

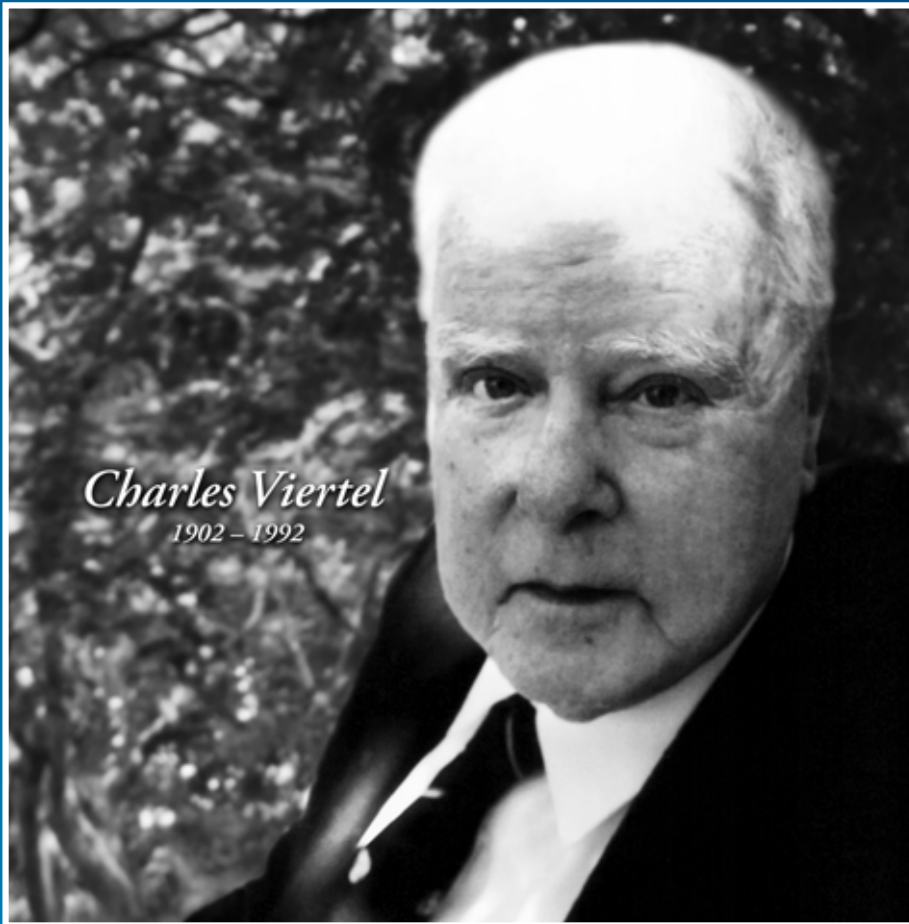


Viertel Centre for Research in Cancer Control



2009 ANNUAL REPORT

VCRCC
Viertel Centre
for Research in Cancer Control



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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Cancer
research
making a
difference

Research highlights from 2009

- Publication of two comprehensive cancer reports, development of on-line tools that provide up-to-date information on cancer and the production of cancer fact sheets. This work has maintained the VCRCC as the leading source of cancer statistics in Queensland.
- Publication of 40 scientific papers in peer-reviewed journals.
- 70 research presentations at key local, national and international meetings.
- Success in grant funding such that 50% of total VCRCC funding is now obtained through external sources including nationally competitive grants.
- Academic appointments for senior VCRCC staff to Griffith University, University of Queensland and Queensland University of Technology. This has aided in the establishment of formal collaborative arrangements with other researchers.
- Completion of the largest study ever undertaken in Queensland of melanoma survivors, their health behaviours and quality of life, surveying nearly 2,500 survivors.
- Involvement of over 2,000 men with prostate cancer and their partners or carers in our prostate cancer research projects, representing one of the largest groups in Australia to be directly involved in prostate cancer research.
- Ongoing research into how geography and socio-economic status influence outcomes for men with prostate cancer.
- A world-first trial to investigate and compare different models of support for couples affected by prostate cancer.
- Completion of a five-year follow-up of over 2,000 patients taking part in our colorectal cancer and quality of life study. Colorectal cancer is one of the most common cancers in Queensland and this study is providing a unique opportunity to examine long-term survivorship in detail.
- Development of a comprehensive suite of evidence-based resources for people who experience persistent clinically significant distress associated with cancer.

Message from the Chief Executive Officer



Current trends indicate that cancer incidence in Queensland will increase by 42% over the period from 2006 to 2016.

By 2016, over 30,000 Queenslanders will be diagnosed with cancer each year, compared to 19,512 in 2004, the year the Viertel Centre for Research in Cancer Control (VCRCC) was founded.

The VCRCC has one aim: to provide all Queenslanders with the best possible prospects of preventing, detecting, effectively treating and surviving cancer.

Our research focus is unique in Queensland, driven by a team of researchers who are committed to supporting those affected by cancer.

While the VCRCC's projects have local value today, delivering outcomes for the estimated 23,500 Queenslanders who were diagnosed with cancer in 2009, the relevance of the VCRCC's work extends into tomorrow, influencing cancer control worldwide.

One of our key tenets is to apply the outcomes of collaborative research to the development of targeted cancer services, pioneering programs

and supportive interventions that raise international benchmarks for cancer control.

On behalf of the VCRCC Executive Committee, I extend tremendous thanks to the Sylvia and Charles Viertel Charitable Foundation and its Chairman, Mr George Curphey OAM, for providing the VCRCC with recurrent long-term funding that enables us to continue our vital work.

I also extend my thanks to the Directors of the VCRCC, Professor Joanne Aitken and Professor Suzanne Chambers, for their leadership, insight, and commitment.

Finally, I offer my deep thanks and appreciation to the expert VCRCC researchers who dedicate their professional lives to the achievement of our aim. Their endeavours are creating hope for a cancer free future.

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

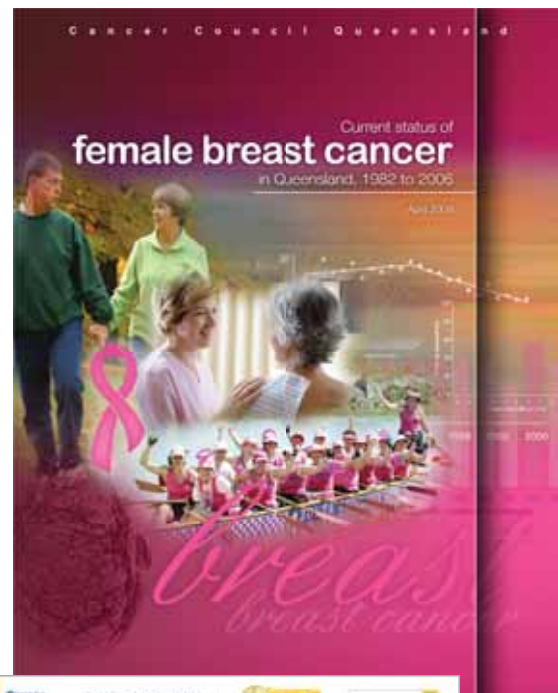


Highlights in Research for 2009

Descriptive Epidemiology

The Descriptive Epidemiology Research Program has established the VCRCC as the leading source of cancer-related statistics in Queensland. The key data resource of this research program is data collected and maintained by the Queensland Cancer Registry. These data are supplemented by specifically designed research studies initiated by the VCRCC. A specific interest is the description of the geographical variations in cancer outcomes across Queensland, and investigating the possible reasons why these differences exist.

- Commenced working on the National Health and Medical Research Council funded study investigating the reasons why the survival outcomes for people diagnosed with colorectal cancer in rural areas of Queensland are worse than those diagnosed in urban areas. This includes collecting colorectal cancer stage information from over 20,000 pathology records, providing a unique resource to investigate diagnostic patterns for colorectal cancer in Queensland.
- Produced the report “Current status of female breast cancer in Queensland, 1982-2006”, with a related summary sheet sent to general practitioners and cancer support personnel. This report is a comprehensive overview of breast cancer among women in Queensland. Its release coincided with the 15th UICC Reach to Recovery International Breast Cancer Support Conference hosted by Cancer Council Queensland.
- Redeveloped “Queensland Cancer Statistics Online”, a web-based system enabling the improved access to cancer statistics for internal and external consumers. www.cancerqld.org.au/f/QCSOL/
- Collaborations with external researchers resulted in a successful Australian Research Council application for funding to better understand geographical inequalities in outcomes for women who participate in the Queensland Health BreastScreen program, a successful application for the Cooperative Research Centre (CRC) spatial inequalities research program.



Skin Cancer Research Program

Australia experiences the highest rates of skin cancer in the world. In Queensland one in every 14 men and one in every 22 women will be diagnosed with melanoma, the most serious form of skin cancer, in their lifetime. The management and treatment of skin cancer represents a major burden on the Australian health care system with an estimated \$300 million spent annually, thus skin cancer research continues to be a major focus of the VCRCC's work. Our program of research is designed to answer important questions into issues such as the early detection of melanoma, sun protection attitudes and behaviours, and skin cancer management.

Attitudes and behaviours towards sun protection

Exposure to the sun represents the most important risk factor for the development of skin cancer. While public health programs aimed at reducing sun exposure and encouraging sun protection practices have been operating for a number of decades, examining how effective these programs are and what influences current behaviours is an important part of cancer control.

- In our Queensland Cancer Risk survey we found that men and younger people in particular continue to experience painful sunburn, despite extensive public health campaigns warning of the dangers of excessive sun exposure.
- We have found evidence of reductions in sun protection practices in Queensland because of the public's concerns about levels of vitamin D. The results of this study were presented at the 2009 12th World Congress on Cancers of the Skin held in Tel Aviv, Israel.
- A partnership has been established with the Queensland University of Technology to develop and test sun protection programs specifically for outdoor workers.

Managing skin cancer in the community

The vast majority of skin cancer is diagnosed and managed within general practice, and more recently in primary care skin cancer clinics. Our work now is focussing on examining the strategies that doctors in both settings use to treat skin cancer.

- Following an in-depth examination of skin lesions excised in primary care, we have been able to identify the most common body sites where skin cancer occurs.
- We have found that skin cancer clinics appear to be chosen primarily because they offered bulk-billing or because patients just wanted a general skin check. Traditional general practitioners were more likely to be chosen for convenience or because of concern about a specific spot or mole.



Melanoma detection

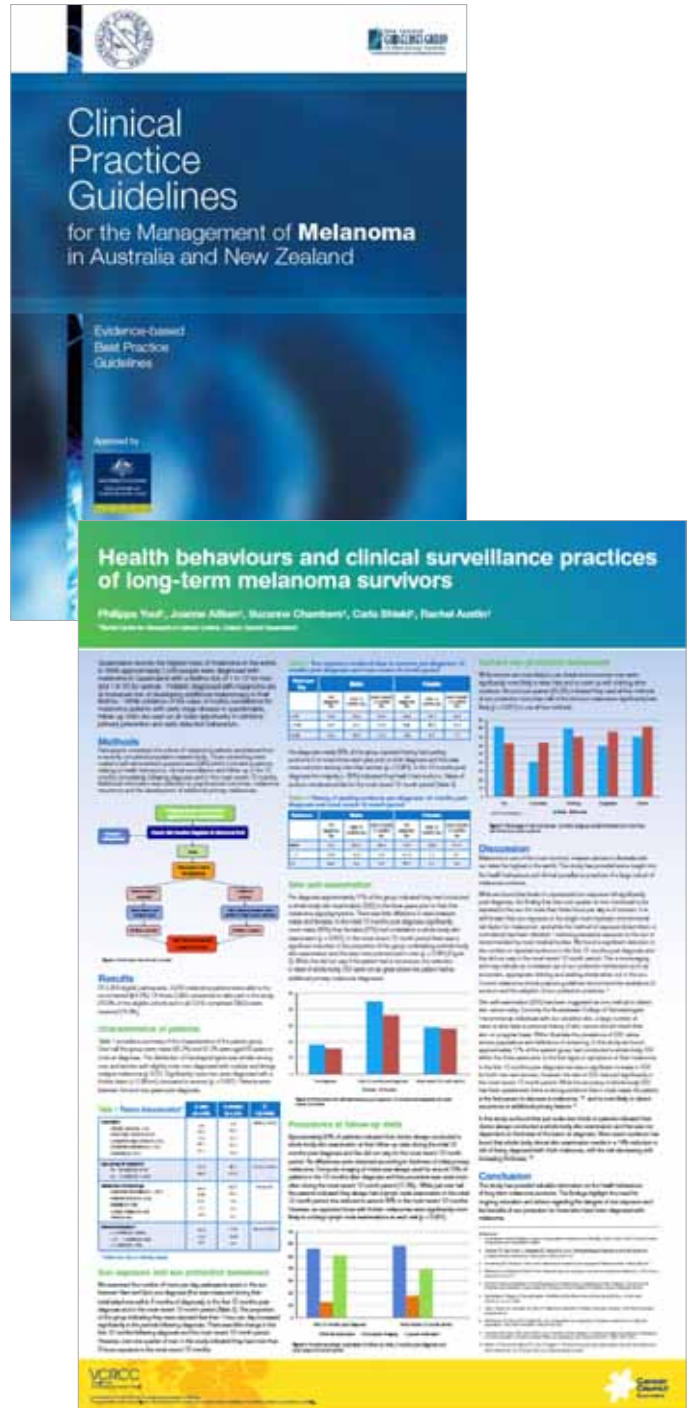
Diagnosing melanoma in its early stages will provide the patient with the best possible chance of surviving the disease. One method that may improve earlier diagnosis is skin screening, either by skin self-examination or clinical skin examination by a doctor. In 2009 we continued our research into describing how melanoma presents and how best to detect melanoma earlier.

- The VCRCC was the first group in the world to show that routine whole-body skin examination significantly reduces the incidence of late stage melanoma. This study involved over 3,500 people with melanoma and a similar number of people from the general population who did not have melanoma.
- Men, older individuals and those who had not had a skin screening examination in the previous three years were more likely to be diagnosed with an aggressive form of melanoma. This study furthered our understanding of how different types of melanoma behave thus providing an avenue through which we can advise the general public on early detection.

Describing the health behaviours and supportive care needs of melanoma survivors

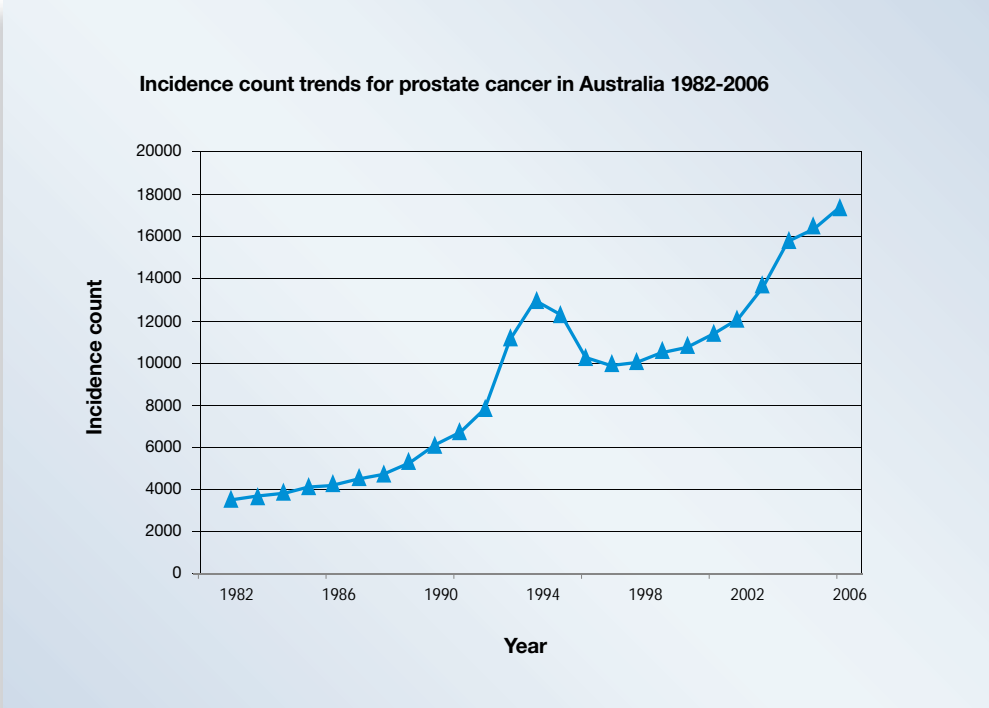
Despite melanoma being one of the most common cancers in Queensland, surprisingly little is known about the psychosocial outcomes patients and their families experience following a melanoma diagnosis, particularly for long-term survivors. This project is investigating levels of psychological distress, physical and emotional well-being, quality of life and health behaviours for approximately 2,500 long-term melanoma survivors.

- Initial results from the long-term melanoma survivors study found that sun protection behaviours of melanoma survivors are rigorous in the initial 12 months after diagnosis, however survivors tend to reduce use of sunscreen and increase levels of unprotected sun exposure over time.
- Findings included that while levels of distress were fairly low in melanoma survivors, higher levels of distress were significantly more common in women and younger melanoma survivors.



Prostate Cancer Research Program

In 2005, 16,349 Australian men were diagnosed with prostate cancer, with this predicted to increase to 29,000 cases in 2011. With increasing incidence and high survival rates the large cohort of men in our community living with the outcomes of diagnosis and treatment is increasing. Therefore, it is important that research into prostate cancer focus on the wellbeing and outcomes of men diagnosed with this disease and ways that we can best support men and their families through diagnosis, treatment and future care.



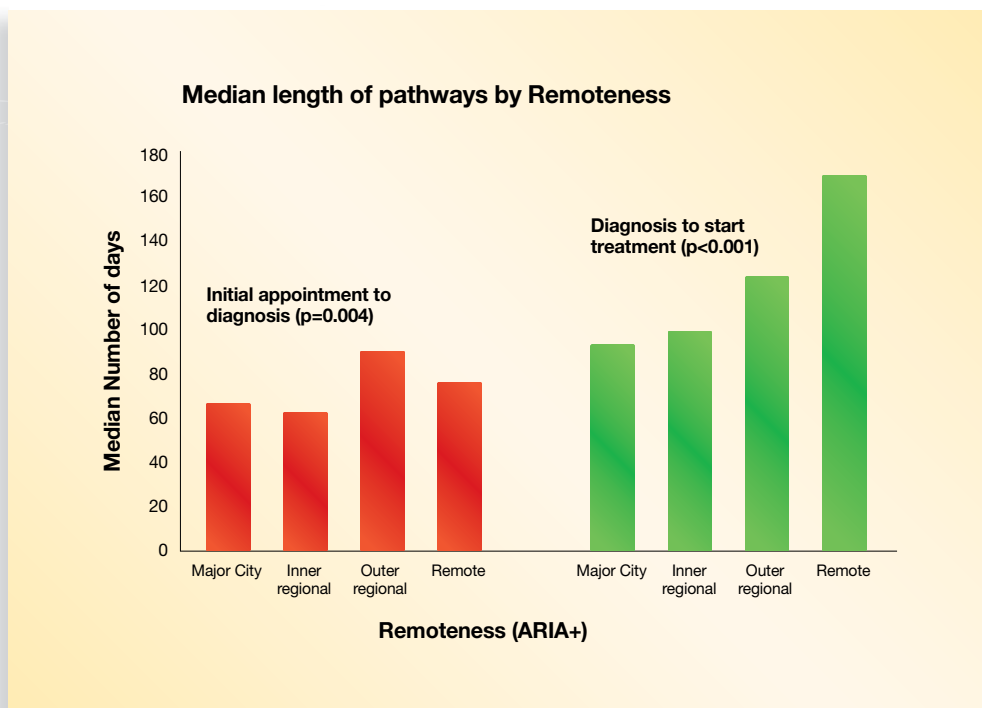
Describing prostate cancer in the community

Currently in Australia there is limited information on the long-term experiences and outcomes of men diagnosed with prostate cancer and their families, with no information on the experiences of men and their families within the Queensland context. This information is important in identifying areas for support, intervention, advocacy and policy change.

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

The ProsCan Program is a longitudinal study of the pathways to care and psychosocial and physical functioning outcomes of men diagnosed with prostate cancer in Queensland. This study will provide important information on the patterns of care for prostate cancer in Queensland and the subsequent outcomes that men experience following treatment. Recruitment for ProsCan was completed in 2007 with 1,074 men taking part.

- Preliminary analysis has identified differences in diagnosis and treatment for men in Queensland with some indication that men in regional areas or with poorer socio-economic backgrounds experience longer wait times from initial PSA test to diagnosis; and from diagnosis to treatment.
- By December 2009, all men in the ProsCan Program study had completed their 12 month post-treatment psychosocial assessments and these will be analysed to identify the early psychosocial and physical functioning outcomes of men following prostate cancer diagnosis and treatment.
- Early results investigating the health characteristics and lifestyle behaviours of men in the ProsCan Program indicate that men with prostate cancer experience a range of co-morbid health conditions, including obesity, and are likely to be sedentary or inactive.



2. Describing and predicting the psychosocial distress of partners of men with prostate cancer: ProsCan Partners Study.

Treatment for prostate cancer can result in significant side-effects, including urinary, bowel and sexual dysfunction. These issues can not only affect the patient but may have a substantial impact on intimate relationships with partners. The ProsCan Partners Study was undertaken to identify the long-term psychosocial experiences of partners of men with prostate cancer and to identify the factors which may predict poorer outcomes in partners. Outcomes from this project will inform the development of future support programs at Cancer Council Queensland for partners of men with prostate cancer.

- Recruitment of partners of men in the ProsCan Program began in January 2009, with 369 partners agreeing to take part in the first year of recruitment. Enrolment of partners into this program will continue throughout 2010.



3. Identifying the health and screening behaviours of men with a family history of prostate cancer.

Men with a family history of prostate cancer are at increased risk of developing prostate cancer and, unlike numerous other cancers, having a family history of prostate cancer does not change the cancer screening guidelines for these men. This project is examining the preventive health behaviours of men with a family history of prostate cancer and explores how men make decisions about their preventive health behaviours. The information obtained from the study will inform the development of information and programs to address the specific needs of men with a family history of prostate cancer.

- Recruitment commenced in May 2008 and was completed in August 2009. In all, 419 brothers and sons of men participating in the ProsCan Program agreed to take part.
- Early findings are showing a diversity of experiences with prostate cancer and follow-up interviews are helping to provide additional understanding of the issues and information needs of first-degree relatives. Follow-up interviews with study participants began in June 2009.
- In addition, a comparison group of well men from the general population were recruited this year to ensure that we could accurately identify the unique supportive care and information needs of men who are at greater risk of prostate cancer due to their family history. Recruitment and interviewing of the population sample was finalised with 300 men taking part in this aspect of the study.



Supportive care research for men and their partners

Men with prostate cancer and their partners are faced with a number of psychosocial, physical and lifestyle challenges throughout diagnosis and treatment. Cancer Council Queensland's supportive care research is aimed at identifying ways to better support men with prostate cancer and their partners throughout the cancer journey.

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

Men diagnosed with localised prostate cancer are often faced with the challenge of making a treatment decision. Research has shown that men can experience significant distress around their treatment decision making and this can persist for some time after treatment. All men taking part in the

ProsCan Program who were diagnosed with localised disease were offered the opportunity to participate in a randomised controlled trial of a psychosocial support intervention designed to assist men to make an informed treatment decision and to adjust to their diagnosis and side-effects of treatment. Over 740 men from the ProsCan Program agreed to participate in the trial of the support intervention, making this the largest randomised controlled trial of a decision support intervention internationally.

- All men participating in the trial completed their support calls with the specialist prostate care nurses who delivered the intervention. Analysis of the data from the support intervention will be undertaken in 2010 and will inform service delivery and future support programs at Cancer Council Queensland for men with prostate cancer.

2. ProsCan for Couples: Randomised controlled trial of early intervention to improve sexual and couple functioning after prostate cancer.

The most substantial long-term morbidity from prostate cancer is sexual dysfunction with consequent adverse changes in couple and intimate relationships. Research to date has not identified an effective way to improve sexual and psychosocial adjustment for both men with prostate cancer and their partners. ProsCan for Couples is a randomised controlled trial of a couples-based intervention that targets the specific challenges couples experience at diagnosis of localised prostate cancer and after radical prostatectomy. The study will compare the effectiveness of nurse delivered support vs. peer delivered support vs. usual care in providing support to couples; and is the first randomised controlled trial internationally to look at peer support as a model of service delivery for couples after prostate cancer.

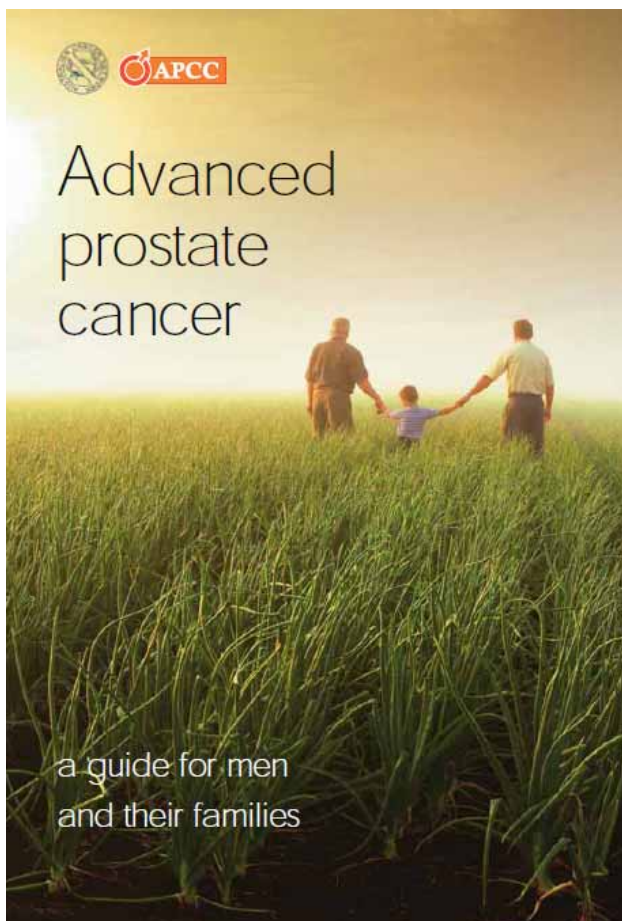
- Throughout 2008 and early 2009, the research team developed the participant resource materials and training/intervention manuals for the prostate care nurses and peers delivering the support intervention to couples.
- Ten Peer Support Volunteers underwent extensive training in research procedures, working with couples, sexuality issues and communication strategies.
- Recruitment for ProsCan for Couples began mid-2009 with almost 70 couples in the program to date.



3. Mindfulness group intervention Living with Advanced Prostate Cancer for men with advanced disease.

Men with advanced prostate cancer can report higher levels of psychological distress, poorer quality of life and greater unmet supportive care needs than men with localised disease. In 2009 Cancer Council Queensland in collaboration with *beyondblue*, developed the Living with Advanced Prostate Cancer project to help men manage the challenges they may face with more advanced prostate cancer. An eight week group-based mindfulness meditation program was developed and trialled with men with advanced prostate cancer.

- Mindfulness groups were conducted in Brisbane, Gold Coast and Townsville during August and September with the goal of helping participants learn how to live more fully in the present moment, and to learn new skills for dealing with distress and discomfort.
- Feedback will help us to determine the acceptability and feasibility of group-based mindfulness meditation for men with advanced prostate cancer as well as the benefits of this approach in assisting men with advanced disease to adjust to the challenges of diagnosis, treatment and future outcomes.



Biological markers and prostate cancer

In the absence of a single definitive test for the diagnosis of prostate cancer, it is important to investigate the gene patterns and biological markers that are likely to be important in the development and progression of prostate cancer. This would assist in identifying men who are at greater risk of developing prostate cancer, and in particular more aggressive disease, and facilitate a holistic approach to understanding and managing diagnosis and treatment.

1. Investigation of genetic markers in men with prostate cancer.

In collaboration with researchers at the Queensland University of Technology, the ProsCan Program continues to investigate genes that may be involved in prostate cancer. In addition, the ProsCan Program remains a member of the PRACTICAL Consortium, an international consortium of prostate cancer projects aimed at investigating genetics on an international level.

- Preliminary analyses suggest that genetics plays a role in the quality of life of men with prostate cancer and recommends future quality of life research consider the potential influence of genetic factors on patient outcomes.

- The PRACTICAL Consortium has identified seven novel prostate cancer susceptibility loci which may be important in identifying men at risk of prostate cancer.

2. Sun exposure, vitamin D and outcome of prostate cancer.

New evidence suggests sunlight exposure may influence a number of cancers including prostate cancer. This study will investigate the relationship between sun exposure, vitamin D and prostate cancer progression in two large Australian prostate cancer cohort studies, Cancer Council Queensland's ProsCan Program and Cancer Council New South Wales' Prostate Cancer Outcomes Study. Changes in genes that affect vitamin D function will be investigated and information on participants' history of sun exposure will be gathered. The information obtained from this project will inform clinicians and patients about the possible effects of sun exposure and vitamin D in the prevention of prostate cancer recurrence or progression.

- At present, over 500 ProsCan Program men have agreed to take part in this study and we will continue to enrol men in the project until June 2011.



Community and Applied Psycho-Oncology

With over 20,000 people diagnosed with cancer and over 7,000 dying from this disease each year in Queensland, there is a growing need to ensure those affected by cancer are supported in the most effective manner. Therefore a specific focus of our work is to examine how we can deliver appropriate levels of support that will ensure positive outcomes for patients and their carers.

Beating the blues after cancer

The diagnosis and treatment of cancer is a significant major life stress that can be followed by a range of psychological, social, physical and spiritual difficulties. It is estimated that approximately 35% of patients will experience persistent clinically significant distress and carers often experience even higher distress than patients. With funding from Cancer Australia and *beyondblue*, we commenced our Beating the Blues After Cancer project. The project aims to assess the efficacy and cost-effectiveness of psychological interventions offered through Cancer Council Queensland.

- Collaborative arrangements have been developed with Cancer Council New South Wales to investigate support options for distressed callers to Cancer Council Helplines in Queensland and New South Wales.
- New South Wales Cancer Council Helpline staff have been trained to incorporate distress screening into their routine practice.
- Over 50% of participants were recruited by the end of the year.

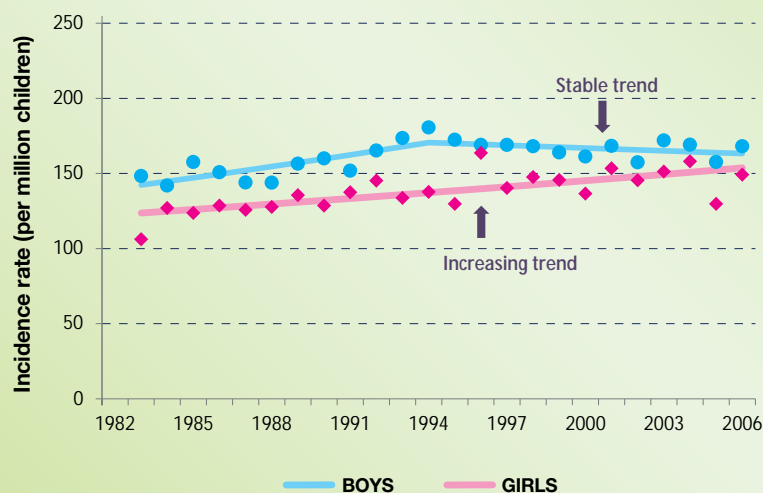


Cancer in children

The VCRCC holds one of the few childhood cancer registries in the world, the Australian Paediatric Cancer Registry. With appropriate ethical and legislative approvals, the Registry records clinical and treatment information on the more than 600 children each year diagnosed with cancer in Australia. Accurate and timely data collection is a key priority for the Australian Paediatric Cancer Registry. This is made possible through the assistance of all State and Territory Cancer Registries in Australia and all treating paediatric oncology hospitals throughout Australia who provide information and allow our staff to collect information from their medical records.

- Publication of a report of trends in incidence in Australia for the 12 major diagnostic groups of cancer in children. The report has been met with acclaim from the clinical and research communities.
- Our results showed that cancer incidence among boys in Australia increased up to 1994 but has remained stable since. Incidence rates among girls have increased by almost 1% each year since 1983 and this is continuing.
- Our report is the first time that this information has been widely published, and highlights the need for further research to understand the reasons for this increase in cancer incidence among girls.
- Following requests from paediatric cancer specialists, we are now examining survival rates among children with cancer in Australia, and particularly variations in survival in regional and rural areas.

Incidence rate trends for all childhood cancers combined by sex, Australia, 1983-2006



Colorectal cancer

Colorectal cancer is the most common invasive cancer in Australia for men and women, although little is known about the long-term outcomes, needs and concerns of the 60% of patients who survive colorectal cancer.

Colorectal cancer and quality of life

This long-term study examines in detail how patients fare after their treatment, and identifies the factors that influence quality of life in the years after diagnosis. Approximately 2,000 people are taking part in this study, making it the largest colorectal cancer study of its type to be undertaken.

- We completed our five-year follow-up of study participants.
- Our findings this year have been in the areas of physical activity, obesity, and psychological distress amongst these patients. We have reported that over 60% of colorectal cancer patients in Queensland are overweight or obese, and that less than 40% engage in adequate levels of physical activity. These factors are likely to impact on quality of life, recurrence and reduced survival.
- We have also highlighted major barriers to behavioural change following colorectal cancer treatment, including disease-related problems and anxiety.

CanChange: Trialing a lifestyle intervention for colorectal cancer survivors

Many colorectal cancer survivors have poor lifestyle behaviours (physical activity, nutrition, smoking, body weight) and as such there is a need to develop and trial supportive care programs or interventions for colorectal cancer survivors with a focus on emotional well being and lifestyle behaviours. CanChange is a randomised controlled trial of a lifestyle intervention for colorectal cancer survivors. The purpose of this project is to investigate the effect of a lifestyle intervention on lifestyle factors and health outcomes for recently diagnosed colorectal cancer survivors.

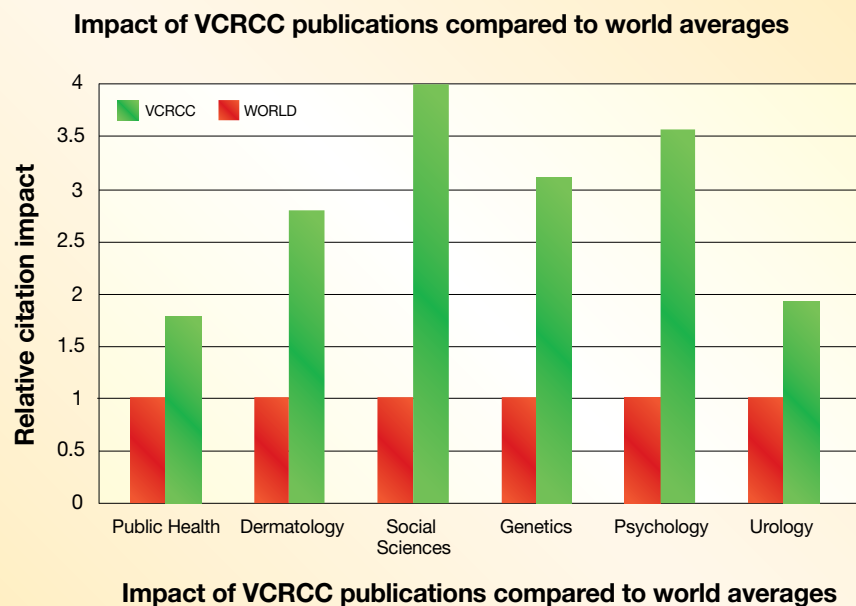
- Over 400 colorectal cancer survivors have been recruited into the study.
- Baseline results indicate that 57% of participants do not exercise at all and over 60% were overweight or obese. Additionally, only 9% have the recommended five serves of vegetables per day and about 50% the recommended two serves of fruit per day.



Professional research Activity in 2009

Publications

The VCRCC continued to have a strong peer-reviewed publication record, particularly in relation to its size. In 2009 we published approximately 40 scientific papers in a variety of health disciplines. In a recent external review of our scientific impact, our publication “citation rate”, (the number of times our research is quoted or used by other scientists to progress their work) was compared with the rest of the world. In the graph below the VCRCC is the green bar and the rest of the world the red bar. In most of our focus areas, our impact is about 2.5 to 4 times higher than world averages. In some of our research areas, the citation indexes approaching 3 or 4 put the VCRCC amongst top ranked national and international research centres in terms of scientific impact.



VCRCC's peer-reviewed publications for 2009

Aitken JF, Elwood M, **Baade PD**, **Youl PH**, English D. Clinical whole body skin examination reduces the incidence of thick melanomas. *Int J Cancer* (In press Jun 2009).

Baade P, Turrell G, **Aitken J**. Geographical inequalities in colorectal cancer survival: possible implications for Indigenous people. *Aboriginal and Islander Health Workers Journal* 2009; 33(6):9-14.

Baade P, **Youl D**, Valery P, Hassall T, Ward L, Green A, **Aitken J**. Trends in childhood cancer incidence in Australia, 1983-2006. *Br J Cancer* (Accepted 26 Nov 2009).

Baade P, **Youl D**, Krnjacki L. International epidemiology of prostate cancer: geographical distribution and secular trends. *Mol Nutr Food Res* 2009; 53(2):171-184.

Beadle G, **Baade P**, Fritschi L. Acute myeloid leukaemia after breast cancer: a population-based comparison with haematological malignancies and other cancers. *Ann Oncol* 2009; 20(1):103-109.

Beadle G, Francesconi A, **Baade P**. Acute myeloid leukaemia after breast cancer: therapy-related or host associated? *Eur J Clin Med Oncol* (In press Nov 2009).

Beesley VL, Janda M, Eakin E, Auster J, **Chambers SK**, **Aitken J**, **Dunn J**, Battistutta D. Gynaecological cancer survivors and community support services: referral, awareness, utilisation and satisfaction. *Psychooncology* (In press Jan 2009).

Bishop DT, Demenais F, Iles MM, Harland M, Taylor JC, Corda E, Randerson-Moor J, **Aitken JF**, Avril M-F, Azizi E, et al. A novel 9p21 locus and two pigmentation-associated regions contribute independently to melanoma risk in populations of European ancestry. *Nat Genet* 2009; 41:920-925.

Campbell A, **Steginga (Chambers) SK**, **Ferguson M**, Beeden A, Walls M, Cairns W, **Dunn J**. Measuring distress in cancer patients: the Distress thermometer in an Australian sample. *Prog Palliative Care* 2009; 17(2):61-68.

Chambers SK, **Ferguson M**, Nicol D, Gardiner RA, **Aitken J**. Clinical pathways for the treatment of prostate cancer in Queensland, Australia. *Br J Urol* 2009; 103 (Suppl 1):20-21.

Chambers SK, Lynch BM, **Aitken J**, **Baade P**. Relationship over time between psychological distress and physical activity in colorectal cancer survivors. *J Clin Oncol* 2009; 27(10):1600-6.

Chambers SK, Girgis A, Occhipinti S, **Hutchison S**, Turner J, Carter R, **Dunn J**. Beating the Blues after Cancer: Randomised controlled trial of a tele-based psychological intervention for high distress patients and carers. *BMC Cancer* 2009; 9:189.

Coory M, Thompson B, **Baade P**, Fritschi L. Utility of routine data sources for feedback on quality of cancer care: an assessment based on clinical practice guidelines. *BMC Health Serv Res* 2009; 9:84.

Coyne T, Ibiebele TI, **Baade PD**, McClintock CS, Shaw JE. Metabolic syndrome and serum carotenoids: findings of a cross-sectional study in Queensland, Australia. *Br J Nutr* 2009; 102(11):1668-77.

Cust AE, Schmid H, Maskiell JA, Jetann J, **Ferguson M**, Holland EA, Agha-Hamilton C, Jenkins MA, Kelly J, Kefford RF, Giles GG, Armstrong BK, **Aitken JF**, Hopper JL, Mann GJ. Population-based, case-control-family design to investigate genetic and environmental influences on melanoma risk: Australian Melanoma Family Study. *Am J Epidemiol*. 2009 Dec 15;170(12):1541-54.

Dunn J, Campbell M, Penn D, **Dwyer M**, **Chambers SK**. Amazon Heart: An Exploration of the Role of Challenge Events in Personal Growth after Breast Cancer. *J Psychosoc Oncol*. 2009; 27(1): 119-135.

Eeles RA, Kote-Jarai Z, Al Olama AA, Giles GG, Guy M, Severi G, Muir K, Hopper JL, Henderson BE, Haiman CA, Schleutker J, Hamdy FC, Neal DE, Donovan JL, Stanford JL, Ostrander EA, Ingles SA, John EM, Thibodeau SN, Schaid D, Park J, Spurdle A, Clements J, Dickinson JL, Maier C, Vogel W, Dörk T, Rebbeck TR, Cooney KA, Cannon-Albright L, Chappuis PO, Hutter P, Zeegers M, Kaneva R, Zhang HW, Lu YJ, Foulkes WD, English DR, Leongamornlert DA, Tymrakiewicz M, Morrison J, Ardern-Jones AT, Hall AL, O'Brien LT, Wilkinson RA, Saunders EJ, Page EC, Sawyer EJ, Edwards SM, Dearnaley DP, Horwich A, Huddart RA, Khoo VS, Parker CC, Van As N, Woodhouse C J, Thompson A, Christmas A, Ogden C, Cooper CS, Southey MC, Lophatananon A, Liu J, Kolonel LN, Le Marchand L, Wahlfors T,

Tammela TL, Auvinen A, Lewis SJ, Cox A, FitzGerald LM, Koopmeiners JS, Karyadi DM, Kwon EM, Stern MC, Corral R, Joshi AD, Shahabi A, McDonnell SK, **Chambers SK, Aitken J**, Gardiner RA, Batra J, Kedda MA, Lose F, Polanowski A, Patterson B, Serth J, Meyer A, Luedeke M, Stefflova K, Ray AM, Lange EM, Farnham J, Khan H, Slavov C, Mitkova A, Cao G, The UK Genetic Prostate Cancer Study Collaborators/ British Association of Urological Surgeons' Section of Oncology, The UK ProtecT Study Collaborators, The PRACTICAL Consortium, Easton DF. Identification of seven novel prostate cancer susceptibility loci through a genome-wide association study. *Nat Genet* 2009; 41:1116-1121.

Geller AC, Elwood M, Swetter SM, Brooks DR, **Aitken JF, Youl PH**, Demierre M-F, **Baade PD**. Factors related to the presentation of thin and thick nodular melanoma from a population-based cancer registry in Queensland Australia. *Cancer* 2009; 115(6):1318-1327.

Gordon LG, **Ferguson M, Chambers SK, Dunn J**. Fuel, beds, meals and meds: out-of-pocket expenses for patients with cancer in rural Queensland. *Cancer Forum* 2009; 33(3):202-208.

Hawkes AL, Pakenham K, Courneya K, Gollschewski S, **Baade P**, Gordon L, Lynch BM, **Aitken J, Chambers S**. A randomised controlled trial of a lifestyle intervention for colorectal cancer survivors (CanChange): study protocol. *BMC Cancer* 2009; 9:286.

Hawkes AL, Atherton J, Taylor B, Scuffham P, Eadie K, Houston Miller N, Oldenburg B. Randomised controlled trial of a secondary prevention program for myocardial infarction patients ('ProActive Heart'): study protocol. *BMC Cardiovasc Disord* 2009; 9:16.

Hawkes AL, Gollschewski S, Lynch BM, **Chambers SK**. A telephone-delivered lifestyle intervention for colorectal cancer survivors 'CanChange': A pilot study. *Psychooncology* 2009; 18(4):449-455.

Janda M, **Baade PD, Youl PH, Aitken JF**, Whiteman DC, Gordon L, Neale RE. The Skin Awareness Study: Promoting thorough skin self-examination for skin cancer among men 50 years or older. *Contemp Clin Trials* (In press Nov 2009).

Lynch BM, Owen N, **Hawkes AL, Aitken JF**. Perceived barriers to physical activity for colorectal

cancer survivors. *Support Care Cancer*. 2009 [Epub ahead of print].

McDowell ME, Occhipinti S, Gardiner RA, **Baade PD, Steginga (Chambers) SK**. A review of prostate-specific antigen screening prevalence and risk perceptions for first-degree relatives of men with prostate cancer. *Eur J Cancer Care* 2009; 18(6):545-555.

McDowell, ME, Occhipinti S, **Ferguson M, Dunn J, Chambers SK**. Predictors of change in unmet supportive care needs in cancer. *Psychooncology* 2009; 19(5):508-516.

Neale RE, **Youlden DR**, Krnjacki L, Kimlin MG, van der Pols JC. Latitude variation in pancreatic cancer mortality in Australia. *Pancreas* 2009; 38(4):387-390.

Newton RU, Taaffe DR, Spry N, Gardiner RA, Levin G, Wall B, Joseph D, **Chambers SK**, Galvão D.A. A Phase III clinical trial of exercise modalities on treatment side-effects in men receiving therapy for prostate cancer. *BMC Cancer* 2009; 9:210.

Owensworth TL, Henderson L, **Chambers SK**, Shum D. Functional impairments and caregiver depression in the context of brain tumour and other cancers: a mediating effect of strain. *Brain Impair* 2009; 10(2):149-161.

Owensworth T, **Hawkes A, Steginga (Chambers) S**, Walker D, Shum D. A biopsychosocial perspective on adjustment and quality of life following brain tumour: a systematic evaluation of the literature. *Disabil Rehabil* 2009; 31(13):1038-1055.

Rinaldis M, Pakenham KI, Lynch BM, **Aitken JF**. Development, confirmation and validation of a measure of coping with colorectal cancer: a longitudinal investigation. *Psychooncology* 2009; 18(6):624-633.

Rogers C, Kvaskoff M, DiSipio T, **Youlden D**, Whiteman D, Eakin E, **Youl P, Aitken J**, Fritschi L. Prevalence and determinants of sunburn in Queensland, Australia. *Health Promot J Aust* 2009; 20(2):102-106.

Sargeant HA, O'Callaghan FV. Predictors of psychological well-being in a sample of women with vulval pain. *J Reprod Med* 2009; 54(2):109-116.

Shekar S, Duffy D, **Youl P**, Baxter A, Kvaskoff M, Whiteman D, Green A, Hughes M, Hayward N, Coates M, Martin N. A population-based study of Australian twins with melanoma suggests a strong genetic contribution to liability. *J Invest Dermatol* 2009; 129(9):2211-2219.

Steginga (Chambers) SK, Lynch BM, **Hawkes A**, **Dunn J**, **Aitken J**. Antecedents of domain specific quality of life after colorectal cancer. *Psychooncology* 2009; 18(2):216-220.

Thompson B, **Austin R**, Coory M, **Aitken JF**, Walpole E, Francis G, Fritschi L. Completeness of histopathology reporting of melanoma in a high-incidence geographical region. *Dermatology* 2009; 218(1):7-14.

Wijndaele K, Lynch BM, Owen N, Dunstan DW, Sharp S, **Aitken JF**. Television viewing time and weight gain in colorectal cancer survivors: a prospective population-based study. *Cancer Causes Control* 2009; 20(8):1355-1362.

Youl P, Janda M, Kimlin M. Vitamin D and sun protection: the impact of public health messages in Australia. *Int J Cancer* 2009; 124(8):1963-1970.

Youl PH, Coxeter P, Whiteman D, **Aitken J**. Screening for skin cancer in Queensland Who attends and why and where do they attend? *Med J Aust* 2009; 190(1):45.

Descriptive reports produced by the VCRCC

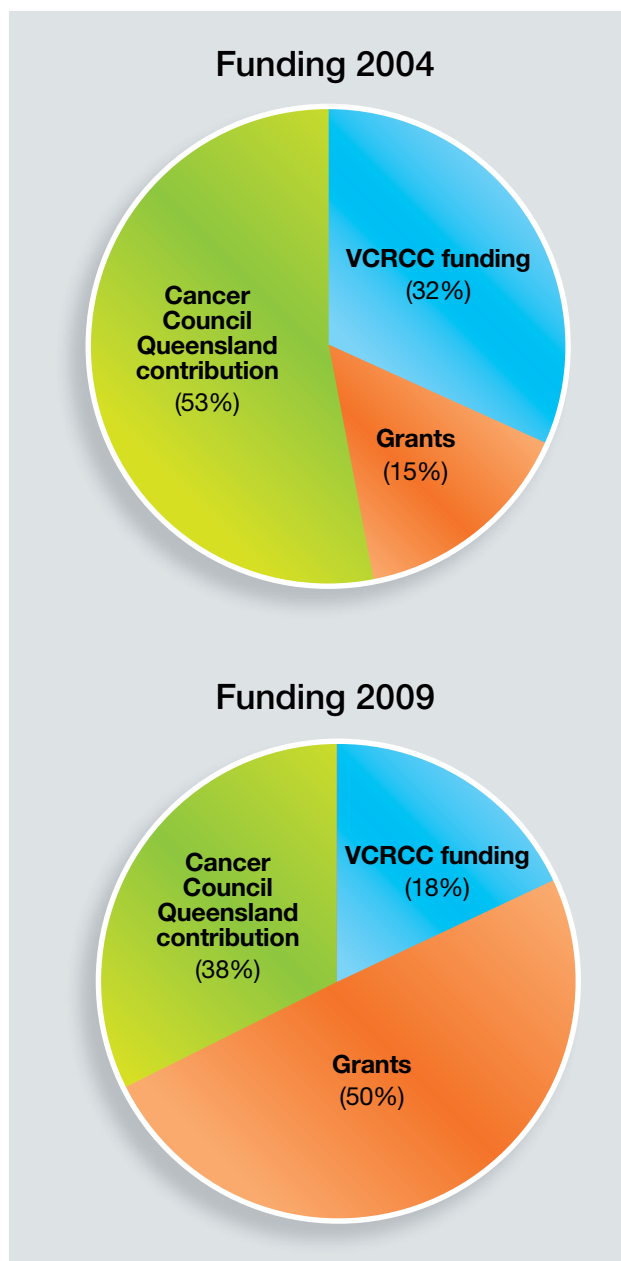
Youlden D, **Baade P**, **Ward L**, Valery P, Hassall T, Green A, **Aitken JF**. Childhood cancer incidence in Australia, 1983-2006. Viertel Centre for Research in Cancer Control, Cancer Council Queensland and the Australian Paediatric Cancer Registry: Brisbane, Queensland: 2009.

Youlden DR, **Cramb SM**, **Baade PD**. Current status of female breast cancer in Queensland: 1982 to 2006. Viertel Centre for Research in Cancer Control, Cancer Council Queensland: Brisbane, Queensland: 2009.

Grants

In 2009 the VCRCC continued its commitment to securing funding through nationally competitive grant schemes. All research centres in Australia vie to attract funding for their research from the available national funding pools. This funding is of course highly competitive. Success is based on the reputation of the research centre and the standard of its science, as judged by independent, expert panels.

The VCRCC has been fortunate to attract an increasing amount of this external funding over the past six years. In 2004, our external funding accounted for about 15% of our total income, and this has increased five-fold in absolute dollar terms in the past six years, such that now 50% of our total funding is from external grant sources.



Nationally competitive grants that were awarded to the VCRCC in 2009

Baade P, Turrell G, **Aitken J**, **Krnjacki L**, Wilson L. Determinants of area-level inequalities in colorectal cancer survival: a multilevel study. NHMRC Grant # 561700 (2009-2011: \$374,500).

Chambers SK, Clutton S, Hutchison S, Ferguson M, Foley E, Broughton S, Gardiner RA, Salmon C. A Project to Develop A Mindfulness Group Intervention "Living with Advanced Prostate Cancer" (LAPC) for Men with Advanced Prostate Cancer. Cancer Council Queensland, beyondblue (2009-2010: \$41,490).

Steginga (Chambers) SK, Giris A, Occhipinti S, Turner J, Carter R, Dunn J. Improving the Psychosocial Health of People with Cancer and their Carers: A Community Based Approach. beyondblue, Cancer Australia (2009-2011: \$540,284).

Collaborative grants between other institutions and the VCRCC

Fritschi L, Girschik J, Royle J, **Baade P**, Joske D. Risk of second cancer after lymphohaematopoietic neoplasm. Leukaemia Foundation (2009: \$28,796).

Gardiner RA, Dungleison N, Yaxley J, **Steginga (Chambers) SK**, Occhipinti S, Carter R, Williams S, Lavin M. A randomised trial of robotic and open surgery: integrated multidisciplinary studies to guide patient management. Cancer Council Queensland Strategic Partnership Grant (2009-2013: \$1,250,000).

White K, Young R, **Hawkes A**. Psychosocial influences determining Australians' sun safe practices: An examination of attitudes, norms, and control perceptions. Australian Research Council Linkage Project (2009-2011: \$241,133).

Scientific conferences

During 2009, VCRCC research staff presented our work at numerous local, national and international meetings. Pleasingly, for a number of these meetings, VCRCC senior staff were invited speakers reflecting the high esteem the scientific community places on our work. These conferences represent an opportunity to showcase the work done within the VCRCC as well as an opportunity to establish collaborative arrangements with researchers from other institutions.

Conference presentations in 2009 included:

Aitken J, Youlden D, Ward L, Hassall T, Valery P, Green A, Baade P.

Childhood cancer incidence in Australia, 1983-2006. 36th Annual Scientific Meeting of the Clinical Oncology Society of Australia, Gold Coast, November 2009.

Aitken J.

Environmental Factors and Breast Cancer. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Arndt B, Milner S, Osborne S, Hardy L.

Panel discussion: How do you talk to patients about erectile dysfunction? Psycho-Oncology Nursing Meeting, 10th Annual National Prostate Cancer Symposium, Melbourne, August 2009.

Barker T.

Prostate Cancer Research Program: the first five years. Prostate Cancer Support Group Convenors Workshop, Brisbane, September 2009.

Chambers SK, Ferguson M, Barker T, Nicol D, Gardiner RA, Aitken J.

Pathways to care for the treatment of prostate cancer in Queensland: The ProsCan Program study. Public Health Association of Australia Queensland State Conference, Brisbane, July 2009.

Chambers SK, Baade P, Ferguson M, Nicol D, Gardiner RA, Aitken J.

ProsCan for Men: preliminary data. Urological Society of Australia and New Zealand Northern Section Annual Scientific Meeting, Byron Bay, October 2009.

Chambers SK, Ferguson M, Barker T, Nicol D, Gardiner RA, Aitken J.

Prostate cancer treatment in Queensland: determining pathways to care. 32nd Oncology Nurses Group

Conference, Brisbane, October 2009.

Chambers SK, Schover L, Halford K, Ferguson M, Miller S, Gardiner RA, Occhipinti S, Dunn J.

ProsCan for Couples: challenges and strategies for identifying and recruiting couples to a prostate cancer sexuality support intervention. 32nd Oncology Nurses Group Conference, Brisbane, October 2009.

Chambers SK.

Challenges and targets in psychosocial research and intervention for men with prostate cancer and their families. Psycho-Oncology Nursing Meeting, 10th Annual National Prostate Cancer Symposium, Melbourne, August 2009.

Chambers SK.

Clinical pathways for the treatment of prostate cancer in Queensland, Australia. 62nd Annual Scientific Meeting of the Urological Society of Australia and New Zealand, Gold Coast, March 2009.

Chambers SK.

Prostate cancer: The personal impact. Psycho-Oncology Nursing Meeting, 10th Annual National Prostate Cancer Symposium, Melbourne, August 2009.

Chambers SK.

Benefit finding after breast cancer: the role of challenge events. 11th National Breast Care Nurse Conference, Melbourne, February 2009.

Chambers SK.

Professional support for Specialist Breast Nurses: Issues and response. 11th National Breast Care Nurse Conference, Melbourne, February 2009.

Chambers SK.

Depression and Anxiety after Breast Cancer. 15th

UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Chambers SK.

Providing support for young women: Case Studies. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Chambers SK.

Benefit finding and discovering a “new normal” after breast cancer. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Chambers SK, Schover L, Halford K, Clutton S, Ferguson M, Milner S, Gardiner RA, Occhipinti S, Dunn J.

Supporting men with prostate cancer and their partners facing sexuality changes: Is there a role for the specialist nurse? 32nd Oncology Nurses Group Conference, Brisbane, October 2009.

Clutton S.

Living with advanced prostate cancer – Trialling a mindfulness meditation group for men with advanced prostate cancer. Psycho-Oncology Nursing Meeting, 10th Annual National Prostate Cancer Symposium, Melbourne, August 2009.

Clutton S.

Trialling a Mindfulness Based Cognitive Therapy Approach. Psycho-Oncology Nursing Meeting, 10th Annual National Prostate Cancer Symposium, Melbourne, August 2009.

Cramb S.

Current trends and research at Cancer Council Queensland. Cancer Support Services Volunteer Refresher Course, Brisbane, October 2009.

Cramb S, Youlden D, Baade P.

A summary of Female Breast Cancer Statistics in Queensland. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Cramb S, Youlden D, Baade P.

Patterns of cancer in Queensland. 32nd Oncology Nurses Group Conference, Brisbane, October 2009.

Dwyer M.

Amazon Heart: Benefit finding through adventure challenge. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Dwyer M.

Proffered Papers: Peer Support. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Ferguson M.

Cancer Council Queensland’s Prostate Cancer Research Program. Cancer Council Queensland Prostate Cancer Nursing Course, Brisbane, July 2009.

Gollschewski S, Murray R.

Life after PU40 and career progression. Queensland University of Technology, Brisbane, August 2009.

Gollschewski S.

Colorectal cancer research at the Cancer Council Queensland. Bowel Cancer Awareness Week Forum, Brisbane, June 2009.

Hanley B, Milner S.

Erectile dysfunction and its implications for Prostate Cancer Support Groups. Prostate Cancer Support Group Convenors Workshop, Brisbane, September 2009.

Hanley B.

The role of the prostate care nurse in providing early decision and psychological support to men with localised prostate cancer: The ProsCan Program Study. The Australian and New Zealand Urological Nurses Society’s Annual Meeting, Gold Coast, March 2009.

Hanley B.

Prostate cancer screening, early detection and staging. Cancer Council Queensland Prostate Cancer Nursing Course, Brisbane, July 2009.

Hanley B.

Complementary and alternative therapies. Cancer Council Queensland Prostate Cancer Nursing Course, Brisbane, July 2009.

Hanley B.

A telephone-based psychological support intervention for cancer patients and carers reporting high levels of distress: The Beating the Blues after Cancer (BBAC) Study. 32nd Oncology Nurses Group Conference, Brisbane, October 2009.

Hanley B.

Supporting men with prostate cancer. Urology Nurses Meeting, Redcliffe, November 2009.

Hawkes A, Gollschewski S, Bell S, Pakenham K.

The role of 'health coach' in delivering a novel telephone delivered support program for colorectal cancer survivors. 32nd Oncology Nurses Group Conference, Brisbane, October 2009.

Hawkes A, Gollschewski S, Lynch B, Chambers SK.

Pilot testing of a telephone-delivered lifestyle intervention for colorectal cancer survivors ('CanChange'). 32nd Oncology Nurses Group Conference, Brisbane, October 2009.

Hawkes A, Gollschewski S, Lynch B, Chambers SK.

Developing and pilot-testing a telephone-delivered lifestyle intervention for colorectal cancer survivors - 'CanChange'. OZPOS/PoCoG Professional Day, 36th Annual Scientific Meeting of the Clinical Oncology Society of Australia, Gold Coast, November 2009.

Hawkes A, Oldenburg B, Taylor B, Atherton J.

A secondary prevention program for myocardial infarction patients: A randomised controlled trial. Heart Foundation National Conference, Brisbane, May 2009.

Hawkes A, Pakenham K, Gollschewski S, Murray R, Chambers SK.

A randomised controlled trial of a lifestyle intervention for colorectal cancer survivors (CanChange): study protocol. Public Health Association of Australia Queensland State Conference, Brisbane, July 2009.

Hawkes A.

CanChange: An Innovative Tele-based Supportive Care Program for Colorectal Cancer Survivors. Society Behavioural Medicine Annual Meeting, Montreal, Canada, April 2009.

Hawkes A.

Feasibility of screening for distress via a community-based Cancer Helpline. Society Behavioural Medicine Annual Meeting, Montreal, Canada, April 2009.

Hawkes A.

CanChange: an innovative supportive care program for colorectal cancer survivors in Queensland. Advancing Key Initiative in Cancer Care: Queensland Health's Cancer Care Program, Brisbane, May 2009.

Hawkes A.

Diet and exercise: What difference does it make? 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Hawkes A.

Lifestyle behaviours and prostate cancer. Cancer Council Queensland Prostate Cancer Nursing Course, Brisbane, July 2009.

Hawkes A.

Closing the Divide: Indigenous Cancer Study. Indigenous Stakeholder Meeting, Cancer Council Queensland, Townsville, October 2009.

Hawkes A.

Colorectal Cancer Research at Cancer Council Queensland. Bowel Cancer Nurse Education Program, Brisbane, November 2009.

Hutchison S, Hanley B.

Psychosocial Care for cancer patients: a tiered model of support. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Legg M.

Evaluation of the Breast Cancer Support Service. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

McDowell ME, Occhipinti S, Chambers SK.

Decision Making in Prostate Cancer Screening: the role of bias and lay representations of risk. Society of Australasian Social Psychologists, Melbourne, April 2009.

Milner S.

The role of the nurse in supporting men with prostate cancer and their partners facing sexuality challenges: ProsCan for Couples. The Australian and New Zealand Urological Nurses Society's Annual Meeting, Gold Coast, March 2009.

Milner S.

Consumer perspectives on prostate cancer – panel facilitator. Cancer Council Queensland Prostate Cancer Nursing Course, Brisbane, July 2009.

Milner S.

Sexuality and intimacy. Cancer Council Queensland Prostate Cancer Nursing Course, Brisbane, July 2009.

Milner S.

Watchful waiting / active surveillance: advanced prostate cancer treatment and side effects. Cancer Council Queensland Prostate Cancer Nursing Course, Brisbane, July 2009.

Milner S.

Supporting men during hormone suppression therapy: the role of the Nurse. Psycho-Oncology Nursing Meeting, 10th Annual National Prostate Cancer Symposium, Melbourne, August 2009.

Milner S.

Erectile dysfunction and its implications for prostate cancer support groups. Prostate Cancer Support Group Convenors Workshop, Brisbane, September 2009.

Milner S.

Complementary therapies in cancer care. Bowel Cancer Nurse Education Program, Brisbane, November 2009.

Milner S.

Sexuality, intimacy and prostate cancer. Coffs Harbour Prostate Cancer Support Group, Coffs Harbour, November 2009.

Milner S.

Decisions and side-effects: Don't forget the patient. 36th Annual Scientific Meeting of the Clinical Oncology Society of Australia, Gold Coast, November 2009.

Morris B.

Exploring the unique post-diagnosis experience of women diagnosed with breast cancer. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Morris B.

Posttraumatic growth after cancer: The applicability of current quantitative measures. 36th Annual Scientific Meeting of the Clinical Oncology Society of Australia, Gold Coast, November 2009.

Phillips C.

Emotions and coping with a diagnosis of prostate cancer. Cancer Council Queensland Proscare Seminar, Gold Coast, September 2009.

Phillips C.

Couples coping with prostate cancer. Elanora Prostate Cancer Support Group, Gold Coast, September 2009.

Sargeant H.

Psychosocial impact of cancer. Cancer Council Queensland Contemporary Cancer Care Course, Gold Coast, September 2009.

Sargeant H.

Psychosocial aspects of the cancer journey. 4th year Health Psychology subject, Griffith University, Gold Coast, September 2009.

Sargeant H.

Mindfulness meditation in cancer care: A brief introduction. 32nd Oncology Nurses Group Conference, Brisbane, October 2009.

Youl P, Janda M, Kimlin M.

Sun protection and vitamin D: perceptions of the general public in Queensland. 12th World Congress on Cancers of the Skin, Tel Aviv, Israel, May 2009.

Youl P, Aitken J, Chambers SK, Shield C, Austin R.

Health behaviours and clinical surveillance practices of long-term melanoma survivors. 36th Annual Scientific Meeting of the Clinical Oncology Society of Australia, Gold Coast, November 2009.

Youl P, Chambers SK, Aitken J, Shield C, Austin R.

Psychosocial outcomes of long-term melanoma survivors: a preliminary analysis. 36th Annual Scientific Meeting of the Clinical Oncology Society of Australia, Gold Coast, November 2009.

Youl P.

Topical Issues and advances. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Youlden D, Cramb S, Baade P.

Setting the scene: The international epidemiology of female breast cancer. 15th UICC Reach to Recovery International Breast Cancer Support Conference, Brisbane, May 2009.

Youlden D.

Lung cancer statistics in Queensland, 1982-2006. 4th Queensland Tobacco Control Symposium, Brisbane, August 2009.

Additional service to research and the broader community during 2009

Cancer Council Australia

National Skin Cancer Committee: **Pip Youl**

Nutrition and Physical Activity: **Anna Hawkes**

Conference organising committees

15thUICC Reach to Recovery International Breast Cancer Support Conference Program Committee, Sponsorship Committee and Organising Committee:

Suzanne Chambers.

Behavioural Research in Cancer Control 2010

Conference Organising Committee: **Anna Hawkes.**

Expert advisory committees

Abbot Patient Program Development Group

ANZUP Cancer Trials Group Limited Quality of Life Committee

ANZUP Cancer Trials Group Limited Scientific Advisory Committee

German National Skin Cancer Screening Program

Prostate Cancer Foundation of Australia Nurse Working Group

Queensland Co-operative Oncology Group Management Committee

Queensland Health Cluster Assessment Advisory Committee

Professional memberships

Australasian Brachytherapy Group

Australasian Epidemiological Association

Australasian Society for Behavioural Health and Medicine

Australian & New Zealand Urological Nurses Society

Australian Prostate Cancer Collaboration

Cancer Nursing Society of Australia

Clinical Oncological Society of Australasia

International Epidemiology Association

International Society for Bayesian Analysis

Oncology Nurses Group

Psycho-Oncology Co-operative Research Group

Queensland Epidemiology Group

Queensland Urological Nurses Society

Society for Medical Decision Making

Society of Behavioural Medicine

Statistical Society of Australia

Urological Society of Australia and New Zealand

Reviews for journals

Archives of Dermatological Research

BioPsychoSocial Medicine

BMC Family Practice

BMC Nursing

British Journal of Cancer

British Journal of Dermatology

British Journal of Urology International

Clinical and Experimental Dermatology

General Hospital Psychiatry

Health Promotion Journal of Australia

Health Psychology

Journal of Psychosomatic Research

Journal of Urology

Medical Decision Making

Medical Journal of Australia

Patient Education and Counselling

Preventive Medicine

Psychooncology

Respirology

Book reviews

Your Guide to Prostate Cancer 3rd Edition (Dr Prem Rashid): **Suzanne Chambers, Sylvia Milner.**

Reviews for funding bodies

National Health and Medical Research Council:

Suzanne Chambers, Pip Youl

United Kingdom National Institutes of Health:

Pip Youl

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Cancer
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F: 07 3257 1306

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Bundaberg West QLD 4670

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F: 07 3259 8401

Cairns

169 Aumuller Street
Bungalow QLD 4870

T: 07 4047 5500
F: 07 3259 8478

Gold Coast

Cnr Short Street
& Marine Parade
Southport QLD 4215

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F: 07 3259 8457

Rockhampton

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Rockhampton QLD 4700

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F: 07 3259 8480

Sunshine Coast

Shop 4, Credit Union
Australia Plaza
Cnr Maroochydore Road
& Baden Powell Street
Maroochydore QLD 4558

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F: 07 3259 8479

Toowoomba

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Toowoomba QLD 4350

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F: 07 3259 8481

Townsville

24 Warburton Street
North Ward QLD 4810

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F: 07 3259 8507

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