Viertel Centre For Research in Cancer Control

2007 Annual Report

Viertel Centre for Research in Cancer Control

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

We are an independent, community-based charity and are not government funded

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

The Cancer Council
Queensland

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 Cancer Council Queensland in support of the Viertel Centre for Research in Cancer Control.

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

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Chief Executive Officer's Message

Jeff Dunn PhD

Chief Executive Officer, The Cancer Council Queensland

Adjunct Professor, Faculty of Social and Behavioural Science, University of Queensland

Adjunct Professor, Faculty of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University.

With one in three Australians likely to experience cancer in their lifetime, research into cancer control has never been more important.

It is estimated that from 2001 to 2011 the number of newly diagnosed cases of cancer will increase by 29 per cent in women and 32 per cent in men. Cancer is the leading cause of disease and injury in Australia, accounting for nearly one-fifth of our total disease burden.

This report highlights our achievements in reducing the burden of cancer on the community.

In 2007, the work undertaken by the Viertel Centre for Research in Cancer Control has improved our knowledge of the causes and prevention of cancer, has helped us identify possible ways to diagnose cancer earlier, and has improved our capacity to meet the needs of patients and their families.

Our effectiveness is a reflection of strong support from the community, the health and medical profession, cancer support groups, educational organisations and our dedicated team of staff and volunteers. We also gratefully acknowledge the Sylvia and Charles Viertel Charitable Foundation for providing ongoing funding, and those of you who made generous financial contributions to our work during the year. We thank all of you for your continuing dedication.

Finally, our unique partnership with cancer patients and survivors, alongside their carers and family members makes our research possible. This report reflects our passionate commitment to creating a cancer free future – and is dedicated to you.

Report from the Directors

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Joanne Aitken PhD

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Adjunct Associate Professor, School of Public Health, Queensland University of Technology

2007 was the fourth year of operation of the Viertel Centre for Research in Cancer Control. The depth and variety of research that is presented in the following report is evidence of the progress that we have made over that time. We are indebted to the Sylvia and Charles Viertel Charitable Foundation for their continuing generous support, our staff 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. We thank you all.

From our beginning, our research programs have had an emphasis on providing tangible benefits for the community and on the translation of research results into clinical and public health practices and policies that will improve the lives of cancer patients, their families and all Queenslanders. The projects that we outline in the following pages show that we are achieving much success in our aim to "make a difference".

The Viertel Centre for Research in Cancer Control as part of The Cancer Council Queensland is a National Health and Medical Research Council accredited research institute. National accreditation recognizes ongoing research programs of high quality and significance, as measured through success in attracting external, peer-reviewed research grants. We enjoy productive research collaborations with universities and other national and international centres of cancer research and we will continue to foster these partnerships as part of the cancer research community.

The Viertel Centre for Research in Cancer Control conducts collaborative research in cancer control with a focus on issues of importance to the community. Current research programs include: Survivorship, Descriptive Epidemiology, Program Development and Evaluation, Prostate Cancer and Skin Cancer. We aim to improve our understanding of how to prevent cancer, improve the earlier diagnosis of cancer, improve survival after cancer treatment, and understand better how to meet the support needs of people diagnosed with cancer and their carers.

The analysis of routinely collected data from the Queensland Cancer Registry and other population-based sources provides important information about the patterns of cancer in Queensland, and differences in cancer incidence, survival and management that point to possible inequalities in cancer services and support. With this information as the foundation, we are undertaking comprehensive studies to better understand the reasons for the lower cancer survival in areas outside the South-East Queensland corner, so that we can begin to address this.

Skin cancer is by far the most common cancer in Queensland and this continues to be an important area of research, particularly how to improve early detection and therefore survival from melanoma, the most lethal form of skin cancer. A further part of our skin cancer research program is related to diagnosis and management of skin cancer in primary care. This is an important area of research as the vast majority of skin cancer is diagnosed and treated within primary care. To this end we are currently undertaking research to examine diagnostic accuracy and skin cancer management strategies within mainstream general practice compared to skin cancer clinics, a growing phenomenon in Queensland.

In other work focusing on the psychosocial and support needs of cancer patients, a major ongoing research program is the "Prostate cancer supportive care and patient outcomes project: ProsCan". This project, the largest of its kind internationally, aims to describe the management of prostate cancer in Queensland with emphasis on patterns of care and psychological and functional outcomes. The Colorectal Cancer and Quality of Life study is documenting the long-term course of recovery and problems faced in coming to terms with a diagnosis of colorectal cancer, in particular the factors that improve recovery and coping. Early findings from both of these studies have led to trials of new supportive care interventions to reduce distress and improve quality of life for men with prostate cancer and their partners and for colorectal cancer survivors. We have begun a pilot study to investigate the supportive care needs and adjustment of adults with brain tumours and their carers; and we are examining for the first time how melanoma survivors fare, the psychosocial problems they may face, and whether they have appropriate ongoing clinical surveillance.

Our projects are too numerous to mention them all here, however, the following pages highlight these and other projects in more detail, and outline The Centre's contribution to national and international cancer control research through our 30 published scientific papers, competitively-awarded research grants and other research activities.

Research in Profile

Descriptive Epidemiology Research Program

The Descriptive Epidemiology Research Program analyses population-based data to provide information on patterns of cancer in Queensland, including cancer incidence, survival, mortality, prevalence and treatment, and geographical differentials in cancer survival.

Descriptive reports on patterns of cancer in Queensland

One of the main responsibilities of the Descriptive Epidemiology Program is the publication of cancer-specific reports that present a comprehensive overview of major cancers in Queensland, including comparisons with national and international benchmarks where available. The reports include information on incidence, survival, mortality, prevalence and geographical differences within Queensland.

In 2007, the Viertel Centre for Research in Cancer Control published a report on the current status of lung cancer in Queensland from 1982-2004. Lung cancer is the fourth most common cancer diagnosed in Queensland, and a leading cause of cancer mortality (highest among men, second highest among women). This report highlighted the causal relationship between smoking and lung cancer. Trends in lung cancer incidence and mortality are driven by the trends in smoking from 15-30 years earlier. Rates continue to increase among women in Queensland, while they are decreasing among men. Compared to the general population, people diagnosed with lung cancer were 2.5 - 3 times more likely to die within one year, and 6 - 9 times more likely to die within five years of diagnosis. The survival among women was slightly better than for men (five-year relative survival of 16 per cent for females and 11 per cent for males).

To enable rapid access to cancer statistics in Queensland we are currently developing a web-based statistics dissemination system (Queensland Cancer Statistics Online). This innovative system will provide regularly updated statistics on cancer incidence (including long-term trends), mortality and survival in an easy to use and comprehend format.

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Patterns of Cancer Care Evaluation

There is a wide range of possible treatments for cancer with varying advantages and potential disadvantages. Obtaining information about specific cancer treatments in the community usually involves the extraction of information from medical records. While this method is the gold standard, it is extremely time-consuming and expensive. The overall objective of this project (funded by Golden Casket Foundation) is to develop and evaluate more efficient and valid ways to monitor how cancer patients are being managed in Queensland, particularly using clinical information on cancer patients from the Queensland Cancer Registry linked with surgical hospital treatment information from the Queensland Hospital Admitted Patient Data Collection. While analyses are ongoing, the study has found there were urban rural differences in surgical treatment patterns for Queensland women diagnosed with early breast cancer, with mastectomies more common among rural women and breast conserving surgery less common.

An additional component of this project is to evaluate whether histopathology reporting collected by the Queensland Cancer Registry complies with Clinical Practice Guidelines. For each cancer type, a random sample of pathology reports from the Queensland Cancer Registry has been audited to ascertain what proportion meet each of the required criteria. Results to date suggest that histopathology reporting for the cancers considered compared favourably with international reports.

This study is assisting researchers in identifying where inequalities exist in access to cancer treatment services and will therefore help to inform the development of programs to reduce these inequalities.

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Research in Profile (cont.)

Detailed analyses of specific cancers

Detailed analyses of incidence and mortality trends provides a means by which to evaluate the current control measures for specific cancers, and can quantify, on a population basis, the impact of changes in risk factors, diagnostic procedures and treatments.

Two studies describing patterns of testicular cancer in Australia have been completed. The first one described a rare subtype of testicular germ cell tumour, (Spermatocytic seminoma) which has been previously reported to occur mainly in elderly men. However Australian data found that this tumour occurred as often in men younger than 55 years as it does in older men. The second study reported the national population-based Australian incidence trends for testicular germ cell cancer. While incidence rates have increased since 1982, the increase was greater for seminomas compared to non-seminomas. These trends are consistent with those reported for the United States, and may at least be partly due to changes over time in the prevalence of etiologic or protective factors around the time of birth.

An invited review paper describing the international patterns of prostate cancer, including geographical differences in incidence, survival and mortality, and the latest observed trends was completed in 2007. It found that as western influences become more pronounced in less developed countries, prostate cancer incidence rates in those countries are tending to increase, even though the prevalence of PSA testing is relatively low. Larger proportions of younger men are being diagnosed with prostate cancer and living longer following diagnosis, which has a number of implications for health systems. Decreasing mortality rates are becoming widespread among more developed countries, although it is not clear whether this is due to earlier diagnosis (PSA testing), improved treatment, or some combination of these or other factors.

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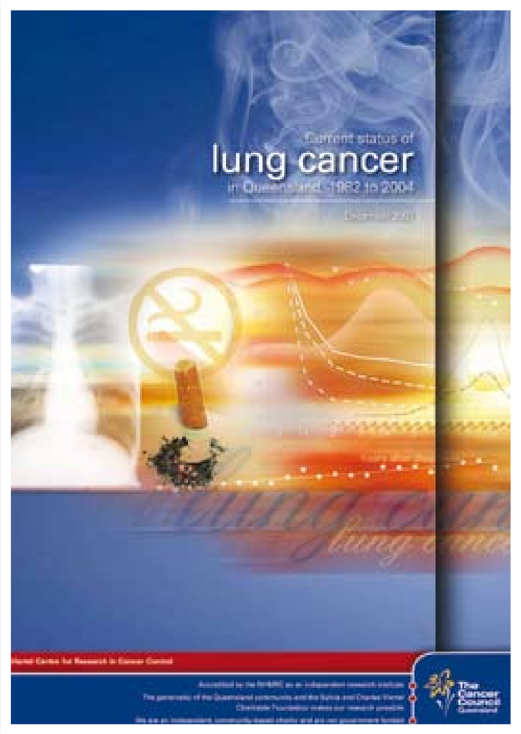

Geographical inequalities in colorectal cancer (CRC) survival

This study builds directly on the findings of our 2005 report "Geographical differentials in cancer incidence and survival in Queensland, 1996-2002," which demonstrated a general pattern for poorer survival among cancer patients in more rural areas. Possible explanations could include later detection, poor access to treatment or a combination of both. Subsequent analyses suggested colorectal cancer had a particularly high geographical differential in survival.

Specific research questions this study aims to answer are whether there are geographical inequalities in stage at diagnosis, and management/treatment among colorectal cancer patients, and whether there is a relationship between distance to closest treatment centre and cancer survival for colorectal cancer patients. The study is using a range of data sources, including data from our longitudinal colorectal cancer survey and data relating to the availability of cancer treatment services across Queensland. This study will additionally be utilising geo-coding and GIS software. The use of GIS software has become more widespread to better understand geographical patterns in cancer. Utilising this software will provide us with an opportunity to identify and quantify geographic inequalities in cancer outcomes across Queensland.

Importantly the results of this research can be rapidly translated to develop more effective health policies, health promotion programs and other interventions aimed at improving population health and reducing inequalities that result from geographic remoteness and area disadvantage throughout Australia.

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Investigate inequalities in health, treatment patterns, secondary cancers and mortality among cancer survivors

Several studies examining issues relevant to cancer survivors, including their general health, the type of treatment they receive, their risk of subsequent cancers and their risk of dying from a non-cancer related condition are being conducted in the Viertel Centre for Research in Cancer Control.

More specifically a study completed in 2007, examined the characteristics of elderly patients with advanced ovarian cancer. Appropriate treatment for women in this group can be challenging, as the risk of morbidity and peri-operative mortality is higher compared to younger patients. The study provided information that can potentially be used to predict whether these women would benefit from standard treatment.

A further study comparing the health behaviours of cancer survivors and those without any history of cancer found that there were only limited differences between the two groups. Given that cancer survivors have an increased risk of secondary cancers and other chronic conditions, these findings support the need for a focus on improving the health behaviours of cancer survivors.

Work has continued on investigating whether women diagnosed with breast cancer in Australia have an increased risk of Acute Myeloid Leukaemia. We are now additionally examining whether there is an increased risk of Acute Myeloid Leukaemia in other cancer cohorts. With the additional support of the Breast Cancer Association of Queensland, research is now being undertaken examining the risk of mortality among female breast cancer patients due to cardiovascular, ischaemic heart disease and diabetes.


Approximate driving times by road from major cancer treatment centres in Queensland (Brisbane and Townsville)

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Lung Cancer Clinical Practice Survey

The diagnosis and treatment of lung cancer is a significant challenge for the medical community. While the incidence of lung cancer in males has been declining, there has been a steady increase in lung cancer incidence among females. The prognosis for lung cancer is poor and five years after an initial diagnosis only 11 per cent of men and 16 per cent of women will survive. A comprehensive population-based survey examining every case of lung cancer diagnosed over a specified period will enable us to determine how lung cancer is detected and treated; who is involved in the management of lung cancer and where treatment takes place.

During 2007 data collection began with doctors identified from notifications provided to the Queensland Cancer Registry. Doctors involved in the diagnosis and treatment of patients have been contacted, and information is being obtained on the presentation, diagnosis and treatment (surgery, chemotherapy and radiotherapy) for all patients diagnosed with primary lung cancer during the last six months of 2004. The results from this research will be used to help refine clinical practice guidelines for the diagnosis and treatment of lung cancer in Queensland.

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Research in Profile (cont.)

Survivorship Research Program

The Survivorship Research Program undertakes epidemiological and psychosocial research to improve health outcomes for people diagnosed with cancer and their carers, as well as the broader community. This includes assessing patterns of cancer care, supportive care needs, and patient and carer outcomes; as well as developing and trialling innovative psychosocial and lifestyle interventions to improve quality of life after cancer, and to reduce the risk of cancer and other chronic diseases.

Colorectal Cancer and Quality of Life

Colorectal (bowel) cancer is the second most common cancer diagnosed in Australia, accounting for 12,977 new cases and 4,122 deaths in 2004. The risk of developing colorectal cancer increases with age, and is greatest in those over 50. The number of people diagnosed is expected to increase in coming years due to our ageing population. Little is known about the long-term outcomes, needs and concerns of the 60 per cent of patients who survive colorectal cancer.

The Colorectal Cancer and Quality of Life study is following some 2,000 colorectal cancer patients for five years after their diagnosis. The study is examining in detail how people fare after treatment, and is identifying the factors that influence quality of life following diagnosis. This information will help us understand the needs of colorectal cancer patients, and enable us to provide advice to clinicians and other health professionals of the sort of information and support that colorectal cancer patients require.

This study is now in its fourth year and during 2007 data was collected from participants who were three and four year's post-diagnosis. Some initial results from this provided a description of the process and pathways involved in a colorectal cancer diagnosis in Queensland. Our results to date revealed that 90 per cent of patients had experienced symptoms before being diagnosed; only two per cent of patients were diagnosed by faecal occult blood testing. Patients who experienced abdominal pain were diagnosed more quickly, whereas those who experienced a change in bowel habit, women, and those without private health insurance experienced a longer time to diagnosis. Other findings showed that lower levels of physical activity among colorectal cancer survivors were significantly associated with poorer quality of life.

The findings of this study will also assist The Cancer Council Queensland to develop more effective supportive care programs to address the physical and psychosocial problems faced by people living with colorectal cancer.

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Development and pilot testing of the CanChange program

Preliminary results from the Colorectal Cancer and Quality of Life study have informed the development of CanChange, a theoretically-based telephone-delivered lifestyle and supportive care program for colorectal cancer survivors. The intervention is client-centred and will be flexible around the participant's needs including any medical treatment they may be undergoing. With a focus on lifestyle support, the topics covered in the program include physical activity; healthy eating; smoking cessation, reducing alcohol intake, weight management, and symptom control. CanChange is delivered by highly trained 'Health Coaches' who are supported by therapy protocols and telephone scripts. It is expected that participants who complete the program will have improved quality of life and lifestyle behaviours, and decreased psychological distress.

The program has been pilot tested and participants rated the program as 'excellent'. Pilot testing has also shown positive improvements in diet and physical activity following the completion of the program. The CanChange program will be tested from 2008-2010 in a large scale randomised controlled trial funded by Cancer Australia.

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Cognitive and psychosocial functioning, and support needs of those affected by brain tumour

Brain tumour research has focused on survival and physical outcomes, and relatively little is known about the adjustment of people in terms of associated cognitive and emotional changes, or the support that people or their families receive. The study team has developed a pilot project to investigate the cognitive and emotional functioning, as well as the supportive care needs, of individuals with primary brain tumour and their families. Adults with brain tumours and their families are being recruited through The Cancer Council Queensland's Brain Tumour Support Service and a local neurosurgical practice (BrizBrain and Spine). A combination of qualitative and quantitative research methods will be used including in-depth semi-structured interviews, standardised questionnaires and neuropsychological functioning tests.

This study will help to inform the development of specific supportive care programs for those diagnosed with brain tumours and their families.

Co-Funded by: Griffith University
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Research in Profile (cont.)

Program Development and Evaluation

Program Development and Evaluation examines The Cancer Council Queensland programs and services across all departments and assists in the implementation of recommendations for change.

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. Currently, 40 per cent of Queensland children aged 0-14 live in a home with at least one smoking parent. This exposure to passive smoke results in 21 children under the age of five dying and 380 children under the age of five being hospitalised in Queensland each year.

The findings from this study indicated that there is strong community support for legislation targeting passive smoking in cars. This data was released publicly in April and received extensive media coverage. Community education alone may not substantially reduce passive smoking for the children of smokers. Multi-level interventions including legislative change, community education programs, and evidence based interventions for parent smokers are needed to reduce passive smoking in private settings. In that regard, a review of Queensland's tobacco legislation by the State Government is currently underway that will include in its scope the heath issue of smoking in cars.

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Financial strain after a diagnosis of cancer: Review of the Financial Assistance Program

The Financial Assistance Program is a service provided to those in the community experiencing financial difficulties as a result of a cancer diagnosis. People with cancer, or their carers, who are experiencing financial hardship are referred to the Financial Assistance Program by health professionals. Previous informal feedback received by The Cancer Council Queensland has demonstrated that the program is highly valued by clients and health professionals working in cancer care. The number of Financial Assistance Program applications, and subsequent funding levels, has grown rapidly in recent years. As a result, The Cancer Council Queensland has undertaken to investigate the Financial Assistance Program in detail, with a view to improving the service and the manner in which it is delivered. The evaluation of the Financial Assistance Program has also provided an opportunity to collect information on the financial difficulties and out-of-pocket costs to cancer patients and their families, an area of cancer research not well understood. During 2007, information has been collected from over 200 carers and cancer patients and over 60 health professionals who accessed the service during 2006-2007, and data analyses is currently underway.

This information will help us understand who in the community is accessing this service, and importantly, it will raise awareness of the financial difficulties faced by cancer patients and their families. It will also provide necessary evidence for advocating for practical support for those with cancer from other government and support agencies.

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Evaluation of the variation in uptake of the National SunSmart Schools Program in Queensland primary schools

Exposure to ultraviolet radiation (UVR) during childhood significantly increases the risk of developing skin cancer later in life. Queensland experiences high to extreme UVR levels all year round and children are exposed to the sun's rays during 10am and 3pm when UVR levels reach their peak, so the need for a sun safe environment is vital to protect against skin cancer. The National SunSmart Schools Policy was implemented in 1997 and is co-ordinated in Queensland by The Cancer Council Queensland. It encourages sun protection policy development and implementation within primary schools, however only 53 per cent of Queensland primary schools are currently involved. This project is investigating the reasons for the variation in uptake as well as the barriers and enablers to uptake, and will generate recommendations for future development and direction of the National SunSmart Schools Policy in Queensland.

Evaluation of this program in 2007 has provided a number of recommendations which will be acted on in early 2008. For example, the program will take a fresh new approach through website enhancement, extra support for skin cancer prevention in schools and incentives for those not currently SunSmart.

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You can still be HOT! in the shade: Development and piloting of an educational program to improve sun protective behaviour of young Queenslanders

This project targets the sun protection intentions and behaviours of young Queenslanders (12-16 years) to increase sun protection intentions and subsequent behaviour. The program uses a theory of planned behaviour based intervention, incorporating the influence of friendship group norms. Previous research conducted from 2005-2006 in partnership with The Cancer Council Queensland, Queensland University of Technology and Queensland Health has supported the efficacy of the model in the prediction of sun safety related intentions and behaviour and the importance of friendship group normative influences on sun protection decision-making. This pilot project aims to recruit participants from secondary schools in Brisbane. Half of the participants will be exposed to the educational program, which will include a skin cancer educational resource and supporting teacher's manual, and the other half will act as a control group. It is anticipated the project will increase the sun protection intentions and behaviours of adolescents thereby reducing demand on Australian health systems and lessening the financial burden associated with skin cancer related costs and treatment.

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Development of a program of research in Indigenous cancer control

Cancer is the third leading cause of death for Indigenous people and while the incidence of cancer for Indigenous people is lower than or similar to the rest of the Australian population, mortality is reported to be 30 per cent higher. The reasons for this disparity are unclear and complex. Indigenous people have a higher incidence of fatal cancers (e.g. lung and liver cancers) and a lower rate of the cancers with better survival such as melanoma. The Cancer Council Queensland is committed to addressing this disparity and to developing a program of research in Indigenous Cancer Control. In collaboration with James Cook University and the Queensland Institute of Medical Research, we have developed a pilot project to investigate the causal factors for the disparity in survival between Indigenous and non-Indigenous people affected by cancer in Queensland.

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Breast Cancer Support Service Program Evaluation

This study is evaluating the effectiveness of The Cancer Council Queensland's Breast Cancer Support Service as a peer support service for women who have been recently surgically treated for breast cancer. In particular, it is investigating in detail how this service has affected the

Research in Profile (cont.)

psychological adjustment of these women. During 2007, development of this project was undertaken with ethical approval obtained from the Griffith University Human Research Ethics Committee. Data collection began in late 2007 with information obtained from over 200 women who had used the Breast Cancer Support Service. The results of this study will help improve our current understanding of the relationship between peer support and psychological adjustment for women diagnosed with breast cancer, which in turn will lead to information that will help The Cancer Council Queensland deliver an improved and more effective service to future recipients.

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Establishment of Specialist Breast Nurse Peer Mentoring Network

Breast Care Nurse or Specialist Breast Nurse positions are located in metropolitan, regional and rural areas and provide psychosocial support throughout the continuum of care for women diagnosed with breast cancer. Nurses appointed to these positions differ widely with respect to pre-existing skills and experience in oncology nursing. Depending on the location, there are also differences in the mix of clinical care and psychosocial care incorporated into the role. This project will assess the professional support needs of Specialist Breast Nurses and will pilot the implementation of a state-wide peer mentoring network model for Specialist Breast Nurses working in rural and regional areas who are providing psychosocial care to women with breast cancer. In particular, the capacity to develop sustainable peer mentoring networks in rural and regional centres where geographical distance and transport costs preclude regular face-to-face meetings will be a focus of the project.

Funded by: Cancer Australia
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Psychosocial care skills training for the Queensland Bowel Cancer Screening Program

Responsive and well targeted psychosocial care is essential to assist people to cope with a diagnosis of cancer and to successfully navigate the health system. Psychosocial care needs to be provided across the illness experience, beginning as close as possible to the point of diagnosis and continuing throughout treatment and follow-up. Cancer screening services have an important role to play in initiating effective psychosocial care. This project will develop The Cancer Council Queensland's Tiered Model of Care as a framework of psychosocial care for staff involved in screening patients for bowel cancer. This includes the development of evidence-based training materials addressing the psychosocial support needs of people undergoing screening for bowel cancer; integration of the National Health and Medical Research Council Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer (2003); and the application of the Tiered model of care within the context of screening patients for bowel cancer.

Preparation of the workbook including slides and notes is currently being finalised. In addition, filming for the DVD was undertaken and this resource is now in the final stages of editing. Handover of the completed resource materials to the Queensland Bowel Cancer Screening Program will occur early in 2008.

Funded by: Queensland Health
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Cancer Council Helpline as a method for providing psychosocial assessment and support

Over time most people diagnosed with cancer go on to adjust effectively to their changed life circumstances without clinical intervention, however from 30-45 per cent report clinically significant distress. Responsive and well targeted psychosocial care and distress screening is essential to assist people coping with cancer and their families to successfully negotiate and manage these events, and to be well prepared and supported for any future health threats. The Cancer Council Helpline provides community-based psychosocial assessment and support, followed by referral if necessary, for people with cancer or their carers. The Cancer Council Queensland's Helpline uses a tiered model of psychosocial intervention for callers with cancer or their carers. The aim of this study is to validate the psychosocial assessment or screening and triage process provided by the Cancer Council Helpline, by recruiting Helpline callers with cancer or their carers, recording the screening and triage process and then following the participants up to validate the psychosocial assessment conducted by the Helpline.

A total of 341 callers to the Helpline (223 cancer patients and 118 carers) participated in this study. Telephone interviews were conducted at baseline, within one to two weeks, and at three and six months. The final round of telephone interviews with participants was completed in November 2007 with analysis and reporting of results expected to be completed during 2008. Effective screening of Cancer Council Helpline callers with cancer or their carers, for distress, coupled with appropriate provision of psychosocial care, is vital to ensure a positive impact is made on their lives.

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Psychosocial care needs of people diagnosed with cancer in regional Queensland

Research consistently highlights the disparity in psychosocial care between urban, and regional and rural areas. As such, there is a critical need to develop a model of psychosocial care that can be widely implemented in Queensland, and in particular a model of care that is acceptable to regional and rural Queensland where resources and specialist services are scarce. Before such a model can be developed information is needed about the types of support services accessed by cancer patients during their diagnosis; the barriers these patients experience to receiving care; patients unmet supportive care needs; and their consequent adjustment outcomes. This project is assessing the psychosocial care experiences of people with cancer treated at The Townsville Hospital Cancer Centre, a major regional treatment centre for cancer patients in Queensland. Information gained from this project will underpin the improvement of psychosocial care for cancer patients in northern Queensland, and will inform the development of a model of psychosocial care that is able to be widely implemented throughout regional Queensland, and throughout other regional areas in Australia.

Recruitment of participants and initial data collection were completed in early 2007, with follow-up data collection completed in late 2007. Recommendations from the first phase of the data collection included: (1) additional training for staff at The Townsville Hospital who are positioned to provide brief psychosocial care to patients; and (2) development of processes to improve patient awareness of support services in the community. Results of this research indicate that intention to use support services is related to patients having positive expectations about the outcomes of support and patients having the encouragement of family, friends and health professionals in seeking support.

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Collaborators: Alistair Campbell (James Cook University), Will Cairns, Melissa Walls and Allison Beeden (The Townsville Hospital, Queensland Health).
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Research in Profile (cont.)

Prostate Cancer Research Program

The Prostate Cancer Research Program undertakes epidemiological and psychosocial research to improve health outcomes for men and their families and reduce the impact of prostate cancer in our community. This includes research on individual and community attitudes and behaviours with regards to the early detection of prostate cancer in the community; and supportive care from diagnosis of cancer onwards for both men and their families.

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

Prostate cancer is well documented as a major issue in men's health. At present there is little information available on how men are diagnosed and treated for prostate cancer and how their diagnosis and treatment impacts on their lives. This study is following approximately 1000 men newly diagnosed with prostate cancer for up to three years after treatment to document their patterns of care and better understand the resulting impact of diagnosis and treatment on their health and quality of life. The study is also examining the genes associated with prostate cancer and the relationship between genetics and medical outcomes, in collaboration with the Queensland University of Technology. Information obtained from this project will help men and health professionals when making decisions about prostate cancer treatment.

Recruitment for this study was completed in July 2007, with 1057 men agreeing to take part.

Collection of follow-up information continued with the first of the cohort completing their two year post-treatment assessment this year. Preparations were made to begin collecting medical information from patients' records in hospitals and private practice, with actual data collection due to begin in early 2008.

Staff involved: Suzanne Chambers, Joanne Aitken, Megan Ferguson, Sheila Deuchars, Susan Gledhill, Ann Burbridge, Lorraine Caesar, Natasha Myers, Monica West.
Collaborators: David Nicol (Princess Alexandra Hospital), Frank Gardiner (Royal Brisbane and Women's Hospital, University of Queensland), Spence Broughton (Community Representative), Stefano Occhipinti (Griffith University), Mary-Anne Kedda (Queensland University of Technology), Monika Janda (Queensland University of Technology), Louisa Gordon (Queensland Institute of Medical Research), The Northern Section of the Urological Society of Australia and New Zealand.
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The ProsCan Program: Development and evaluation of a new support program for men diagnosed with prostate cancer

Over the past few years The Cancer Council Queensland has undertaken a program of research on the supportive care needs and quality of life outcomes of men with prostate cancer. This research has indicated a need for easily accessed psychosocial interventions targeting support for decision making about medical treatments as well as practical advice on coping with treatment effects. This study is a randomised controlled trial comparing a new decision support and psycho-education intervention with usual care. All men participating in the ProsCan program who are diagnosed with localised prostate cancer are offered the opportunity to participate in this trial. Results from this study will provide a model for the effective delivery of cancer support services that could be used across a broad geographical area to provide support to patients with other cancer types.

Enrolment of men into the trial of the ProsCan Intervention was completed in August 2007 with 747 men participating (374 Intervention; 373 Usual Care). By December more than 300 men receiving the intervention had completed this component of the study. Early pilot results from the support intervention are encouraging, with men who received the intervention indicating less decision-related distress associated with their treatment decision than a comparison sample.

Funded by: The Cancer Council Queensland, National Health and Medical Research Council
Staff involved: Suzanne Chambers, Joanne Aitken, Megan Ferguson, Sheila Deuchars, Sylvia Milner, Samantha Clutton, Susan Gledhill, Brigid Hanley, Rachel Edwards, Ann Burbridge, Lorraine Caesar, Monica West.
Collaborators: David Nicol (Princess Alexandra Hospital), Frank Gardiner (Royal Brisbane and Women's Hospital, University of Queensland), Spence Broughton (Community Representative), Stefano Occhipinti (Griffith University), Louisa Gordon (Queensland Institute of Medical Research), The Northern Section of the Urological Society of Australia and New Zealand.
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ProsCan for Couples: A supportive care intervention that targets the specific challenges couples experience at diagnosis of localised prostate cancer and after radical prostatectomy

The most substantial long term morbidity from prostate cancer is sexual dysfunction with consequent adverse changes in couple and intimate relationships. Research to date has not identified an effective way to improve sexual and psychosocial adjustment for both men with prostate cancer and their partners. As well, the efficacy and cost effectiveness of peer counselling as opposed to professional models of service delivery has not been established. ProsCan for Couples is a randomised control trial of a couples based intervention that targets the specific challenges couples experience at diagnosis of localised prostate cancer and after radical prostatectomy. An audiovisual resource supports the intervention that can be delivered with peer support or nurse counselling. This study will evaluate the efficacy of the intervention in a three arm randomised controlled trial comparing (1) usual care; (2) eight sessions of peer-delivered telephone support with the audiovisual resource; (3) eight sessions of oncology nurse-delivered telephone counselling with the audiovisual resource.

Funded by: Andrology Australia, National Health and Medical Research Council
Staff involved: Suzanne Chambers, Megan Ferguson, Samantha Clutton, Hilary Sargeant, Sylvia Milner, Brigid Hanley, Elizabeth Moore
Collaborators: Leslie Schover (MD Anderson Cancer Centre, Texas), Frank Gardiner (Royal Brisbane Women's Hospital, University of Queensland), Kim Halford and Stefano Occhipinti (Griffith University), Bill McHugh and Spence Broughton (Community Representatives), John Yaxley (The Northern Section of the Urological Society of Australia and New Zealand), Louisa Gordon (Queensland Institute of Medical Research)
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The sun exposure, vitamin D and outcome of prostate cancer study

New evidence suggests sunlight exposure may influence a number of cancers including prostate cancer. This study will investigate the relationship between sun exposure, vitamin D and prostate cancer recurrence or progression in two large Australian prostate cancer cohort studies, The Cancer Council Queensland's ProsCan project and Cancer Council New South Wales' Prostate Cancer Outcomes Study. Information obtained from this project will inform clinicians and patients about the possible benefits of sun exposure and vitamin D in the prevention of recurrence or progression of prostate cancer. Development of novel genetic biomarkers may also help in the early detection of men at risk of disease recurrence or progression who may benefit from more targeted clinical intervention.

Funded by: National Health and Medical Research Council
Project staff: Suzanne Chambers, Megan Ferguson, Susan Gledhill
Collaborators: Mary-Anne Kedda, Judith Clements and Michael Kimlin (Queensland University of Technology); Bruce Armstrong and David Smith (Cancer Council New South Wales); Anne Kricker, Markus Seibel, Visalini Nair-Shalliker (The University of Sydney); Mark Clements (Australian National University); Frank Gardiner (Royal Brisbane Women's Hospital, University of Queensland); David Nicol (Princess Alexandra Hospital); Amanda Spurdle (Queensland Institute of Medical Research).
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Research in Profile (cont.)

Investigation of health-related quality of life and genetic markers in men with prostate cancer

A number of biological markers are altered in people with cancer and these may be associated with quality of life (such as insulin-like growth factor-I (IGF-I) and vascular endothelial growth factor. This project is investigating the genes and gene products that may be involved in quality of life outcomes for men with prostate cancer. Research into these biological markers could lead to the development of a DNA test that can predict quality of life outcomes in men with prostate cancer based on genetic predisposition. This would better enable an individualised approach to care, to maintain or improve quality of life through the use of effective pharmacological and psychosocial interventions for men identified at risk of a decline in their quality of life throughout their cancer treatment and beyond.

During 2007, preliminary analyses were conducted on a subsample of men involved in The Cancer Council Queensland's ProsCan study. Findings suggest that bodily pain is associated with a genetic variant in the vascular endothelial growth factor gene. It was found that on average, men with a particular genetic makeup had lower bodily pain scores, which indicate more severe and limiting pain, than men with the alternative genetic makeup.

Funded by: National Health and Medical Research Council and Human Health and Well-Being Special Initiative Funding
Staff involved: Suzanne Chambers, Megan Ferguson, Susan Gledhill, Sheila Deuchars, Lorraine Caesar, Ann Burbidge, Monica West
Collaborators: Kimberly Hinze, Mary-Anne Kedda, Monika Janda, Trish Vandenbergh and Janet Reid (Queensland University of Technology), Felicity Lose (Queensland Institute of Medical Research)
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Describing and predicting the psychosocial distress and long-term adjustment of partners of men with prostate cancer

It is well understood that treatment for prostate cancer can result in urinary, sexual and bowel side-effects. These issues not only affect the patient, but can also significantly impact on relationships within the family unit, particularly intimate relationships with a partner. While there is a substantial body of literature examining the long-term psychological distress and adjustment experienced by partners of patients diagnosed with other cancers, this information is limited for partners of men diagnosed with prostate cancer. This research will examine the psychosocial distress experienced by partners of men diagnosed with prostate cancer and identify the factors which may predict poorer long-term outcomes for partners. Information obtained from this study will help to inform the development of psychosocial support programs for partners of men with prostate cancer.

A series of focus groups were conducted early in 2007 to develop an initial understanding of the experiences of partners of men with prostate cancer. Information obtained from these focus groups has been directly translated into the establishment of a support group for partners of men with prostate cancer which is now run by The Cancer Council Queensland's Cancer Support Services. In addition, the results of the focus groups have guided the development of a larger program of research focusing on partners of men with prostate cancer that will begin in 2008.

Staff involved: Suzanne Chambers, Megan Ferguson, Marg Hegarty, Lorraine Caesar
Collaborators: Stefano Occhipinti (Griffith University), Frank Gardiner (Royal Brisbane Womens Hospital, University of Queensland), Stephen Lepore (Temple University, Philadelphia)
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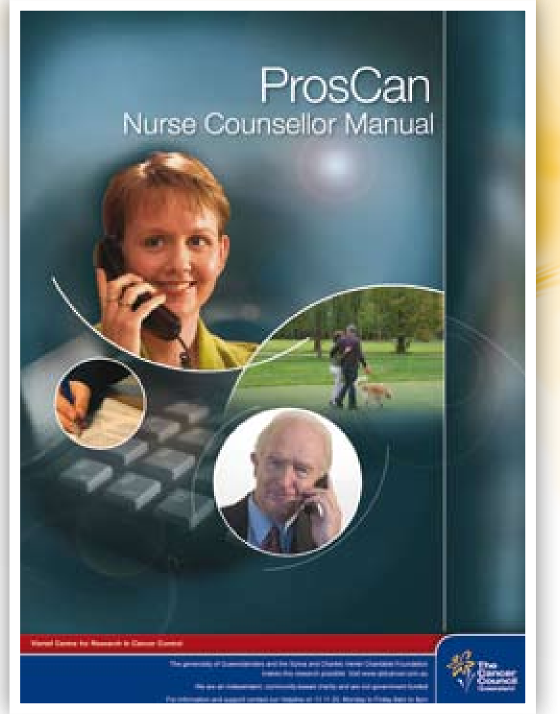
Decision-making about testing for the early detection of prostate cancer for men with a family history

The first-degree male relatives of men with prostate cancer are at higher risk of developing prostate cancer than are men in the general population. However, owing to the lack of efficacious early-detection screening practices for prostate cancer the current prostate cancer screening guidelines do not recommend population-based screening for asymptomatic men in Australia. These same screening guidelines apply to the first-degree relatives of men with prostate cancer despite their being at higher risk of developing prostate cancer. This project is examining the current screening practices of men with a family history of prostate cancer in Queensland as well as their prostate cancer risk perceptions and psychosocial experiences, to establish how having a family member with prostate cancer affects the decision to participate in prostate cancer screening. Outcomes from this research will help The Cancer Council Queensland to develop evidence-based support and information services to assist men with a family history of prostate cancer in understanding their heightened risk, and in making appropriate decisions about early detection testing.



ProsCan
Nurse Counsellor Manual

Staff involved: Suzanne Chambers, Megan Ferguson
Collaborators: Frank Gardiner (Royal Brisbane Womens Hospital, University of Queensland), Bill McHugh (Consumer Representative), Stefano Occhipinti and Michelle McDowell (Griffith University)
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The influence of evaluation type on the quality of men's preferences for prostate specific antigen screening.

The decision regarding testing for prostate cancer, regardless of whether the choice is to participate or to not participate in screening, may lead to regret and other negative psychological outcomes and thus reduce men's quality of life. This project will demonstrate the effect of various decision making strategies on men's satisfaction with their preferences regarding testing for prostate cancer. The overall aim is to inform the development of new decision-aids that doctors can use to provide men with information and assist them to make an informed decision. Specifically, the project's results will guide the development of decision aids designed to reduce men's decisional uncertainty and help men to make decisions about prostate cancer screening with which they are satisfied. Such decision aids will minimise the negative psychological impact of men's decisions regarding testing for prostate cancer.

Staff Involved: Suzanne Chambers
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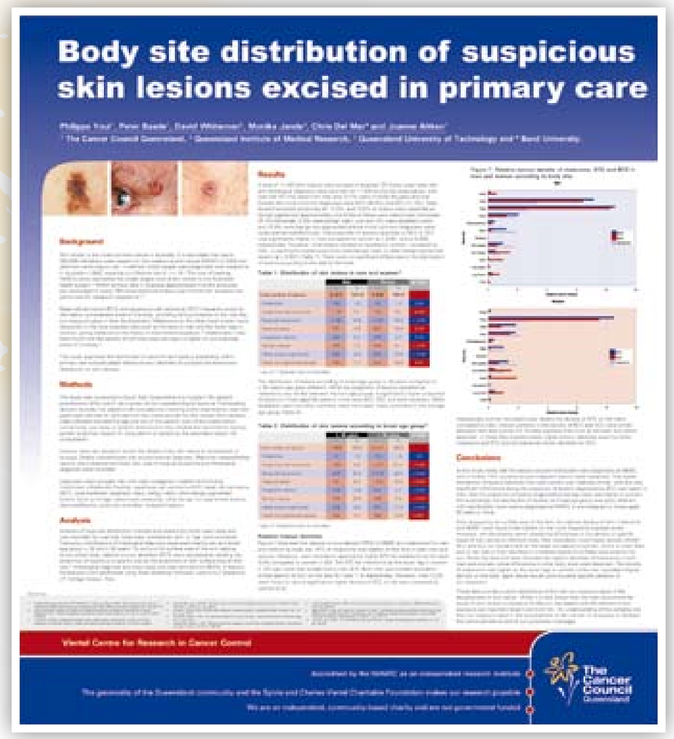
Research in Profile (cont.)

Skin Cancer Research Program

The Skin Cancer Research Program conducts research into primary prevention, early detection, and diagnosis and clinical management of skin cancer in Queensland. The aim of this program is to inform the development and formulation of policies, practices and programs to reduce the burden of skin cancer.



Body site distribution of suspicious skin lesions excised in primary care

Investigating the utility of primary care skin cancer clinics in Queensland

Skin cancer is the most common type of cancer in Australia and the incidence continues to rise. Over 374,000 people were treated for non-melanoma skin cancer in Australia in 2002 and approximately one-third of these cases occurred in Queenslanders. The cost of treating skin cancer is enormous, with an estimated $300 million spent annually.

As the vast majority of skin cancer is diagnosed and managed within general practice, the ability of general practitioners to diagnose and treat skin cancer is crucial. Over the past five years specialisation in skin cancer medicine has been a growing area and primary care skin cancer clinics are now playing an increasing role in the diagnosis and treatment of skin cancer particularly in Queensland and other eastern states. Primary care skin cancer clinics are usually staffed by general practitioners with a special interest in skin cancer. The emergence of these clinics has not been without controversy, mainly around issues such as diagnostic performance and appropriate management. In response to these concerns, the Viertel Centre for Research in Cancer Control recently completed a project examining how accurately general practitioners and skin cancer clinic doctors diagnose skin cancer. This world-first study included 27 skin cancer clinics (representing 50 doctors) and 104 general practitioners in South-East Queensland. Information was collected on over 28,000 patient consultations and over 11,000 skin excisions and biopsies. Results of this study have indicated that the level of accuracy for diagnosing non-melanoma skin cancer was high in both groups of doctors, with doctors correctly diagnosing over 90 per cent of non-melanoma skin cancer. Importantly, the results from this research have informed the development and publication of a new The Cancer Council Queensland resource providing the community with advice on where they can get their suspicious skin spots checked.

Funded by: National Health and Medical Research Council
Staff involved: Peter Baade, Pip Youl, Joanne Aitken, Carla Shield.
Collaborators: Monika Janda (Queensland University of Technology), David Whiteman (Queensland Institute of Medical Research), Chris Del Mar (Bond University).
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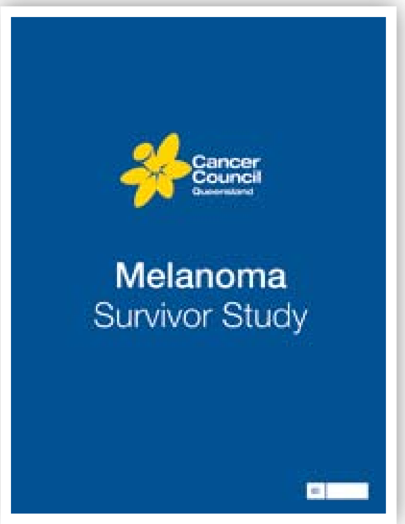
Melanoma Survivors Study

Melanoma is one of the most common cancers in Queensland and in 2005, 2658 Queenslanders were diagnosed with melanoma, and 263 died from this disease. It is estimated that at the end of 2002, nearly 34,000 Queenslanders were alive following a diagnosis of melanoma. As with many other cancers, a number of survivorship issues may arise for the melanoma patient and their carer(s). Despite its increasing incidence, and increasing chance of long-term survival, surprisingly little is known about the psychosocial outcomes of patients diagnosed with melanoma, and there is virtually no focus on issues of concern for long-term survivors. Coupled with this is the possible perception that melanoma is 'only skin cancer', particularly in Queensland, and therefore supportive care for melanoma patients and their carers, may be perceived as of lesser importance than that placed on other major cancers. Additionally, while recurrence and development of additional melanomas are very genuine issues for the melanoma survivor, surprisingly little is known about compliance with surveillance recommendations. Given that long-term survival from melanoma is now being seen more frequently, there is an urgent need to firstly provide information to help identify both psychosocial and clinical issues for the long-term melanoma survivor, and importantly, to develop supportive care programs for these patients and their carers.

The Melanoma Survivors Study is following up some 3000 melanoma patients to identify and examine psychosocial outcomes of melanoma survivors, their levels of sun protection behaviours, as well as both the quantity and quality of clinical follow-up. Results of this research will help to inform the development of educational materials for clinicians who manage the ongoing care of melanoma survivors and develop a supportive care program to address the longer-term needs of melanoma patients and their carers.



Cancer Council Queensland

Melanoma
Survivor Study

Funded by: ANZ Trustees TH & WJ Kelly Memorial Fund
Staff involved: Pip Youl, Suzanne Chambers, Joanne Aitken, Carla Shield, Margaret Hegarty
Collaborators: Mark Elwood (British Columbia Cancer Agency, Canada)
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Knowledge about, and attitudes towards, vitamin D and consequences for sun protection behaviour amongst the Queensland population

In Australia, co-ordinated campaigns to reduce sun exposure have been in operation since the early 1980s. Monitoring the sun protective behaviour of the population has shown a reduction in the desire for a tan, and increased wearing of hats and other sun protective clothing, in some groups. While sun protection messages have received extensive media coverage over many years, more recently the issue of vitamin D and its health effects have, and are, currently in the media spotlight. Vitamin D, commonly referred to as the sunlight vitamin, is required for the preservation of calcium and phosphate levels, and maintenance of bone health. Recently, there has been considerable media coverage of the health effects of vitamin D insufficiency, and there is some limited evidence from our own research that the Queensland community is aware of these reports. In our climate, where it is thought the majority of the population will obtain adequate levels of vitamin D, it is important that population uncertainty about the health effects of vitamin D does not result in inadequate sun protection, and a possible increase in the incidence of skin cancer.

This project is conducting telephone interviews with 2000 Queenslanders to assess if recent media reports have influenced the sun protective behaviours of adults and children in the Queensland population. The results of this research will help to inform the development of future sun protection education campaigns that specifically address this issue.

Staff involved: Pip Youl, Susan Greenbank
Collaborators: Michael Kimlin, Monika Janda (Queensland University of Technology)
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Research by Post-Graduate Students

Quality of life and genetic markers in men with prostate cancer

Some men with prostate cancer experience worse quality of life after treatment than others. Biomarkers – the fingerprints of genes that can be assessed via simple blood sampling – could be used to identify those men before treatment. Interventions could then be directed to those men to maintain or improve their quality of life . A number of biological markers are altered in people with cancer and may be associated with quality of life. This research will investigate if there are genetic markers associated with quality of life in men with prostate cancer. Research into these biological markers could lead to the development of a DNA test that can predict quality of life outcomes in men with prostate cancer based on genetic predisposition. This would better enable an individualised approach to care, to maintain or improve quality of life through the use of effective pharmacological and psychosocial interventions, in these men throughout and beyond their cancer treatment.

PhD candidate: Kimberly Hinze (Queensland University of Technology).
Supervisors: Mary-Anne Kedda (Queensland University of Technology), Monika Janda (Queensland University of Technology), Suzanne Chambers.

The influence of evaluation type on the quality of men's preferences for prostate specific antigen screening

The efficacy of prostate specific antigen screening has not been established, and consequently men are faced with significant uncertainty when making screening decisions. Although prostate specific antigen screening may reduce prostate cancer mortality, it may also lead to significant treatment morbidity as a result of the detection of harmless cancer. Consequently, screening decisions may result in significant subsequent regret and thus impact negatively on men's psychological health. Research suggests that the negative impact of a decision is reduced if the decision was consistent with the decision maker's values. Many decision aids have been developed to elicit such decisions, but their success is limited. The current study aims to identify the type of information evaluation that elicits preferences that are consistent with decision makers' values. In this regard, the current research will assist The Cancer Council Queensland to develop decision aids that reduce the potential negative impact of prostate specific antigen screening decisions on men's psychological health.

PhD Candidate: Andrea Kittila (Griffith University).
Supervisors: Stefano Occhipinti (Griffith University), Frank Gardiner (University of Queensland), Suzanne Chambers.

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 is investigating 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 Cancer Council Queensland 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.

Decision-making about testing for the early detection of prostate cancer for men with a family history

The first-degree male relatives of men with prostate cancer are at higher risk of developing prostate cancer than are general population men. However, owing to the lack of efficacious early-detection screening practices for prostate cancer the current prostate cancer screening guidelines do not recommend population-based screening for asymptomatic men in Australia. These same screening guidelines apply to the first-degree relatives of men with prostate cancer despite their being at higher risk of developing prostate cancer. There has been limited research on how the first-degree relatives of men with prostate cancer reconcile their risk information and use their family history to guide their screening decisions. This research will examine the current screening practices of men with a family history of prostate cancer in Queensland and examine prostate cancer risk perceptions and the psychosocial factors associated with family history risk (e.g. cancer-specific worry) to help establish how having a family member with prostate cancer affects the decision to participate in prostate cancer screening. Outcomes from this research will help The Cancer Council Queensland to develop evidence-based support and information services and educational materials to assist men with a family history of prostate cancer in understanding their heightened risk of prostate cancer and making appropriate, quality decisions about early detection testing.

PhD candidate: Michelle McDowell (Griffith University).
Supervisors: Stefano Occhipinti (Griffith University), Suzanne Chambers.

Detection and diagnosis of skin cancer in South-East Queensland: The role of primary care skin cancer 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 is examining the characteristics of patients who choose to attend a primary care skin cancer clinic compared to those attending general practice, particularly in relation to socio-demographics 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 Whiteman (Queensland Institute of Medical Research), Joanne Aitken.

An examination of the effects of peer support on psychological adjustment in breast cancer

Despite the promise of peer support in improving the psychological adjustment of cancer sufferers, the mechanisms by which it works are not well understood. In particular, contradictory findings in the literature suggest that certain characteristics possessed by some cancer sufferers may affect how well they benefit psychologically from peer support services. The present study aimed to address this research gap by examining possible moderators in the relationship between peer support and psychological adjustment using recipients of the Breast Cancer Support Service. Approximately 250 recipients of the Breast Cancer Support Service completed a mail-out survey that measured psychological variables associated with the effectiveness of peer support in the literature. Subsequent analyses of data retrieved showed that cancer threat appraisal was one variable that moderated the effects of peer support on psychological adjustment. Therefore, participants who perceived their breast cancer as being more threatening consequently benefited more psychologically from the Breast Cancer Support Service than participants who were less threatened by their illness. This has improved our current understanding of the psychological effects of peer support for women with breast cancer, which in turn will assist The Cancer Council Queensland in delivering services that more effectively meet the needs of cancer sufferers.

Honours Candidate: Melissa Legg (Griffith University)
Supervisors: Stefano Occhipinti (Griffith University), Suzanne Chambers.

Queensland Co-operative Oncology Group

The Queensland Co-operative Oncology Group, established through the support of The Cancer Council Queensland, is open to all cancer clinical specialists in Queensland; its aim is to improve access and outcomes for patients with cancer in Queensland. To achieve this goal the Queensland Co-operative Oncology Group undertakes to:

- maintain a forum for clinical specialists in cancer to promote co-operative measures to optimise cancer treatment in Queensland;
- promote access for patients in Queensland to optimal cancer treatment by participation in multi-centre clinical trials;
- facilitate participation of clinicians in multi-centre cancer clinical trials by providing data management and administrative support;
- advise The Cancer Council Queensland on clinical aspects of cancer control, including research, prevention, screening, diagnosis, treatment and supportive care;
- work with The Cancer Council Queensland to publicly promote rapid access to cancer care facilities of the highest quality;
- liaise with other state co-operative oncology groups to improve access and outcomes.

Cancer Clinical Trial Data Manager Grants

The Cancer Clinical Trial Scheme, established by The Cancer Council Queensland with the support of the Queensland Co-operative Oncology Group, has been providing grants to research institutes and hospitals for the appointment of data managers to participate in the initiation and conduct of cancer clinical trials since 2000.

The aim is to support participation in cancer clinical trials, in particular, prospective, randomised, national or international, collaborative multi-centre, phase III cancer clinical trials that are not initiated or funded by industry.

The funding provided to hospitals by The Cancer Council Queensland is for the sole purpose of paying salaries of clinical trial research nurses and data managers. The role of these staff is to undertake those tasks essential for the day-to-day conduct and management of cancer clinical trials, including patient screening, administrative correspondence, completion of case report forms and source data verification.

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 will determine the criteria of assessment for new grants and continued funding.

During 2007, grants were awarded to eleven different research organisations or departments in eight different hospitals in Queensland. A total of 10.2 fulltime equivalent data manager positions were funded through grants totalling $600,800. The hospitals receiving grants were:

- Princess Alexandra Hospital
- Radiation Oncology Services - Mater Centre
- Royal Brisbane and Women's Hospital
- Toowoomba Hospital
- Royal Children's Hospital
- Mater Children's Hospital
- Townsville Hospital
- Gold Coast Hospital

Since the Cancer Clinical Trials scheme commenced in 2000, there has been a significant increase in the level of clinical trial activity in hospitals that have received funding. During the past 12 months there have been 300 patients recruited into eligible phase III co-operative group studies, with more than 600 patients on active follow-up.

Cancer clinical trials add to the knowledge base of cancer treatment, palliation and prevention. Through the Cancer Clinical Trial Scheme, the Queensland Co-operative Oncology Group and The Cancer Council Queensland are actively supporting cancer research, improving cancer treatments and supporting cancer patients. The Cancer Clinical Trial Scheme plays an important role in increasing the awareness, positive perception and funding of cancer clinical trials in Queensland.

State Government increases funding for clinical trials

The Queensland State Government announced in mid 2007 that they would provide funding to match the contribution of The Cancer Council Queensland for data management support; $1.86 million has been committed for the following three years. This extra boost to funds for data management support will enable the scheme to be expanded to include increased number of hospitals and research institutes as well as increased support for a wider range of clinical studies.

Special Interest Groups

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. A number of meetings were held in 2007 for the special interest groups in breast cancer and lung cancer.

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Reports

Current Status of Lung Cancer in Queensland: 1982 to 2004. Brisbane, Viertel Centre for Research in Cancer Control, The Cancer Council Queensland. December 2007.

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Neale RE, Carrierre P, Murphy M, **Baade PD**. Testicular cancer in twins: a meta-analysis. British Journal of Cancer 2007 Nov 15 (In Press)

Stacey D, **Steginga SK**, Jacobsen MJ, **Dunn J**. Overcoming barriers to cancer helpline professionals providing decision support to callers: an implementation study. Oncology Nursing Forum 2007 Dec 14 (In Press)

Steginga SK & Gardiner RA. Invited editorial: The media and prostate cancer screening. The Medical Journal of Australia 2007; 187(9):501-502

Steginga SK, Campbell A, **Ferguson M**, Beeden A, Walls M, Cairns W, **Dunn J**. Socio-demographic, psychosocial and attitudinal predictors of help seeking after cancer. Psycho-oncology 2007 Nov (In Press)

Steginga SK, **Ferguson M**, **Clutton S**, Gardiner RA, Nicol D. Early decision and psychosocial support intervention for men with localised prostate cancer: an integrated approach. Supportive Care in Cancer Epub 2007 Oct 25

Steginga SK, Pinnock C, Smith D, Metcalfe R, Gardiner RA, **Dunn J**. Clinicians' Attitudes to Prostate Cancer Peer Support Groups. British Journal of Urology International 2007; 95:68-71

Thompson B, **Baade PD**, Coory M, Carriere P, Fritschi L. Patterns of surgical treatment for women diagnosed with early breast cancer in Queensland. Annals of Surgical Oncology Epub 2007 Oct 2

Youl PH, **Baade PD**, Janda M, Del Mar C, Whiteman DC, **Aitken JF**. Diagnosing skin cancer in primary care: how do mainstream general practitioners compare with skin cancer clinic doctors? Med J Aust 2007 Aug 20; 187(4):215-20

Youl PH, Raasch B, Janda M, **Aitken JF**. The effect of an educational programme to improve the skills of general practitioners in diagnosing melanocytic/pigmented lesions. Clin Exp Dermatol 2007 Jul; 32(4):365-70.

Conference Presentations

Dunn J

Enforcing Clinical Practice Guidelines in Cancer Services: What are Clinical Practice Guidelines? 1st Kuala Lumpur International Conference on Survivorship and Supportive Care in Cancer, Kuala Lumpur, Malaysia, August 2007.

Dunn J

Evidence in Peer Support. The 14th UICC Reach to Recovery International Breast Cancer Support Conference, Stockholm, Sweden, and May 2007.

Ferguson M, Occhipinti S, Lepore S, Gardiner R, Steginga SK

Understanding the experiences of partners of men with prostate cancer: the need for more support. Australian Prostate Cancer Collaboration 9th Annual Scientific Meeting, Melbourne, October 2007.

Krnjacki L, Baade P, Lynch BM, Aitken J

Inter-rater Reliability for Colorectal Cancer Stage in Queensland. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, Hobart, August 2007.

Lynch BM, Hawkes AL, Steginga SK, Leggett B, Aitken JF

Stoma surgery for colorectal cancer: a study of patient concerns. 30th Anniversary Oncology Nurses Group Conference, Brisbane, November 2007.

Lynch BM, Cerin E, Newman B, Owen N

Physical activity, activity change, and their correlates in a population-based sample of colorectal cancer survivors. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, Hobart, August 2007.

Lynch BM, Cerin E, Owen N, Aitken JF

Associations of leisure-time physical activity with quality of life in a large, population-based sample of colorectal cancer survivors. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, Hobart, August 2007.

Milner S, Clutton S, Nicol D, Gardiner RA, Ferguson M, Steginga S

Supporting men through diagnosis and treatment for localised prostate cancer: ProsCan and beyond. 30th Anniversary Oncology Nurses Group Conference, Brisbane, November 2007.

Milner S, Clutton S, Ferguson M, Nicol D, Gardiner RA, Steginga S

The role of the prostate care nurse in supporting men through diagnosis and treatment of localised prostate cancer. Andrology Australia Advisory Forum, Glenelg, South Australia, May 2007.

Steginga SK

Coping after a diagnosis of breast cancer. 1st National Breast Cancer Conference for Australian Young Women Affected by Breast Cancer. Invited Plenary, Melbourne, October 2007.

Steginga SK

Sexuality and Relationships after Prostate Cancer II. Invited Chair and Discussant. Australian Prostate Cancer Collaboration Annual Conference, Melbourne, October 2007.

Steginga SK, Schover L, Halford K, Occhipinti S, Gardiner RA, Dunn J

Randomised controlled trial of early intervention to improve sexual and couple functioning after prostate cancer. Australian Prostate Cancer Collaboration 9th Annual Scientific Meeting, Melbourne, October 2007.

Steginga SK

Do Patients get Enough Information. 14th UICC Reach to Recovery International Breast Cancer Support Conference, Invited Plenary, Norra Latins Konferenscenter, Stockholm, Sweden, June 2007.

Steginga SK

Educating General Practitioners about shared decision making for PSA testing: Translation into practice. 4th International Shared Decision Making Conference, Oral, University of Freiburg, Germany, May 2007.

Steginga SK, Ferguson M, Clutton S, Gardiner RA, Nicol D

ProsCan: a novel early intervention for men with localised prostate cancer. 4th International Shared Decision Making Conference “Shared decision-making in diverse health care systems: Translating research into practice” University of Freiburg, Germany, May 2007.

Steginga SK

Psychosocial Clinical Practice Guidelines for Adults with Cancer: Translating evidence into clinical practice. The Queensland Health Allied Health Training And Development – Cancer Care Initiative: Northern Area Health Service, Invited workshops, Townsville, May 2007.

Steginga SK

The Psychological Consequences of Advanced Prostate Cancer. Invited Lecture, Bone Health in the Prostate Cancer Patient, Novartis, Brisbane, April 2007.

Steginga SK

Making Decisions about Cancer. Invited Lecture, Screening Test Evaluation Program, University of Sydney, Sydney, April 2007.

Thompson B, Baade P, Coory M, Carrière P, Fritschi L

Patterns of surgical treatment for women diagnosed with early breast cancer in Queensland. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, Hobart, August 2007.

Youl P, Baade P, Janda M, Del Mar C, Whiteman D, Aitken JF

Accuracy of skin cancer diagnosis in two primary care settings: a comparison of skin cancer clinic doctors and mainstream general practitioners. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, Hobart, August 2007.

Youl P, Baade P, Whiteman D, Janda M, Del Mar C, Aitken JF

Body-site distribution of suspicious skin lesions excised in primary care. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, Hobart, August 2007.

Research Grants and Awards

Funding to Viertel Centre for Research in Cancer Control

Ongoing support: Sylvia and Charles Viertel Charitable Foundation

Armstrong B, Kedda M-A, Smith D, **Steginga S**, Kricker A, Kimlin M, Clements M.
Sun exposure, vitamin D and outcome of prostate cancer.
NHMRC Grant # 464850 (2007-2011: $468,013)

Fritschi L, Coory M, Walpole E, **Aitken J**, **Baade P**.
Effective use of routine data for improving cancer care. Golden Casket Foundation (2006-2008: $256,500)

Hutchison S, **Steginga SK.**
Psychosocial skills training for staff involved in cancer screening.
Queensland Health. (2007: $27,064)

Steginga SK, Gardiner RA, Nicol D, **Aitken JA**, Occhipinti, **Ferguson M**, Gordon L, **Clutton S**.
Predicting and promoting improved long term adjustment for men with localised prostate cancer: ProsCan
NHMRC Grant # 442301(2007-2011: $289,564)

Steginga SK, Jones L, Occhipinti S.
Developing specialist breast nurse peer mentoring network project.
Queensland Health (2007-2008: $180,000)

Steginga SK, Schover L, Halford WK, Occhipinti S, Gardiner RA, **Dunn J**, **Ferguson M**, Gordon L, McHugh W, **Clutton S**, Yaxley J.
Randomised Controlled Trial of Early Intervention to Improve Sexual and Couple Functioning after Prostate Cancer.
Andrology Australia (2007-2008: $50,000)

Youl P, **Steginga S**, **Aitken JF**, **Hegarty M**, Elwood M.
A project to investigate the supportive care needs of long-term melanoma survivors.
ANZ TH & WJ Kelly Memorial Fund (2007-2008: $25,000)

Other Collaborative Research Grants

Broad K, **Hawkes A**.
Pilot of a cardiac rehabilitation training program for rural and remote area health care providers working amongst indigenous communities.
Rural Health Support Education and Training Program (2006-2007: $125,000)

Eakin E, Oldenburg B, Del Mar C, Graves N, Battistutta D, **Hawkes A**.
Addressing multiple behavioural risk factors in primary health and community care settings: a cluster randomised trial.
NHMRC Grant # 290519 (2004-2007: $691,272)

O'Connell D, Smith D, Gattellari M, Ward J, **Steginga SK**, Pinnock C.
PSA testing: a population-based longitudinal study of decision making, psychological effects and patterns of care.
NHMRC Grant # 337601 (2005-2007: $572,631)

Oldenburg B, **Hawkes AL**, Taylor B, Atherton J.
An implementation trial of a telephone-based care management program for patients following myocardial infarction.
NHMRC Grant # 443222 (2007-2010: $589,875)

Professional and Community Activities

Committee Memberships

The Cancer Council Australia

CEO Forum: **Jeff Dunn**

Board Member: **Jeff Dunn**

Member Audit and Risk Committee: **Jeff Dunn**

National Skin Cancer Committee: **Pip Youl**

Nutrition and Physical Activity Committee: **Susan Greenbank**, **Anna Hawkes**

Patient Support Committee: **Margaret Hegarty**

Public Health Committee: **Susan Greenbank**

Bowel Cancer Screening Committee: **Susan Greenbank**, **Sara Gollschewski**

General Practice Primary Health Care Committee: **Susan Greenbank**

International Union Against Cancer (UICC)

Board Member (ex-officio): **Jeff Dunn**

Strategic Leader Capacity Building and Support Care: **Jeff Dunn**

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

Member, Editorial Board – Global News Alert: **Jeff Dunn**

Queensland Health

Bowel Cancer Screening Quality Management Committee: **Susan Greenbank**

Breast Cancer Screening Quality Management Committee: **Susan Greenbank**

Cervical Cancer Screening Quality Management Committee: **Susan Greenbank**

Cancer Cluster Investigation Steering Committee: **Joanne Aitken**

Cancer Cluster Investigation Steering Committee: **Peter Baade**

Cardiac Rehabilitation Collaborative, Continuing Healthcare Improvement: **Anna Hawkes**

Queensland Cancer Registry Advisory Committee: **Joanne Aitken**

Queensland Cancer Registry Joint Management Committee: **Joanne Aitken**

Skin Cancer Forum Organising Committee: **Pip Youl**

Conference Organising Committees

3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference: **Jeff Dunn**

4th UICC World Cancer Congress Program Committee: **Suzanne Chambers**

15th Reach to Recovery International Breast Cancer Support Service Conference International Organising Committee: **Jeff Dunn**, **Suzanne Chambers**

Behavioural Research in Cancer Control 2008 Conference Organising Committee: **Anna Hawkes**, **Suzanne Chambers**

Population Health Congress 2008 Scientific Sub-Committee: **Pip Youl**

Expert Advisory Committees

Australasian Association of Cancer Registries, Executive Committee: **Joanne Aitken**, **Marilla Fraser**

Australasian Society Behavioural Health and Medicine, Executive Committee: **Anna Hawkes**

Australian Prostate Cancer Collaboration National Executive Committee: **Suzanne Chambers**

Cancer Registry Advisory Group: **Joanne Aitken**

Independent Review and Scientific Investigation Panel, ABC Toowong Cancer Cluster Investigation: **Joanne Aitken**

Society for Medical Decision Making: **Suzanne Chambers**

Urological Society of Australasia, Associate member: **Suzanne Chambers**

Queensland Cardiac Rehabilitation Executive Committee: **Anna Hawkes**

Queensland Self Management Alliance Executive Committee: **Anna Hawkes**

Scientific Panels and Working Groups

Australian Cancer Network, Working Party for the development of Clinical Practice Guidelines for the Management of Advanced Prostate Cancer: **Suzanne Chambers**

Australian Prostate Cancer Collaboration Education Sub Committee Co-Chair: **Suzanne Chambers**

Behaviour Research and Therapy Centre, School of Psychology, University of Queensland: **Sandy Hutchison**

Brisbane Prostate Cancer Research Network: **Suzanne Chambers**

Cancer Australia: Prostate and Testicular Cancer Advisory Group: **Suzanne Chambers**

IPOS 9th World Congress of Psycho-Oncology and Psychosocial Academy: **Jeff Dunn**

James Cook University – Anton Breinl Centre Consultative Committee: **Jeff Dunn**

National Health and Medical Research Council and Australian Cancer Network, Clinical Practice Guidelines Working Group: **Pip Youl**, **Joanne Aitken**

National Heart Foundation Research Evaluation Working Group: **Jeff Dunn**

Ottawa Health Research Institute: **Suzanne Chambers**

Prostate Cancer Foundation of Australia Public Awareness and Education Committee: **Suzanne Chambers**

Psycho-oncology Co-operative Research Group (PoCoG) Scientific Advisory Committee: **Suzanne Chambers**

Queensland Epidemiology Group: **Pip Youl**

Queensland Public Health Forum: **Susan Greenbank**

Queensland Public Health Forum Tobacco Working Group, Chair: **Susan Greenbank**

Scientific Reference group of the Prostate Cancer Foundation of Australia: **Suzanne Chambers**

Reviews and Editorial Activities

Editorial Panels

Cancer Forum: Journal of Cancer Council Australia, Editorial Board: **Jeff Dunn**

Psycho-Oncology: Journal of the Psychological, Social and Behavioural Dimension of Cancer, Editorial Board: **Jeff Dunn**

Reviewers for Journals

American Journal of Epidemiology: **Joanne Aitken**

American Journal of Preventive Medicine: **Joanne Aitken, Peter Baade**

Australian and New Zealand Journal of Public Health: **Peter Baade**

Australian Family Physician: **Anna Hawkes**, **Pip Youl**

The Australian and New Zealand Journal of Surgery: **Suzanne Chambers**

BioMedicalCentral Nursing: **Suzanne Chambers**

British Journal of Sports Medicine: **Brigid Lynch**

British Journal of Dermatology: **Peter Baade, Pip Youl**

British Journal of Cancer: **Pip Youl**, **Suzanne Chambers**

The British Journal of Urology: **Suzanne Chambers**

BMC Family Practice: **Suzanne Chambers**

Canadian Medical Journal: **Peter Baade**

Clinical and Experimental Dermatology: **Pip Youl**

European Journal of Dermatology: **Peter Baade**

Health Education Research: **Brigid Lynch**

Health Promotion Journal of Australia: **Susan Greenbank**

Health Psychology: **Suzanne Chambers**

International Journal of Cancer: **Peter Baade**

Journal of the American Academy of Dermatology: **Joanne Aitken**, **Peter Baade**

Journal of Psychosomatic Research: **Suzanne Chambers**

Journal Nutrition and Dietetics: **Anna Hawkes**

The Journal of Urology: **Suzanne Chambers**

The Patient: **Suzanne Chambers**

Medical Decision Making: **Suzanne Chambers**

Medical Journal of Australia: **Peter Baade**, **Danny Youlden**

Nutrition and Dietetics: **Anna Hawkes**

Onco Targets and Therapy: **Pip Youl**

Patient Education and Counselling: **Jeff Dunn, Suzanne Chambers**

Preventive Medicine: **Suzanne Chambers**

Psycho-Oncology: **Jeff Dunn**, **Suzanne Chambers**

Respirology: **Peter Baade**, **Suzanne Chambers**, **Anna Hawkes**

Social Science and Medicine: **Suzanne Chambers**

Reviewers for Funding Bodies

Cancer Cure Australia Foundation: **Suzanne Chambers**

Cancer Research UK: **Suzanne Chambers**

Dutch Cancer Society: **Peter Baade**

Foundation Daw Park Medical Research Grants: **Suzanne Chambers**

Hong Kong SAR Government: **Jeff Dunn**

National Health and Medical Research Council: **Joanne Aitken**, **Suzanne Chambers**

National Heart Foundation of Australia: **Anna Hawkes**

Swiss Cancer League: **Suzanne Chambers**

Sydney Cancer Centre: **Anna Hawkes**, **Suzanne Chambers**

Academic Appointments

Joanne Aitken:

Associate Professor, School of Population Health, University of Queensland.

Adjunct Associate Professor, School of Public Health, Queensland University of Technology.

Peter Baade:

Adjunct Senior Lecturer, School of Psychology, Griffith University.

Jeff Dunn:

Adjunct Professor, School of Social Science, University of Queensland.

Adjunct Professor, School of Public Health, Tropical Medicine and Rehabilitation Sciences James Cook University.

Anna Hawkes:

Adjunct Associate Professor, Indigenous Health Unit, School of Public Health, James Cook University.

Adjunct Assistant Professor, Faculty of Health Sciences and Medicine, Bond University.

Adjunct Senior Lecturer, School of Psychology, Griffith University.

Honorary Fellow, Queensland University of Technology

Suzanne Chambers:

Associate Professor, School of Psychology, Griffith University.

Post-Graduate Students

Kimberly Hinze

Queensland University of Technology PhD candidate

Supervisors: Mary-Anne Kedda (Queensland University of Technology), Monika Janda (Queensland University of Technology), Suzanne Chambers

Topic: Quality of life and genetic markers in men with prostate cancer

Andrea Kittila

Griffith University PhD candidate

Supervisors: Stefano Occhipinti (Griffith University), Suzanne Chambers, Frank Gardiner (University of Queensland).

Topic: The Effect of Evaluation Type on the Quality of Men's Preferences for Prostate Specific Antigen Screening

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.

Michelle McDowell

Griffith University PhD candidate

Supervisors: Stefano Occhipinti (Griffith University), Suzanne Chambers.

Topic: Decision-Making about Testing for the Early Detection of Prostate Cancer for Men with a Family History.

Pip Youl

University of Queensland PhD candidate

Supervisors: Peter O'Rourke (University of Queensland), David Whiteman (Queensland Institute of Medical Research), Joanne Aitken.

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

Melissa Legg

Griffith University Honours candidate

Supervisors: Stefano Occhipinti (Griffith University), Suzanne Chambers.

Topic: An Examination of the Effects of Peer Support on Psychological Adjustment in Breast Cancer

Viertel Centre for Research
in Cancer Control visiting academics for 2007

Professor Julie Owens

June 28 from the University of Adelaide conducted a workshop for all Viertel Centre for Research in Cancer Control staff on the Academic Research Career Path. Professor Owens conducted an additional workshop on mentoring early career researchers for senior Viertel Centre research staff.

Professor Leslie Schover

July 17 – 20, 2007 from MD Anderson Cancer Centre in Houston Texas visited to undertake training with staff and participate in investigator meetings in relation to the NHMRC grant: Randomised Controlled Trial of Early Intervention to Improve Sexual and Couple Adjustment after Prostate Cancer.

Professor Claus Gabe

July 25, 2007 from University Medical Centre, Liebermeisterstr, Germany presented the William Rudder Memorial Lecture "Diagnosis and treatment of cutaneous melanoma: state of the art in 2007". Professor Garbe additionally held a workshop with staff from the Skin Cancer Research Program and the Prevention and Early Detection Unit.

Associate Professor David Latini

October 9, 2007 from Baylor College of Medicine in Houston, Texas visited to undertake training with staff in the Prostate Cancer Research Program regarding sexuality and prostate cancer.

Visit The Cancer Council Queensland at **www.cancerqld.org.au**

This Annual Report was produced in house by the staff of The Cancer Council Queensland.