an increase in the frequency of thinner lesions (which have a better prognosis for survival). Mortality rates have decreased among younger Australians, have stabilised among middle-aged Australians, and are still increasing among older Australians. Analysis of melanoma survival is currently underway.

Although not definite, these results suggest that early detection of melanoma is playing a major role in the observed incidence and mortality trends. This gives encouragement for the current early detection programs. Additionally the effect of current primary prevention activities suggests that these favourable trends will continue in the future.

Staff: Peter Baade, Joanne Aitken

Collaborators: Michael Coory (Queensland Health), Mark Smithers (Univ. of Qld., PA Hospital), Ian Ring (Queensland Health), Rod McLeod (PA Hospital), Robert MacLennan

Contact: PBaade@qldcancer.com.au

Research by Post-graduate Students

Physical activity and quality of life following a diagnosis of colorectal cancer

There is growing evidence that physical activity can reduce cancer symptoms and treatment side-effects, and improve cancer survivors' physical and psychological well-being following treatment, however, there have been no well-designed, descriptive studies investigating

this association. This research will investigate the associations between physical activity, including past and current exercise history, and quality of life for people who have been diagnosed with colorectal cancer. Outcomes from this research will help the Queensland Cancer Fund to develop exercise interventions for cancer survivors, as a means of improving the quality of life for people during and following cancer treatment.

PhD student: Brigid Lynch (Univ. of Qld.)

Supervisors: Neville Owen (Univ. of Qld.), Joanne Aitken, Jeff Dunn

Investigating the coping process in adjustment to a diagnosis of colorectal cancer: a longitudinal study

This research aims, firstly, to assess the impact of stress and coping on adjustment to diagnosis and treatment of colorectal cancer in the short- and longer-term, and second, to develop an evidence-based coping measure. The project is utilising a stress and coping model as a framework to examine the relationship between disease and treatment characteristics, appraisal (threat, self-efficacy and control), social support, coping strategies, and benefit-finding and adjustment. Results will be used to inform the development of intervention to enhance the well-being of survivors of a colorectal cancer diagnosis.

PhD student: Machel Rinaldis (Univ. of Qld.)

Supervisors: Ken Pakenham (Univ. of Qld.), Joanne Aitken, Jeff Dunn

The experience of gynaecological cancer survivors: supportive care needs, quality of life and community supportive care use

Little is known about the psychosocial problems faced by, and the supportive care needs of gynaecological cancer patients. This information is needed to better target health care interventions and services to improve the quality of survivorship of these patients. This study is a cross-sectional mail survey of more than 2000 Queensland gynaecological patients, three months to five years post-diagnosis. Patients were recruited via the Gynaecological Cancer Registry at the Queensland Centre for Gynaecological Cancer. Data has been collected from 802 patients and is currently being analysed. At the completion of this study we will be able to determine if supportive care needs, quality of life and supportive care use is different between women based on gynaecological cancer sites or survival phase, and make recommendations for support services and health behaviour interventions to address unmet needs.

PhD student: Vanessa Beesley (QUT)

Supervisors: Diana Battistutta (QUT), Liz Eakin, Joanne Aitken, Jeff Dunn

Staff Members and Associates



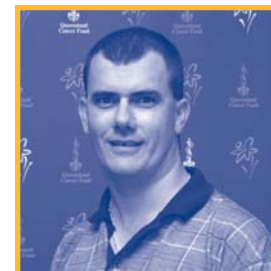
Director, Viertel Centre for Research in Cancer Control: Joanne Aitken, PhD

Joanne is the Director of the Viertel Centre for Research in Cancer Control and Director of the Queensland Cancer Registry. She holds a joint appointment with the University of Queensland as Associate Professor in the School of Population Health and an adjunct appointment with the School of Public Health, Queensland University of Technology. Joanne is a distinguished research scientist who has worked in the field of cancer epidemiology for the last 15 years. She completed her PhD at the University of Queensland in 1991 and a Master of Science in Epidemiology at Harvard University in the same year. Joanne moved to the Queensland Cancer Fund in 1997 to lead a world-first investigation of early detection of melanoma and now leads a diverse research program in cancer control. Joanne has a long-standing interest and experience in large scale, population-based studies of the genetic and environmental causes of cancer, and has worked throughout her research career to improve our understanding of the prevention of cancer, and to improve methods of early detection of cancer.



Head, Behavioural Science Unit: Liz Eakin, PhD

Liz joined the Queensland Cancer Fund in 2004 as Head of the Behavioural Science Unit within the Viertel Centre for Research in Cancer Control. Over the past 14 years, Liz has built a program of research in behavioural approaches to chronic disease prevention and management, with a focus on lifestyle interventions. She has been a chief investigator on 21 competitively funded grants totalling over \$13m, has published 40 peer-reviewed articles, and regularly presents her research both nationally and internationally. Liz also holds an NHMRC Career Development Award in Population Health and has adjunct Associate Professor appointments with the School of Population Health, University of Queensland and the School of Public Health, Queensland University of Technology.



Senior Research Fellow (Biostatistics): Peter Baade, PhD

Peter is a biostatistician with a PhD in the area of social and preventive medicine from the University of Queensland. He is responsible for providing statistical and methodological support for the Centre's research programs, and also conducts independent research in cancer epidemiology, with a particular focus on descriptive analyses of population-based cancer data. Before joining the Queensland Cancer Fund in 2003, Peter worked for seven years in a government health department as a senior statistician, where he was the lead author on several population-based cancer reports. He has also published a number of peer-reviewed journal articles, both as lead author and co-author, looking at skin cancer, prostate cancer and smoking, as well as methodological issues. Peter is an accredited statistician (Astat) with the Statistical Society of Australia.



Research Fellow: Monika Janda, PhD, MPhil

Monika completed her master of philosophy (1992) and PhD (psychology) (2002) at the University Vienna, Austria. Monika is a Research Fellow employed by the Queensland University of Technology, jointly funded by QUT and the Queensland Cancer Fund and based in the Viertel Centre for Research in Cancer Control. Monika is most interested in all areas of psycho-oncological research including health behaviour research, cancer prevention and early detection, and quality of life and supportive care needs of cancer patients. Monika was awarded a post-doctoral research fellowship with the NHMRC in 2004, and plans to conduct randomised intervention programs to benefit the adjustment to illness and quality of life of cancer patients.



Senior Research Officer: Pip Youl, MPH

Pip has been with the Queensland Cancer Fund since 1997 and has been involved in a number of cancer epidemiology projects over that time, including a large randomised-controlled trial for melanoma screening. Pip has a special interest in the areas of skin cancer epidemiology and methodological issues relating to research projects. She is currently an investigator and manager for a project examining the role that primary care skin cancer clinics play in Queensland.



Senior Research Officer: Marina Reeves, PhD APD

Marina joined the Viertel Centre for Research in Cancer Control in March 2004 as Senior Research Officer in the Behavioural Science Unit. She is an accredited practising dietitian with a PhD in the area of oncology nutrition and dietetic practice. Marina has also worked on a number of dietary interventions in overweight and obese patients with chronic disease. Marina's research interests include the nutrition support of patients with cancer, dietary interventions, chronic disease self-management and maintenance of health behaviour change.



Database Manager: Adam Stoneley, BBus (HIM)

Adam's role as health information manager and database manager is to provide coordinated data management support for all studies conducted within the Centre. As a clinical trials data manager, Adam is responsible for coordinating the provision of data management support for the conduct of cancer clinical trials in hospitals and maintenance of the cancer clinical trial register for the Queensland Cooperative Oncology Group. Adam is the secretary of the Australasian Health and Research Data Managers Association.



Research Officer: Kate Troy, BHlthSc (Pub Hlth)

Kate commenced employment as research officer in the Behavioural Science Unit in January 2004. She previously worked at Queensland University of Technology in a similar role and has extensive experience in administration and finance, working for several years in the health and education sectors. Kate's research interests include the supportive care needs of cancer patients and their carers, healthy lifestyle interventions and data management.



Project Manager: Jodie Jetann, RN, BSN

Jodie joined the Queensland Cancer Fund in March 2004 to take on the role as project manager for the Australian Melanoma Family Study. Previously, Jodie has worked in the USA on a number of research projects and interventions concerning cancer screening compliancy rates in both men and women and she has volunteered in Pakistan as a nurse educator. Jodie's research interests include cancer epidemiology, occupational exposures and cancer and access to cancer screenings and treatment.



Project Manager: Brigid Lynch, BSc MScs Comm

Brigid has been employed by the Queensland Cancer Fund for six years and has worked on a number of research projects during that time. Brigid is currently undertaking a PhD in epidemiology through The University of Queensland, investigating the associations between physical activity and quality of life amongst colorectal cancer survivors. Her research interests include physical activity and overweight/obesity.



Project Manager: Michelle McPherson, MPH, BSc/BA

Michelle has been employed at the Queensland Cancer Fund since September 2001, in the position of Project Manager of the case-control study of melanoma screening. Michelle has also worked at the Australian Institute of Health and Welfare, on projects including the Vietnam Veterans Validation Study, Cancer Survival in Australia, Mortality in Australia and record linkage.



Project Manager: Kirsty Pickering, BHlthSc (Pub Hlth) (Hons)

Kirsty is the Project Manager on the Logan Healthy Living Program, and has been employed at Queensland Cancer Fund since March 2004. Previously, she was employed as a health promotion officer at Public Health Services, where she worked with primary schools to promote physical activity and healthy eating.



Project Manager: Carla Rogers, BA (Hons Psych)

Carla joined the Queensland Cancer Fund in May 2003, and has been employed from that time as the Project Manager of the Queensland Cancer Risk Study. Previously employed at Queensland Rail in the area of safety and behavioural interventions, her interests now lie in both the epidemiological and behavioural fields of cancer research. Carla is currently studying for a PhD in the field of Social Psychology at the University of Queensland.



Project Manager: Megan Woolf, BSc (Hons Psych)

Megan joined the Queensland Cancer Fund as the Project Manager of the Australian Melanoma Family Study in September 2000. In March 2004 Megan moved on to be the Project Manager of the ProsCan: Prostate Cancer Supportive Care and Patient Outcomes Project. She holds a Bachelor of Science, Honours (Psychology) degree from the University of Queensland. Her research interests are project management, cancer prevention and intervention.



Project Officer: Carla Buttenshaw, BBus BHlthSc

Carla has been working as a Project Officer for the Queensland Cancer Risk Study. She has previously worked as Project Manager for the Queensland Cancer Fund's Sun and Skin Study. Carla holds degrees in Business and Health Science from the Queensland University of Technology. In 2005, Carla will be working as a Project Officer for the Skin Cancer and Skin Screening Project.



Project Officer: Michelle Hillcoat

Michelle commenced with the Queensland Cancer Fund as a Research Officer on the Australian Melanoma Family Study in May 2002. Michelle comes from a market research background in which she worked on a number of health related research projects.



Project Officer: Kellie Holland, RN

Kellie commenced at the Queensland Cancer Fund four and a half years ago, working on the melanoma case-control study and as a telephone interviewer, prior to joining the AMFS team in July 2002 as a research officer. She holds a degree in Humanities and is a registered nurse and midwife.



Project Officer: Lyn McPherson, BSc, AALIA, GradDip HlthSc

Lyn has previous experience as a Research Assistant at the Mater Hospital and worked for many years as a librarian for the University of Queensland. She has been involved in a number of projects at the Queensland Cancer Fund including a survey of Queensland GP's knowledge and attitudes towards screening for colorectal cancer. Lyn currently works as a Project Officer with the Colorectal Cancer and Quality of Life Project.



Project Officer: Kari Mudie, RN, DipHighEdu

Kari commenced with the Queensland Cancer Fund in November 2004 as a project officer on the ProsCan study. She completed a Diploma of Higher Education in Nursing: Adult Nursing at the University of Dundee, Scotland before gaining experience as an oncology nurse. Kari is currently undertaking her Master of Public Health at the Queensland University of Technology.



**Project Officer: Tracey Round, BHIthSc
(Pub HIth) (Hons)**

Tracey joined the Queensland Cancer Fund in January 2004 as part of the team to work on the Queensland Cancer Risk Study. Tracey holds a Bachelor of Health Science with Honours from the Queensland University of Technology. Her research interests include breast cancer prevention and screening.



**Project Officer: Pamela Saunders, RN,
Dip Appl Sci Comm HIth**

After working as a research assistant at Queensland Institute of Medical Research on Twin Studies, Pamela commenced work with the Queensland Cancer Fund in 1999 and has worked on several research projects since then. In May 2001, Pamela joined the Australian Melanoma Family Study as a Project Officer. She is currently completing her Masters in Public Health (Epidemiology) at the University of Queensland. She has varied research interests including project management in the areas of genetics and genetic epidemiology, also enjoys laboratory work and has an interest in occupational health issues.



**Project Officer: Joan Shortt, RN,
DipHIthProm**

Joan commenced with the Queensland Cancer Fund as a Project Officer on the Australian Melanoma Family Study in August 2004. Joan came to the Queensland Cancer Fund with experience as the health promotion officer with the Irish Cancer Society. She has an interest in skin cancer and sun safety.



**Lifestyle Telephone Counsellor:
Trish Stadtmiller, BHSc (Health Promotion)**

Trish joined the Queensland Cancer Fund in September 2004 following many years working on the development and implementation of community based physical activity programs, including a major falls prevention initiative and a home-based activity program for older adults. Trish is currently working as a lifestyle counsellor on the Logan Healthy Living Program and the ProsCan Project. Her research interests include lifestyle interventions for the prevention and management of chronic conditions and the social determinants of lifestyle behaviours.



Professional Officer: Heather Day, BSc (Hons)

Heather works part time to provide secretariat support for the Queensland Co-operative Oncology Group (QCOG) and the various Special Interest Groups in breast, colorectal and lung cancer. With previous experience in clinical trials in the pharmaceutical industry, Heather is working with oncologists, surgeons and other specialist physicians to facilitate and promote participation in multicentre collaborative cancer clinical trials in Queensland.



Administration Assistant: Justine Fazey

Justine is the Administration Assistant for the Centre and has been with the Queensland Cancer Fund since November 2003. Justine has come to the Queensland Cancer Fund with a broad range of experience in the administrative and secretarial fields, for a variety of industries. Justine is currently studying for a Certificate IV in Business Administration.



**Associate: Suzanne Steginga, RN, BA,
BehSci (Hons), PhD**

Suzanne is the Director of Queensland Cancer Fund Community Services and provides a link between the research of the Centre and community-based intervention programs. She has undertaken and published research in the areas of peer support in cancer; adjustment after gynaecological, breast and prostate cancer; cancer nursing and GP education; decision making in health; and the development and evaluation of supportive care and educational interventions for people with cancer.

Publications : 2004



Book Chapters

Gardiner RA, Burger MJ, **Steginga SK**, Walsh T, Schmidt C, Nicol DL, Lavin MF, Clements JA. Integrating Molecular, Proteomic and Vaccine Development, Quality of Life and Psychometric Evaluations in a Comprehensive Research Program. (2004) In: Horizons in Cancer Research - Prostate Cancer. Ed: Colombo F, Lucas, N. Nova Science, New York, Chapter 9, 189-216.

Peer-reviewed Publications

Aitken JF, Youl PH, Janda M, Elwood M, Ring IT, Lowe JB, Firman DW. Validity of self-reported skin screening histories. *American Journal of Epidemiology* 2004; 159(1): 1098-1105.

Aitken JF, Youl PH, Janda M, Elwood M, Ring IT, Lowe JB. Comparability of skin screening histories obtained by telephone interviews and mailed questionnaires - A randomised crossover study. *American Journal of Epidemiology* 2004; 160: 598-604.

Aitken JF, Janda M, Lowe JB, Elwood M, Ring IT, **Youl PH**, Firman DW. Prevalence of whole-body skin self-examination in a population at high risk for skin cancer. *Cancer Causes and Control* 2004; 15: 453-463.

Baade PD, Balanda KP, Stanton WR, Lowe JB, Del Mar CB. Community perceptions of suspicious pigmented skin lesions: are they accurate when compared to general practitioners? *Cancer Detection and Prevention*. (In press).

Baade PD, Del Mar CB, Lowe JB, Stanton WR, Balanda KP. Clinical diagnosis and management of suspicious skin lesions: A survey of general practitioners. *Australian Family Physician*. (In press).

Baade PD, Balanda KP, Stanton WR, Lowe JB, Del Mar CB. Community perceptions of specific skin features of possible melanomas. *Health Education Journal* 2004; 63(2): 158-169.

Baade PD, Coory MD, **Aitken JF**. International trends in prostate cancer mortality: The decrease is continuing and spreading. *Cancer Causes and Control* 2004; 15: 237-241.

Barnett LM, van Beurden E, **Eakin EG**, Beard J, Dietrich U, Newman B. Program sustainability of a community-based intervention to prevent falls among older Australians. *Health Promotion International* 2004; 19(3): 281-288.

Clavarino AM, **Janda M**, Hughes KL, Del Mar C, Tong S, Stanton WR, **Aitken JF**, Leggett BA, Newman B. The view from two sides: a qualitative study of community and medical perspectives on screening for colorectal cancer using FOBT. *Preventive Medicine* 2004; 39: 482-490.

Coory M, **Baade PD**. Urban-rural disparities in prostate-cancer mortality, radical prostatectomy and PSA testing in Australia. *Medical Journal of Australia*. (In press).

Do K-A, **Aitken JF**, Green AC, Martin NG. Analysis of melanoma onset: assessing familial aggregation by using estimating equations and fitting variance components via Bayesian random effects models. *Twin Research* 2004; 7: 98-113.

Dunn J, Steginga SK, Rose P, Scott J & Allison R. Evaluating patient education materials about radiation therapy. *Patient Education and Counseling* 2004; 52: 325-332.

Eakin EG, Brown WJ, Marshall AL, Mummery K, Larsen E. Physical activity promotion in primary care - bridging the gap between research and practice. *American Journal of Preventive Medicine* 2004; 27(4): 297-303.

Eakin EG, Smith BJ, Bauman AE. Evaluating the population health impact of physical activity intervention in primary care – are we asking the right questions? *Journal of Physical Activity and Health*. (In press).

Janda M, Elwood M, Ring IT, Firman DW, Lowe JB, **Youl PH, Aitken JF**. Prevalence of skin screening by general practitioners in regional Queensland. *Medical Journal of Australia* 2004; 180: 10-15.

Janda M, Newman B, Obermair A, Woelfl H, Trimmel M, Schroeckmayr H, Widder J, Poetter R. Impaired quality of life in patients commencing radiotherapy for cancer. *Strahlentherapie Onkologie* 2004; 180: 78-83.

Janda M, Youl PH, Lowe JB, Elwood M, Ring IT, **Aitken JF**. Attitudes and intentions in relation to skin checks for early signs of skin cancer. *Preventive Medicine* 2004; 39: 11-18.

Janda M, Obermair A, Cella D, Crandon AJ, Trimmel M. Quality of life in patients with vulvar cancer: a qualitative assessment. *International Journal of Gynaecological Cancer*. 2004;14:875-881.

Lowe JB, Ball J, **Lynch BM**, Baldwin L, **Janda M**, Stanton WR, **Aitken JF**. Acceptability and feasibility of a community-based screening

programme for melanoma in Australia. *Health Promotion International* 2004; 19(4): 437-444.

Marshall AM, **Eakin EG**, Leslie ER and Owen N. Exploring the feasibility and acceptability of using Internet technology to promote physical activity within a defined community. *Health Promotion Journal of Australia*. (In press).

Reeves MM, Davies PSW, Bauer J, Battistutta D. Reducing the time period of steady state does not affect the accuracy of energy expenditure measurements by indirect calorimetry. *Journal of Applied Physiology* 2004; 97: 130-134.

Reeves MM, Capra S, Bauer J, Davies PSW, Battistutta D. Accuracy of the MedGem™ indirect calorimeter for measuring resting energy expenditure in cancer patients. *European Journal of Clinical Nutrition*. (In press).

Siskind V, Whiteman D, **Aitken JF**, Martin N, Green A. An analysis of risk factors for cutaneous melanoma by anatomical site. *Cancer Causes and Control*. (In press).

Stanton WR, **Janda M, Baade PD**, Anderson P. Primary prevention of skin cancer: A review of prevalence in Australia and overseas. *Health Promotion International* 2004; 19(3): 369-378.

Steginga SK, Pinnock C, Gardner M, **Dunn J**, Gardiner RA. Evaluating peer support for prostate cancer: the prostate cancer peer support inventory. *British Journal of Urology International*. (In press).

Steginga SK, Dunn J, Dewar AM, McCarthy A, Yates P, Beadle G. Intensive nursing education programs: impact on knowledge, confidence and attitudes and perceived skills in the psychosocial care of cancer patients. *Oncology Nursing Forum*. (In press).

Conference Presentations



Steginga SK, Occhipinti S. The application of the heuristic-systematic processing model to treatment decision making about prostate cancer. *Medical Decision Making* 2004; 24 (6): 573-583.

Steginga SK, Occhipinti S, Gardiner RA, Heathcote P, Yaxley J. A prospective study of men's use of alternative therapies after localised prostate cancer. *Patient Education and Counseling* 2004; 55: 70-77.

Steginga SK, Occhipinti S, Gardiner RA, Heathcote P, Yaxley J. A prospective study of men's psychological and decision-related adjustment after treatment for localised prostate cancer. *Urology* 2004; 63: 751-756.

Vajdic CM, Kricker A, Giblin M, McKenzie J, **Aitken JF**, Giles GG, Armstrong BK. Artificial ultraviolet radiation and ocular melanoma in Australia. *International Journal of Cancer* 2004;112:896-900.

Other Publications, Abstracts and Reports

Baade PD, **Youl PH**. Illegal cigarette purchases in Queensland, 2002. Estimated number of school children aged 12 to 17 years who reported to purchase cigarettes in Queensland during 2002. *QCF Report* 2004.

Brown WJ, Mummery K, **Eakin EG**, Trost S, Schofield G. 10,000 Steps Rockhampton (1): Building a whole community approach to increasing levels of physical activity. *International Journal of Behavioral Medicine* 2004; (11, Suppl): 140.

Eakin EG, Marshall A, Mummery K, Larsen E, Brown WJ. 10,000 Steps Rockhampton (2): Working with health professionals to increase

community levels of physical activity. *International Journal of Behavioral Medicine* 2004; (11, Suppl): 201.

Mummery K, Brown WJ, **Eakin EG**, Schofield G. 10,000 Steps Rockhampton (3): Evaluation of a multi-strategy approach to increasing community levels of physical activity. *International Journal of Behavioral Medicine* 2004; (11, Suppl): 143.

Schofield G, Mummery K, Brown W, **Eakin EG**. Pedometer use in the context of the 10,000 Steps Rockhampton project: Results from a population survey. *Journal of Science and Medicine in Sport* 2004; 7(4, Suppl): 44.

Steginga SK, Pinnock C, Jackson C, Wood G. Promoting shared decision making and informed choices for the early detection of prostate cancer. Abstract: *Australian Family Physician* 2004; 33(8): 656.

Steginga SK, Pinnock C, Gardner M, **Dunn J**, Gardiner RA. Sociodemographic and quality of life characteristics of prostate cancer support group participants in Australia and predictors of perceived support. *Australia and New Zealand Journal of Surgery* 2004; Abstract 22: 74(3), A6-7.

Steginga SK, Occhipinti S. Reply to Commentary. *Medical Decision Making* 2004; 24(6): 687.

Invited Review Published in a Periodical

Steginga SK. Review of 100 Questions and Answers about Prostate Cancer. *Cancer Forum* 2004; 28(1): 37.

Fong K, Aitken JF, Anderiesz C, Elwood M. Developing an implementation model for the clinical practice guidelines for the prevention, diagnosis and management of lung cancer in Queensland. *Clinical Oncological Society of the Annual Scientific Meeting, Brisbane, August 2004.*

Dunn J. Developing a support system in breast cancer. 1st National Breast Cancer Support Conference 2004, organised by Breast Cancer Welfare Association, Kuala Lumpur, January 2004.

Dunn J. Supportive care for women with breast cancer. 1st National Breast Cancer Support Conference 2004, organised by Breast Cancer Welfare Association, Kuala Lumpur, January 2004.

Dunn J. Supportive care for women with breast cancer. 2nd Asia Pacific UICC Breast Cancer Support Conference, Singapore, September 2004.

Dunn J. Supporting women with breast cancer in the Asia Pacific Region. 2nd Asia Pacific UICC Breast Cancer Support Conference, Singapore, September 2004.

Dunn J. Developing cancer control capacity for voluntary cancer societies in the Asia pacific region. UICC World Conference for Cancer Organisations, Dublin, November 2004.

Dunn J. Psychosocial support for women with breast cancer. Breast Cancer Welfare Association Workshop, Malaysia, December 2004.

Eakin EG, Brown W, Marshall AM, Larsen E, Mummery K. Promoting physical activity in general practice: can it be done? Scientific Conference of the Australasian Society of Behavioural Health and Medicine, Christchurch, New Zealand, February 2004.

Eakin EG, Oldenburg B, Del Mar C. Linking general practice and community care to promote health behaviour change. Scientific Conference of the Society of Behavioral Medicine, Baltimore, Maryland, USA, March 2004.

Eakin EG, Oldenburg B, Del Mar C, Graves N, Pickering K, Reeves MM. The Logan Healthy Living Project - using the telephone to promote healthy eating and physical activity. 7th Biannual Behavioural Research in Cancer Control Conference, Newcastle, June 2004.

Eakin EG, Steginga SK, Aitken JF, Woolf M, Reeves MM. A telephone delivered intervention to provide support for men newly diagnosed with prostate cancer. 7th Biannual Behavioural Research in Cancer Control Conference, Newcastle, June 2004.

Eakin EG. Lifestyle interventions for men with prostate cancer. Australasian Prostate Cancer Collaboration Meeting, Stradbroke Island, September 2004.

Jackson C, Oldenburg B, Youl PH, Brown C, Dunn J, Aitken JF. Colorectal screening in general practice - too many guidelines, too confusing to implement? 2004 National General Practice and Primary Health Care Research Conference, Brisbane, June 2004.



Janda M, Youl PH, Aitken JF, Elwood M, Lowe J.
Can skin screening become an habitual behaviour. 7th Biannual Behavioural Research in Cancer Control Conference, Newcastle, June 2004.

Lynch BM, Newman B, Pakenham K, Owen N, Battistutta D, Rinaldis M, Dunn J, Leggett B, Aitken JF.
Quality of life 4-6 months after diagnosis of colorectal cancer. 7th Biannual Behavioral Research in Cancer Control Conference, Newcastle, June 2004.

Lynch BM.
Physical activity and quality of life amongst colorectal cancer survivors. Oncology Nurses Group 27th Annual Conference, Brisbane, November 2004.

McPherson M, Youl PH, Baade PD, English D, Elwood M, Aitken JF.
Skin screening prevalence in Queensland – a population based study. 2004 Australasian Epidemiological Association, Adelaide, October 2004.

Reeves MM, Bauer J, Capra S, Davies PSW, Battistutta D.
Is energy expenditure altered in patients with cancer? 22nd National Dietitians Association of Australia, Melbourne, May 2004.

Reeves MM, Capra S, Bauer J, Davies PSW, Battistutta D.
Accuracy of the MedGem indirect calorimeter in cancer patients. 22nd National Dietitians Association of Australia, Melbourne, May 2004.

Reeves MM, Bauer J, Capra S, Davies PSW, Battistutta D.
Hypermetabolism in cancer: fact or fallacy? Oncology Nurses Group 27th Annual Conference, Brisbane, November 2004.

Rogers C, Newman B, Whiteman D, Eakin EG, Aitken JF.
Cancer risks, behaviours and attitudes in Queensland: it's the \$750,000 question - just how high is Queensland's cancer risk. 7th Biannual Behavioural Research in Cancer Control Conference, Newcastle, June 2004.

Rogers C, Newman B, Whiteman D, Eakin EG, Aitken JF.
Queensland Cancer Risk Study. Queensland Health Annual Medical and Scientific Meeting, Brisbane, November–December 2004.

Steginga SK, Occhipinti S, Gardiner RA, Heathcote P, Yaxley J.
A prospective study of men's psychological and decision-related adjustment after treatment for localised prostate cancer. 13th International Conference on Cancer Nursing 2004: Celebrating Diversity, Sydney, August 2004.

Steginga SK, Occhipinti S.
Psychological predictors of decisional conflict. 13th International Conference on Cancer Nursing 2004: Celebrating Diversity, Sydney, August 2004.

Steginga SK, Jackson C, Lun S.
Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General Practitioners North Queensland Sub Faculty Conference, Townsville, September 2004.

Steginga SK, Pinnock C, Jackson C, Preston J.
Promoting informed decision making choice for the early detection of prostate cancer. Annual Scientific Meeting of the Northern Section of the Urological Society of Australasia, Couran Cove, September 2004.

Steginga SK, Pinnock C, Gardner M, Dunn J, Gardiner RA.
Evaluating peer support for prostate cancer: the prostate cancer peer support inventory. Annual Scientific Meeting of the Northern Section of the Urological Society of Australasia, Couran Cove, September 2004.

Steginga SK.
Supporting men after diagnosis and treatment of prostate cancer. Rural Health Education Foundation Satellite Broadcast on Prostate Cancer Treatment and Access, Sydney, September 2004.

Steginga SK, Pinnock C, Jackson C, Wood G.
Promoting shared decision making and informed choice for the early detection of prostate cancer. Royal Australian College of General Practitioners National Conference, Melbourne, October 2004.

Steginga SK, Jackson C, Heathcote P.
Shared decision making for informed choice in the early detection of prostate cancer. Brisbane North Division of General Practice, Brisbane, October 2004.

Steginga SK, Jackson C, Gianduzzo T.
Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General

Practitioners Sunshine Coast Sub Faculty Conference, Sunshine Coast, November 2004.

Steginga SK, Pinnock C.
Shared decision making for informed choice in the early detection of prostate cancer. UICC World Conference for Cancer Organisations, Dublin, Ireland, November 2004.

Steginga SK, Pinnock C, Gardner M, Dunn J, Gardiner RA.
Evaluating peer support for prostate cancer: the prostate cancer peer support inventory. UICC World Conference for Cancer Organisations, Dublin, Ireland, November 2004.

Steginga SK, Occhipinti S.
Psychological predictors of decisional conflict. UICC World Conference for Cancer Organisations, Dublin, Ireland, November 2004.

Youl PH, Aitken JF, Janda M, Lowe J, Elwood M, Ring I.
Melanoma screening clinics within a randomised community-based trial increase the frequency of whole-body skin checks. The 18th World Conference on Health Promotion & Health Education, Melbourne, April 2004.

Research Grants and Awards

Funding to Viertel Centre for Research in Cancer Control

Ongoing support: Sylvia and Charles Viertel Charitable Foundation.

Aitken JF, Elwood JM, English D.
Melanoma diagnosis, and the effect of screening on depth of invasion of melanoma.
NHMRC Grant #112600 (2000-2004: \$394,000)

Aitken JF, Elwood JM, Lowe JB, Firman DW, Ring IT. Melanoma Screening Trial.
Queensland Health (2002-2005: \$250,000)

Eakin EG.
Population Health Career Development Award.
NHMRC #24227 (2003-2007: \$417,500)

Eakin EG, Oldenburg B, Del Mar C, Graves N.
Addressing Multiple Risk Factors in Primary Health and Community Care.
NHMRC #290519 (2004-2008: \$691,753)

Mann GL, Hopper JL, **Aitken JF**, Kefford RF, Giles GG, Armstrong BK.
Australian Melanoma Family Study.
NHMRC Grant #107359 (2000-2004: approximately \$200,000)

Other Collaborative Research Grants

Askew C, Walker P, **Eakin EG**, Green S, Gibbs H.
An Assessment of the Benefits of a Supervised 12-week Stationary Cycling Program versus a Supervised 12-week Treadmill Walking Program in PAD.
National Heart Foundation (2003-2004: \$50,000)

Brown W, Mummery K, **Eakin EG**, Trost S, Dobson A.
Ten-thousand Steps a Day: Working Together to Increase Physical Activity in Rockhampton.
Health Promotion Queensland (2001-2004: \$800,000)

Eakin EG, Bull S.
Improving Use of Community Resources to Support Chronic Illness Self-Management.
Robert Wood Johnson Foundation (2001-2004: \$500,000)

Hayward NK, Martin NG, Green AC, Sturn RA, **Aitken JF**, Duffy DL, Walker FJ, Box NF, Siskind V, Purdie DM, Whiteman DC.
Pathways from genotype and environment to melanoma.
NIH Grant #1R01 CA88363-01A1 (2001-2005: \$2,579,800)

Owen N, Leslie E, Gallois C, **Eakin EG**.
Physical Activity, Sun Exposure and the Sporting Involvements of Young Queensland Adults: Identifying New Opportunities for Social and Environmental Interventions.
Queensland Health (2004-2005: \$112,000)

White KM, Robinson N, Young R, Anderson P, **Steginga SK**.
An examination of the psychosocial factors underlying the skin protection attitudes and behaviours of youth and young adults in Queensland.
Queensland Health (2004-2005: \$130,000)

Professional and Community Activities

Committee Memberships

The Cancer Council Australia

Patient Support Committee: Suzanne Steginga

Nutrition and Physical Activity Committee: Marina Reeves

International Union Against Cancer

Asia Pacific Cancer Society Training Grants Program, Chairman: Jeff Dunn

Supportive Care & Program Development, Chairman: Jeff Dunn

Queensland Health

Queensland Cancer Control Ministerial Advisory Committee: Jeff Dunn

Queensland Cancer Registry Advisory Committee: Joanne Aitken

Queensland Cancer Registry Joint Management Committee: Joanne Aitken

Queensland Health Logan Place-based Initiative Steering Committee: Liz Eakin

Other Committee Memberships

Anton Breinl Centre Consultative Committee, Anton Breinl Centre for Public Health and Tropical Medicine: Jeff Dunn

Australasian Association of Cancer Registries, Executive Committee: Joanne Aitken

Australasian Society for Behavioural Health and Medicine, Executive Board: Liz Eakin (President Elect)

Australian Cancer Network, Working Party for the Development of Clinical Practice Guidelines for the Management of Advanced Prostate Cancer: Suzanne Steginga

Australian Health Promotion Association, Queensland Branch Executive Committee: Kirsty Pickering (Secretary), Trish Stadtmiller

Australian Paediatric Cancer Registry Advisory Committee: Joanne Aitken

Australian Prostate Cancer Collaboration, National Executive: Suzanne Steginga

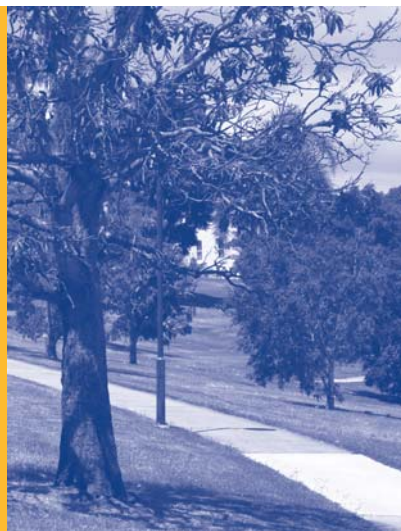
Australian Prostate Cancer Collaboration, Education Subcommittee: Suzanne Steginga

Commonwealth Department of Health and Aging, Palliative Care Australia, National Reference Group for Caring Communities Project: Suzanne Steginga

Dietitians Association of Australia, Queensland Branch Executive Committee: Marina Reeves (Chairperson)

Dietitians Association of Australia, Cancer Cachexia Practice Guidelines Task Force: Marina Reeves

Fourth UICC World Cancer Congress, Program Committee, Washington 2006: Jeff Dunn



National Heart Foundation Research Evaluation Working Group: Jeff Dunn

Public Health Association of Australia, Queensland State Executive: Brigid Lynch (Secretary)

Queensland Cancer Fund Griffith University Cancer Support Centre, Board: Suzanne Steginga (Chair)

Queensland Cooperative Oncology Group, Management Committee: Joanne Aitken, Adam Stoneley

Second Asia Pacific UICC Breast Cancer Support Conference, Organising Committee, Singapore 2004: Jeff Dunn

Third Asia Pacific Reach to Recovery International Breast Cancer Support Conference, Organising Committee, Mumbai 2006: Jeff Dunn

Thirteenth Reach to Recovery International – Breast Cancer Support Service Conference, Program Member, Greece 2005: Jeff Dunn

Other Professional Memberships

Australasian Epidemiological Association: Joanne Aitken, Michelle McPherson, Pip Youl

Australasian Society for Behavioural Health and Medicine: Liz Eakin, Brigid Lynch, Kirsty Pickering, Marina Reeves, Carla Rogers, Trish Stadtmiller

Brisbane Prostate Cancer Research Network: Suzanne Steginga

Diabetes Australia: Liz Eakin

Dietitians Association of Australia: Marina Reeves

Psychologists Board of Queensland: Monika Janda, Carla Rogers

Public Health Association of Australia: Joanne Aitken, Brigid Lynch, Pip Youl

Queensland Nurses Council: Kari Mudie

Society of Behavioral Medicine: Liz Eakin

Statistical Society of Australia Inc.: Peter Baade

Reviews and Editorial Activities

Editorial Panel

Annals of Behavioral Medicine, Consulting Editor: Liz Eakin

Reviews for Journals

American Journal of Epidemiology: Joanne Aitken
American Journal of Preventive Medicine: Joanne Aitken

Australian and New Zealand Journal of Public Health: Peter Baade

BMC Cancer: Monika Janda

Cancer Detection and Prevention: Monika Janda

European Journal of Clinical Nutrition:

Marina Reeves

Health Education Research: Brigid Lynch

Health Psychology: Liz Eakin, Suzanne Steginga

International Journal of Behavioral Medicine:

Liz Eakin

International Journal of Behavioral Nutrition and Physical Activity: Liz Eakin

International Journal of Gynaecological Cancer: Monika Janda

Journal of Psychosomatic Research: Suzanne Steginga

Medical Journal of Australia: Peter Baade

Nutrition and Dietetics: Marina Reeves

Patient Education and Counseling: Liz Eakin, Suzanne Steginga

Photochemistry and Photobiology: Pip Youl

Preventive Medicine: Suzanne Steginga

Psycho-Oncology: Jeff Dunn, Liz Eakin, Suzanne Steginga

Social Science & Medicine: Liz Eakin

Reviews for Funding Bodies

Anti-Cancer Council of Australia (Epidemiology, Psychosocial and Health Services Committee):

Liz Eakin, Monika Janda, Marina Reeves

National Cancer Grants Assessment Panel:

Joanne Aitken, Suzanne Steginga

National Health and Medical Research Council:

Joanne Aitken, Liz Eakin, Suzanne Steginga

National Heart Foundation: Liz Eakin

NSW Health Department: Liz Eakin

The Cancer Council Victoria: Joanne Aitken

Academic Appointments

Jeff Dunn:

Adjunct Professor, School of Social Science, Univ. of Qld.

Associate Professor, School of Population Health, Univ. of Qld.

Joanne Aitken:

Associate Professor, School of Population Health, Univ. of Qld.

Adjunct Associate Professor, School of Public Health, QUT

Liz Eakin:

Adjunct Associate Professor, School of Population Health, Univ. of Qld.

Adjunct Associate Professor, School of Public Health, QUT

Post-graduate Students

Brigid Lynch

University of Queensland PhD student

Supervisors: Neville Owen (Univ. of Qld.),
Joanne Aitken, Jeff Dunn

Topic: Physical activity and quality of life
following a diagnosis of colorectal cancer

Machelle Rinaldis

University of Queensland PhD student

2002 John Earnshaw Scholar

Supervisors: Ken Pakenham (Univ. of Qld.),
Joanne Aitken, Jeff Dunn

Topic: Investigating the coping process in
adjustment to a diagnosis of colorectal cancer:
a longitudinal study

Vanessa Beesley

Queensland University of Technology PhD student

Supervisors: Diana Battistutta (QUT), Liz Eakin,
Joanne Aitken, Jeff Dunn

Topic: The experience of gynaecological cancer
survivors: supportive care needs, quality of life
and community supportive care use

Visitors

International Visitors

Professor Kerry Courneya
**Faculty of Physical Education, University of
Alberta, Canada**

*‘Physical activity in cancer survivors: Implications
for quality of life, recurrence and mortality’,
28th April 2004.*

**Associate Professor Wendy
Demark-Wahnefried**
**Director of the Cancer Prevention Centre,
Duke University, North Carolina, USA**

*‘Improving Diet and Physical Activity in Patients
with Early Stage Breast and Prostate Cancer -
Results from U.S. Clinical Trials’ and ‘Nutrition
and Cancer: An important area for dietitians’,
2nd-8th May 2004.*

Professor Malcolm Pike
**Professor of Preventive Medicine, USC School of
Medicine, Los Angeles, USA**

*‘The Chemoprevention of Female Cancers –
Where we are & where we are going’,
23rd August 2004.*

Dr Alastair McKinlay
**Head, Physical Dosimetry Department, National
Radiological Protection Board, Chilton, United
Kingdom**

*‘Mobile Phones – cancer and other health effects.
A cause for concern?’, 11th October 2004.*

Professor Paul Kleihues
**Department of Pathology, University Hospital of
Zürich, Switzerland**

*‘Poverty, Affluence and the Global Burden of
Cancer’, 13th October 2004.*

National Visitors

**Prostate Cancer (ProsCan)
Workshop, 19th July 2004.**

Mr David Smith, NSW Cancer Council, Sydney

Dr Carole Pinnock, Repatriation General Hospital,
Adelaide

**Lifestyle and Cancer Prevention
Forum, 12th November 2004.**

Dr Dallas English, Cancer Epidemiology Centre,
The Cancer Council Victoria

Professor Neville Owen, Cancer Prevention
Research Centre, School of Population Health,
University of Queensland

Dr Michael Gattas, Queensland Clinical Genetics
Service, Royal Children’s Hospital

Dr David Whiteman, Queensland Institute of
Medical Research

Dr Penny Webb, Queensland Institute of
Medical Research

Professor Wendy Brown, School of Human
Movement Studies, University of Queensland

Dr Jayne Lucke, Institute for Molecular
Bioscience, University of Queensland

VCRCC Advisory Groups

Queensland Cancer Fund Epidemiology Advisory Group

Professor Adèle Green AC (Cancer and Population Studies, QIMR) (Co-Chair)

Professor Beth Newman (Centre for Health Research, QUT) (Co-Chair)

Dr Chris Bain (School of Population Health, Univ. of Qld.)

Dr Michael Coory (Health Information Branch, Queensland Health)

Dr Nick Hayward (Human Genetics, QIMR)

Queensland Cancer Fund Behavioural Science Advisory Group

Prof Melanie Wakefield (Centre for Behavioural Research in Cancer, The Cancer Council Victoria)

Assoc Prof Afaf Girgis (Centre for Health Research and Psycho-oncology, The Cancer Council New South Wales)

Prof Beth Newman (Centre for Health Research, QUT)

Prof Neville Owen (Cancer Prevention Research Centre, Univ. of Qld.)

Dr Suzanne Steginga (Community Services, Queensland Cancer Fund)



a b r e a t h o f f r e s h a i r



Queensland
Cancer Fund

Brisbane

553 Gregory Terrace, Fortitude Valley Q. 4006
Telephone (07) 3258 2200 Fax (07) 3257 1306

Cairns

169 Aumuller Street, Bungalow Q. 4870
Telephone (07) 4031 1555

Townsville

24 Warburton Street, North Ward Q. 4810
Telephone (07) 4721 1644

Rockhampton

43 Upper Dawson Road,
Rockhampton Q. 4700
Telephone (07) 4927 7088

Toowoomba

137 Herries Street, Toowoomba Q. 4350
Telephone (07) 4638 4799

Sunshine Coast

Shop 4, WIN Television Centre
Cnr Maroochydore and
Baden Powell Streets,
Maroochydore Q. 4558
Telephone (07) 5443 6300

Gold Coast

Cnr Bay and Davenport Streets,
Southport Q. 4215
Telephone (07) 5591 1500

Charles Wanstall Apex Lodge

37 Fleming Road, Herston Q. 4006
Telephone (07) 3250 3555

Gluyas Rotary Lodge

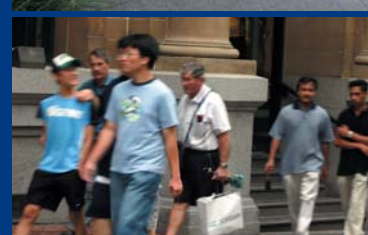
24 Warburton Street,
North Ward Q. 4810
Telephone (07) 4721 1644

Rockhampton Lodge

43 Upper Dawson Road,
Rockhampton Q. 4700
Telephone (07) 4927 7088

Cancer Helpline
13 11 20 toll free
Monday to Friday
8am – 8pm

www.qldcancer.com.au



annual report 04
Viertel Centre for Research in Cancer Control