Viertel Centre for Research in Cancer Control

annual report 05

The generosity of Queenslanders and the Sylvia and Charles Viertel Charitable Foundation makes this research possible.

The Queensland Cancer Fund is an independent, community-based charity and is not government funded.

For information and support contact our Cancer Helpline on 13 11 20, Monday to Friday 8am to 8pm.
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.

www.qldcancer.com.au
The Viertel Centre for Research in Cancer Control, incorporating an Epidemiology Unit and a Psycho-Oncology Research Unit, conducts collaborative research in cancer control with a focus on issues of importance to Queenslanders. The work undertaken by the Centre in this, its third year of operation, will improve our knowledge of the causes and prevention of cancer, will help us to diagnose cancer earlier and improve survival and will improve our capacity to meet the needs of patients and their families.

The Epidemiology Unit undertakes work in four main areas, each of which is outlined in the detailed report that follows. First, through our descriptive epidemiology program, we use routinely collected data from the Queensland Cancer Registry and other population-based sources to better understand the changing patterns of cancer in Queensland. This is essential for informing the Queensland Cancer Fund, health care professionals, health researchers and government about current and future priorities in terms of service delivery, support, treatment and research needs.

In 2005 we produced four comprehensive reports on patterns of cancer in Queensland including a detailed picture of cancer prevalence; an analysis of cancer survival in Queensland and how we compare to other states and internationally; the epidemiology of prostate cancer in Queensland including incidence, mortality, survival and risk; and a detailed analysis of geographical differences around Queensland in cancer occurrence and survival. We have found that survival from cancer is worse in regional and rural areas than in Brisbane and a priority of the Viertel Centre will now be to understand the reasons for this.

As part of our work on the causes and prevention of cancer, a new theme for 2005 was examining aspects of the work environment which may cause cancer. OcciDEAS is an innovative project which aims to develop a computer-based application to assist in determining what chemicals workers have been exposed to, even many years in the past. In addition, we have been examining the occupational causes of prostate cancer. Work is continuing on analysis of the results of the Queensland Cancer Risk Study, the first state-wide survey of behavioural risk factors and screening for cancer. These analyses will help to refine and target current and future cancer prevention policy and practice.

In the area of cancer management and outcomes, we are conducting a number of projects which involve monitoring cancer care and understanding how patients fare after their diagnosis. For example, the Colorectal Cancer and Quality of Life Study is following more than 2000 people with bowel cancer for five years to look at factors which affect their quality of life and how we can best assist in meeting their needs. In other research, we are developing and evaluating more efficient and valid ways to monitor how cancer patients are being managed in Queensland with a focus on variation and potential inequality in the treatment of cancer in regional and rural areas.

Finally, we are continuing our program of work on the causes, prevention and early detection of melanoma. Analysis is underway for the Australian Melanoma Family Study, a multi-state study examining how genes and sun exposure interact to cause melanoma. We are examining the effectiveness of methods for early detection of melanoma including skin screening, and we have begun an investigation of the role skin cancer clinics play in the diagnosis and treatment of skin cancer in Queensland.

Our Psycho-Oncology Research Unit focuses on research into the psychological, social and behavioural aspects of cancer control and translation of this research into improved and effective clinical practice, public health interventions and optimal individual behaviour.

A major program of the Psycho-Oncology Research Unit this year has been the trial of a support intervention for men newly diagnosed with prostate cancer. The support intervention uses proven therapy strategies and specifically applies these strategies to the challenges men experience throughout their diagnosis and treatment. This trial forms part of a larger program of research in prostate cancer, the Queensland Cancer Fund’s ProsCan program, which is being conducted in collaboration with the Northern Section of the Urological Society of Australasia and the Queensland University of Technology.

The Viertel Centre for Research in Cancer Control this year has achieved recognition for its contributions to cancer research through 50 published scientific papers, competitively-awarded research grants and formal accreditation with the National Health and Medical Research Council.

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

Joanne Aitken PhD
Director
Viertel Centre for Research in Cancer Control

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Cancer Survival in Queensland, 2002

Improvement in the average length of survival following a diagnosis of cancer is an important indication of the success of early detection and treatment programs. This report is an update of a previous report on cancer survival in Queensland published five years ago. It provides up-to-date estimates of cancer survival for the most common cancers in Queensland and investigates variation in cancer survival over time and by age and sex. The report also includes comparisons of cancer survival in Queensland with international survival estimates.

The results highlight the increasing burden that cancer is placing on our community, with more Queenslanders living with a diagnosis of cancer than ever before. As the population increases and ages and cancer survival rates improve, cancer prevalence will continue to rise and this will have implications for the allocation and distribution of resources for cancer control in Queensland.


Cancer Prevalence in Queensland, 2002

Cancer prevalence is an estimate of the number of people in the population who have had a diagnosis of cancer. An accurate knowledge of cancer prevalence is important in planning and allocating resources for cancer services and programs. The report produced from this project, which was released in November 2005, contains the first published estimates of cancer prevalence in Queensland. The report provides up-to-date estimates of cancer prevalence for the most common cancers in Queensland, investigates variation in cancer prevalence over time and by age and sex and provides future estimates of prevalence for the short, mid and long-term. Some comparisons with national and international cancer prevalence data are also provided.

The report outlines significant improvements in cancer survival in Queensland over the past 20 years, with the chances of survival more than doubling over that time for some types of cancer. The report also reveals that survival from cancer in Queensland is similar to that in the rest of Australia and the United States and generally higher than European countries.


Geographical differentials in cancer incidence and survival in Queensland: 1996 to 2002

This report examines differences in cancer incidence and survival across Queensland according to geographical areas, remoteness and socio-economic categories. Following the release of reports from other states examining the patterns of cancer in rural and metropolitan regions it was clear there was a need for this type of information for Queensland. This is the first comprehensive report published on geographical differentials in cancer in Queensland. These analyses will provide important information for all stakeholders in cancer control in Queensland when planning for the allocation of resources and services.

Our results show clearly that survival from cancer is lower in rural and regional areas than in the south-east corner. The reasons for this are not clear at this stage, and could include, for example, differences in risk factors, differences in access to diagnostic or screening services or differences in cancer management between areas or a combination of all of these. Our research will continue to investigate these issues in more detail.

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Australian Paediatric Cancer Registry

The Australian Paediatric Cancer Registry is Australia’s only national registry of childhood cancer, and is one of the few such registries in the world. The Registry collects information on the incidence, stage, treatment and survival of all children diagnosed with cancer in Australia. No other registry in Australia collects information on the stage of disease and treatment of children with cancer. The Queensland Cancer Fund has provided financial support for the Australian Paediatric Cancer Registry since its inception in 1977. The Australian Paediatric Cancer Registry, housed within the Queensland Cancer Registry and managed by the Epidemiology Unit in collaboration with the Cancer and Population Studies Unit, Queensland Institute of Medical Research, has 26 years of data and approximately 15,000 cases recorded.

The work of the Australian Paediatric Cancer Registry is guided by an advisory committee that includes two executive members of the Australian Association of Cancer Registries. Among its roles, the Advisory Committee ensures the interests of other states, as stakeholders in the data, are adequately considered.

Much of 2005 has been devoted to reviewing and updating all interstate ethics approvals and interstate data collection and data checking, in preparation for our next analysis and report. The information collected by the APCR will be used to measure standards of care for children with cancer and to track improvements in treatment and outcome over time.

Staff involved: Leisa Ward, Joanne Aitken.

Collaborators: Patricia Valery and Adelle Green (Queensland Institute of Medical Research), Graham Giles (The Cancer Council Victoria), Paul Jelfs (Cancer Institute NSW and President, Australian Association of Cancer Registries).

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Causes and prevention of cancer

The Queensland Cancer Risk Study

Behavioural factors such as smoking, alcohol consumption, inappropriate diet, inadequate physical activity, being overweight and excessive sun exposure increase an individual’s risk of cancer and account for a high proportion of the total burden of cancer in the population. To plan, improve and evaluate strategies for cancer prevention and early detection, information on the current prevalence of cancer risk factors and the level of cancer screening activity in the Queensland population is essential.

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 20 and 75 years throughout the state. Analysis of the results of the survey continued during 2005. Overall, the results suggest that for the majority of Queensland adults, there is scope for improvement in regard to cancer risk behaviours and knowledge. Continuing efforts are warranted to improve behavioural risk factors for the whole of the Queensland population. In addition, we have identified a number of demographic groups with multiple cancer risk behaviours, namely, men, younger Queenslanders and residents of remote/very remote areas. This information will be invaluable in informing strategies and the design of appropriate messages to target these high risk groups and will provide a platform to help frame and direct future cancer prevention and early detection programs.

Steering Committee: Ian Frazer, Ross Young, Brian Cote, Jeff Dunn.

Project Committee: Joanne Aitken, Beth Newman, Rachel Niesie, Monika Janda.

Staff involved: Carla Rogers, Tracey DiSipio, Lin Fritschi.

Collaborators: Neville Owen, Wayne Hall.

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Prostate Health Study

Despite the importance of prostate cancer in the community, few risk factors are known for this disease and we have no preventive strategies. This case-control study was funded and conducted in Western Australia to assess the relationship between prostate cancer and benign prostatic hyperplasia and environmental, occupational and dietary risk factors. We are currently analysing these data at the Queensland Cancer Fund to examine the relationship between lifestyle and occupational factors and prostate cancer and benign prostatic hyperplasia. The results from this study will provide evidence as to preventable causes of prostate cancer. As yet, no clear guidelines on how to prevent prostate cancer have emerged and this information is urgently needed as the population ages. The information our study will provide was tailored to be used in preventive interventions such as health promotion and occupational health and safety regulations.

Funded by: Health way Health Promotion Research Project grant and the BUPA Foundation.

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Collaborators: Deborah Glass (Monash University), Gina Ambrosini (University of Western Australia), Justine Leavy (University of Western Australia).

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Occupational Intelligent Database Exposure Assessment System

In Australia, about 5000 invasive cancers and 34,000 non-melanoma skin cancers each year are caused by exposure to carcinogens in the workplace. Approximately 1.5 million workers are currently exposed to known carcinogens. This project aims to improve the retrospective assessment of exposure of workers to chemicals using a combination of human expertise, empirical data and new computing power and capabilities. The Occupational Intelligent Database Exposure Assessment System (OcciIDEAS) is the first attempt to use the cutting edge technologies of intelligent databases and artificial neural networks to improve assessment of occupational exposure to chemicals. There are two phases to this project: Phase A is the development of a stand-alone intelligent data management program to make the process of assessing occupational exposures accessible, cheaper, portable across studies and user friendly. Phase B is the collection of occupational data from volunteers in order to pilot test and refine each stage of the intelligent database; carry out reliability studies of the exposure assessment; and develop and test the artificial neural networks. The OcciIDEAS project will provide researchers with a cost-effective way to study the role of occupation in cancer.

Funded by: National Health and Medical Research Council.

Staff involved: Jodie Jetann, Troy Sadkowsky, Lin Fritschi.

Collaborators: Geza Benke (Monash University), Deborah Glass (Monash University), Amitava Datta (University of Western Australia).

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Smoking among adolescents

Reducing the prevalence of cigarette smoking has long been a target of health promotion and cancer prevention activities. Many smokers start smoking as teenagers and this is therefore an important target for these campaigns. Understanding the processes adolescents use when initiating or quitting smoking will assist in reducing smoking in this age group. Specific research questions include: What socio-demographic characteristics are associated with a student’s decision to start smoking? What are the predictors of students being able to quit smoking? Are there better ways of measuring nicotine dependence among adolescents? Do external influences, internal influences, or chance have a role to play in adolescents’ substance abuse?

Staff involved: Peter Baade.

Collaborators: Warren Stanton (University of Queensland).

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Trends in incidence and risk factors for testicular cancer

Although testicular cancer is a rare disease with an overall five year relative survival of 95 per cent, its incidence has been reported to be steadily increasing during the past 40 years in developed nations, especially in younger men. It is suspected that increasing trends are due to changes in exposure to causative agents, most of which remain unclear. We have developed and are now assessing the feasibility of a study to identify risk factors that explain the increasing rate of testicular cancer. One of these factors is likely to be oestrogen exposure to the male foetus in-utero. A pilot study is planned to examine the associations of several surrogate measures with maternal serum hormone concentrations in normal pregnancies. Descriptive analyses of cancer registry data across states will inform current incidence trends. As part of this project, we plan to follow patients with testicular cancer to assess their quality of life following treatment.

Specific questions to be addressed include: What are the risk factors for testicular cancer, especially during foetal development? Are proxy measures for gestational oestrogen excess valid and reliable? What are the genetic factors associated with testicular cancer? Is being a twin a risk for testicular cancer?

Staff involved: Philippe Carrière, Lin Fritschi, Rachel Niesie, Monika Janda.

Collaborators: Mary-Anne Kedda (Queensland University of Technology).

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Colorectal cancer and quality of life

Colorectal cancer is common in Queensland and the number of diagnoses will increase each year as the population grows and ages. Survival has improved over the past two decades and this has meant 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.

The Colorectal Cancer and Quality of Life study involves approximately 2000 people, whom we are following for up to five years after their diagnosis. The study is examining how people fare after treatment for colorectal cancer and will identify the factors that influence quality of life following diagnosis. This information will help us to understand the needs of colorectal cancer patients, to advise clinicians and other health professionals of the sort of information and support colorectal cancer patients would find most helpful, and to develop more efficient and valid ways to monitor how cancer patients are being managed in Queensland.

An important focus of this project is variation and potential inequality in the treatment of cancer in regional and rural areas. Queensland is an ideal place to study this as 55 per cent of the population live outside the capital city. Our work has already shown that survival of cancer patients is worse in rural areas. One of the reasons for this may be differences in access to, and delivery of, treatment.

This study will provide detailed data on delivery of cancer care in rural and regional areas, information which is essential in reducing variation in cancer care throughout Queensland. The eventual aim will be to establish systems for efficient ongoing surveillance and feedback to clinicians and health-care institutions in order to improve the care of cancer patients.

Funded by: Golden Casket Foundation.

Staff involved: Lin Fritschi, Joanne Aitken, Peter Baade.

Collaborators: Michael Coory (Queensland Health), Euan Wallpole (Princess Alexandra Hospital).

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Evaluating patterns of cancer care in Queensland

There is a wide range of possible treatments for cancer with varying effectiveness. The traditional method of determining which of these treatments are being used in a community is to individually extract information from medical records. This method is extremely time-consuming and expensive and is not suitable for monitoring the delivery of cancer care on a population basis.

The overall objective of this project is to develop and evaluate more efficient and valid ways to monitor how cancer patients are being managed in Queensland.

Non-cancer causes of death among cancer patients

Due to a combination of earlier detection and improved treatment, the number of cancer survivors is increasing. Using information from the Queensland Cancer Registry and the Registrar of Births, Deaths and Marriages, we investigated whether people diagnosed with cancer had an increased risk of dying from non-cancer causes of death compared to the general population. We found cancer patients (all cancers combined) were nearly 50 per cent more likely to die of non-cancer causes than the general population. In particular, increased risks of death from a non-cancer cause were observed for people with cervical cancer, colorectal cancer, prostate cancer, non-Hodgkin’s lymphoma and lung cancer. These results suggest that cancer-specific death rates may underestimate the mortality burden caused by these cancers.

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Health status of long-term cancer survivors

While we know a considerable amount about the impact of cancer during the early stages of treatment and recovery, less is known about the longer-term impact of cancer. This study examined the health outcomes for long-term cancer survivors using data from the 2001 Australian National Health Survey. Compared with respondents without cancer, long-term cancer survivors reported significantly lower health status, more days out of usual roles, and lower mental well-being. Their self-reported quality of life was similar to that of the rest of the population. Respondents with other chronic conditions in addition to cancer had significantly worse outcomes. These results support the importance of ongoing surveillance of the growing number of cancer survivors with increased attention to interventions to improve health outcomes.

Staff involved: Danny Youlden, Peter Baade, Lin Fritschi, Marina Reeves, Elizabeth Eakin, Sheleigh Lawler.
Causes, early detection and prevention of skin cancer

Skin clinics and the diagnosis and management of skin cancer in Queensland

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. This project is investigating the role skin clinics play in the diagnosis and treatment of skin cancer in Queensland. The project involves 28 skin cancer clinics and 100 general practitioners and will examine the number and type of skin examinations and the how suspicious skin lesions are managed by doctors within the two settings.

This study will provide the first direct 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.

Funded by: National Health and Medical Research Council.
Staff involved: Pip Youl, Carla Shield, Joan Shortt, Peter Baade, Monika Janda, Joanne Aitken.
Collaborators: David Whiteman (Queensland Institute of Medical Research), Chris Del Mar (Bond University).
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Melanoma diagnosis and skin screening 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 improves survival from this disease. The aims of this 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. More than 4000 patients with melanoma and a comparison group of 4000 people without melanoma have taken part in this work. The study has provided a comprehensive description of how melanoma presents, how it is diagnosed in Queensland and reasons for delays in diagnosis in people with different histologic types and thicknesses of melanoma. We have examined the relationship between delays in diagnosis and the extent of invasion of the tumour; and are currently examining the benefits of skin screening for early diagnosis. These results will indicate areas for improvement of education or health services for the early detection of melanoma.

Funded by: National Health and Medical Research Council.
Staff involved: Joanne Aitken, Michelle McPherson, Pip Youl, Peter Baade.
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Patterns of melanoma in Queensland

Queensland has the highest incidence of melanoma in the world. This ongoing project consists of a series of studies examining patterns in melanoma incidence, mortality and survival throughout Queensland with a focus on differences between urban and rural regions, primarily utilising data from the Queensland Cancer Registry. This work has shown melanoma incidence is continuing to increase in Queensland although mortality rates are stabilising, due in large part to improvements in earlier detection. While rates are still increasing for older people, incidence appears to be stabilising in people under the age of 35 years, suggesting the SunSmart message may be starting to pay dividends. Our results also show survival from melanoma is significantly worse in rural and regional areas in comparison to urban areas, highlighting the need for further targeted research to examine the reasons for this.

Staff involved: Peter Baade, Joanne Aitken.
Collaborators: Michael Coory (Queensland Health), Mark Smithers (Princess Alexandra Hospital), Ian Ring (University of Wollongong), Kieren McCaul (Curtin University).
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“After I filled in the survey I realised how much sun exposure I had, so I am more aware of sun exposure for my children, therefore protecting them and teaching them to be aware for themselves as they get older.”
Janelle, Mt Gravatt East, Queensland.
Psycho-Oncology Research Unit

The Psycho-Oncology Research Unit focuses on research into the psychological, social and behavioural aspects of cancer control, and translation of that research into improved and effective clinical practice, public health interventions and optimal individual behaviour.

The ProsCan Program: Patterns of care and health-related outcomes for men newly diagnosed with prostate cancer in Queensland

Prostate cancer is the most common male cancer in Australia and the second most common cause of cancer death in men after lung cancer. At present the patterns of care and health-related outcomes for men diagnosed with prostate cancer in Queensland are not documented in any systematic way. There is limited information about the types of treatment men are choosing and their subsequent quality of life. We are undertaking a new program of research that will describe the patterns of care and quality of life for men newly diagnosed with prostate cancer in Queensland. The project will follow 800 men from the time of diagnosis through to two years after treatment. All men will complete five questionnaires during this period, focusing on pathways to diagnosis and treatment, psychological and physical functioning and quality of life. This is the first large scale study of prostate cancer outcomes to be conducted in Queensland, and the results will assist in the planning and development of health delivery and supportive care services. In addition, this information will be used to inform clinicians and men about treatment outcomes, which will assist men’s decision making between different treatment options.

This project is being conducted in collaboration with the Northern Section of the Urological Society of Australasia, and Queensland University of Technology who are examining the genetic biomarkers associated with prostate cancer and their relationship to clinical outcomes.


Collaborators: David Nicol (Princess Alexandra Hospital), Frank Gardner (Royal Brisbane and Women’s Hospital, University of Queensland), Beth Newman (Queensland University of Technology), Mary-Anne Kedda (Queensland University of Technology), David Thomas (Consultant Radiation Oncologist), Spence Broughton (Community Representative).

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The ProsCan Program: Development and evaluation of a new support program for men diagnosed with prostate cancer

Men diagnosed with prostate cancer experience a range of psychosocial and physical difficulties, and in particular high levels of decision-related distress that can persist for long periods even after treatment has been completed. In response, we are trialling a new support intervention for men diagnosed with localised prostate cancer. The support intervention is a multi-component intervention that integrates psycho-education and decision support to target the specific challenges men experience in the early diagnostic and treatment phase of prostate cancer. Structured counselling protocols and patient education materials underpin the telephone-based nurse delivered intervention that commences at diagnosis and extends six to eight weeks after treatment, with a booster session five months after treatment. Approximately 600 men will be involved in the trial of this support program. If it is found to be successful, the program will provide a model for the effective delivery of cancer support services that could be used across Queensland to provide support to patients with other types of cancer.

Staff involved: Suzanne Steginga, Joanne Aitken, Megan Woolf, Kari Mudie, Ann Burbidge, Sheila Deuchars, Sylvia Miler, Tina Thomas, Samantha Clutton.

Collaborators: David Nicol (Princess Alexandra Hospital), Frank Gardner (Royal Brisbane and Women’s Hospital, University of Queensland), David Thomas (Consultant Radiation Oncologist), Spence Broughton (Community Representative), Stefano Occhipinti (Griffith University), The Northern Section of the Urological Society of Australasia.

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Optimism and psychosocial outcomes in men newly diagnosed with prostate cancer

To effectively meet the supportive care needs of men diagnosed with prostate cancer, research needs to identify both men who are at risk of poorer adjustment following diagnosis and treatment of prostate cancer and effective treatment targets. We have examined the predictors of the course of psychological adjustment during the two years following treatment for 111 men diagnosed with localised prostate cancer.

The study found men whose cancer threat appraisal became more positive over time had a decreasing trajectory of negative adjustment. As men’s cancer threat appraisal became more negative, their adjustment trajectory worsened. Results suggest that following a cancer diagnosis, optimism acts upon positive and negative facets of adjustment through different mechanisms. Further, threat appraisal is the most proximal predictor of adjustment. The strong impact of cognitive appraisals on the cancer experience offers great hope for the malleability of outcomes and their potential for response to treatment.

Staff involved: Suzanne Steginga.

Collaborators: Stefano Occhipinti (Griffith University).

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“The information I received was second to none and I hope other men diagnosed with prostate cancer will be able to access this level of support in the future.”

Mr Graham Yule, prostate cancer patient and ProsCan participant.
Peer support and prostate cancer: A three phase study

This is a three phase study whose aims are to investigate men’s experiences of peer support after prostate cancer and to provide recommendations for further development of these programs. In the first two phases, a national survey was undertaken of 41 leaders of these groups and 1224 men who attend such groups and a new measure was developed to assess the impact of peer support after prostate cancer. We found patients’ perceptions of their clinicians’ attitudes to support group participation influences men’s experience of these groups; higher perceived clinician support for group participation is predictive of men reporting higher positive and less negative support from these groups. Accordingly, in 2005 we undertook a qualitative study with 36 clinicians from Queensland, New South Wales, South Australia and Victoria, to assess clinicians attitudes and referral patterns to such groups. Data analysis is currently underway.

Funded by: Prostate Cancer Foundation of Australia and Pfizer.

Staff involved: David Smith (The Cancer Council New South Wales), Robyn Metcalfe (The Cancer Council (Queensland)), Carole Pinnock (Australian Prostate Cancer Collaboration), Frank Gardner (University of Queensland).

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

A primary tumour of the brain is diagnosed in about 1300 Australians and about 260 Queensland residents each 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. Following focus groups and telephone interviews conducted in 2004, further research into the supportive care needs of patients with tumours of the brain and their carers was undertaken in 2005.

A revised version of the Supportive Care Needs Survey was developed to investigate the supportive care needs of this patient group. This scale, together with measures of quality of life and interest in supportive care services was sent to members of the Queensland Cancer Fund’s Brain Tumour Support Service. More than 120 patients and carers participated in this research and analysis is currently underway. This research will provide information about supportive care services needed by patients and carers, and will inform areas for improvement.

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

Collaborators: David Walker (Royal Brisbane and Women’s Hospital).

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Pool Cool Pilot Project

While skin cancer is one of the most common cancers in Australia, it is also one of the most preventable. Few skin cancer prevention programs in outdoor settings, particularly public outdoor swimming pools, have been evaluated in controlled trials. This study will pilot test the Pool Cool program (Glanz et al, 2002) that has been successful in North America in improving skin cancer prevention behaviour at swimming pools. Over the 2005-2006 summer, we will be piloting a skin cancer prevention program in collaboration with four swimming pools in Townsville and Brisbane. The main objective of the program is to increase awareness, motivation, and sun protection practices among children aged five to ten who take swimming lessons, their parents, pool staff (lifeguards, pool managers and swim instructors) and other pool users, such as families or individuals. This pilot program will assist in identifying new settings where sun protection messages can be delivered to young Queenslanders, improve sun protection behaviours and knowledge and reduce sunburn among children who take swimming lessons, and promote sun safety environments and policies at swimming pools.

Staff involved: Susan Greenbank, Sheleigh Lawler, Courtney Frew, Sabrina Ostowari, Christine Taylor.

Collaborators: Karen Glanz (Emory Prevention Research Center, Atlanta).

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Logan Healthy Living Program

Getting regular physical activity and eating a healthy diet are key to the management of our most common chronic conditions, and recent research suggests physical activity and diet are also important in improving the quality of life of cancer survivors. 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. 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. This project has now moved to the University of Queensland.

Funded by: National Health and Medical Research Council.

Staff involved: Liz Eakin, Marina Reeves, Kirsty Pickering, Trish Stadtmiller, Melissa Harvey, Lisa Jordan.

Collaborators: Brian Oldenburg, Nick Graves, Diana Battistutta, Gavin Turrell, Andrew Hills (Queensland University of Technology), Chris Del Mar (Bond University), Ken Wilkie (Logan Area Division of General Practice), Anna Hawkes (Heart Foundation).

Contact: This project has moved to the University of Queensland. For further information, contact Liz Eakin at the School of Population Health, University of Queensland.
Community attitudes to passive smoking in private places

It is now well established that passive smoking is a direct cause of death and disease, including several types of cancer. Children are particularly vulnerable to passive smoke and exposure can lead to a number of illnesses and diseases in both the unborn and born child. In collaboration with the University of Queensland, we are undertaking a population survey of community attitudes and behaviours in regard to passive smoking in private places. These data will inform educational programs and advocacy goals and will provide a baseline for ongoing monitoring to further develop these areas. Once we have determined attitudes towards passive smoking in private spaces, we will be better placed to address this issue in an effective and responsive manner.

Staff involved: Jeff Dunn, Suzanne Steginga, Susan Greenbank, Catherine Mahony, Danielle Penn, Alan Inglis.

Collaborators: Paul Mazerolle (University of Queensland), Stefano Occhipinti (Griffith University).

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The translation of clinical practice guidelines for the psychosocial care of adults with cancer into practice

Finding methods to integrate evidence-based clinical practice guidelines into treatment centres and services remains a key public health and clinical challenge. We developed a tiered model of care incorporating stepped care and triage that provided a framework for integrating psychosocial care for people with cancer into practice. We have developed a workshop for health professionals that integrates the tiered model approach with the Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer (National Health and Medical Research Council) and trialled this in three regional settings with 107 health professionals. Outcomes included significantly improved knowledge and attitudes in regard to both the psychosocial aspects of cancer treatment and clinical practice guidelines. The tiered model will provide a basis for further research into the efficacy of psychosocial interventions for people with cancer.

Staff involved: Suzanne Steginga, Sandy Hutchison, Danielle Penn, Jeff Dunn.

Collaborators: Jane Turner (University of Queensland, Queensland Cancer Fund William Rudder Fellow 2005).

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Documenting the experiences of women in the Amazon Heart Changing Gears motorcycle ride

Adventure activities to raise awareness and/or funds for breast cancer survivors. One recent activity held in Australia was the Amazon Heart Changing Gears motorcycle ride which travelled from Sydney to Brisbane. Quantitative and qualitative methodologies were used to investigate women’s psychosocial and social experiences of this event with particular reference to benefit finding, peer support, survivorship and breast cancer identity. Methodology included pre and post in-depth interviews and keeping a journal during the ride. A six month postal survey will be sent to each participant to determine the level of emotional and physical challenges experienced. Analysis of preliminary data is underway.

Funded by: Amazon Heart.

Staff involved: Jeff Dunn, Danielle Penn, Suzanne Steginga.

Collaborators: Megan Dwyer and Meredith Campbell (Amazon Heart).

Contact: daniellepenn@qldcancer.com.au

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 candidate: Brigid Lynch (University of Queensland).

Supervisors: Neville Owen (University of Queensland), 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 secondly, 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 interventions to enhance the well-being of survivors of a colorectal cancer diagnosis.

PhD candidate: Machelle Rinaldis.

Supervisors: Ken Pakenham (University of Queensland), Joanne Aitken, Jeff Dunn.

Research by Post-Graduate Students
A mail survey of 800 Queensland gynaecological cancer survivors, three months to five years post-diagnosis, was conducted in 2004. The main aim of this study was to assess supportive care needs and use. Results showed 43 per cent of gynaecological cancer survivors reported having at least one moderate or high level unmet supportive care need. The three issues that concerned the group most were ‘fear about the cancer spreading’, ‘concerns about the worries of those close’ and ‘uncertainty about the future’. More than half (54 per cent) of survivors reported using a support service or organisation and 29 per cent reported using complementary therapies for coping with their cancer. The results highlight the need for additional support in coping with the uncertainties of cancer survivorship.

**PhD candidate:** Vanessa Beesley (Queensland University of Technology).

**Supervisors:** Dana Battistutta (Queensland University of Technology), Elizabeth Eakin (University of Queensland), Joanne Aitken, Jeff Dunn.

**Detection and diagnosis of skin cancer in South East Queensland: The role of primary care skin clinics and general practice**

Early detection of skin cancer, particularly melanoma, affords the patient the best possible outcome in relation to morbidity and mortality. Examinations of the skin have traditionally been conducted within general practice, however more recently, primary care skin clinics have emerged as an alternative for patients wishing to have a skin examination and/or treatment for suspicious skin lesions. This study will examine the characteristics of patients who choose to attend a primary care skin clinic compared to those attending general practice, particularly in relation to sociodemographics and perceived access to services. This study will also examine the costs (both direct and indirect) of diagnosis, treatment and management of skin excisions in the two settings. The results of this project will provide valuable information on factors associated with attendance at skin cancer clinics compared to those in general practice.

**PhD candidate:** Pip Youl (University of Queensland).

**Supervisors:** Peter O’Rourke (University of Queensland), David Whitman (Queensland Institute of Medical Research), Joanne Aitken.

The Queensland Co-operative Oncology Group, established through the support of the Queensland Cancer Fund, is open to all cancer clinical specialists in Queensland. Its aim is to improve access and outcomes for patients with cancer in Queensland, and specifically, to maintain a forum for clinical specialists in cancer to promote co-operative measures to optimise cancer treatment in Queensland; to promote access for patients in Queensland to optimal cancer treatment by participation in multicentre clinical trials; to facilitate participation of clinicians in multicentre cancer clinical trials by providing data management and administrative support; to advise the Queensland Cancer Fund on clinical aspects of cancer control, including research, prevention, screening, diagnosis, treatment and supportive care; to work with the Queensland Cancer Fund to publicly promote rapid access to cancer care facilities of the highest quality; and to liaise with other state co-operative oncology groups to improve access and outcomes.

**The Cancer Clinical Trials Register**

The Epidemiology Unit of the Queensland Cancer Fund and the Queensland Co-operative Oncology Group have established a Cancer Clinical Trials Register to document all clinical trials being conducted in Queensland institutions that treat patients with cancer. The goals of the Register are to document the level of current and planned clinical trial activity in Queensland and to document for each trial the cancer type being studied, the phase of trial, whether the trial is local, national or international, patient accrual, sources of funding and the need for additional data management support.

**Special Interest Groups**

A number of special interest groups have been established to provide a forum for specialist physicians, surgeons and oncologists to meet and discuss proposals for clinical research and other developments in cancer treatment. Currently there are special interest groups in breast cancer, colorectal cancer and lung cancer that meet at the Queensland Cancer Fund two to three times per year. Additional special interest groups planned to be established in the future include skin cancer and gynaec-oncology.

**Queensland Co-operative Oncology Group**

**Newsletters**

A regular Queensland Co-operative Oncology Group newsletter is distributed two to three times per year to clinicians and interested stakeholders.

**Cancer Clinical Trial Data Managers**

The Data Management Grant Scheme established by the Queensland Cancer Fund with the support of the Queensland Co-operative Oncology Group provides grants to research institutes and hospitals for the appointment of data managers to assist clinicians in the initiation and conduct of approved cancer clinical trials. Data managers work exclusively with records of patients participating in approved trials. Successful applicants for data management grants are involved in prospective, randomised, national or international, collaborative multicentre, Phase III cancer clinical trials. All trials are approved in accordance with procedures recommended by the Australian National Health and Medical Research Council and have the appropriate local ethics committee approvals. Financial support for data management grants is closely linked to demonstrated levels of clinical research activity and productivity by trial investigators and therefore is competitive. The Management Committee of the Queensland Co-operative Oncology Group determines the criteria for assessment for new grants and continued funding.

Hospitals currently receiving data management grants from the Queensland Cancer Fund include Princess Alexandra Hospital, Radiation Oncology Services; Mater Centre, Royal Brisbane Hospital, Toowoomba Hospital, Royal Children's Hospital, Mater Adult Hospital, Mater Children's Hospital and Royal Women's Hospital.

**Staff involved:** Heather Day.

**Contact:** heathenday@qldcancer.com.au
Staff Members and Associates during 2005

Joanne Alkten, BSc (Hons), SM, PhD
Suzanne Steginga, RN, BA, BBehSci (Hons), PhD
Lin Fritschi, MBBS, FAFPHM, PhD
Peter Baade, BSc, BAppSc(Hons), MMedSci, PhD
Ann Burbridge, RN, BSN
Philippe Carrière, HonBSc, MD, MSc
Heather Day, BSc (Hons)
Shelle Deuchars, Grad Dip Nursing
Tracey DiSipio, BThHSc (Pub Hlth) (Hons)
Louisa Gordon, BSc, MPH, PhD
Kellie Holland, RN, RM, BA (Hum)
Mary Hvass
Monika Janda, PhD, MPhil
Jodie Jarren, RN, BSN
Brigid Lynch, BSc, MScs Comm
Helen Maxwell
Lyn McPherson, BSc, AALIA, GradDip HlthSc
Sylvia Milner, RN
Kari Mudie, RN, DipHlthEd
Rachel Neale, BHSc, PhD
Marina Reeves, PhD, ARD
Carla Rogers, BA (Hons Psych)
Carla Shirt, BBus BThHsc
Jafar Tabrizi, RN, DipHlthProm (January - December)
Project Officer
Nurse Counsellor
Project Officer
Project Manager
Project Manager
Project Manager
Project Officer
Senior Research Officer
Bistoatistician
CATI Interviewer
Research Fellow
Project Manager
Project Manager
CATI Interviewer
Research Fellow
Project Manager
Research Officer
Director - Verteil Centre for Research in Cancer Control
Director - Psycho-Oncology Research Unit
Head, Epidemiology Unit
Senior Biostatistician
Project Officer
Senior Research Officer
Professional Officer - Queensland Co-operative Oncology Group
Project Officer
Project Officer
Health Economist
Project Officer
CATI Interviewer
Research Fellow
Project Manager
Project Manager
Project Officer
Project Manager
Project Manager
CATI Interviewer
Research Fellow
Project Manager
Research Officer

Publications: 2005

Reports


Peer-reviewed Publications


Publications: 2005


Marsh AL, Eakin EG, Leslie ER, Owen N. Exploring the feasibility and acceptability of using internet technology to promote physical activity within a defined community. Health Promotion Journal of Australia 2005;16(1):82-94.


Book Chapters


Steginga SK, Occhipinti S. Dispositional optimism as a predictor of decision-related adjustment after localised prostate cancer. Health Psychology. (In press).


Hutchison S. Closing the divide: Using telephone-delivered psychosocial interventions to overcome geographic and other barriers. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, Brisbane, 2005.


Steeginga SK. The nurse’s role in decision support: helping people with cancer to make difficult treatment decisions. The Annual Conference of the Oncology Nurses Group of the Queensland Cancer Fund, Cairns, October 2005.


Steeginga SK, Heathcote P, Green A. Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General Practitioners North Queensland Sub-Faculty Conference, Cairns, September 2005.

Steeginga SK. Shared decision making for informed choice in the early detection of prostate cancer. Merck, Sharp and Dohme University Program, Brisbane, July 2005.

Steeginga SK, Preston J, Green A. Shared decision making for informed choice in the early detection of prostate cancer. Brisbane Inner South Division of General Practice, Brisbane, June 2005.

Steeginga SK, Heathcote P, Smith N, Jackson C, Green A. Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General Practitioners Gold Coast 48th Annual Clinical Update, Gold Coast, April/May 2005.
Other Collaborative Research Grants


Fritschi L, Armstrong B, Milne E, Bower C, De Klerk N. Environmental and genetic factors in childhood acute lymphoblastic leukaemia: a case-control study. NHMRC Grant #211981 (2003-2008: $1,705,000)


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


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)

Committee Memberships

The Cancer Council Australia
National Skin Cancer Committee: Pip Youl, Nutrition and Physical Activity Committee: Marina Reeves, Susan Greenbank
Public Health Committee: Susan Greenbank
Breast Cancer Screening Committee: Susan Greenbank
Genetic Practice Primary Health Care Committee: Susan Greenbank

International Union Against Cancer
Asia Pacific Cancer Society Training Grants Program, Chairman: Jeff Dunn
Supportive Care and 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
Breast Cancer Screening Quality Management Committee: Susan Greenbank
Cervical Cancer Screening Quality Management Committee: Susan Greenbank

Other Committee Memberships
Australasian Association of Cancer Registries, Executive Committee: Joanne Aitken
Australian Paediatric Cancer Registry Advisory Committee: Joanne Aitken
Queensland Public Health Forum: Susan Greenbank
Queensland Public Health Forum Tobacco Working Group: Susan Greenbank (Chair)
Cancer Registry Advisory Group: Lin Fritschi
National Health and Medical Research Council Expert Committee on Electromagnetic Energy: Lin Fritschi
Scientific Advisory Committee of the Lions Cancer Institute: Lin Fritschi
Medical and Scientific Advisory Panel of the Cancer Foundation of Western Australia: Lin Fritschi

Other Professional Memberships
Australasian Epidemiological Association: Joanne Aitken, Lin Fritschi, Pip Youl, Philippe Carrière
Australian Association of Academic General Practice (AAAGP): Danielle Penn
Australian Association for Cognitive Behaviour Therapy: Sandy Hutchison
Australian College of Health Service Executives (ACHSE): Danielle Penn
Australian Health Promotion Association: Susan Greenbank
Australian Prostate Cancer Collaboration: Suzanne Steginga
Australian Psychological Society: Sandy Hutchison, Monika Janda
Australian Psychological Society College of Clinical Psychologists: Sandy Hutchison
Australian Psychological Society College of Health Psychologists: Monika Janday
Australian Society of Behavioural Health and Medicine: Brigid Lynch, Marina Reeves, Kirsty Pickering, Elizabeth Eakin, Sheleigh Lawler, Monika Janda
Australasian Urological Nursing Society: Kari Mudie, Sylvia Milner, Sheila Deuchars
Clinical Oncological Society of Australia: Adam Stoneley, Danielle Penn
Dietitians Association of Australia: Marina Reeves, Melissa Harvey
International Psycho-oncology Society (IPOS): Danielle Penn
Medical Software Industry Association (MSIA): Danielle Penn
Oncology Nurses Group: Sheila Deuchars, Palliative Care Association Queensland (PCAQ): Sheila Deuchars
Royal College of Nursing Australia: Monika Janday
Sa ny Hutchison, Danielle Penn
Royal College of Nursing Australia: Elizabeth Eakin, Lyn McPherson, Pip Youl
Queensland Nursing Council: Kari Mudie
Queensland Public Health Forum: Susan Greenbank
Royal College of Nursing Australia: Sylvia Milner
Sany Hutchison, Danielle Penn
Sany Hutchison, Danielle Penn
Supportive Care and Program Development, Chairman: Jeff Dunn
Queensland Health Cancer Control Ministerial Advisory Committee: Jeff Dunn
Queensland Cancer Registry Advisory Committee: Joanne Aitken
Queensland Cancer Registry Joint Management Committee: Joanne Aitken
Breast Cancer Screening Quality Management Committee: Susan Greenbank
Cervical Cancer Screening Quality Management Committee: Susan Greenbank

Professional and Community Activities

Funding to Viertel Centre for Research in Cancer Control
Ongoing support: Sylvia and Charles Viertel Charitable Foundation.


Fritschi L, Glass D, Leavy J. Occupational causes of prostate cancer. BURA Foundation (2005: $55,000)


Fritschi L. Population Health Career Development Award – Five year salary package. NHMRC Grant #254883 (2003-2007: $467,000)


Research Grants and Awards
Reviews and Editorial Activities

Editorial Panel
American Journal of Epidemiology, Associate Editor: Lin Fritschi
Annals of Behavioral Medicine, Consulting Editor: Elizabeth Eakin
Australasian Epidemiologist, Guest editor: Lin Fritschi
BMC Public Health, Editorial Board: Lin Fritschi
Psycho-Oncology, Editorial Panel: Jeff Dunn

Reviews for Journals
American Journal of Epidemiology: Joanne Aitken, Lin Fritschi
American Journal of Preventive Medicine: Joanne Aitken, Peter Baade
Australian and New Zealand Journal of Public Health: Peter Baade
Canadian Medical Journal: Peter Baade
Cancer Causes and Control: Lin Fritschi
Cancer Epidemiology Biomarkers and Prevention: Lin Fritschi
European Journal of Clinical Nutrition: Marina Reeves
Health Promotion Journal of Australia: Susan Greenbank
Health Psychology: Suzanne Steginga, Elizabeth Eakin
International Journal of Behavioral Medicine: Elizabeth Eakin
International Journal of Behavioral Nutrition and Physical Activity: Elizabeth Eakin
International Journal of Gynaecological Oncology: Monika Janda
Journal of the American Academy of Dermatology: Joanne Aitken
Journal of the American Gerontological Society: Elizabeth Eakin
Journal of Psychosomatic Research: Suzanne Steginga
Medical Decision Making: Suzanne Steginga
Medical Journal of Australia: Peter Baade
Nutrition and Dietetics: Marina Reeves
Occupational and Environmental Medicine: Lin Fritschi
Occupational Medicine: Lin Fritschi
Patient Education and Counselling: Suzanne Steginga, Elizabeth Eakin
Preventive Medicine: Suzanne Steginga
Psychology, Health & Medicine Journal: Monika Janda
Psycho-Oncology: Jeff Dunn, Suzanne Steginga, Elizabeth Eakin
Social & Science & Medicine: Elizabeth Eakin
The Australian and New Zealand Journal of Surgery: Suzanne Steginga
The British Journal of Urology International: Suzanne Steginga
The Journal of Urology: Suzanne Steginga

Reviews for Funding Bodies
Cancer Institute of New South Wales Grants Committee: Lin Fritschi
National Heart Foundation of Australia: Elizabeth Eakin
National Health and Medical Research Council: Joanne Aitken, Suzanne Steginga, Elizabeth Eakin, Lin Fritschi
New South Wales Health Department: Elizabeth Eakin
The Cancer Council New South Wales Strategic Research Grants Program: Suzanne Steginga

Academic Appointments
Jeff Dunn:
Adjunct Professor, School of Social Science, University of Queensland.
Associate Professor, School of Population Health, University of Queensland.
Joanne Aitken:
Associate Professor, School of Population Health, University of Queensland.
Adjunct Associate Professor, School of Public Health, Queensland University of Technology.
Lin Fritschi:
Adjunct Associate Professor, School of Population Health, University of Queensland.
Adjunct Associate Professor, School of Public Health, Queensland University of Technology.
Suzanne Steginga:
Associate Professor, School of Psychology, Griffith University.

International Visitors
Marina Kvaskoff
Traineeship, Paris, France.

Post-Graduate Students
Vanessa Beesley
Queensland University of Technology PhD candidate
Supervisors: Diana Battistutta (Queensland University of Technology), Liz Eakin, Joanne Aitken, Jeff Dunn.
Topic: The experience of gynaecological cancer survivors: Supportive care needs, quality of life and community supportive care use.

Brigid Lynch
University of Queensland PhD candidate
Supervisors: Neville Owen (University of Queensland), Joanne Aitken, Jeff Dunn.
Topic: Physical activity and quality of life following a diagnosis of colorectal cancer.

Macchelle Rinaldis
University of Queensland PhD candidate
2002 John Earnshaw Scholar
Supervisors: Ken Pakenham (University of Queensland), Joanne Aitken, Jeff Dunn.
Topic: Investigating the coping process in adjustment to a diagnosis of colorectal cancer: A longitudinal study.

Pip Youl
University of Queensland PhD candidate
Supervisors: Peter O’Rourke (University of Queensland), David Whiteman (Queensland Institute Medical Research), Joanne Aitken.

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