

Evidence  
Insight  
Impact

A black and white portrait of an elderly man with white hair, wearing a dark suit, white shirt, and dark tie. He is looking directly at the camera with a serious expression. The background is dark and out of focus, showing some foliage.

# *Charles Viertel*

*1902 – 1992*

*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**



## VCRCC activity at glance : 2004 – 2008

*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.*





## Key highlights of activity within the Viertel Centre for Research in Cancer Control

### 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.
- 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.

### Highlights of our research programs

- The publication of six comprehensive reports on cancer in Queensland and the development of an online tool providing open-access to statistics on cancer, establishing the VCRCC as the key reference point for cancer epidemiology in Queensland.
- The identification of a consistent pattern of poorer survival among cancer patients living in rural and remote areas of Queensland has provided the background information for a number of ongoing research projects aimed at understanding reasons for these disparities. This program of research has additionally provided the necessary evidence to advocate for policy change to improve survival for rural, regional, and disadvantaged populations at a government level.
- 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.

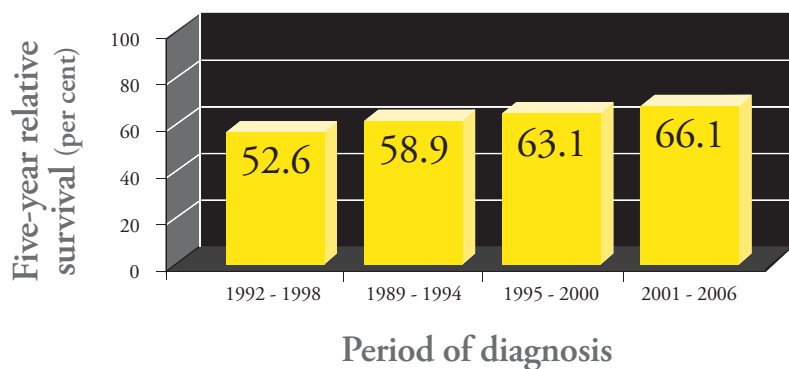
*Queensland has made significant progress with improvements in survival from cancer. Five-year relative survival has increased from a rate of 54 per cent in the 1980s to 66 per cent in 2002 – 2006 (Figure 1).*

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).

Figure 1

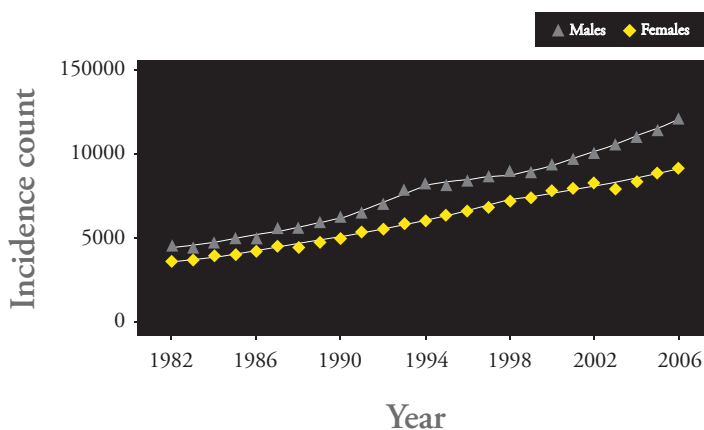
Changes in cancer survival Queensland 1982-2006



Source: Queensland Cancer Registry

Figure 2

Cancer incidence count trends by sex, Queensland 1982-2006



Source: Queensland Cancer Registry

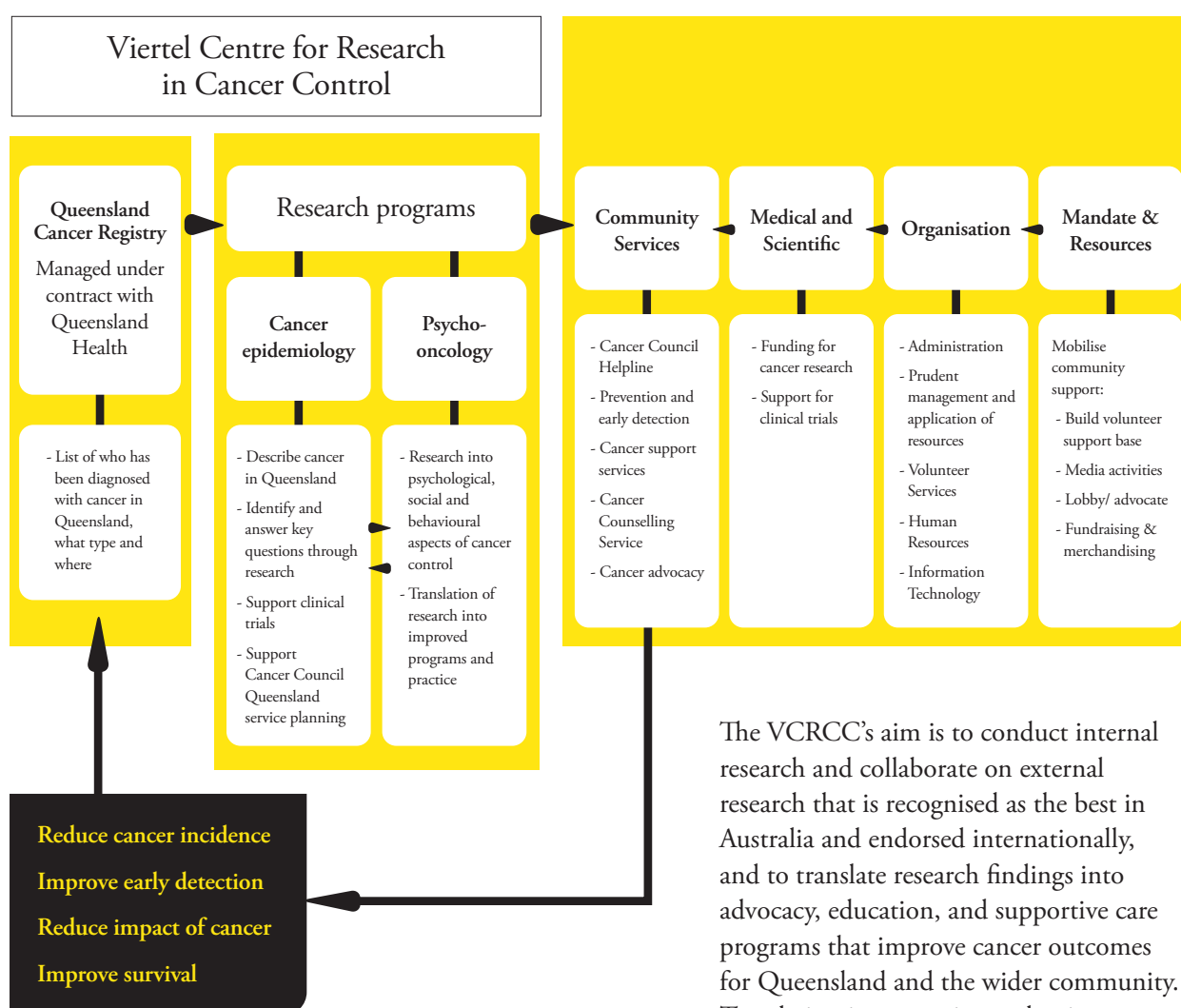
These figures represent individuals diagnosed with cancer and highlight the growing importance of the work that the VCRCC is undertaking.

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.





# Cancer control cycle



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.

Importantly, over the past five years our funded project grants have included a wide range of cancer-related topics involving thousands of individuals and their families. Some examples of these studies include: examining factors involved in the diagnosis and risk of developing melanoma; responding to the increased early detection of prostate cancer within general practice; investigating how men adjust following a diagnosis of prostate cancer and ways to promote adjustment; linking routine data sources to improve cancer care; and testing interventions to improve the lives of those diagnosed with colorectal cancer. Appendix A provides a detailed list of competitively funded grants held by VCRCC researchers and Appendix B provides a list of grants where VCRCC are collaborating with external researchers from 2004 to 2008.



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:

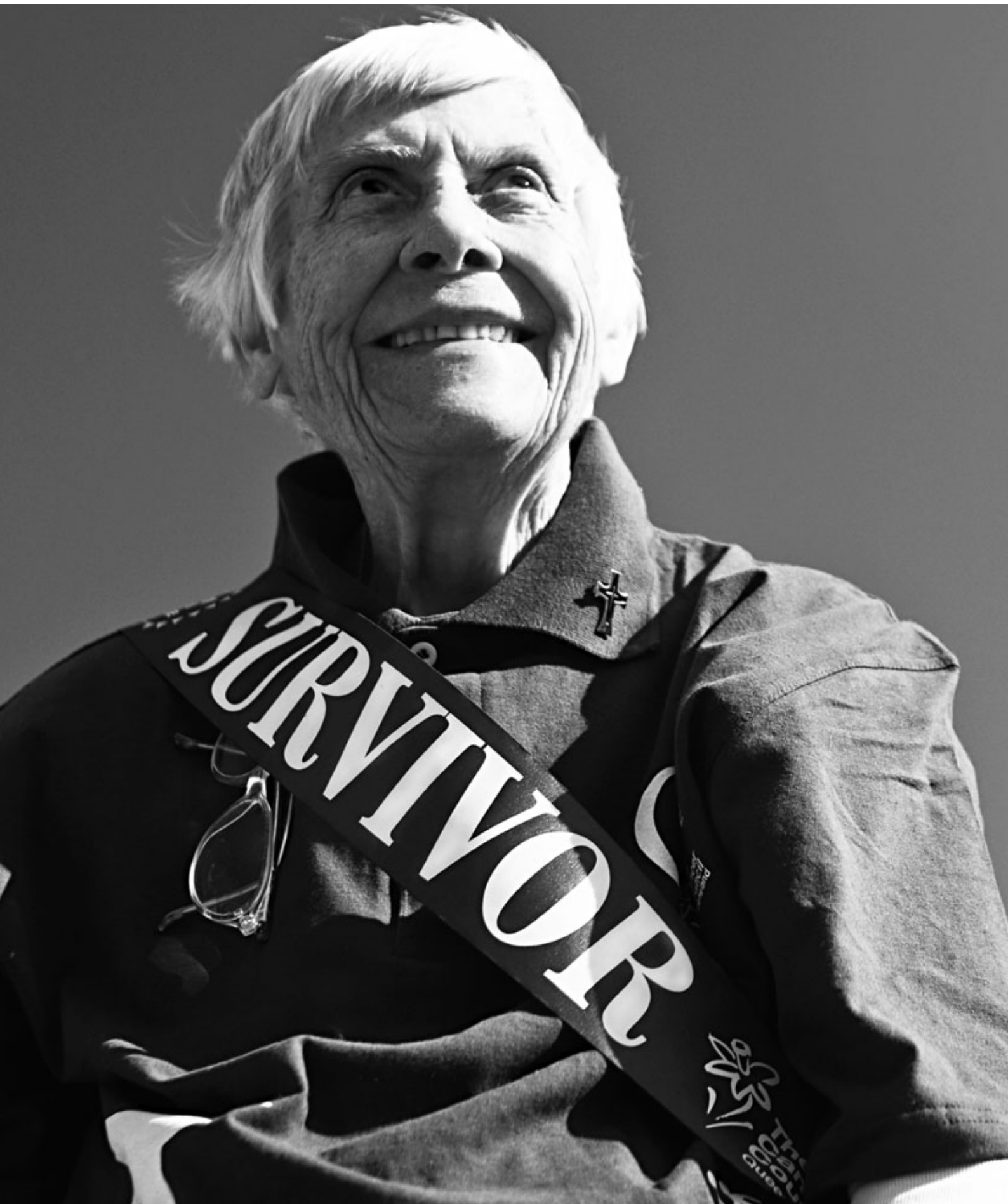
- Can whole-body skin examination reduce the risk of being diagnosed with thicker melanoma?
- Do doctors working in primary care skin cancer clinics diagnose skin cancer accurately?
- Can we improve sexual and couple functioning following a diagnosis of prostate cancer?
- Does a multidisciplinary rehabilitation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

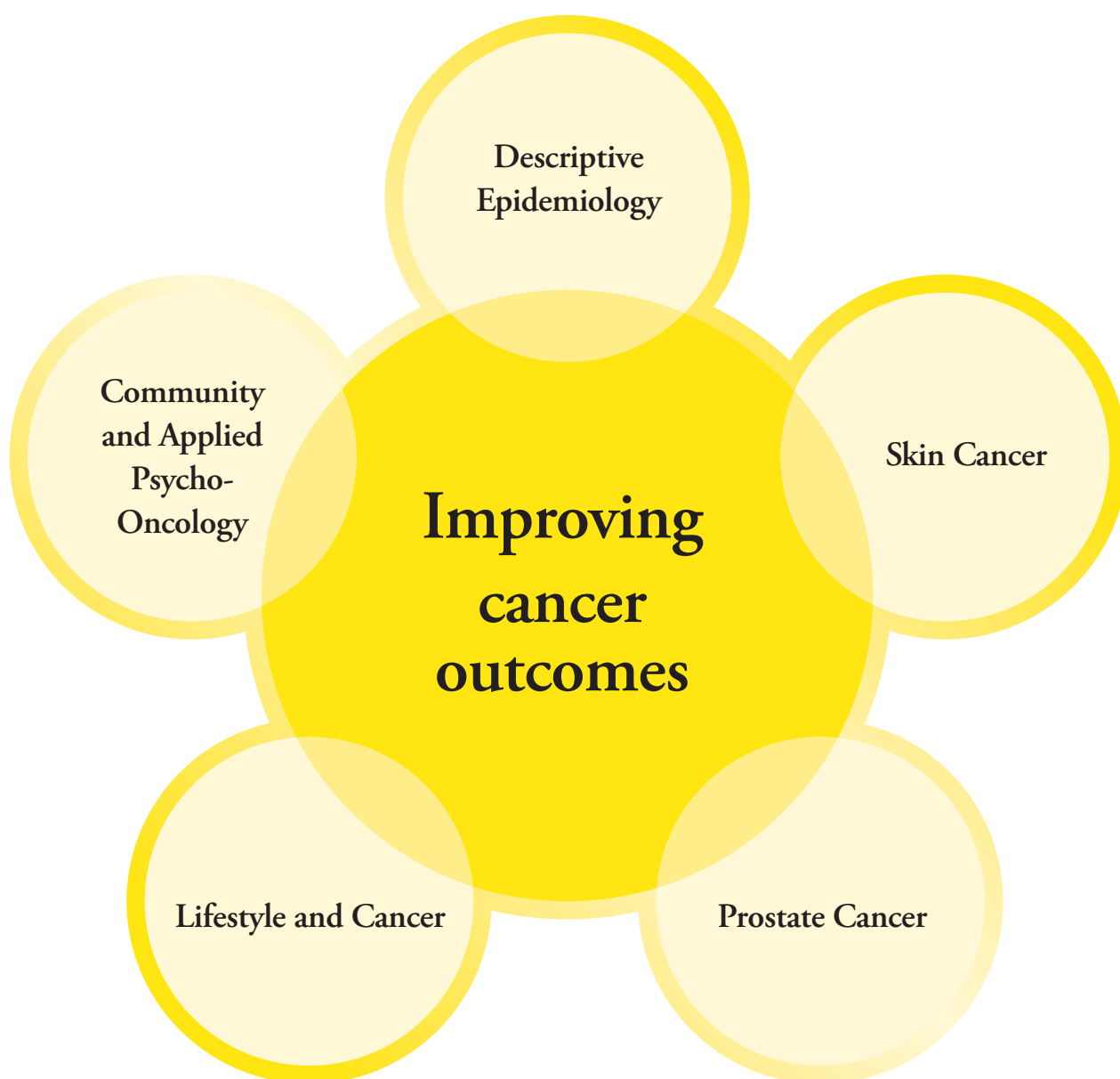





## *Our research programs*

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 Research Program: Reducing the impact and improving outcomes

*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.

## Lifestyle and Cancer Research Program: Changing behaviours to enhance survival

*The Lifestyle and Cancer Research Program undertakes epidemiological and behavioural research with a focus on lifestyle behaviours, to improve health outcomes for both people affected by cancer and the broader community.*

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 cancer 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.

## Community and Applied Psycho-Oncology Research Program: Reducing distress following a cancer diagnosis

*The diagnosis and treatment of cancer is a major life stress that is followed by a range of psychological, social, physical and spiritual difficulties.*

The Community and Applied Psycho-Oncology Research Program undertakes community based and psycho-oncology research and direct service delivery to improve outcomes for people distressed by cancer, at all phases throughout the disease continuum. This includes evaluation of service delivery and models of care, intervention research, translation of research into clinical practice and dissemination of clinical research through training and educational activities. Within this program area we have: evaluated Cancer Council Queensland's Helpline screening and triage process; described and analysed outcomes from Cancer Council Queensland's Cancer Counselling Service; examined the scope of the specialist breast nurse role;

assessed the effectiveness of Cancer Council Queensland's breast cancer support service; investigated the needs of people with brain tumours; and assessed the psychosocial care experiences of people with cancer treated through a regional health service. This research program has also investigated community attitudes towards passive smoking in private places, with a particular emphasis on how such behaviour impacts on children, and assessed community attitudes to the use of identified and anonymous medical information. Additionally, we are currently investigating the efficacy and cost-effectiveness of accessible and affordable psychological interventions for distressed cancer patients and carers who contact community-based Cancer Council Helplines.

### **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 totaling 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.

## **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.

## **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 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.

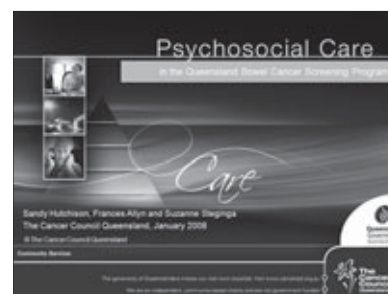
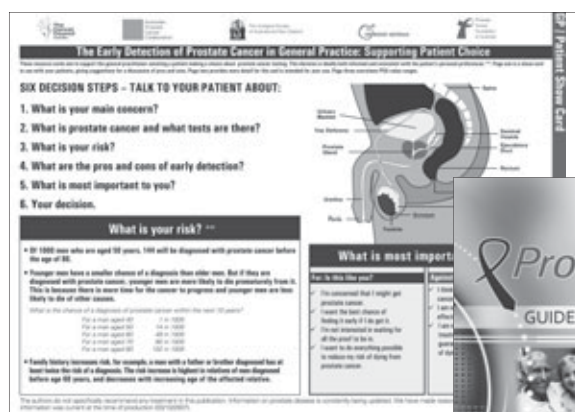


## Psychosocial care skills training for the Queensland Bowel Cancer Screening Program

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 VCCRCC. 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.





# *Improved cancer outcomes can be achieved through advocacy and policy change*



## **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.

## **SunSmart schools**


The 2007 evaluation of the National SunSmart Schools Program in Queensland provided recommendations and future direction on program implementation. As funding for sun protection initiatives remains a barrier to schools adopting behaviours, Cancer Council Queensland is committed to assisting schools with opportunities to access funding for shade, uniform enhancements, hats and other sun protective equipment that previously could not be afforded. Through the evaluation, it was evident that the preferred form of contact for schools was to use electronic means, including email and websites. As a direct result of this, Cancer Council Queensland now engages schools using more email, electronic-based resources, and the website through online program application. After ten years of implementing the program in Queensland, we found that participation was slowly stagnating and interest was declining so a new strategy to keep sun safety a key issue in Queensland schools is to focus more energy on state-wide government advocacy for schools to adopt sun protection policies.



Photo courtesy of Queensland Health







## *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.

## Highlights of our work

### *The use of Asp.Net applications*

*The VCRCC research applications have undergone significant changes over the past five years.*

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).

This means real-time data is available for research without the need to manually import data. A further requirement was to ensure the system was available not just internally but also to external stakeholders. Providing an Asp.Net web-based interface has enabled us to fulfil this requirement. For example, our ProsCan for Couples study's peer volunteers can now log into the system from their homes. The Beating the Blues study, currently in its testing phase, provides Cancer Council NSW users an interface to enter Helpline data.

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.*



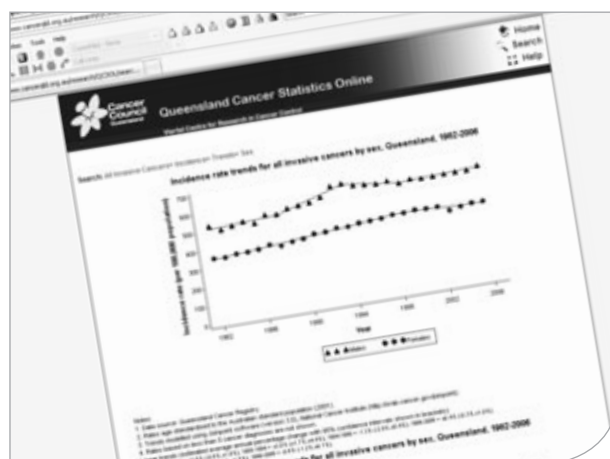
## Queensland Cancer Statistics Online (QCSOL)

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.

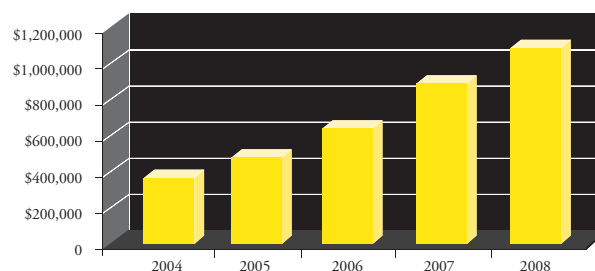
## VCRCC conference, workshop and meeting presentations

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



## 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 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 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.

## 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.



## VCRCC into the next ten years

*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). We are also planning projects to evaluate the Cancer Counselling Service's face-to-face client outcomes; an expansion of our Mindfulness Based Cognitive Therapy program currently being tested for men with advanced prostate cancer to other/mixed cancer groups; and testing of how we can

use the web to provide delivery of psychosocial intervention. A key focus of our research will be the development of a behavioural intervention to reduce sun exposure for young Queenslanders (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)

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

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

**Baade P**, **Youl P**, **Janda M**, **Aitken JF**, Whiteman D, Del Mar C. Investigating the utility of primary care skin cancer clinics in Queensland. NHMRC Grant # 339100 (2005-2006: \$338,423)

**Eakin EG**, Oldenburg B, Del Mar C, Graves N. Addressing Multiple risk factors in primary Health and Community Care. NHMRC Grant # 290519 (2004-2008: \$691,753)

**Fritschi L**, Benke G, Datta A. Improving occupational exposure assessment. NHMRC Grant # 353653 (2005-2007: \$330,825)

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

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

**Hawkes A**, **Steginga S**, Pakenham K, Courneya K, **Baade P**. Randomised controlled trial of a multidisciplinary cancer rehabilitation program for colorectal cancer survivors. Cancer Australia (2008-2010: \$532,450)

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

Mann GL, Hooper JL, **Aitken JF**, Kefford RF, Giles GG, Armstrong BK. Australian Melanoma Family Study. NHMRC Grant # 107359 (2000- 2004: \$835,571)

**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. NHMRC Grant # 496001 (2008-2010: \$577,438)

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

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

**Steginga SK**, Pinnock C, Jackson C, Green A, Heathcote P, Johnston M. The early detection of prostate cancer in general practice: an on line GP training program supporting informed choice. Andrology Australia (2006: \$38,000)

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

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

**Youl P**, **Baade P**, Whiteman D, Del Mar C, **Aitken J**. An examination of management strategies used in treating suspicious skin lesions in primary care. Cancer Australia (2008-2010: \$321,019)

# Appendix B:

## Collaborative grants between other institutions and the VCRCC

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

Beadle G, McCarthy N, **Baade P**. Living beyond breast cancer – what happens to survivors in the second decade? Breast Cancer Association of Queensland (2006: \$5,000)

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)

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

**Eakin EG**, Bull S. Improving Use of Community Resources to support Chronic Illness Self-Management. Robert Wood Johnson Foundation (2001-2004: \$800,000)

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)

**Fritschi L**, Iacopetta B, McCaul K, Crawford D, Heyworth J. Genetic and environmental risk factors for colorectal cancer: anatomic site specificity. NHMRC Grant # 353568 (2005-2007: \$552,250)

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)

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

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

Owen N, Leslie E, Gallois C, **Eakin E**. Physical activity, sun exposure and the sporting involvements of young Queensland adults: Identifying new opportunities for social and environmental interventions. Queensland Health (2004-2005: \$112,000)

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



# 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)

Eakin E. Population Health Career Development Award – Five year salary package. NHMRC Grant # 24227 (2003-2007: \$417,500)

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)

Neale R. Public Health (Sydney Sax) Fellowship (part-time). NHMRC Fellowship # 241963 (2003-2008: \$332,373)

# Appendix D:

## Publications 2004 to 2008

**Aitken JF, Janda M, Elwood M, Youl PH, Ring IT, Lowe JB.** Clinical outcomes from skin screening clinics within a community-based melanoma screening program. *J Am Acad Dermatol.* 2006; 54(1):105-114.

**Aitken JF, Youl PH, Janda M, Lowe JB, Ring IT, Elwood M.** Increase in skin cancer screening during a community-based randomized intervention trial. *Int J Cancer.* 2006; 118(4):1010-1016.

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

**Aitken, JF, Youl PH, Janda M, Elwood M, Ring IT, Lowe JB.** Comparability of skin screening histories obtained by telephone interviews and mailed questionnaires: a randomized crossover study. *Am J Epidemiol.* 2004; 160(6): 598-604.

**Aitken, JF, Janda M, Lowe JB, Elwood M, Ring IT, Youl PH, Firman DW.** Prevalence of whole-body skin self-examination in a population at high risk for skin cancer. *Cancer Causes and Control.* 2004; 15: 453-63.

Alfonso HS, **Fritschi L**, de Klerk NH, Ambrosini G, Beilby J, Olsen N, Musk AW. Plasma concentration of retinol, carotene and vitamin E and mortality in subjects with asbestosis in a cohort exposed to crocidolite in Wittenoom, Western Australia. *J Occup Environ Med.* 2005; 47: 573-579.

Alfonso HS, **Fritschi L**, de Klerk NH, Ambrosini G, Beilby J, Olsen N, Musk WA. Plasma retinol, carotene and vitamin E concentrations and lung function in a crocidolite-exposed cohort from Wittenoom, Western Australia: a cohort study. *Nutr J.* 2005; 4:16.

Alfonso HS, **Fritschi L**, de Klerk NH, Olsen N, Sleith J, Musk WA. Effects of asbestos and smoking on gas diffusion in people exposed to crocidolite. *Med J Aust.* 2005; 183: 184-187.

Assouline S, Sylvestre MP, **Carrière P**, Shustik C, Laneville P. Comparison of peripheral blood progenitor cell yield from standard chemotherapy used in the treatment of lymphoid malignancies and high-dose cyclophosphamide: A retrospective review of 141 patients. *Transfusion.* 2006 Feb; 46(2):174-9.

**Baade P, Carrière, P, Fritschi, L.** Trends in Type II testicular germ cell cancer incidence in Australia. *Cancer Causes and Control.* 2008; Dec;19 (10):1043-9.

**Baade P, Youlden D, Krnjacki L.** Epidemiology of prostate cancer: geographical distribution and secular trends. *Molecular Nutrition & Food Research* (In press 30th April 2008)

**Baade P, Youl PH, Janda M, Whiteman DC, Del Mar CB, Aitken J.** Factors associated with the number of lesions excised for each skin cancer: a study of primary care physicians in Queensland, Australia. *Arch Dermatol.* Nov 2008; 144: 1468-1476.

**Baade PD, Fritschi L, Freedman DM.** Mortality due to ALS and Parkinson's disease among melanoma patients. *Neuroepidemiology.* 2007; 28:16-20.

**Baade PD, Youl PH, English DR, Elwood JM, Aitken JF.** Clinical pathways to diagnose melanoma: a population based study. *Melanoma Res.* 2007; 17:243-249.

**Baade PD, English DR, Youl PH, McPherson M, Elwood JM, Aitken JF.** The relationship between melanoma thickness and time to diagnosis in a large population-based study. *Arch Dermatol.* 2006; 142:1422-1427.

**Baade PD, Fritschi L, Eakin EG.** Non-cancer mortality among people diagnosed with cancer. *Cancer Causes and Control.* 2006; 17:287-297.

**Baade PD, Stanton WR.** Determinants of stages of smoking uptake among secondary school students. *Addict Behav.* 2006 Jan;31(1):143-8.

**Baade PD, Coory MD.** Trends in melanoma mortality in Australia: 1950-2002 and their implications for melanoma control. *Aust N Z J Public Health.* 2005; 29: 383-386.

**Baade PD, Balanda KP, Stanton WR, Lowe JB, Del Mar CB.** Community perceptions of suspicious pigmented skin lesions: Are they accurate when compared to general practitioners? *Cancer Detect Prev.* 2005; 29(3): 267-275.

- Baade PD**, Del Mar CB, Lowe JB, Stanton WR, Balanda KP. Clinical diagnosis and management of suspicious pigmented skin lesions: A survey of general practitioners. *Aust Fam Physician*. 2005; 34: 79-83.
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- Youl PH**, Janda M, Kimlin MG. Vitamin D and Sun Protection: The impact of mixed public health messages in Australia. *Int J Cancer*. November 2008 (In Press)
- Youl PH**, **Coxeter P**, Whitman DC, **Aitken JF**. Screening for skin cancer in Queensland: who attends, why do they attend and where do they attend? *Med J Aust*. October 2008 (In Press)
- Youl PH**, **Baade PD**, Janda M, Del Mar C, Whitman DC, **Aitken JF**. Diagnosing skin cancer in primary care: how do mainstream general practitioners compare with skin cancer clinic doctors? *Med J Aust*. 2007 Aug 20; 187(4):215-20.
- Youl PH**, Raasch B, Janda M, **Aitken JF**. The effect of an educational programme to improve the skills of general practitioners in diagnosing melanocytic / pigmented lesions. *Clin Exp Dermatol*. 2007 Jul; 32(4):365-70.
- Youl PH**, **Janda M**, Elwood M, Lowe JB, Ring IT, **Aitken JF**. Who attends skin clinics within a randomized trial of a melanoma screening program? *Cancer Detect Prev*. 2006; 30(1):44-51.
- Youl PH**, Jackson C, Oldenburg B, Brown C, **Dunn J**, **Aitken JF**. Attitudes, knowledge and practice of colorectal cancer screening among general practitioners in Queensland. *Aust Fam Physician*. 2006; 35(7):547-550.
- Youl PH**, **Janda M**, Lowe JB, **Aitken JF**. Does the type of promotional material influence men's attendance at skin screening clinics? *Health Promot J Austr*. 2005; 16: 229-232.
- Youl PH**, **Cramb SM**, **Baade PD**. The International Epidemiology of Lung Cancer: geographical distribution and secular trends. *J Thorac Cardiovasc Surg*. 2008 Aug;3(8):819-31.



# Appendix E:

## Descriptive reports produced by Viertel Centre for Research in Cancer Control

Youlden DR, Cramb S, Baade PD. Current status of colorectal cancer in Queensland 1982 to 2004. Brisbane, Viertel Centre for Research in Cancer Control, Cancer Council Queensland. 2008

Youlden DR, Cramb S, Baade PD. Current status of lung cancer in Queensland 1982 to 2004. Brisbane, Viertel Centre for Research in Cancer Control, The Cancer Council Queensland. 2007

Baade PD, Steginga SK, Aitken JF. Current status of prostate cancer in Queensland 1982 to 2002. Brisbane, Viertel Centre for Research in Cancer Control, Queensland Cancer Fund. October 2005

Baade PD, Fritschi L, Aitken JF. Geographical differentials in cancer incidence and survival in Queensland: 1996 to 2002. Brisbane, Viertel Centre for Research in Cancer Control, Queensland Cancer Fund. November 2005

Youlden D, Baade P, Coory M. Cancer Survival in Queensland, 2002. Brisbane, Queensland Health and Queensland Cancer Fund. 2005

Youlden D, Baade P. Cancer Prevalence in Queensland, 2002. Brisbane, Queensland Health and Queensland Cancer Fund. 2005

# Appendix F:

## Conference presentations

*Aitken J*

Invited Speaker: Does whole-body skin examination reduce the incidence of melanoma? Inaugural Sydney Cancer Conference 2008, University of Sydney, 1st August 2008.

*Aitken JF*

Invited Speaker: Case-control study of screening for melanoma, Queensland. Melanoma Research Conference 2006, Sydney, June 2006.

*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*

Supportive care needs of brain tumour patients and their carers in Queensland. Australasian Neuroscience Nurses Association Conference, Gold Coast, September 2005.

*Bailey L, Janda M, Walker D, Eakin E*

Supportive care needs of brain tumour patients and their carers in Queensland. Annual Brain Tumour Australia Workshop, Melbourne, July 2005.

*Balatti M*

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

*Balatti M*

Support Groups: Members with Special Needs, PCFA Qld Convenor's Conference, Cairns, August 2008.

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

Supportive care needs of gynaecological cancer survivors. MASCC/ISOO 17th International Symposium in Geneva, Switzerland, June-July 2005.

*Bull S, Eakin E, Riley K, Reeves MM*

Multi-level Support and Chronic Disease Self-Management in an Urban Latino Sample. Society of Behavioral Medicine Annual Meeting and Scientific Sessions, Boston, USA, April 2005.

*Carrière P*

Prognostic factors: Concepts of cure. University of Queensland, August 2006.

*Carrière P*

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

*Carrière P, Baade P, Neale R*

The risk of testicular cancer in twins: A meta-analysis. 15th Annual Meeting of the Australasian Epidemiological Association, Melbourne, September 2006.

*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*

Invited Speaker: Benefit finding after cancer: the role of optimism, intrusive thinking and social environment. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, Sydney, November 2008.

*Chambers S*

Invited Speaker: Family history of prostate cancer and PSA testing. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, Sydney, November 2008.

*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*

Psychosocial Research in Prostate Cancer: What Do We Know? International Union Against Cancer World Cancer Congress, Geneva, 31st August 2008.

*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*

Cancer Council Queensland: Our commitment to prostate cancer education, support and research. QldMen: The Queensland Men's Health Project - Prostate Cancer Information Seminar, Brisbane, May and March 2008.

*Chambers S*

Predicting the use of psychosocial care among patients diagnosed with cancer in regional Queensland. Australasian Society for Behavioural Health and Medicine Annual Conference, Sydney, 1st February 2008.

*Deuchars S*

Challenges and strategies in successfully conducting research in the newly diagnosed prostate cancer population. Public Health Association of Australia - Queensland Branch, Inaugural State Research Conference, Brisbane, September 2008.

*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.

*DiSipio T, Rogers C, Newman B, Whiteman D, Eakin E, Fritschi L, Aitken JF.*

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*

Keynote Speaker: UICC Mission and Goals - Global Perspective of the Evidence Based Supportive Care and Peer Support Groups. 5th World Conference on Breast Cancer, Winnipeg, Manitoba, 4th - 8th November 2008.

*Dunn J*

Plenary Chair: Families Facing Cancer: Body, Soul and Relations. International Union Against Cancer World Cancer Congress, Geneva, Switzerland, 27th - 31st August 2008.

*Dunn J*

Plenary Chair: State of the Art in Supportive and Palliative Care. International Union Against Cancer World Cancer Congress, Geneva, Switzerland, 27th - 31st August 2008.

*Dunn J*

Plenary Chair: UICC Pilot Project: Assessing the Capacity of South Eastern Europe Cancer Patient Group. International Union Against Cancer World Cancer Congress, Geneva, Switzerland, 27th - 31st August 2008.

*Dunn J*

Plenary Speaker: Scientific Basis for Psychosocial Interventions. International Union Against Cancer World Cancer Congress, Geneva, Switzerland, 27th - 31st August 2008.

*Dunn J*

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

*Dunn J*

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

*Dunn J*

Invited Speaker: Improving supportive care services for men with prostate cancer: A symposium. UICC World Cancer Congress, Washington DC, July 2006.

*Dunn J*

Invited Speaker: Peer support programs: The Reach to Recovery international model. UICC World Cancer Congress, Washington DC, July 2006.

*Dunn J*

Invited Speaker: Fundamentals of communication. UICC World Cancer Congress, Washington DC, July 2006.

*Dunn J*

Invited Speaker: Psychological support for women with breast cancer. The 10th Annual Taiwan Breast Cancer Support Group Convention 'Reflecting on the Past, Breaking into the New', Taipei, Taiwan, August 2006.

*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*

Invited Speaker: Interpersonal communication skills – the Reach to Recovery approach. 3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference, Mumbai, India, November 2006.

*Dunn J*

Invited Speaker: Supportive care guidelines for cancer patients. 3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference, Mumbai, India, November 2006.

*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*

Invited Speaker: Psychological and Social Impact of Breast Cancer. Reach to Recovery 2004-2005 - A Training Workshop for Volunteer Breast Cancer Survivors in Malaysia, Malaysia, March 2005.

*Dunn J*

Tapping Resources in the Local Community. Reach to Recovery 2004-2005 - A Training Workshop for Volunteer Breast Cancer Survivors in Malaysia, Malaysia, March 2005.

*Dunn J*

Invited Speaker: Setting up Reach to Recovery Services. Reach to Recovery 2004-2005 - A Training Workshop for Volunteer Breast Cancer Survivors in Malaysia, Malaysia, March 2005.

*Dunn J*

Invited Speaker: Providing Psychosocial Support for Women with Breast Cancer: Helpline, hospital visits, home visits, websites, managing referrals, special interest groups (age, language, etc). Reach to Recovery 2004-2005 - A Training Workshop for Volunteer Breast Cancer Survivors in Malaysia, Malaysia, March 2005.

*Dunn J*

Invited Speaker: Activating Volunteers. 13th Reach to Recovery International Breast Cancer Support Conference "Today's Reality Tomorrow's Perspectives", Athens, June 2005.

*Dunn J*

Invited Speaker: The Role of the Volunteer in Supporting Women with Breast Cancer. 13th Reach to Recovery International Breast Cancer Support Conference "Today's Reality Tomorrow's Perspectives", Athens, June 2005.

*Dunn J*

Invited Speaker: Today's Reality Tomorrow's Perspectives. 13th Reach to Recovery International Breast Cancer Support Conference "Today's Reality Tomorrow's Perspectives", Athens, June 2005.

*Dunn J*

Invited Speaker: Community Based Cancer Control. Nepal Cancer Relief Society, Nepal, October 2005.

*Dunn J*

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

*Dunn J*

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

*Dunn J*

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

*Dunn J*

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

*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*

Invited Speaker: Psychosocial support for women with breast cancer. Breast Cancer Welfare Association Workshop, Malaysia, December 2004.

*Eakin E, Brown W, Mummery K, Schofield G, Marshall AL, Reeves MM*

Using pedometers to promote physical activity in a community-based intervention: results from 10,000 Steps Rockhampton. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, Melbourne, February 2005.

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

Resources for Health: A Randomised Controlled Trial of a Chronic Disease Self-Management Intervention Targeting Low-Income and Latino Patients. Society of Behavioral Medicine Annual Meeting and Scientific Sessions, Boston, USA, April 2005.

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

Resources for Health: A Randomised Controlled Trial of a Chronic Disease Self-Management Intervention Targeting Low-Income and Latino Patients. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, Melbourne, February 2005.



*Eakin E, Nicol D, Gardiner RA, Newman B, Janda M, Woolf M, Reeves MM, Pickering K, Steginga S, Aitken JF*  
Promoting physical activity and healthy eating in men newly diagnosed with prostate cancer: The Queensland Cancer Fund ProsCan Study. 5th National Physical Activity Conference, Melbourne, October 2005.

*Eakin E, Oldenburg B, Del Mar C, Graves N, Pickering K, Reeves MM*  
Intervening on physical activity and diet in patients with multiple chronic conditions: a feasibility study. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, Melbourne, February 2005.

*Eakin E, Oldenburg B, Del Mar C, Graves N, Reeves MM, Wilkie K, Pickering K*  
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*  
Promoting physical activity in general practice: can it be done? Scientific Conference of the Australasian Society of Behavioural Health and Medicine, Christchurch, New Zealand, February 2004.

*Eakin EG, Oldenburg B, Del Mar C*  
Linking general practice and community care to promote health behaviour change. Scientific Conference of the Society of 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*  
Lifestyle interventions for men with prostate cancer. Australasian Prostate Collaboration Meeting, Stradbroke Island, September 2004.

*Ferguson M*  
Early decision and psychosocial support for men with localised prostate cancer: the ProsCan study. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, Sydney, November 2008.

*Ferguson M*  
Cancer Council Queensland: Our commitment to prostate cancer education, support and research. QldMen: The Queensland Men's Health Project - Prostate Cancer Information Seminar, Brisbane, September 2008.

*Ferguson M*  
The development of a model of psychosocial care for cancer patients and their families at The Townsville Hospital. 31st Annual Conference of the Oncology Nurses Group, Townsville, Australia, September 2008.

*Ferguson M*  
Predicting the use of psychosocial care services among cancer patients in regional Queensland. Population Health Congress, Brisbane, July 2008.

*Ferguson M, Occhipinti S, Lepore S, Gardiner R, Steginga SK*  
Understanding the experiences of partners of men with prostate cancer: the need for more support. Australian Prostate Cancer Collaboration 9th Annual Scientific Meeting, Melbourne, October 2007.

*Ferguson M, Clutton S, Gardiner RA, Nicol D, Occhipinti S, Steginga S*  
The role of the prostate care nurse in supporting men with prostate cancer: The ProsCan study. 8th Biennial Behavioural Research in Cancer Control Conference, Brisbane, September 2006.

*Ferguson M, Hanley B, Edwards R*  
Prostate cancer supportive care and patient outcomes project (ProsCan): Update and new directions. Prostate Cancer Support Group Convenors Workshop, Brisbane, October 2006.

*Ferguson M, Aitken J, Janda M, Gardiner RA, Nicol D, Kedda M-A, Occhipinti S, Steginga S*  
Prostate cancer supportive care and patient outcomes project (ProsCan): New directions. Australian Prostate Cancer Collaboration 8th Annual General Meeting, Sydney, October 2006.

*Ferguson M, Aitken J, Janda M, Nicol D, Gardiner RA, Kedda M-A, Occhipinti S, Steginga S*  
ProsCan: Prostate Cancer Supportive Care and Patient Outcomes Project. 6th Annual Health and Medical Research Conference of Queensland, Brisbane, November 2006.

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

*Fritschi L*

Invited speaker: Understanding research. Queensland Cancer Fund Advocacy Training Workshop, Brisbane, March 2006.

*Fritschi L, Benke G, Hughes AM, Kricker A, Turner J, Vajdic CM, Grulich A, Milliken S, Kaldor J, Armstrong BK*  
Occupational chemical exposure and non-Hodgkin lymphoma. 18th International Symposium of Epidemiology in Occupational Health, Bergen, Norway, September 2005.

*Fritschi L, Dye SA, Katris P, Beauchamp C*

Validity of melanoma diagnosis in a community based screening program. 14th Annual Scientific Meeting of the Australasian Epidemiological Association, Newcastle, October 2005.

*Galt E*

Group Management Skills: Challenging Issues and Behaviours in Support Groups, Cancer Support Group Facilitator's Conference, Brisbane, November 2008.

*Gordon LG*

Cancer and employment outcomes. Queensland University of Technology Cancer group workshop, April 2006.

*Greenbank, S*

Behaving badly - skin cancer prevention for men under 40. Australian Health Promotion Association 16th National Conference, Alice Springs, April 2006.

*Greenbank S*

The solarium industry in Queensland. Advances Towards a SunSmart State – from Research to Practice, Brisbane, October 2006.

*Greenbank S, Dunn J, Aitken J*

Compliance Monitoring – its role in tobacco control and advocacy. Australian Health Promotion Association 15th National Conference, Canberra, March 2005.

*Greenbank S, Rolfe T.*

SunSmart schools and centres in South West Queensland – the relevance of sun protection in a rural community. Australian Health Promotion Association 15th National Conference, Canberra, March 2005.

*Greenbank S, Dunn J, Aitken J*

Compliance Monitoring – its role in tobacco control and advocacy. Making It Better - Effective Public Health Advocacy Conference, Sydney, August 2005.

*Gollschewski S*

CanChange: an innovative telephone-delivered supportive care program for colorectal cancer survivors. Public Health Association of Australia - Queensland Branch, Inaugural State Research Conference, Brisbane, 4th-5th September 2008.

*Hausdorf K*

Primary prevention: Population health interventions. University of Queensland, Brisbane, July 2006.

*Hausdorf K, Rogers C, Kvaskoff M, DiSipio T, Youlden D, Whiteman D, Aitken J, Fritschi L*

Determinants of sunburn in Queensland, Australia. 8th Biennial Behavioural Research in Cancer Control Conference, Brisbane, September 2006.

*Hawkes A*

Invited Keynote Speaker: The ProActive Heart Program and innovative models of cardiac rehabilitation in Australia, American Association of Cardiovascular and Pulmonary Rehabilitation, Indianapolis, USA, 18-21 September 2008.

*Hawkes A*

A 'Real World' Implementation Trial of a Telephone-Delivered Secondary Prevention Program for Heart Attack Patients - The Proactive Heart Program. Population Health Congress, Brisbane, 7-9 July 2008.

*Hawkes A*

Invited Keynote Speaker: The ProActive Heart Program. Challenges in Cardiology Conference, Brisbane, May 2008.

*Hawkes A*

Development of an innovative telephone-delivered supportive care program for colorectal cancer (CRC) survivors: CanChange. 9th Behavioural Research in Cancer Control Conference, Melbourne, Australia, 9-11 April, 2008.

*Hawkes A*

Health Behaviours of Australian colorectal cancer (CRC) survivors compared with non-cancer population controls. 9th Behavioural Research in Cancer Control Conference, Melbourne, Australia, 9-11 April, 2008.

*Hawkes A*

Psychological distress of callers to an Australian community-based Cancer Helpline. 9th Behavioural Research in Cancer Control Conference, Melbourne, Australia, 9-11 April, 2008.

*Hawkes A*

An implementation trial of a telephone-delivered secondary prevention program for heart attack patients: The ProActive Heart Program. Society Behavioural Medicine Conference, San Diego, USA, March 2008.

*Hawkes A*

An introduction to the 2006 Cardiac Society of Australia and New Zealand and National Heart Foundation of Australia Chronic Heart Failure Guidelines. Heart Failure Nurses Meeting, Sydney, March 2006.

*Hawkes A*

Development of a telephone-delivered cardiac rehabilitation program for Queenslanders. National Heart Foundation of Australia Conference, Sydney, March 2006.

*Hawkes A*

Development of a telephone-delivered cardiac rehabilitation (CR) program for Queenslanders. National Heart Foundation of Australia conference, Sydney, April 2006.

*Hawkes A*

Development of guidelines for the prevention, detection and management of people with chronic heart failure in Australia 2006. Heart Failure Nurses Meeting, Sydney, April 2006.

*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.

*Hawkes A, Hutchison S, Brown L, Hanley B, Clutton S, Steginga S*

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

*Hawkes A, Hutchison S, Brown L, Hanley B, Clutton S, Steginga S*

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

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

Distress Screening using Telephone Helplines, Poster, UICC World Cancer Congress, Geneva, August 2008.

*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*

The Cancer Counselling Service: Tele-psychology takes cancer counselling state-wide. Australian Psychological Society National Conference, Brisbane, 2007.

*Hutchison S*

Decision Support Skills workshop, Oncology Nurses Group Conference, Brisbane, 2006.

*Hutchison S, Fanning R*

The Cancer Counselling Service. Oncology Nurses Group 28th Annual Conference, Cairns, October 2005.

*Hutchison S*

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

*Hutchison S*

The Cancer Counselling Service: Free telephone counselling for all Queenslanders affected by cancer. Oncology Nurses Group 28th Annual Conference, Cairns, 2005.

*Hutchison S, Steginga SK, Dunn J*

A Tiered Model of Psychosocial Intervention in Cancer : Translating Clinical Practice Guidelines into Action. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, Brisbane, November 2005.

*Hutchison S*

Psychosocial screening, triage and service delivery. Oncology Nurses Group Annual Conference, Brisbane, 2004.

*Hutchison S*

The Cancer Counselling Service. Oncology Nurses Group Conference, Brisbane, 2004.

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

Colorectal screening in general practice - too many guidelines, too confusing to implement? 2004 National General Practice and Primary Health Research Conference, Brisbane, June 2004.

*Janda M*

Optimal treatment of elderly patients presenting with stage III and IV ovarian cancer. Annual Conference of the Australian Society of Gynaecologic Oncology, May 2006.

*Janda M*

Behavioural interventions in psycho-oncology. Australian Association for Cognitive and Behavioural Therapy, Brisbane, July 2005.

*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 JB, Elwood M, Ring IT, Aitken JF*  
Predictors of participation in melanoma screening. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, Melbourne, February 2005.

*Janda M, Round T, Eakin EG, Newman B, Whiteman D, Rogers C, 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*  
Can skin screening become a habitual behaviour? 7th Biannual Behavioural Research in Cancer Control Conference, Newcastle, June 2004.

*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*  
The Queensland Pancreatic Cancer Study. 15th Annual Meeting of the Australasian Epidemiological Association, Melbourne, September 2006.

*Lynch BM, Hawkes AL, Steginga SK, Leggett B, Aitken JF*  
Stoma surgery for colorectal cancer: a study of patient concerns. 30th Anniversary Oncology Nurses Group Conference, Brisbane, November 2007.

*Lynch BM, Cerin E, Newman B, Owen N*  
Physical activity, activity change, and their correlates in a population-based sample of colorectal cancer survivors. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, Hobart, August 2007.

*Lynch BM, Cerin E, Owen N, Aitken JF*  
Associations of leisure-time physical activity with quality of life in a large, population-based sample of colorectal cancer survivors. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, Hobart, August 2007.

*Lynch B, Owen N, Newman B, Pakenham K, Leggett B, Dunn J, Aitken J*  
Associations between physical activity and quality of life in colorectal cancer survivors. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, Melbourne, February 2005.

*Lynch B, Owen N, Newman B, Pakenham K, Leggett B, Dunn J, Aitken JF*  
Physical activity amongst colorectal cancer survivors. 4th National Emerging Researchers in Ageing Conference, Brisbane, November 2005.

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

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

*McDowell M*  
A Review of PSA Screening Prevalence and Risk Perceptions for First-Degree Relatives of Men with Prostate Cancer. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, Sydney, November 2008.

*McDowell M*  
Predictors of Change in Unmet Supportive Care Needs in Cancer Patients: Results at Baseline and after Six Month Follow-Up. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, Sydney, November 2008.

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

*Milner S*  
Future directions in prostate cancer research. Queensland Urology Nurses Society, Brisbane, June 2008.

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

*Milner S, Clutton S, Ferguson M, Nicol D, Gardiner RA, Steginga S*  
The role of the prostate care nurse in supporting men through diagnosis and treatment of localised prostate cancer. Andrology Australia Advisory Forum, Glenelg, South Australia, May 2007.



*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*

The ProCan Project – an overview. Prostate Cancer Support Group Convenors Workshop, Brisbane, October 2006.

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

The role of the prostate care nurse in supporting men through diagnosis and treatment of localised prostate cancer. Queensland Cancer Fund Oncology Nurses Group 29th Annual Conference, Brisbane, November 2006.

*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*

Genetic and environmental risk factors for pancreatic cancer: a proposed case-control study in Queensland. Meeting of the NSW Pancreatic Cancer Network, Cancer Council NSW, Sydney, May 2006.

*Neale R, Whiteman D, Fritschi L, Fawcett J, Webb P, Risch H*  
Genetic and Environmental Risk Factors for Pancreatic Cancer – Development of a Case-Control Study in Queensland. North Queensland Gut Club meeting, Cairns, June 2006.

*Neale RE, Green AC, Bouwes Bavinck JN and the EC\_UV\_Skin Cancer Study group*

Human papilloma virus and squamous cell carcinoma of the skin. 15th Annual Meeting of the Australasian Epidemiological Association, Melbourne, September 2006.

*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*

Markers of beta- papilloma virus infection and risk of squamous cell carcinoma of the skin. Papilloma Virus International Meeting, Torino, Italy, 9-10 November 2006.

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

Lifestyle interventions for primary care patients with multiple chronic conditions: the Logan Healthy Living Program. 23rd National Conference Dieticians Association of Australia, Perth, May 2005.

*Reeves MM, Rogers C, Newman B, Aitken JF, Whiteman D, Eakin E*

Queensland Cancer Risk Study: Cancer risks, behaviours and attitudes in Queensland. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, Melbourne, February 2005.

*Reeves MM, Rogers C, Round T, Newman B, Whiteman D, Eakin E, Aitken JF*

Who should we target? The Queensland Cancer Risk Study. 23rd National Conference Dieticians Association of Australia, Perth, May 2005.

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

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

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

*Robinson NG, White KM, Hyde MK, Young R, Anderson P, Greenbank S, Keane J, Rolfe T, Vardon P, Baskerville 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.

*Rogers C, Round T, Eakin E, Fritschi L., Newman B, Whiteman D, Aitken JF*

The Queensland Cancer Risk Study: Use of paid media to increase response rates: Is it worth it? 14th Annual Scientific Meeting of the Australasian Epidemiological Association, Newcastle, October 2005.

*Rogers C, Round T, Eakin E, Fritschi L, Newman B, Whiteman D, Aitken JF*

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*

The CCS: Helping people cope with cancer, Oncology Nursing Group Conference, Townsville, September 2008.

*Sargeant H*

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

*Smithers BM, Coory M, Baade P, Aitken J, McLeod GR, Ring I*

Survival in Queensland from cutaneous invasive melanoma 1982-99 - A population study. 6th World Congress on Melanoma, Vancouver BC, Canada, September 2005.

*Smithers BM, Coory M, Baade P, Aitken J, McLeod GR, Ring I*

Trends for in-situ and invasive melanoma in Queensland, Australia, 1982 to 2002. 6th World Congress on Melanoma, Vancouver BC, Canada, September 2005.

*Steginga SK*

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

*Steginga SK*

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

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

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

*Steginga SK*

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

*Steginga SK*

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

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

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

*Steginga SK*

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

*Steginga SK*

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

*Steginga SK*

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

*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*

The clinical practice guidelines for the psychosocial care of adults with cancer: How to translate guidelines into practice. The Gold Coast Oncology Nurses Group of the Queensland Cancer Fund, Robina, March 2006.

*Steginga SK, Clutton S, Gardiner RA, Nicol D, Heathcote P, James A, Wood G, & Yaxley J*

A novel approach to decision support for men diagnosed with prostate cancer: The ProsCan study. Urological Society of Australasia 2006 Annual Scientific Meeting, Brisbane, March 2006.

*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*

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

*Steginga SK*

The Queensland Cancer Fund: Excellence in cancer control. MD Andersen Cancer Centre Invited Symposium, Houston, Texas, July 2006.

*Steginga SK*

Supporting men with prostate cancer: What do we know and where are we headed? International Union Against Cancer World Cancer Congress, Washington DC, July 2006.

*Steginga SK*

Practice guidelines into action: An educational intervention for health professionals. International Union Against Cancer World Cancer Congress, Washington DC, July 2006.

*Steginga SK*

Achieving broad reach translation for decision support in Cancer. International Union Against Cancer World Cancer Congress, Washington DC, July 2006.

*Steginga SK*

A novel approach to decision support for men with localised prostate cancer: The ProsCan study. International Union Against Cancer World Cancer Congress, Washington DC, July 2006.

*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*

Achieving impact in psychological research in cancer control: A community-based approach. Griffith University Psychological Health Research Centre, Brisbane, September 2006.

*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*

The Queensland Cancer Fund: Excellence in Cancer Control. Cancer Survivors Network Meeting, American Cancer Society, Atlanta, USA, December 2005.

*Steginga SK, Clutton S, Gardiner RA, Nicol D, Heathcote P, James A, Wood G, Yaxley J*

A novel approach to decision support for men with localised prostate cancer: The ProsCan Study. Clinical Oncology Society of Australia 32nd Annual Scientific Meeting, Brisbane, November 2005. Prize for Best Oral Presentation.

*Steginga SK*

Life after cancer: Survivorship Issues. Clinical Oncology Society of Australia 32nd Annual Scientific Meeting, Brisbane, November 2005.

*Steginga, SK*

Future Directions in the Provision of Psychosocial Support. Clinical Oncology Society of Australia 32nd Annual Scientific Meeting, Brisbane, November 2005.

*Steginga SK, Pinnock C, Baade P, Jackson C, Green A, Preston J, Heathcote P, McAvoy 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*

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Royal Australian College of General Practitioners Sunshine Coast Sub-Faculty Conference, Brisbane, October 2005.

*Steginga SK, Turner 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.

*Steginga SK, Clutton S, Gardiner RA, Nicol D, Heathcote P, James A, Wood, G, Yaxley J*

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, Coolumb, 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, Clutton S, Gardiner RA, Nicol D, Heathcote P, James A, Wood G, Yaxley J*

A novel approach to decision support for men with localised prostate cancer: The ProsCan Study. Australian Prostate Cancer Collaboration Annual Conference, Garvan Institute, Sydney, September 2005.

*Steginga SK, Heathcote P, Green A*

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Royal Australian College of General Practitioners North Queensland Sub-Faculty Conference, Cairns, September 2005.

*Steginga SK*

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Merck, Sharp and Dohme University Program, Brisbane, July 2005.

*Steginga SK, Preston J, Green A*

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Brisbane Inner South Division of General Practice, Brisbane, June 2005.

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

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Royal Australian College of General Practitioners Gold Coast 48th Annual Clinical Update, Gold Coast, April/May 2005.

*Steginga SK, Pinnock C, Jackson C, Preston J*

Promoting Shared Decision Making for Informed choice for the Early Detection of Prostate Cancer. Annual Scientific Meeting of the Urological Society of Australasia, Melbourne, Australia, February 2005.

*Steginga SK, Occhipinti S*

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

*Steginga SK, Jackson C, Lun S*

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

*Steginga SK, Pinnock C, Jackson C, Preston J*

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*

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

*Steginga SK, Pinnock C, Jackson C, Wood G*

Promoting shared decision making and informed choice 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*

Evaluating peer support for prostate cancer: the prostate cancer peer support inventory. UICC World Conference for Cancer Organisations, Dublin, Ireland, November 2004.

*Steginga SK, Occhipinti S*

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

*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*

Skin cancer diagnosis in the primary care setting: a comparison study of skin cancer clinic doctors and mainstream general practitioners. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, Sydney, 18-20 November 2008.

*Youl P*

Vitamin D, sun exposure and sun protection: mixed public health messages in a high UV environment. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, Sydney, 18-20 November 2008.

*Youl P*

Factors associated with time taken to seek medical attention for melanoma. Population Health Congress, Brisbane, 7-9 July 2008.

*Youl P*

Population-based screening for melanoma. Development of NHMRC Guidelines for the Management of Melanoma Public Meeting, Sydney, 22nd February 2008.

*Youl P*

Invited Speaker: Understanding research. Cancer Council Queensland Advocacy Training Workshop, Brisbane, Oct 2008.

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

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

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

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

*Youl P*

Invited Speaker: Understanding research. Queensland Cancer Fund Advocacy Training Workshop, Brisbane, Aug 2007.

*Youl P*

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

*Youl P*

Invited Speaker: Skin cancer and early detection in Queensland. Queensland Cancer Fund Sunshine Coast Regional Volunteer's Conference, April 2006.

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

Diagnostic pathways for melanoma: What happens to patients in Queensland? 8th Biennial Behavioural Research in Cancer Control Conference, Brisbane, September 2006.

*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*

Invited Speaker: Skin cancer: Incidence, screening and early detection in Queensland. Queensland Oncology Nurses Group Conference, Mackay, October 2006.

*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*

Invited Lecture: Determinants of health behaviour: sun exposure and sun protection. University of Queensland May 2006.

*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*

Invited Speaker: Does an education program increase the diagnostic skills of GPs in relation to skin cancer? North Queensland Cancer Research Forum, Townsville, November 2005.

*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.

*Youlden D*

International epidemiology of lung cancer: geographical distribution and secular trends. Australian Population Health Congress, Brisbane, July 2008.

*Youlden D*

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

*Youlden 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)**

#### 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)**

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  
Committee: **Liz Eakin (2004)**

## 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)**

Behavioural Research in Cancer Control 2006 Conference Organising Committee: **Anna Hawkes (2006) (Conference Convenor), Susan Greenbank (2006), Tanya Raineri (2006), Suzanne Steginga (2006)**

Behavioural Research in Cancer Control 2008 Conference Organising Committee: **Anna Hawkes (2007-08), Suzanne Chambers (2007)**

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

Population Health Congress 2008 Scientific Sub-Committee & Executive Committee: **Pip Youl (2007-08)**

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

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

## 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)**

Australasian Society for Behavioural Health and Medicine, Executive Board: **Liz Eakin (2004, President Elect), Anna Hawkes (2007, 2008)**

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)**

Cancer Registry Advisory Group: **Lin Fritschi (2005-06), Joanne Aitken (2006-07)**

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

Independent Review and Scientific Investigation Panel, ABC Toowong Cancer Cluster Investigation:  
**Joanne Aitken (2006-07)**

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 Health and Medical Research Council & Australian Cancer Network. Melanoma Clinical Practice Guidelines Working Group: **Pip Youl (2008), Joanne Aitken (2008)**

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 Co-operative Oncology Group, Management Committee: **Joanne Aitken (2004-09), Adam Stoneley (2004)**

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

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

## 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)**

Australian Health Promotion Association, Queensland Branch Executive Committee: **Kristy Pickering (2004, Secretary), Trish Stadtmiller (2004)**

Australasian Society for Behavioural Health and Medicine:  
**Brigid Lynch (2004-05), Elizabeth Eakin (2004-05), Kirsty Pickering (2004-05), Marina Reeves (2004-05), Carla Rogers (2004), Trish Stadtmiller (2004), Sheleigh Lawler (2005), Monika Janda (2005), Anna Hawkes (2005-08)**

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 Cancer Network, Working Party for the development of Clinical Practice Guidelines for the Management of Advanced Prostate Cancer: **Suzanne Steginga (2004-07)**

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)**

Commonwealth Department of Health and Ageing, Palliative Care Australia, National Reference Group for Caring Communities Project: **Suzanne Steginga (2004)**

Diabetes Australia: **Liz Eakin (2004-05)**

Dieticians Association of Australia, Cancer Cachexia Practice Guidelines Task Force: **Marina Reeves (2004-05), Melissa Harvey (2005)**

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

Fourth UICC World Cancer Congress, Program Committee, Washington 2006: **Jeff Dunn (2004)**

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)**

Society of Behavioural Medicine: **Anna Hawkes (2008)**

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)**

National Heart Foundation Research Evaluation Working Group:  
**Jeff Dunn (2004, 2007)**

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 (PCAQ):  
**Sheila Deuchars (2005-08)**

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

Psychologists Board of Queensland:  
**Monika Janda (2004), Carla Rogers (2004)**

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

Psycho-oncology Co-operative Research Group (PoCoG):  
**Suzanne Steginga (2006-08), Anna Hawkes (2006-08), Megan Ferguson (2008), Tanuja Barker (2008), Karen Hughes (2008), Sara Gollschewski (2008)**

Public Health Association of Australia:  
**Joanne Aitken (2004-08), Jeff Dunn (2008), Brigid Lynch (2004-05), Lyn McPherson (2005), Pip Youl (2004-05)**

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 Nurses Council: **Kari Mudie (2004-05), Sheila Deuchars (2005-08), Ann Burbidge (2005-07), Brigid Hanley (2006-08)**

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

Queensland Public Health Forum:  
**Susan Greenbank (2006, 2007)**

Queensland Public Health Forum Tobacco Working Group, Chair: **Susan Greenbank (2005, 2006, 2007)**

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)**

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

Society of Behavioural Medicine: **Liz Eakin (2004-05)**

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

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

Third Asia Pacific Reach to Recovery International Breast Cancer Support Conference, Organising Committee, Mumbai 2006: **Jeff Dunn (2004)**

Thirteenth Reach to Recovery International – Breast Cancer Support Service Conference, Program member, Greece 2005: **Jeff Dunn (2004-05)**

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

Working Group for Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand: **Pip Youl (2008), Joanne Aitken (2008)**

## 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

American Journal of Epidemiology: **Joanne Aitken (2004-07),  
Lin Fritschi (2005-06)**

American Journal of Preventive Medicine:  
**Joanne Aitken (2004-07), Peter Baade (2005-08),  
Lin Fritschi (2006)**

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 Cancer: **Monika Janda (2004),  
Suzanne Chambers (2007)**

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)**

British Journal of Sports Medicine: **Brigid Lynch (2006-07)**

British Journal of Dermatology: **Pip Youl (2008)**

British Journal of Cancer: **Suzanne Steginga (2007),  
Pip Youl (2008)**

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

Canadian Medical Journal: **Peter Baade (2005-08)**

Cancer Causes and Control: **Lin Fritschi (2006)**

Cancer Detection and Prevention: **Monika Janda (2004)**

Cancer Epidemiology Biomarkers and Prevention:  
**Lin Fritschi (2005-06)**

Clinical and Experimental Dermatology:  
**Pip Youl (2006-08)**

European Journal of Clinical Nutrition:  
**Marina Reeves (2004-06)**

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 Behavioural Medicine:  
**Liz Eakin (2004-05)**

International Journal of Behavioural Nutrition and Physical  
Activity: **Liz Eakin (2004-05)**

International Journal of Cancer: **Peter Baade (2006-07)**

International Journal of Gynaecological Cancer:  
**Monika Janda (2004-05)**

International Journal of Gynaecological Oncology:  
**Monika Janda (2005-06)**

Journal Nutrition and Dietetics: **Anna Hawkes (2008)**

Journal of Psychosomatic Research:  
**Suzanne Steginga, (2004-05), Anna Hawkes (2008)**

Journal of the American Academy of Dermatology:  
**Joanne Aitken (2005-07), Peter Baade (2006-07)**

Journal of the American Gerontological Society:  
**Liz Eakin (2005)**

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)**

Occupational Medicine: **Lin Fritschi (2005, 2006)**

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

Patient Education and Counselling: **Jeff Dunn (2008),  
Liz Eakin (2004), Suzanne Steginga (2004-08)**

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)**

Respirology: **Anna Hawkes (2008) Peter Baade (2006-07),  
Suzanne Steginga (2006-08)**

Social Science & Medicine: **Liz Eakin (2004-07),  
Suzanne Steginga (2007)**

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

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

The Journal of Urology: **Suzanne Steginga (2005)**

## Reviews for funding bodies

Anti- Cancer Council of Australia (Epidemiology, Psychosocial  
and Health Services Committee): **Liz Eakin (2004), Monika  
Janda (2004), Marina Reeves (2004)**

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

Cancer Cure Australia Foundation: **Suzanne Chambers (2007)**

Cancer Research UK: **Suzanne Chambers (2007),  
Peter Baade (2008)**

Dutch Cancer Society: **Peter Baade (2007)**

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

National Health and Medical Research Council:  
**Joanne Aitken (2004-07), Lin Fritschi (2005-06), Liz Eakin  
(2004-05) Monika Janda (2005-06), Marina Reeves (2005-  
06), Suzanne Steginga ( 2004-07), Peter Baade (2008)**

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)**

Sydney Cancer Centre: **Anna Hawkes (2006-07),  
Suzanne Chambers (2007)**

Cancer Council Victoria: **Joanne Aitken (2004)**

Cancer Council NSW Strategic Research  
Grants Program: **Suzanne Steginga (2005)**

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**F:** 07 3259 8507

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