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

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

Cancer Council Queensland gratefully acknowledges the generous support of the Sylvia and Charles Viertel Charitable Foundation and its Chairman, Mr George Curphey OAM.
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Message from the Chief Executive Officer

In 2003, Cancer Council Queensland identified an urgent need to establish a collaborative research centre that could be fully integrated with cancer services.
Cancer incidence in Queensland was increasing, due to an increasing and ageing population, and cancer control was being constrained by the absence of independent organisations with the capacity to translate research outcomes into effective, statewide programs for cancer prevention, early detection, treatment, and patient support.

It was an ambitious vision. The proposed centre would be the first centre in Queensland to gather evidence on cancer and then take direct action to improve cancer outcomes.

However, the Cancer Council did not have the measure to realise this vision alone, and required a suitable funding partner willing to make a long-term commitment of financial support.

In pursuit of its goal, Cancer Council Queensland approached the Chairman of the Sylvia and Charles Viertel Charitable Foundation, Mr George Curphey OAM, to ask for the Foundation’s support.

Like Cancer Council Queensland, the Foundation was unique in focus and broad in its reach.

The Foundation’s namesake, Charles Viertel, was born into a disadvantaged family of eleven children in 1902. He was dux of the Brisbane Central Technical High School and went on to complete a Bachelor of Commerce from the University of Queensland. He married his wife, Sylvia, in the 1940s.

They both believed strongly in helping people who were motivated to achieve and help others. Over the course of his life and career, Charles developed a keen knowledge of the share market. By the time he passed away at age 90, in 1992, he had grown his personal wealth to $60 million. His Last Will and Testimony was to establish the Sylvia and Charles Viertel Charitable Foundation, stipulating that it should support organisations and individuals who were committed to creating hope for those in need.

On this basis, Mr George Curphey OAM advised Cancer Council Queensland that its request for significant long-term funding had been endorsed by the Foundation’s Trustees, and the Viertel Centre for Research in Cancer Control was formed.

Five years on, the Viertel Centre has pioneered research accomplishments in the fields of cancer epidemiology and psycho-oncology, and today stands as a distinguished and internationally esteemed research institution.

The work of the Viertel Centre has played an important role in improving cancer control in Queensland and world-wide, with a focus on evidence, insight, and impact.

This report showcases just some of the Viertel Centre’s achievements over the past five years, achievements that would not have been possible without the support of the Sylvia and Charles Viertel Charitable Foundation.

This report reflects our passionate commitment to creating hope for a cancer free future – and is dedicated to Sylvia and Charles Viertel and the many thousands of Queenslanders who have benefitted from their commendable generosity.

Prof Jeff Dunn
Chief Executive Officer
Cancer Council Queensland

Professor, School of Public Health, Griffith University
Adjunct Professor, School of Social Science, University of Queensland
Associate Professor, School of Population Health, University of Queensland
Message from the directors

As we look back over the first five years of operation of the Viertel Centre for Research in Cancer Control, it is timely to look again at the reason for the Centre’s establishment and its core goal:

“To conduct collaborative investigation in cancer control with a focus on issues of importance to Queenslanders, research excellence, and community impact.”
We are pleased to present here the results of five years of dedicated effort in achieving this goal and to take this opportunity to look at where we are placed for the next five years.

The issues that have occupied the Viertel Centre are indeed issues of importance to Queenslanders. At the broadest level, our research has been and continues to be directed towards understanding how to prevent cancer, how to diagnose cancer earlier, how to help patients achieve the best possible quality of life after a cancer diagnosis and how to support cancer patients and their families. These are fundamental issues in cancer control and issues that resonate with the community, as we have seen through Queenslanders’ unfailing willingness to assist us by participating in our research efforts. Since the Centre’s inception, we have had direct contact with many thousands of cancer patients and their families who have given their time to take part in our research. Public support is of course essential for the successful conduct of population health research and we are grateful to the community of Queensland for their trust in us.

Research excellence, the next component of our goal, can be measured through the traditional benchmarks of publication output, grant success and other academic achievements. The following report documents in detail the quality and number of our publications in scientific literature, our continuous success in competitive, peer-reviewed grant applications to national funding agencies (an average of $980,000 per year in external grants for our research over the past two years), representation at expert conferences and scientific meetings and national funding awards and fellowships won by our staff.

Of course, no single research centre can cover all areas and cancer research today is very much a collaborative, multidisciplinary affair. The Viertel Centre has strategically targeted its research to areas of high need where our results can be translated rapidly into community programs, particularly in prostate cancer, colorectal cancer, and skin cancer. Our efforts in these areas are contributing to the national cancer research agenda and over the past five years, the Viertel Centre has developed as a fully active part of the broader cancer research community. The Centre is formally accredited by the National Health and Medical Research Council and collaborates extensively with other cancer research groups both nationally and internationally on key issues for cancer control.

Finally, we come to our impact in the community in improving the lives of people affected by cancer, our ultimate gauge of success. Our achievements are outlined in the following report and include our participation in the formulation of national clinical practice guidelines for the management of melanoma in Australia and New Zealand; national guidelines for the management of advanced prostate cancer; the development of a resource for general practitioners, now used nationally, to assist patients in making choices about the early diagnosis of prostate cancer; the testing of interventions to improve quality of life of people diagnosed with colorectal cancer; and interventions to improve psychosocial outcomes for men with prostate cancer. The need for such research and program development will become greater as our population ages and the burden of cancer on our community increases. We look forward to building on our achievements in the years to come.

We wish to thank the staff of the Viertel Centre for their dedication to the highest quality research. We would also like to thank 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.

Assoc Prof Joanne Aitken
Prof Suzanne Chambers
Over the past five years the VCRCC has grown into a locally, nationally and internationally recognised research centre focusing its research activities on identified needs within the Queensland community and beyond. Our primary aim has been to conduct research that can be rapidly translated into programs and services to enhance cancer control and improve the lives of those affected by cancer. As our population increases and ages the number of people diagnosed with cancer, and those dying from the disease, will continue to rise and our current and planned research programs have been designed with this in mind.
Whole of centre highlights

- Accreditation by the National Health and Medical Research Council (NHMRC) as an independent research institution.
- Increased capacity to attract competitive funding from NHMRC and Cancer Australia to a value of over $4.8 million.
- Successful applications for NHMRC Public Health Fellowships and Career Development Awards in recognition of the talent of senior research staff.
- Publication of over 160 peer-reviewed articles, and presentation of approximately 230 research papers at local, national, and international scientific conferences.
- Showcasing of VCRCC research in the popular press with an estimated advertising value in excess of $3.25 million.
- Establishment of important collaborative links with university and other research centres at a local, national, and international level.

Highlights of our research programs

- Our prostate cancer research program has found that diagnostic and treatment pathways for men with prostate cancer are significantly longer for those who live outside South-East Queensland. Additionally, we now know that nearly two-thirds of men who are diagnosed with prostate cancer experience high levels of distress when making decisions about their treatment. Pleasingly, the VCRCC’s long-running ProsCan study was invited to become part of an international consortium to investigate the genetics of prostate cancer on a global level.
- Through our skin cancer research program, we were the first group internationally to show that whole-body skin examination and treatment of early lesions significantly reduces the incidence of late stage melanoma, and is likely to reduce deaths from this disease. The finding that over one-third of the Queensland population believe they need at least 30 minutes of sun exposure in summer to maintain vitamin D levels confirms the need to re-focus public health messages about the health duality of sun exposure.
- Our lifestyle and cancer program included a major study examining the behavioural risks of nearly 10,000 Queensland adults. We found men and younger adults are more likely to report poor diet, lack of physical activity, and an absence of sun protection behaviours. Additionally, our research has indicated that the majority of colorectal (bowel) cancer survivors have an increased likelihood of poor lifestyle behaviours. This finding has informed the development of a behavioural intervention program to encourage healthy lifestyle behaviours in this group of cancer survivors.
- Based on our finding that nearly three-quarters of callers to the Cancer Council Helpline have moderate to severe psychological distress, we are developing and comparing a number of methods of support delivery for those who suffer from high levels of distress following a cancer diagnosis.
Introduction

In 2006 in Queensland nearly 21,000 people were diagnosed with cancer and over 7,000 people died from the disease. It is estimated that one in two men and one in three women are at risk of being diagnosed with cancer before they reach the age of 85 years.
Queensland has made significant progress with improvements in survival from cancer. Five-year relative survival has increased from a rate of 54 per cent in the 1980s to 66 per cent in 2002 – 2006 (Figure 1).

This improvement in survival is a result of the application of research findings into health programs, health policy and improved treatments for those affected by cancer. However, the cancer burden remains significant, with almost four per cent (159,000) of people living in Queensland being diagnosed with cancer between 1982 and 2006. Additionally, as our population both increases and ages, the actual number of people diagnosed with cancer will continue to increase (Figure 2).

These figures represent individuals diagnosed with cancer and highlight the growing importance of the work that the VCRCC is undertaking.

Studies that help to identify population groups at significant risk, improve the early detection of cancer, and address the psychosocial needs of cancer patients and their carers, are often by necessity, long-term projects. However it is only through the conduct of this type of research that we will be in a position to meaningfully reduce the burden of cancer on our community. In the figure below we describe the cancer control cycle. Cancer control refers to all actions that aim to reduce the burden of cancer on individuals and the community.
The VCRCC’s aim is to conduct internal research and collaborate on external research that is recognised as the best in Australia and endorsed internationally, and to translate research findings into advocacy, education, and supportive care programs that improve cancer outcomes for Queensland and the wider community. Translation into practice underpins our research initiatives to inform and extend Cancer Council Queensland’s cancer control capacity and to support strategic planning for cancer services.
The VCRCC as an accredited research institute

The VCRCC has been accredited as a National Health and Medical Research Council (NHMRC) independent research institution.

NHMRC accreditation recognises that a high standard of research has been reached by an institution, as determined through success in competitive, peer-reviewed grant applications.

It is also expected that the institution adheres to an appropriate level of research practice. Within the VCRCC we have developed specific research policies and procedures including the establishment of guidelines for data quality and project management, the ethical conduct of research, the setting of minimum standards, and the appointment of a data security group who oversee access to research datasets as well as access to de-identified data from the Queensland Cancer Registry. These policies and procedures rightfully represent a core part of everyday activities within the VCRCC.

The VCRCC has developed as an active member of the broad cancer research community and enjoys opportunities to work with researchers from external institutions. Evidence of this is our growing list of collaborative partnerships and our increasing ability to secure competitive peer-reviewed funding through national agencies.

Grants through competitive funding schemes

As the VCRCC has expanded, so has our capacity to attract funding through national competitive funding schemes such as NHMRC and Cancer Australia, the peak bodies for funding medical research in Australia. The overall success rate for funding a project grant through NHMRC in 2006 was 22 per cent, however it is notable that of projects funded, only 13 per cent were in public health. This means that public health grants are extremely difficult to secure.

Although the national success rate for securing funding through competitive schemes such as the NHMRC is fairly low, the success rate for VCRCC applications has been high. The success rate for securing competitive grants is known to be much higher when project applications include data obtained from pilot work, where the track records of researchers are well recognised and where the research is seen to have translational applicability.

We have strategically developed our research program areas in line with these criteria and hence our ability to secure competitive funding has grown.
From 2004 to 2008 the VCRCC initiated, developed and contributed to competitively funded grants to address critical public health issues. Some of these public health issues include:

- Can whole-body skin examination reduce the risk of being diagnosed with thicker melanoma?
- Do doctors working in primary care skin cancer clinics diagnose skin cancer accurately?
- Can we improve sexual and couple functioning following a diagnosis of prostate cancer?
- Does a multidisciplinary rehabilitation improve outcomes for colorectal cancer patients?

NHMRC awards and fellowships

Part of our commitment to research excellence includes the identification of opportunities for the support of our researchers. By providing such support we ensure our research activities continue to develop and are of the highest quality and importantly impact for the community. The NHMRC provides funding opportunities for researchers through a competitive scheme including awards for experienced researchers as well as those embarking on their postdoctoral career paths. As with NHMRC project grants, the success rate for these awards and fellowships is only around 25 per cent. During 2004 to 2008 a number of VCRCC staff were funded through Population Health Career Awards or Public Health Fellowships. Appendix C provides the details of each award and fellowship.

The VCRCC’s success is due in large part to the core funding generously provided by the Viertel Foundation, which allows us to attract and retain high quality research staff. This core funding has allowed us to test hypotheses and to undertake pilot studies that are vital to securing competitive funding.
Our research programs

During the past five years the VCRCC has strategically developed a number of research program areas. The development of these programs of research has been based on an identified need and the potential to translate research findings into cancer control programs at a local, national and potentially international level.
All program areas work together with the overall goal of improving cancer outcomes and reducing the burden of cancer on the individual and the community.
Statistics are people with tears wiped away
— Irving Selikoff

Descriptive Epidemiology Research Program: Identifying needs

The setting of priorities for research studies and the provision of diagnostic, treatment and support services requires information about the latest cancer statistics.

To enhance the understanding of the burden of cancer in the community and to identify where the needs are, the VCRCC’s Descriptive Epidemiology Research Program undertook to develop a series of reports presenting a comprehensive overview of major cancers in Queensland. The VCRCC is now seen as the key reference point for cancer epidemiology in Queensland through the publication of a number of reports based on Queensland Cancer Registry data (see Appendix E for list of reports). Each of these reports include the latest data available along with trend information on the numbers of new cancers diagnosed (incidence), the prognosis outcomes for people once diagnosed (survival), estimates of the number of deaths (mortality) and the number of people living with a diagnosis of cancer (prevalence). In addition, differences in outcomes by geographical location are also reported. Comparisons with national and international benchmarks are presented to enable us to understand where Queensland is in relation to the cancer burden both in Australia and overseas. These reports also include detailed interpretation of the cancer specific issues, including (for example) comments on the effect of PSA screening on prostate cancer patterns and the effect of tobacco smoking on lung cancer patterns. It is a core research focus within the VCRCC to better understand the reasons behind the geographical inequalities in cancer survival and to develop intervention strategies that address these inequalities.

Some key findings from these reports that have helped inform the development of our research projects include:

- The actual numbers of colorectal cancer, lung cancer and breast cancer cancers being diagnosed each year are continuing to sharply increase due to population increases and ageing.

- Patterns in prostate cancer incidence and survival are impacted by the use of PSA testing. Although incidence rates are increasing in Australia and internationally, the reduction in mortality is becoming more widespread in developed countries.

- Trends in the incidence of lung cancer continues to reflect previous smoking patterns, with incidence and mortality rates decreasing among males, but increasing among females.

- There is a consistent pattern of poorer survival among cancer patients living in rural and remote areas of Queensland.

- Development of an online data dissemination system called Queensland Cancer Statistics Online (QCSOL) that can be accessed by researchers, health professionals and the general public (see page 27).
Prostate cancer is the most common invasive cancer diagnosed in men. The approximate lifetime risk of a Queensland man being diagnosed with prostate cancer before the age of 85 is one in five. We are addressing important issues such as how men are diagnosed and treated for prostate cancer and how their diagnosis and treatment impacts on their lives.

Over 3,000 men are diagnosed with prostate cancer annually in Queensland and this represents a significant burden on the community. There has been little information available on how men are diagnosed and treated for prostate cancer and to fill this void the VCRCC has undertaken to develop the Prostate Cancer Research Program. This 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, and supportive care from diagnosis of cancer onwards for both men and their families. Once diagnosed with prostate cancer, men need to firstly come to terms with the diagnosis and secondly understand what treatment options they have. Our Prostate Cancer Research Program has continued to expand to include work on the development and delivery of an intervention program to address specific challenges experienced by couples affected by prostate cancer, studies investigating the relationship between sun exposure, vitamin D and prostate cancer, and how having a family history of prostate cancer affects the decision to participate in screening. Ongoing research in this area includes one of the world’s largest international trials designed to improve the quality of life for couples and men affected by prostate cancer.

Some early findings from our prostate cancer research program:

- Most men (over 80 per cent) prefer to be actively involved in decisions about their treatment. However, problematically most men (63 per cent at diagnosis) experience high levels of decision-related distress and for many this persists over time.
- There are regional differences in diagnostic and treatment pathways suggesting systematic differences in access to health care services. For example, men diagnosed as a result of PSA screening who reside in south-east Queensland are more likely to be diagnosed as a result of patient initiated screening. In addition, men in south-east Queensland are more likely to have surgery than radiation therapy as their treatment.
- On average men experience a four month time lag between initial testing for prostate cancer and receiving their diagnosis. The psychological consequences of this time gap are under further investigation.
- Men with a family history of prostate cancer often do not understand their heightened cancer risk.
- In 2007 our long-running ProsCan study was invited to become a part of an international consortium, PRACTICAL, which brings together large-scale prostate cancer research projects from across the world to look at the genetics of prostate cancer on a global level.
Skin Cancer Research Program: Addressing the most common cancer

Skin cancer is the most common cancer in Australia and Queensland has the highest rate of this disease in the world. Two in every three Australians will be diagnosed with skin cancer before they are 70 years of age. Skin cancer represents the most costly of all cancers treated in Australia each year.

Approximately 2,500 people are diagnosed with melanoma and an additional 140,000 are treated for non-melanoma skin cancer each year in Queensland. The burden both in health and economic terms is enormous. Reducing the impact skin cancer has on our community is a priority.

To this end, the Skin Cancer Research Program has been conducting epidemiological and psychosocial research into risk behaviours for, and diagnosis and treatment of, skin cancer in Queensland. The aim of the program is to provide evidenced-based data to inform the development and formulation of policies, practices and programs to reduce the burden of skin cancer in the Queensland community. Over the past five years the program has identified key focal areas of research that include primary prevention, early detection, and the management of skin cancer in the community.

Our research has focused on the important issue of early detection of melanoma and whether screening by clinical skin examination can influence stage of diagnosis; and also how the emergence of skin cancer clinics have impacted on how skin cancer is diagnosed and managed within primary care. We have undertaken and are currently conducting projects that have quantified the uptake of the National SunSmart Schools Program, and developed and tested an intervention program, in collaboration with Queensland University of Technology, designed to increase the sun protection behaviours of young Queenslanders. We have also examined whether media reports about vitamin D and sun exposure have impacted the sun protection behaviours of Queensland adults and children.

Some key findings from our skin cancer research program:

• Whole-body skin examination by a doctor significantly reduces the incidence of late stage melanomas, and is likely to reduce deaths from this disease.

• Doctors working in skin cancer clinics and mainstream general practitioners diagnose non-melanoma skin cancer with high levels of accuracy while skin cancer clinic doctors have higher levels of accuracy for diagnosing melanoma.

• Only 53 per cent of primary schools in Queensland currently participate in the National SunSmart Schools Program.

• 21 per cent of the Queensland population have reduced their sun protection behaviours due to concerns about maintaining adequate levels of vitamin D.

• One-third of the Queensland population believe that 30 minutes or more of summer sun exposure is required for healthy levels of vitamin D.
Research has helped to identify a number of important lifestyle behaviours that are related to an increased risk of developing cancer, as well as an increased risk of cancer recurrence.

To help gain a better understanding of behavioural risk factors and the adoption of screening practices in the Queensland population, a major initiative of the VCRCC was a survey of approximately 10,000 adults. This survey provided us with an insight into the cancer risk behaviours of the Queensland population.

As colorectal cancer represents one of the most common invasive cancers in Queensland and in Australia and is known to be associated with lifestyle behaviour, a major focus of the Lifestyle and Cancer Research Program has been to examine in detail how people diagnosed with colorectal cancer fare after diagnosis. This project, involving about 2,000 people, aimed to uncover how lifestyle factors, particularly physical activity, may improve quality of life and reduce the risk of developing other serious diseases, such as heart disease and diabetes. The adoption of healthy lifestyles will no doubt help to reduce these risks, however we need to understand which strategies will have the greatest impact. Thus, developing and trialling innovative lifestyle programs to reduce cancer risk, or to improve quality of life and reduce risk of cancer recurrence and chronic disease, are an important part of this research program. To address these issues we are currently examining whether a telephone-delivered lifestyle program called “CanChange”, can improve quality of life and health outcomes for colorectal cancer survivors. In 2007, we began a pilot study of CanChange utilising core funding from the Viertel Foundation. This pilot work enabled us to develop the intervention program and examine the feasibility of the approach, which was a key factor in our ability to secure competitive funding for a large randomised controlled trial to test the effectiveness of the program, thus highlighting the valuable contribution Viertel funding makes to our research programs.

Some key findings from our lifestyle and cancer research program:

- Men and younger adults are more likely to report multiple cancer risk behaviours such as: poor diet, lack of physical activity, absence of sun protection and increased sun exposure.
- Men aged 50 to 64 years, who live alone and have no private health insurance are significantly less likely to participate in cancer screening practices.
- Only 2 per cent of colorectal cancer patients were diagnosed by Faecal Occult Blood Test with 90 per cent diagnosed with symptoms.
- Patients with colorectal cancer who did not have private health insurance waited significantly longer times before being diagnosed.
- For colorectal cancer survivors, there is a positive association between physical activity and quality of life over time and individuals should be encouraged to participate in physical activity following their diagnosis, to enhance quality of life.
- The majority of colorectal cancer survivors are not meeting current public health guidelines for lifestyle variables.
- Distressed colorectal cancer survivors have increased likelihood of poor lifestyle variables, including smoking, physical inactivity and obesity.
The diagnosis and treatment of cancer is a major life stress that is followed by a range of psychological, social, physical and spiritual difficulties.

Some key findings from our community and applied psycho-oncology research program:

- Use of Cancer Council Helpline’s ‘Distress Thermometer’ provided good overall accuracy in detecting psychosocial morbidity for cancer patients and carers.
- 74 per cent of Helpline callers have moderate to severe psychological distress, and of these 56 per cent were borderline or clinically anxious, and 33 per cent were borderline or clinically depressed.
- While for the most part cancer patients are aware of social work support, support groups and chaplain support; most do not utilise these services.
- Patients less frequently receive advice about psychosocial support in comparison with treatment-related information.
- Self-perceptions, coping and social support significantly impact on quality of life for those affected by brain tumours.
- Strong community support exists for legislation targeting passive smoking in cars.
- Cancer Council Queensland was rated highest for level of trust for the use of any type of health information for research by the community.
Queensland Co-operative Oncology Group

The Queensland Co-operative Oncology Group (QCOG) is seen as a key part of the VCRCC’s activities. QCOG is a multi-representational group of cancer specialists who have the common aim to optimise cancer treatment and outcomes through greater participation in clinical research.
Clinical research is not just limited to the discovery and development of novel new drugs to treat cancer, just as important is to advance our knowledge of how different drug combinations and treatment schedules can improve cancer outcomes.

These types of trials are usually undertaken on a collaborative basis with institutes from around the world working from the same protocol to recruit patients and record their results. Small but significant outcomes can be achieved when researchers work together. Examples of advances in therapy include changing the sequence of chemotherapy agents to minimise toxicity, or decreasing the amount of radiation therapy that a patient may need to receive while still achieving the same or improved outcomes when compared to standard treatment.
QCOG aims to maximise the participation of hospitals and research institutes in Queensland in these collaborative, national and international, multicentre cancer clinical trials.

This is being facilitated by the provision of grants for data management support to enable doctors/researchers to participate in these trials. In 2004, grants totaling $286,000 were provided to four hospitals in the Brisbane metropolitan area and one from a regional area to support the employment of additional data managers to undertake the administration of clinical trial projects. During the year there were 130 patients recruited into clinical trials and an additional 766 patients in follow-up. By 2008, the program had expanded significantly with 16 institutions throughout Queensland receiving data manager grants totally almost $1 million enabling the recruitment of 331 patients into collaborative trials with a further 1,100 patients in ongoing follow-up.

The success of the grant program was recognised in 2007 when the Queensland State Government agreed to provide matching funds to Cancer Council Queensland and contributed a further $1.86 million over four years.

In addition to the grant program, QCOG also conducts regular meetings of special interest groups in breast, colorectal and lung cancer. These meetings of oncologists, surgeons, specialist doctors and healthcare workers enable ideas to be shared and proposals for new clinical trials and results from international meetings to be discussed. Over the past five years there have been sixteen special interest group meetings conducted.
Translating our work: Impact on policy and program development

The ultimate aim of the research programs within the VCRCC is the translation of our research findings into health policies, programs and services to improve the lives of people in the community affected by cancer. Reflecting our commitment to this goal we have developed a number of guidelines, health polices and intervention programs to improve care for those with cancer.
The development of guidelines and resources for cancer patients, carers and health professionals must be based on high quality evidence, this is seen as a core component of VCRCC activity.

National Clinical Practice Guidelines

The Australian Cancer Network and the National Health and Medical Research Council (NHMRC) oversee the development of clinical practice guidelines in Australia. The guideline development process is one of the most rigorous in the world. The guidelines team perform literature searches and a systematic review (finding all studies, evaluate, tabulate each study by quality and levels of evidence and if possible combine studies in a meta-analysis). The volume of evidence, consistency, generalisability and applicability is taken into account by the working party who then make recommendations. A draft of the evidence and recommendations is prepared and goes out for public consultation. There are often two or three rounds of revisions before the document is submitted to the NHMRC for external review. Only then is it deemed acceptable and released. VCRCC staff have been involved in the development of two recent clinical practice guidelines.

Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand

Melanoma is one of the most common cancers in both Australia and New Zealand. It is estimated that one in 14 males and one in 23 females will develop melanoma in their lifetime. While mortality from melanoma has remained stable for the past decade, the incidence is continuing to rise. These guidelines have been developed to assist clinicians and allied health professionals caring for patients with melanoma. The guidelines cover a wide range of clinical practice issues including primary prevention, screening, diagnosis and psychosocial issues in addition to surgery, radiotherapy and chemotherapy. This project has been led by the Australian Cancer Network.

Contributing staff members: Pip Youl and Joanne Aitken.

Guidelines for the Management of Advanced Prostate Cancer

The diagnosis and subsequent treatment of cancer is a major life stress that is followed by a range of well described psychological, social, physical and spiritual difficulties. For men with advanced prostate cancer where curative intent is no longer the treatment goal, there are distinct challenges to be faced compared with men with localised prostate cancer. These guidelines will assist clinicians and allied health professionals caring for men with advanced prostate cancer. The guidelines cover: psychosocial care; radio isotopes; chemotherapy; complementary and alternative medicine; bisphosphonates and radiotherapy. A consumer version is also in development to ensure public access to this information. This project has been led by Cancer Council NSW.

Contributing staff members: Suzanne Chambers, Sylvia Milner.

Guidelines to Enhance Informed Choices

The Early Detection of Prostate Cancer in General Practice: Supporting Patient Choice

This guideline aims to support the general practitioner to assist patients making a choice about testing for prostate cancer. The guideline provides steps that apply to a patient concerned about, or requesting a test, for prostate cancer. These steps include: clarifying the patient’s main concern; providing basic information on prostate cancer and tests available; providing an estimate of the patient’s risk of being diagnosed with prostate cancer; the pros and cons of early detection; side-effects of treatment; and helping the patient clarify their values and confirming decisions that are made. This resource was developed by the VCRCC and is now in use nationally in Australia and New Zealand and has been adapted for use in the United Kingdom.
Psychosocial care skills training for the Queensland Bowel Cancer Screening Program

The National Bowel Cancer Screening Program invites three cohorts of people to participate in bowel cancer screening, those turning 50, 55 and 65 years of age. A number of psychosocial factors such as beliefs / attitudes, anxiety / fear and social support have been found to be associated with participation in bowel cancer screening. Decision support assists people to understand the information available and make choices about screening and treatment. Responsive and well targeted psychosocial care is essential to assist people to successfully navigate the health system and manage the challenges associated with cancer screening, diagnosis and treatment and to be well prepared and supported for any future health threats. The Tiered Model of Care© is a stepped care approach that uses screening (for distress) and triage to tailor the psychosocial care to the level and nature of client distress. This project for the Queensland Bowel Cancer Screening Program included provision of a training workshop, and production of a DVD of the session and a companion workbook.

Where can I have my skin spots checked?

This guideline was produced following the results of a research project conducted within the Skin Cancer Research Program of the VCRCC. The project examined the diagnostic accuracy of doctors working in skin cancer clinics compared to mainstream general practice. Previous guidelines or resources for the community did not address the issue of skin cancer clinics, a recent phenomenon in Queensland and in other Australian states and the subject of an increasing volume of calls to Cancer Council Helplines throughout the country. This guideline provides advice to those who are either concerned about a skin spot or who want to have a skin examination.
Program and resource development

Development of prostate cancer resources

Prostate cancer is the most common cancer in men and to date there has been a distinct lack of resources that men and their partners are able to access to assist them in their cancer journey. Thus over the past five years the VCRCC has developed a number of resources that address some of the common issues men and their carers face that are now used nationally. These resources include:

Tip sheets
Sheets provide information on a range of topics, from decision support and stress management, to managing side-effects after treatment. The tip sheets were developed based on the results of research conducted within our ProsCan study, where study participants found these resources very helpful. Modified versions of the tip sheets are now regularly sent to men moving through diagnosis and treatment for prostate cancer.

Sex after treatment booklet
This booklet provides information to men and their partners about the effects of treatment on sexual function. Since publication in 2006 this booklet has been adopted by a number of Cancer Councils around Australia (Tasmania, South Australia and New South Wales). The booklet is now available on a number of websites including Cancer Council Queensland, Andrology Australia and the Lions Prostate Cancer website. The booklet has been widely accessed by men from across Australia and has had its first review and reprint. In the first week of its launch our website received over 1,500 “hits”, testimony to the value and usefulness of this resource.

ProsCan for Couples DVD
The aim of this resource was to provide materials to support couples who are moving through radical prostatectomy for localised prostate cancer. Radical prostatectomy can result in significant side-effects including impotence and incontinence, as well as a number of psychological issues. This DVD has been developed as part of an NHMRC funded trial of a couples based intervention for men who have received surgery for prostate cancer. Production of this resource was funded by Andrology Australia.

Patient and partner guide
A range of tip sheets, worksheets and information sheets have been developed for use by participants within the prostate cancer studies. Once the study is completed these resources will be available for wider use and it is anticipated they will be taken up by a number of national cancer support and men’s health organisations.

Specialist prostate cancer nurses
The two nurses involved in the delivery of the supportive care intervention are now recognised as specialist nurses in the area of prostate cancer. These nurses have spoken with, and offered support and information to, almost 500 men referred from urologists across Queensland. Work is underway to disseminate this model of care more widely in Australia in collaboration with other key groups.
Community attitudes to the use of identified and de-identified medical information

In recent years researchers have argued that their ability to undertake health research has been affected by data custodians and ethics committees’ interpretation of legislation regarding the privacy of individuals. This has been the case for anonymous (de-identified) and identifiable data. In 2008, in collaboration with Griffith University we undertook a study to examine the community’s attitudes to the use of identified and de-identified health information for the purpose of research. Overwhelmingly the community did not consider the use of de-identified health and demographic information an invasion of privacy. More than 80 per cent of those surveyed indicated they trusted Cancer Council Queensland to conduct research using de-identified information and Cancer Council Queensland rated highest in levels of trust for the use of any type of health information. Cancer researchers in particular were reported to hold a higher status than other researchers, an indication of the community’s trust in us as a credible research centre. The results of this study have informed data custodians, ethics committees and policy makers of the need for streamlining access to de-identified data in particular.

Community attitudes to passive smoking

Research has shown that passive smoking is a major cause of premature death in children and adults who do not smoke. Young children in particular are very susceptible and in Queensland it is estimated that passive smoking is the cause of 21 deaths in children aged zero to four years each year. Advocating for change in legislation can only be accomplished with rigorous and scientifically valid data to inform the need for change. The research undertaken by VCRCC provided essential information on the community’s attitudes towards passive smoking. This research was used as part of a structured approach for legislative change and resulted in the introduction of legislation banning smoking in cars containing children under the age of 16 years. This resulting policy change highlights the importance of the research work undertaken within the VCRCC.
Continued development of our research methods

The VCRCC has been committed to enhancing and developing new research methods. This includes the use of the latest in software applications, enhancing our understanding and use of new statistical methods, developing applications which can be used across a number of research projects and in providing ready access to the latest cancer facts.
The expanding research programs have increased data complexity and existing systems were unable to cope with current requirements. Our primary focus was to store data securely and make it easily available for research. To achieve these goals, we adopted new technologies that were far more secure and reliable than its predecessors. Initially our database application team migrated our existing MS Access databases to MS SQL Server which ensured that the data is stored in a secure central location. Statistics packages like STATA and SPSS directly connect to SQL through ODBC (Open Database Connectivity).

Apart from providing a professional web based interface, the Asp.Net web applications have provided other advantages, including:

- Dynamic CATI (Computer Assisted Telephone Interview) screens.
- Functionality to import data from various sources.
- A central repository for documents, tasks and issue management is setup using Sharepoint. Users post issues or tasks, track progress and share documents relevant to their study.

Utilising the latest in database technology ensures our projects are conducted as efficiently as possible.
Queensland Cancer Statistics Online (QCSOL)

To improve the timeliness and availability of statistics on cancer in Queensland, the VCRCC developed an online data dissemination system called Queensland Cancer Statistics Online (QCSOL). QCSOL provides statistics for 22 of the most common cancers in Queensland, covering incidence and mortality (age-specific rates, trends over time by sex), survival (by sex, time period) and prevalence (one-, five-, ten-, 15-, 20- and 25-year limited duration). In addition, for all cancers combined and the National Health Priority Area cancers (excluding non-melanoma skin cancer), QCSOL includes information on incidence trends, survival and mortality trends by broad age groups. Data in the QCSOL are available in both graphical and tabular formats and can be downloaded in comma delimited files for further use. QCSOL is seen as an important source of statistical information for those requiring easy access to the latest Queensland cancer data and is intended for a wide variety of users, including researchers, health practitioners, students and health consumers.

New techniques in statistical analysis

Outcomes for people diagnosed with cancer in Queensland depend on where people live – the prognosis is typically worse for people living in rural and socio-economically disadvantaged areas. However, we know very little about why these inequalities exist. Most studies that have considered geographical inequalities in cancer outcomes in the past have been ecologic studies, using data aggregated to geographical areas. However, these types of studies, while providing useful information, are unable to investigate whether the inequalities in cancer outcomes are due to the characteristics of individual patients, or whether they are due to the characteristics of the areas in which a patient lives. An emerging statistical methodology, called multi-level modelling, enables us to examine the differing impact of individual-level data and the area-level data. VCRCC researchers in collaboration with researchers from Queensland University of Technology are applying this methodology specifically looking at inequalities in colorectal cancer survival (a cancer where there is known to be significant differences in outcomes).

Use of GIS software

Internationally, distance has consistently been shown to have a strong impact on cancer patients’ use of and access to diagnostic and treatment services and subsequent outcomes. There is however limited equivalent data available for Australia. To better assess the impact of distance and travelling time on cancer outcomes for people in Queensland, we have invested in specialised GIS software and custom spatial applications. In addition to calculating road travel distances between any two points, this technology enables us to more accurately examine spatial patterns in cancer outcomes in Queensland. It also greatly enhances our ability to visually disseminate the results of our investigations of geographical inequalities to the providers of education and support programs within Cancer Council Queensland and importantly to those in policy development.
Informing and collaborating with the scientific community

VCRCC publications
While our focus is on research that can be directly translated into programs and health policies to reduce the burden of cancer in the community, an additional part of our work involves the publication of our findings, something that is crucial to inform both the scientific and broader community. The publication of findings from research projects is an essential part of our day-to-day work and is crucial to our group securing competitive funding. From 2004 to 2008 the VCRCC has published an impressive number of scientific peer reviewed publications that have contributed to cancer control research in the national and international arena. The VCRCC has published a total of 163 papers in the scientific literature (see Appendix D for complete list) from 2004 to 2008. The range of disciplines where we publish is broad and includes: general cancer; epidemiology; surgery/nursing; dermatology; public health; behavioural sciences; and genetics. Citation rates for our senior staff are above average for their discipline.

VCRCC conference, workshop and meeting presentations
Attendance at conferences and workshops, both at a national and international level, provides us with an opportunity to showcase our work and an avenue to strengthen current collaborative links and to establish new collaborations. From 2004 to 2008 VCRCC research staff presented some 230 research papers at local, national and international scientific conferences. Pleasingly, in over 20 per cent of cases our staff were invited speakers, with these invitations increasing each year. This is recognition of the quality of research work that is carried out within the VCRCC. A comprehensive list of VCRCC presentations from 2004 to 2008 can be found in Appendix F.

VCRCC in the media
Over the past five years we have endeavoured to showcase our work not only in the scientific community but also through mentions in the popular press. This is of course enormous value to not only Cancer Council Queensland but importantly it highlights the work conducted under the banner of the Viertel Centre, thus providing an opportunity to highlight the valuable contribution the Viertel Foundation makes to research. From 2004 to 2008 it is estimated that the value of media mentions for VCRCC research was in excess of $3.25 million. It can be seen from the graph below that our capacity to generate media mentions has grown exponentially over the past five years, a result of our expanding and high quality research program.

Estimated advertising value

<table>
<thead>
<tr>
<th>Year</th>
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Establishing collaborative links

Griffith University
The VCRCC has a formal collaborative agreement with Griffith University that helps facilitate access to university based resources, adjunct appointments, and post graduate student placements. In particular, the VCRCC works closely with the Griffith Institute of Health and Medical Research (GIHMR), with collaborative projects across all areas of our prostate cancer related research and other applied areas such as: community attitudes to passive smoking and to access to health and medical information for cancer research; peer support for women with breast cancer; supportive care needs and adjustment for people with brain tumours; and specialist breast cancer nurse support.

Queensland Institute of Medical Research
The VCRCC has established collaborative links with researchers at the Queensland Institute of Medical Research particularly in the area of population health. Primarily VCRCC has undertaken collaborative studies in the area of skin cancer, pancreatic cancer and paediatric cancers.

University of Queensland
The VCRCC has a long standing collaboration with the Department of Surgery at the University of Queensland for all aspects of the prostate cancer research program. Importantly this key link brings to our research program clinical input from eminent clinicians and clinical researchers.

Queensland University of Technology
Collaborative arrangements with Queensland University of Technology encompass a number of research areas including: exploring reasons for geographical inequalities in cancer outcomes with researchers who have strong international reputations in the field of health inequalities, a direct result of this collaboration has been to obtain NHMRC project grant (2009-2011) to investigate determinants of area-level inequalities in survival for Queenslanders diagnosed with colorectal cancer survival; examining whether a video-delivered intervention can improve outcomes from melanoma in men over the age of 50 years; the development of a program of research to improve sun safety behaviours of young Queenslanders; examining the best strategies to use for informing the general public about the health duality of sun exposure in relation to vitamin D; and examining what role genetics play in risk of developing prostate cancer.

Cancer Council New South Wales
The VCRCC has established strong collaborative links with Cancer Council New South Wales (CCNSW) Epidemiology Unit, as well close working links have also been established with the Centre for Health Research and Psycho-Oncology at the University of Newcastle, a CCNSW funded centre.

Queensland University of Technology
Collaborative arrangements with Queensland University of Technology encompass a number of research areas including: exploring reasons for geographical inequalities in cancer outcomes with researchers who have strong international reputations in the field of health inequalities, a direct result of this collaboration has been to obtain NHMRC project grant (2009-2011) to investigate determinants of area-level inequalities in survival for Queenslanders diagnosed with colorectal cancer survival; examining whether a video-delivered intervention can improve outcomes from melanoma in men over the age of 50 years; the development of a program of research to improve sun safety behaviours of young Queenslanders; examining the best strategies to use for informing the general public about the health duality of sun exposure in relation to vitamin D; and examining what role genetics play in risk of developing prostate cancer.

Professional committees, reviewers and editorial activities
VCRCC staff have continued to be well represented on a number of professional committees, as well as being reviewers for scientific journals and active members of editorial committees. These committees are wide ranging and include: International Union Against Cancer; Cancer Council Australia; and Queensland Health. Additionally, VCRCC staff are active members of expert advisory committees or working groups, including: Australasian Association of Cancer Registries; Australian Prostate Cancer Collaboration; National Health and Medical Research Council; and Cancer Cluster Scientific Investigation Panels. A comprehensive list of these is provided in Appendix G. The breadth of scientific journals VCRCC researchers are reviewers for is extensive and covers many health-related disciplines. Invitation to review for journals is a result of researchers publishing and becoming well known in their respective fields. Appendix G provides a complete list of VCRCC involvement in this area.
The Sylvia and Charles Viertel Charitable Foundation has played an instrumental role in the growth and development of the VCRCC over the past five years. We are now uniquely placed to continue our work into the future with a number of long-term research projects currently underway and with our plans to undertake new projects over the next ten years where needs have been identified and our ability to translate findings ensured.
To facilitate our continued work in cancer research we have established a VCRCC leadership group who meet monthly to discuss progress with current projects and to plan future ones. The group comprises leaders of each of our research program areas in addition to senior researchers and at times our external collaborators. Currently our work is continuing on long-term projects in descriptive epidemiology; prostate cancer; skin cancer; lifestyle and cancer; and community and applied psycho-oncology. Additionally, we are in the planning stages of a number of new research projects that we believe are of importance in our overall aim to reduce the burden of cancer in the community. These projects include: a comprehensive analysis of cancer in children; an examination of the reasons for the observed clinical and psycho-social inequalities in outcomes from breast cancer, a project that will involve over 3,000 women newly diagnosed with breast cancer; an investigation of the reasons for the large increase in thyroid cancer over the past decade (70 per cent increase in women and 50 per cent in men); examining the impact that socio-economic status has on diagnosis and survival from melanoma; investigating the health duality of sun exposure (in collaboration with Queensland University of Technology); development of a lifestyle intervention to reduce cancer risk; and development of a supportive care intervention for people affected by brain tumours (in collaboration with Griffith University).

Our multidisciplinary projects will continue to focus on collecting and examining the evidence and providing the insight to reduce the impact cancer has on the individual and the community.
Appendix A:
Grants held by VCRCC researchers through nationally competitive funding schemes

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


Fritschi L, Glass D, Leavy J. Occupational causes of prostate cancer. BUPA Foundation (2005: $35,000)


Hutchison S, Steginga SK. Psychosocial skills training for staff of the Queensland Bowel Cancer Screening Program. Queensland Health. (2007: $27,064)


Steginga SK, Schover L, Haldow K, Occhipinti S, Gardiner RA, Dunn J. Randomised controlled trial of early intervention to improve sexual and couple functioning after prostate cancer. NHMRC Grant # 496001 (2008-2010: $577,438)


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


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)

Appendix B: Collaborative grants between other institutions and the VCRCC


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)


Hayward NK, Marti NG, Green AC, Sturm RA, **Aitken JF**, Duffy DL, Walker FJ, Box NF, Siskind V, Purdie DM, Whiteman DC. Pathways from genotype and environment to melanoma. NIH Grant # 1RO1 CA88363-01A1 (2001-2005: $2,579,800)

**Fritschi L**. Lions Cancer Institute Skin Cancer Screening. Lions Cancer Institute (2004-2005: $49,500)

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


Janda M, **Youl P**, **Baade P**, Neale R. Randomised controlled trial of a video-delivered intervention for the early detection of melanoma in men over 50 years. NHMRC Grant # 497200 (2008-2010: $493,750)


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)


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

Chambers S. Population Health Career Development Award – Five year salary package. NHMRC Grant #496003 (2008-2010: $370,000)


Fritschi L. Population Health Career Development Award – Five year salary package. NHMRC Grant # 254683 (2003-2007: $467,000)

Janda M. Public Health (Australia) Fellowship. NHMRC Fellowship # 339101 (2006-2007: $132,000)

Appendix D: Publications 2004 to 2008


Steginga SK, Occhipinti S. Dispositional optimism as a predictor of decision-related adjustment after localized prostate cancer. Health Psychol. 2006; 25(2):135-143.


Appendix E:

Descriptive reports produced by Viertel Centre for Research in Cancer Control


Appendix F:
Conference presentations

Aitken J

Aitken JF

Aitken JF
Keynote Address: Screening for melanoma. Advances towards a SunSmart State – from Research to Practice, Brisbane, October 2006.

Bailey L, Janda M, Walker D, Eakin E

Bailey L, Janda M, Walker D, Eakin E

Balatti M
Decisional Conflict, Oncology Nurses Conference, Townsville, September 2008.

Balatti M

Beesley V, Eakin E, Aitken JF, Dunn J, Battistutta D

Bull S, Eakin E, Riley K, Reeves MM

Carrière P

Carrière P
Critique and interpretation of epidemiologic papers. Princess Alexandra Hospital, August 2006.

Carrière P, Baade P, Neale R

Carrière P, Joseph L, Tenenhouse A, Jackson S
Adjusting incidence estimates for bias due to nonresponse and attrition using multiple imputation. 14th Annual Scientific Meeting of the Australasian Epidemiological Association, Newcastle, October 2005.

Chambers S

Chambers S

Chambers S
Invited Seminar: ProsCan for Men: Randomised Controlled Trial of a Decision Support Intervention for Men with Localised Prostate Cancer. Griffith University, School of Psychology, Griffith University, School of Psychology, Brisbane, 10th October 2008.

Chambers S
Chambers S
Coping with depression and cancer: Getting over the hurdles. Men's health Promotion Forum Prostate Cancer Foundation of Australia, Newcastle, 3rd August 2008.

Chambers S

Chambers S

Deuchars S

Deuchars S
Challenges and strategies in successfully conducting research in the newly diagnosed cancer population. 9th Behavioural Research in Cancer Control Conference, Melbourne, April 2008.

The Queensland Cancer Risk Study: Regional Differences in Cancer Risk Behaviours. 5th Annual Health and Medical Research Conference of Queensland, Brisbane, November 2005.

Dunn J

Dunn J

Dunn J

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Dunn J
Invited Speaker: Setting up Reach to Recovery services. The 10th Annual Taiwan Breast Cancer Support Group Convention 'Reflecting on the Past, Breaking into the New', Taipei, Taiwan, August 2006.

Dunn J
Dunn J
Invited Speaker: Volunteers in action and peer support. 3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference, Mumbai, India, November 2006.

Dunn J, Campbell M, Penn D, Dwyer M, Steginga S
Changing Gears – a peer support adventure for young breast cancer survivors. 6th Annual Health and Medical Research Conference of Queensland, Brisbane, November 2006.

Dunn J

Dunn J

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Dunn J
Invited Speaker: Developing cancer control capacity for voluntary cancer societies in the Asia Pacific Region. UICC World conference for Cancer Organisations, Dublin, November 2004.

Dunn J


Eakin E, Bull S, Riley K, Gutierrez S, McLaughlin P, Reeves MM

Eakin E, Bull S, Riley K, Gutierrez S, McLaughlin P, Reeves MM

Eakin E, Oldenburg B, Del Mar C, Graves N, Pickering K, Reeves MM

Promoting Physical Activity and Healthy Eating in Primary Care Patients with Multiple Chronic Conditions: The Logan Healthy Living Program. 5th National Physical Activity Conference, Melbourne, October 2005.

Eakin EG, Brown W, Marshall AM, Larsen E, Mummery K

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

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

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

Eakin EG

Ferguson M

Fong K, Aitken JF, Anderiesz C, Elwood M
**Hawkes A**

**Hawkes A**

**Hawkes A**

**Hawkes A**
Queensland Cancer Fund pilot cancer care course for Aboriginal and Torres Strait Islander Health Workers. 8th Biennial Behavioural Research in Cancer Control Conference, Brisbane, September 2006.

The HELP Project, 6th Annual Health and Medical Research Conference, Brisbane, November 2006.

The HELP project, Queensland Oncology Nurses Group 29th Annual Conference, Brisbane, November 2006.

**Hutchison S, Hawkes A, Steginga S.K**

**Hutchison S**
Invited paper: Sexuality and relationships after cancer, Advancing Key Initiatives in Cancer Care Conference, Queensland Health, Brisbane, May 2008.

**Hutchison S**
Sexuality and communication skills, ONG Conference, Toowoomba, May 2008.

**Hutchison S**
The psychosocial impact of cancer, Centrelink Conference, Brisbane, June 2008.

**Hutchison S, Hawkes A, Clutton S, Sargeant H**

**Hutchison S**

**Hutchison S, Fanning R**

**Hutchison S**

**Hutchison S**

**Hutchison S, Steginga SK, Dunn J**

**Hutchison S**

**Hutchison S**

**Jackson C, Oldenburg B, Youl PH, Brown C, Dunn J, Aitken JF**

**Janda M**

**Janda M**

**Janda M, Bailey L, Walker D, Eakin EG**
Improving supportive care services for patients with a brain tumour and their carers. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, Brisbane, November 2005.
Janda M, Youl PH, Lowe J, Elwood M, Ring IT, Aitken JF

Quality of life within the Queensland population and applications for cancer research. Clinical Oncology Society of Australia 32nd Annual Scientific Meeting, Brisbane, November 2005.

Janda M, Youl P, Aitken JF, Elwood M, Lowe J
Predictors of Participation in Melanoma Screening. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, Melbourne, February 2005.

Janda M, Youl PH, Aitken JF, Elwood M, Lowe J

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.

Krnjacki L

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

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.


Quality of life 4-6 months after diagnosis of colorectal cancer. 7th Biannual Behavioural Research in Cancer Control Conference, Newcastle, June 2004.

Lynch BM

McDowell M

McDowell M

McPherson M, Youl PH, Baade PD, English D, Elwood M, Aitken JF

Milner S

Milner S
Prostate Cancer: Sexuality and Intimacy. Sunshine Coast Oncology Nurses Group Meeting, Maroochydore, March 2008.

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

Milner S, Clutton S, Ferguson M, Nicol D, Gardiner RA, Steginga S
Milner SE, Clutton SJ, Woolf (Ferguson) MR, Nicol D, Gardiner RA, Steginga SK
The role of the prostate cancer nurse in supporting men through diagnosis and treatment of localised prostate cancer. 11th Annual Australasian Urological Nurses Society, Brisbane, March 2006.

Milner S

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

Milner S
The impact of prostate cancer treatment on sexuality and intimacy. Toowoomba Prostate Cancer Support Group, Toowoomba, November 2006.

Mudie K, Woolf (Ferguson) MR, Nicol D, Gardiner RA, Steginga SK
Implementing clinical trials: The role of the nurse. 11th Annual Australasian Urological Nurses Society Inc Meeting, Brisbane, March 2006.

Naumann L, Youl P
Skin Cancer in Queensland: How SunSmart are we? 29th Annual Oncology Nurses Conference, Brisbane, November 2006.

Neale RE


Neale RE, Green AC, Bouwes Bavinck JN and the EC_UV_Skin Cancer Study group

Neale RE
Vitamin D research. Advances towards a SunSmart State – from Research to Practice, Brisbane, October 2006.

Neale RE, Bouwes Bavinck JN, Feltkamp MCW, Waterboer T, De Koning M, Green AC and the EPI-HPV-UV-CA Group


Reeves MM, Bauer J, Capra S, Davies PSW, Battistutta D

Reeves MM, Bauer J, Capra S, Davies PSW, Battistutta D

Reeves MM, Bauer J, Capra S, Davies PSW, Battistutta D

Sun protection attitudes and behaviours of adolescents and young adults in Queensland: A theory of planned behaviours perspective. 6th Annual Health and Medical Research Conference of Queensland, Brisbane, November 2006.

The Queensland Cancer Risk Study: Does living outside a major city make a difference? 14th Annual Scientific Meeting of the Australasian Epidemiological Association, Newcastle, October 2005.

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

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

Sargeant H
Distress, depression and anxiety in people affected by prostate cancer, Prostate Cancer Foundation Australia Conference, Gold Coast, November 2008.

Sargeant H, Hughes, F

Steginga SK

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

Sargeant H
The Cancer Counselling Service: Helping people bereaved through cancer, 8th International Conference on Grief and Bereavement, Melbourne, June 2008.

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

Steginga SK

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

Steginga SK

Steginga SK

Steginga SK

Steginga SK & McClintock S
Shared decision making for informed choice in the early detection of prostate cancer. Gold Coast Division of General Practice, Gold Coast, February 2006.

Steginga SK

Steginga SK
Shared decision making for informed choice in the early detection of prostate cancer. Capricornia Division of General Practice, Yeppoon, April 2006.

Steginga SK
The clinical practice guidelines for the psychosocial care of adults with cancer: How to translate guidelines into practice. The Brisbane Oncology Nurses Group of the Queensland Cancer Fund, Brisbane, April 2006.

Steginga SK

Steginga SK

Steginga SK

Steginga SK

Steginga SK

Steginga SK

Steginga SK
The clinical practice guidelines for the psychosocial care of adults with cancer: How to translate the guidelines into practice. The Sunshine Coast Oncology Nurses Group of the Queensland Cancer Fund, Nambour, July 2006.

Steginga SK
Coping with prostate cancer: The power of shared experiences. Inaugural Prostate Cancer Foundation of Australia Men's Health Promotion Conference, Melbourne, August 2006.

Steginga SK
The clinical practice guidelines for the psychosocial care of adults with cancer: How to translate the guidelines into practice. The Bundaberg Oncology Nurses Group of the Queensland Cancer Fund, Bundaberg, August 2006.

Steginga SK

Steginga SK
The psychosocial support needs of patients diagnosed with cancer in regional Queensland. 8th Biennial Behavioural Research in Cancer Control Conference, Brisbane, September 2006.

Steginga SK
Peer support and clinicians’ views. Australian Prostate Cancer Collaboration Annual Conference, Sydney, October 2006.

Steginga, S, Campbell A, Cairns W, Ferguson W, Froggatt A, Beeden A, Walls M, Dunn J
Developing a model of psychosocial care for patients diagnosed with cancer in regional Queensland. 6th Annual Health and Medical Research Conference of Queensland, Brisbane, November 2006.

Steginga SK


Steginga SK

Steginga, SK
Steginga SK, Pinnock C, Baade P, Jackson C, Green A, Preston J, Heathcote P, McIvor B
Educating General Practitioners about Shared Decision Making for PSA Testing. 5th Annual Health and Medical Research Conference of Queensland, Brisbane, November 2005.

Steginga SK, Gianduzzo T, Green A

Steginga SK, Turn J
The clinical practice guidelines for the psychosocial care of adults with cancer: How to apply the guidelines to nursing practice. The Annual Conference of the Oncology Nurses Group of the Queensland Cancer Fund, Cairns, October 2005.

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

A novel approach to decision support for men with localised prostate cancer: The ProsCan Study. Annual Scientific Meeting of the Northern Section of the Urological Society of Australasia, Coolum, September 2005.

Steginga SK, Metcalfe R, Pinnock C
Educating general practitioners about shared decision making for PSA testing: The Queensland and Victorian Pilot studies. Australian Prostate Cancer Collaboration Annual Conference, Garvan Institute, Sydney, September 2005.


Steginga SK, Heathcote P, Green A

Steginga SK

Steginga SK, Preston J, Green A

Steginga SK, Heathcote P, Smith N, Jackson C, Green A

Steginga SK, Pinnock C, Jackson C, Preston J

Steginga SK, Occhipinti S

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

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

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

Steginga SK

Steginga SK, Pinnock C, Jackson C, Wood G
Promoting shared decision making and informed choice in the early detection of prostate cancer. Brisbane North Division of General Practice, Brisbane, October 2004.

Steginga SK, Jackson C, Gianduzzo T
Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General Practitioners Sunshine Coast Sub Faculty Conference, Sunshine Coast, November 2004.
Steginga SK, Pinnock
Shared decision making for informed choice in the early detection of prostate cancer. UICC World Conference for Cancer Organisations, Dublin, Ireland, November 2004.

Steginga SK, Pinnock C, Gardner M, Dunn J, Gardiner RA

Steginga SK, Occhipinti S

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.

Thompson B, Carrière P, Fritschi L, Baade P, Coory M
Effectiveness of using routine databases to measure clinical practice guidelines in Queensland. Annual Scientific Meeting, Clinical Oncology Society Australia, November 2006.

Thompson B, Carrière P, Fritschi L, Baade P, Coory M
Can Queensland Health routine databases be used to measure compliance with clinical practice guidelines for cancer? 6th Annual Health and Medical Research Conference of Queensland, Brisbane, November 2006.

Ward L, O'Kane D, Bourke J, Valery P, Giles G, Green A, Aitken JF
The Australian Paediatric Cancer Registry. Australian and New Zealand Children's Haematology and Oncology Group (ANZCHOG) Annual Scientific Meeting, Melbourne, June 2005.

Youl P

Youl P

Youl P

Youl P

Youl P

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

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.

Youl P

Youl P
Invited Speaker: Skin cancer and skin screening. Sunshine Coast Division of General Practitioners Annual Conference, Sunshine Coast, Brisbane, March 2006.

Youl P

Youl PH, Baade PD, English DR, Elwood M, Aitken JF

Youl PH, Baade PD, English DR, Elwood M, Aitken JF
Reliability of a CATI interview in a case-control study of melanoma: are participants able to recall dates of events? 15th Annual Meeting of the Australasian Epidemiological Association, Melbourne, September 2006.

Youl P
Invited Speaker: Cancer control through research. Queensland Oncology Nurses Group, Mackay, October 2006.

Youl P
Youl P
Invited Speaker: Change in patterns of service delivery. Advances towards a SunSmart State – from Research to Practice, Brisbane, October 2006.

Youl P
Clinical skin examinations: are we seeing a shift in where they are conducted? University of Queensland Research Higher Degrees Conference, Brisbane, November 2006.

Youl P

Youl PH, Baade P, McPherson M, Elwood M, English D, Aitken JF
Increasing prevalence of clinical skin exams in Queensland: Have skin clinics played a role? Clinical Oncology Society of Australia 32nd Annual Scientific Meeting, Brisbane, November 2005.

Youl PH, Raasch B, Janda M, Aitken JF

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

Youlten D

Youlten D
Melanoma statistics in Queensland. Forum on Advances towards a SunSmart State – from Research to Practice, Brisbane, October 2006.

Youlten D, Baade P, Coory M
An update on cancer statistics in Queensland. 5th Annual Health and Medical Research Conference of Queensland, Brisbane, November 2005.
Appendix G:
Professional and community activities
Committee memberships

Cancer Council Australia
CEO Forum: Jeff Dunn (2006-08)
Board Member: Jeff Dunn (2007)
Member Audit and Risk Committee: Jeff Dunn (2007)
National Skin Cancer Committee: Pip Youl (2005-08)
Nutrition and Physical Activity Committee:
Anna Hawkes (2007-08), Susan Greenbank (2005-07),
Marina Reeves (2004-05)
Patient Support Committee: Suzanne Steginga (2004-06),
Margaret Hegarty (2006-07)
Public Health Committee: Susan Greenbank (2005-07)
Bowel Cancer Screening Committee:
Susan Greenbank (2005-06), Sara Gollschewski (2008)
Bowel Cancer Screening Quality Management Committee:
Sara Gollschewski (2008)
General Practice Primary Health Care Committee:
Susan Greenbank (2005-07)

Supportive Care and Program Development, Chairman:
Jeff Dunn (2004-06)
Member, Editorial Board- Global News Alert: Jeff Dunn (2007)

Queensland Health
Bowel Cancer Screening Quality Management Committee:
Susan Greenbank (2005-07), Sara Gollschewski (2008)
Breast Cancer Screening Quality Management Committee:
Susan Greenbank (2005-07)
Cervical Cancer Screening Quality Management Committee:
Susan Greenbank (2005-07)
Cancer Cluster Investigation Steering Committee:
Joanne Aitken (2007-08), Peter Baade (2006-07)
Cancer Control Ministerial Advisory Committee:
Jeff Dunn (2004)
Cardiac Rehabilitation Collaborative, Continuing Healthcare
Improvement: Anna Hawkes (2006-07)
Queensland Cancer Control Ministerial Advisory Committee:
Jeff Dunn (2005-06)
Queensland Cancer Registry Advisory Committee:
Joanne Aitken (2004-07)
Queensland Cancer Registry Joint Management Committee:
Joanne Aitken (2004-07)
Queensland Health Logan Place- based Initiative Steering

International Union Against Cancer
Board Member (ex-officio): Jeff Dunn (2006-07)
Strategic Leader Capacity Building and Support Care:
Jeff Dunn (2007)
Asia Pacific Cancer Society Training Grants Program, Chairman:
Jeff Dunn (2004-07)
Reach to Recovery International Advisory Committee, Advisor:
Jeff Dunn (2006)
Strategic Leaders Capacity Building and Supportive Care Board:
Jeff Dunn (2008)
Conference organising committees

3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference Organising Committee:
Jeff Dunn (2006-07)

4th UICC World Cancer Congress Program Committee:
Jeff Dunn (2006-07)

13th Reach to Recovery International Breast Cancer Support Service Conference International Advisory Committee:
Jeff Dunn (2005)

14th Reach to Recovery International Breast Cancer Support Service Conference International Advisory Committee:
Jeff Dunn (2006)

15th Reach to Recovery International Breast Cancer Support Service Conference International Advisory Committee:
Jeff Dunn (2007)


Organising Committee for Public Health Australia (Queensland Branch) Inaugural State Research Conference, Public Health Association of Australia: Sara Gollschewski (2008)


Queensland Tobacco Control Symposium Organising Committee: Susan Greenbank (2006)

Skin Cancer Forum Organising Committee: Pip Youl (2006-07)

Australian Paediatric Cancer Registry Advisory Committee: Joanne Aitken (2004-05)

Australian Prostate Cancer Collaboration National Executive Committee: Suzanne Steginga (2004-07)

Cancer Foundation of Western Australia, Medical and Scientific Advisory Panel: Lin Fritschi (2006)


Cardiac Society of Australia and New Zealand (CSANZ) Heart Failure Working Group: Anna Hawkes (2006)


Lions Cancer Institute Scientific Advisory Committee: Lin Fritschi (2005-06)

National Health and Medical Research Council Expert Committee on Electromagnetic Energy: Lin Fritschi (2005-06)


National Heart Foundation of Australia and Cardiac Society of New Zealand Chronic Heart Failure Clinical Practice Guidelines Expert Writing Panel: Anna Hawkes (2006)

Queensland Cardiac Rehabilitation Executive Committee: Anna Hawkes (2007-08)


Queensland Self Management Alliance Executive Committee: Anna Hawkes (2006-07)

Queensland Health Cluster Assessment Advisory Committee: Joanne Aitken (2007-09)

Expert advisory committees

Anton Breini Centre Consultative Committee, Anton Breini Centre for Public Health and Tropical Medicine:
Jeff Dunn (2004)

Australasian Association of Cancer Registries, Executive Committee: Joanne Aitken (2004-08)

Scientific panels, working groups, and professional memberships

American Association of Cardiovascular and Pulmonary Rehabilitation: Anna Hawkes (2006-08)

Australasian Epidemiological Association:
Joanne Aitken (2004-08), Lin Fritschi (2005),
Michelle McPherson (2004), Phillippe Carriere (2005),
Pip Youl (2004-08)


Australasian Society for Behavioural Health and Medicine:

Australasian Urological Nursing Society: Kari Mudie (2005), Sylvia Milner (2005), Sheila Deuchars (2005)

Australian Health Promotion Association:
Susan Greenbank (2005)

Australian Association of Academic General Practice (AAAGP):
Danielle Penn (2005)

Australian Association for Cognitive Behaviour Therapy:
Sandy Hutchison (2005)

Australian College of Health Service Executives (ACHSE):
Danielle Penn (2005)


Australian Cardiac Rehabilitation Association: Anna Hawkes (2004-08)

Australian Prostate Cancer Collaboration:
Suzanne Steginga (2005)

Australian Prostate Cancer Collaboration and the Prostate Cancer Foundation of Australia: project member “Understanding the Role of Prostate Cancer Support Groups in Australia”:
Jeff Dunn (2006)

Australian Prostate Cancer Collaboration Education Sub Committee Co-Chair: Suzanne Steginga (2004-07)

Australian Psychological Society: Sandy Hutchison (2005), Monika Janda (2005)

Australian Psychological Society College of Clinical Psychologists:
Sandy Hutchison (2005)

Behaviour Research and Therapy Centre, School of Psychology, University of Queensland: Sandy Hutchison (2005-07)

Brisbane Prostate Cancer Research Network:
Suzanne Steginga (2004-07)

Cancer Australia: Prostate and Testicular Cancer Advisory Group:
Suzanne Chambers (2007)

Cancer Institute NSW Education Review Panel:
Suzanne Steginga (2006)

Clinical Oncological Society of Australia: Jeff Dunn (2008)
Adam Stoneley (2005), Danielle Penn (2005)

College Of Health Psychologists APS: Monika Janda (2005)


Diabetes Australia: Liz Eakin (2004-05)


Dieticians Association of Australia, Queensland Branch Executive Committee: Marina Reeves (2004, Chairperson)


Guidelines for the Management of Advanced Prostate Cancer:
Suzanne Chambers (2007)

IPOS 9th World Congress of Psycho-Oncology and Psychosocial Academy: Jeff Dunn (2006-07)

International Psycho-oncology Society (IPOS):
Danielle Penn (2005)


James Cook University – Anton Breinl Centre Consultative Committee: Jeff Dunn (2006-07)
Global Campaign Advisory Committee, Lance Armstrong Foundation: **Jeff Dunn (2008)**

Medical and Scientific Advisory committee of the Lions Cancer Institute: **Lin Fritschi (2005)**

Medical Software Industry Association (MSIA): **Danielle Penn (2005)**


Old Johnian Association, St John's College - University of Queensland: **Jeff Dunn (2008, President)**

Ottawa Health Research Institute: **Suzanne Steginga (2006-07)**

Palliative Care Association Queensland (PACAQ): **Sheila Deuchars (2005-08)**

Prostate Cancer Foundation of Australia Public Awareness and Education Committee: **Suzanne Steginga (2006-07)**


Psychologists Registration Board of Queensland: **Sandy Hutchison (2005), Monika Janda (2005), Carla Rogers (2005)**


Public Health Association of Australia, Queensland State Executive: **Brigid Lynch (2004-08, Secretary), Sara Gollschewski (2008)**

Queensland Cardiac Rehabilitation Association Committee: **Anna Hawkes (2006)**

Queensland Cancer Fund Griffith University Cancer Support Centre, Board: **Suzanne Steginga (2004, Chairperson)**

Queensland Epidemiology Group: **Pip Youl (2006-07)**


Queensland Oncology Nurses Group: **Sheila Deuchars (2005-08), Sylvia Milner (2005-08), Brigid Hanley (2006-08)**


Queensland Urological Nurses Society: **Sheila Deuchars (2005-08), Sylvia Milner (2005-2008), Brigid Hanley (2008)**

Royal College of Nursing Australia: **Sylvia Milner (2005-08)**

Scientific Reference Group of the Prostate Cancer Foundation of Australia: **Suzanne Chambers (2007)**


Society for Medical Decision Making: **Suzanne Steginga (2005-07)**

Statistical Society of Australia Inc: **Peter Baade (2004-08)**


Urological Society of Australasia: **Suzanne Steginga (2005-08)**

Reviews and editorial activities

Editorial panels

American Journal of Epidemiology, Associate Editor: Lin Fritschi (2005-06)
Annals of Behavioural Medicine, Consulting Editor: Liz Eakin (2005-04)
Australasian Epidemiologist, Guest Editor: Lin Fritschi (2005-06)
BMC Public Health, Editorial Board: Lin Fritschi (2005-06)
Patient Education and Counselling: Jeff Dunn (2008)
Psycho-Oncology, Editorial Panel: Jeff Dunn (2005-08)
Cancer Forum: Journal of The Cancer Council Australia, Editorial Board: Jeff Dunn (2006-07)
The Open Public Health Journal: Editorial Advisory Board: Peter Baade (2008)

Reviews for journals

Australian and New Zealand Journal of Public Health: Peter Baade (2004-08), Anna Hawkes (2007-08)
Australian Family Physician: Anna Hawkes (2006-08), Pip Youl (2006-08)
BMC Family Practice: Suzanne Chambers (2007-08)
BMC Nursing: Suzanne Chambers (2006-08)
BioMedicalCentral Nursing: Suzanne Steginga (2006-07)
BioPsychoSocial Medicine: Suzanne Chambers (2007-08)
The British Journal of Urology: Suzanne Steginga (2006-08)
Canadian Medical Journal: Peter Baade (2005-08)
Cancer Causes and Control: Lin Fritschi (2006)
Cancer Epidemiology Biomarkers and Prevention: Lin Fritschi (2005-06)
Clinical and Experimental Dermatology: Pip Youl (2006-08)
European Journal of Dermatology: Peter Baade (2007)
Health Education Research: Brigid Lynch (2004-07)
Health Promotion Journal of Australia: Susan Greenbank (2005-07)
Health Psychology: Liz Eakin (2004-05), Suzanne Steginga (2004-08)
International Journal of Cancer: Peter Baade (2006-07)
Journal of Psychosomatic Research: Suzanne Steginga (2005-08)
The Australian and New Zealand Journal of Surgery:
Suzanne Steginga (2006-07)

The Journal of Urology: Suzanne Steginga (2006-08)

The Patient: Suzanne Chambers (2007)

Medical Decision Making: Suzanne Steginga (2005-08)

Medical Journal of Australia: Peter Baade (2004-08), Danny Youlden (2006-08)

Molecular Nutrition and Food Research: Peter Baade (2008)

Nutrition and Dietetics: Marina Reeves (2004-05), Anna Hawkes (2006-07)

Occupational and Environmental Medicine:
Lin Fritschi (2005-06)


Onco Targets and Therapy: Pip Youl (2007-08)


Preventive Medicine: Suzanne Steginga (2004-08)

Psychology, Health and Medicine Journal:
Monika Janda (2005-06)

Psycho-Oncology: Jeff Dunn (2004-08), Liz Eakin (2004), Suzanne Steginga (2006-08)


The Australian and New Zealand Journal of Surgery:
Suzanne Steginga (2005)

The British Journal of Urology International:
Suzanne Steginga (2005)


Reviews for funding bodies


Cancer Institute of New South Wales:
Lin Fritschi (2005-06)

Cancer Cure Australia Foundation: Suzanne Chambers (2007)


Dutch Cancer Society: Peter Baade (2007)

Foundation Daw Park Medical Research Grants:
Suzanne Chambers (2007)

National Health and Medical Research Council:

National Heart Foundation of Australia: Liz Eakin (2004-05), Anna Hawkes (2006-07)

NSW Health Department: Liz Eakin (2004-05)

Swiss Cancer League: Suzanne Steginga (2006-07)


