



VCRCC

Viertel Centre
for Research in Cancer Control

Annual Report 2012

Research improving cancer outcomes

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 2012, the Viertel Centre for Research in Cancer Control worked collaboratively to advance global cancer control, strengthening the knowledge base that underpins specialist expertise in both clinical and supportive care.

We built on strong foundations in the professional fields of descriptive epidemiology and applied psycho-oncology, with an aim to improve outcomes for cancer patients and reduce the burden of cancer on our community.

We continued our strategic focus on geographical inequalities, in a quest to map patterns of cancer diagnosis and management in Queensland in order to better understand the range of factors that influence cancer survival.

Without doubt, our findings will have implications worldwide, demonstrating the importance of community-based cancer control in preventing and defeating the disease and reducing the years of life lost to cancer at a population-wide level.

Equally importantly, our psycho-oncology research program developed our understanding of the issues that impact quality of life and survivorship outcomes for those affected by cancer, including family members.

The results of our work are proudly showcased in this report, including the publication of 44 original research articles in national and international peer-reviewed scientific journals, highlighting the significance of the results arising from our work.

On behalf of the Viertel Centre's Executive Committee, I extend my thanks to the Sylvia and Charles Viertel Charitable Foundation and its Chairman, Mr George Curphey OAM, for their ongoing support of the work of the VCRCC.

I also acknowledge and thank the staff of the VCRCC and our network of distinguished research partners for their persistent dedication to excellence in medical and scientific discovery.

Our achievements in 2012 will underpin our continued efforts to eliminate cancer as a life-threatening and distressing disease for future generations.

I commend this report to you with thanks and optimism.

Warm regards,

Professor Jeff Dunn

Research highlights from 2012

- The VCRCC published 44 original articles in national and international peer-reviewed scientific journals in 2012, each one demonstrating new findings and improved knowledge in cancer control.
 - VCRCC researchers were again well represented at local, national and international conferences with nearly 40 oral or poster presentations accepted.
 - Dr Pip Youl was awarded a four-year NHMRC Early Career Fellowship to conduct new research into the reasons for inequalities in survival for women with breast cancer, particularly for women living in rural and remote areas and those from areas of disadvantage.
 - Our ongoing ProsCan program continued to follow up men with prostate cancer to examine patterns of care for these patients. Results from our supportive care intervention indicated that a subgroup of men, specifically younger men with higher education and income, benefited the most from the program. Further research is needed into how best to support men with different levels of education and income.
 - Recruitment was completed for our Living with Prostate Cancer study, with a total of 463 men, and 29 peer support groups formed. The study is trialling a supportive care intervention for men with localised prostate cancer, using group peer support and self-management.
 - Work began on the Living Well with Prostate Cancer study, which is trialling a new mindfulness-based cognitive therapy intervention for men diagnosed with advanced prostate cancer. The intervention is group-based and delivered over the telephone, and aims to reduce psychological distress and improve overall wellbeing in these men.
 - VCRCC staff are co-investigators on two grant applications that obtained NHMRC funding in 2012, both investigating cancer in Indigenous communities.
- The first study will examine participation in cervical screening by Indigenous women; the second will compare patterns of management, comorbidities and quality of life of Indigenous and non-Indigenous people diagnosed with lung, head & neck, breast or gynaecological cancers.
- Data collection was completed for the Beating the Blues After Cancer (BBAC) project, with up to 24 months follow up. Analysis of baseline data showed that poorer outcomes were associated with people who were single, unemployed, in treatment and who had higher levels of distress when they called the Cancer Helpline. Results also showed that the intervention led by the psychologists was more beneficial for cancer patients who had lower levels of education, compared to the intervention delivered by the nurse counsellors.
 - VCRCC staff organised and presented in a special topic session on spatio-temporal modelling at the 2012 International Society for Bayesian Analysis World Meeting in Kyoto, Japan.
 - The Cancer Council Queensland continues to be a formal partner in the health program of the Co-operative Research Centre for Spatial Information (CRCSI-2) initiative. This is an international research and development centre set up in 2003 under the national Cooperative Research Centre Program, an Australian Government Initiative. In particular this involvement is helping us to develop innovative analytic and modelling approaches to understand the geographic and time-dependent influences on people diagnosed with cancer in Queensland.
 - Staff of VCRCC continue to provide expertise in developing and mentoring new postgraduate researchers through the co-supervision of four PhD students and one Masters level student.

Descriptive epidemiology research program

Objectives of the descriptive epidemiology program are the ongoing examination of patterns and trends in cancer incidence, prevalence, mortality and survival in Queensland; and the investigation of factors that impact on diagnosis, clinical management, health service delivery and cancer outcomes.

Geographical inequalities

A key and continuing focus of the Descriptive Epidemiology Research Program this year has been to quantify the extent of the geographical inequalities in cancer outcomes in Queensland and to understand why those inequalities exist.

Some of the results published this year in national and international scientific journals include:

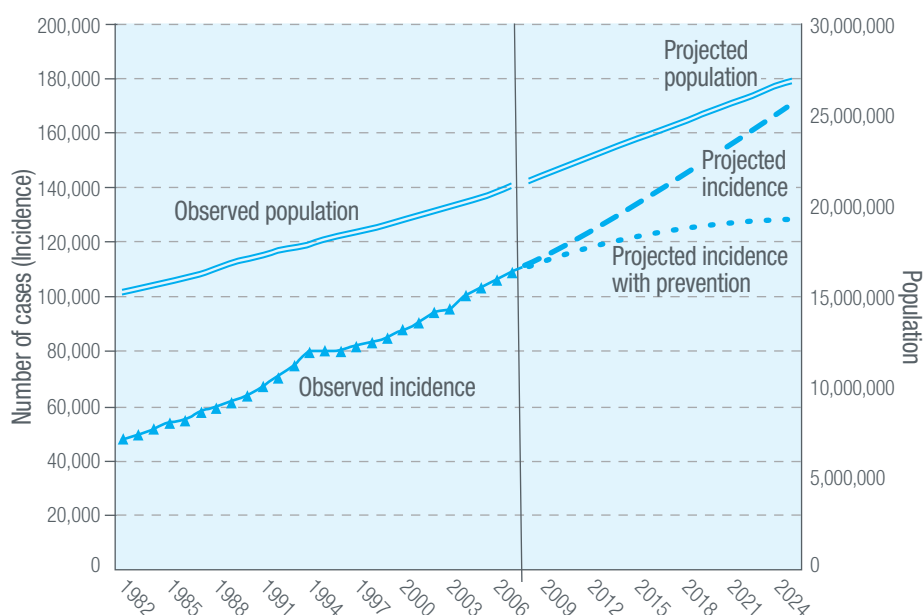
- A study of men diagnosed with prostate cancer in Queensland found that the time taken to reach a definitive diagnosis and commence treatment was longer for men without access to private health care.
- We have previously found significantly higher mortality (within 5 years of diagnosis) from bowel cancer and breast cancer in regional and remote areas of Queensland. Further analysis of Queensland Cancer Registry data found that, in the ten years to 2007, had bowel and breast cancer mortality in regional or disadvantaged areas been equal to that in the rest of the state, 8 per cent of deaths from bowel cancer and 7 per cent of deaths from breast cancer would have been avoided.
- We found that women in more remote and disadvantaged areas of Queensland were up to 16% more likely to be diagnosed with advanced breast cancer than those in other areas, and up to 37% more likely to die of breast cancer within 5 years of diagnosis. Later stage at diagnosis, rather than factors such as age, Indigenous status or occupation accounted for these geographical inequalities in breast cancer survival. Our ongoing research is attempting to identify the barriers preventing the early detection of breast cancer among women in rural and disadvantaged areas so that these issues can be addressed. Our investigation into the reasons for the lower bowel cancer survival in regional and disadvantaged areas is ongoing.
- Despite having much poorer survival outcomes in the first 2 years after diagnosis, we found Indigenous patients with cancer in Queensland who survive for at least 2 years have a similar outlook to non-Indigenous patients. This is cause for cautious optimism for Indigenous patients who survive for 2 years or longer; however there is still an urgent need to address the unacceptable disparity in survival outcomes immediately after diagnosis.





Cancer incidence trends

- Using published population projections and attributable fractions, we predicted that improvements in diet and physical activity in Australia have the potential to prevent 42,000 new cases of cancer per year by the year 2025. These data highlight the importance of action by governments, communities and individuals to reduce cancer risk through achievable lifestyle changes.
- With improved survival outcomes and longer life expectancy, there is an increasing interest in the risk of cancer patients being diagnosed with second primary tumours. A study of colorectal cancer patients found that they faced a 28% higher risk of being diagnosed with a subsequent invasive cancer compared with the general Queensland population. Efforts to quantify and characterise these risks have important implications for early detection and preventive strategies among cancer survivors.
- Analyses of trends in melanoma incidence since 1982 showed a significant decreasing trend in incidence in men and women under the age of 40 years over the last two decades, likely to be due to the success of sun protection campaigns. Melanoma incidence is still increasing in older age groups however. These findings highlight the importance, first, of continuing to promote sun protection behaviour particularly among young people to reduce skin cancer incidence, and second, the need to continue early detection campaigns to reduce late stage melanoma and deaths from this disease.



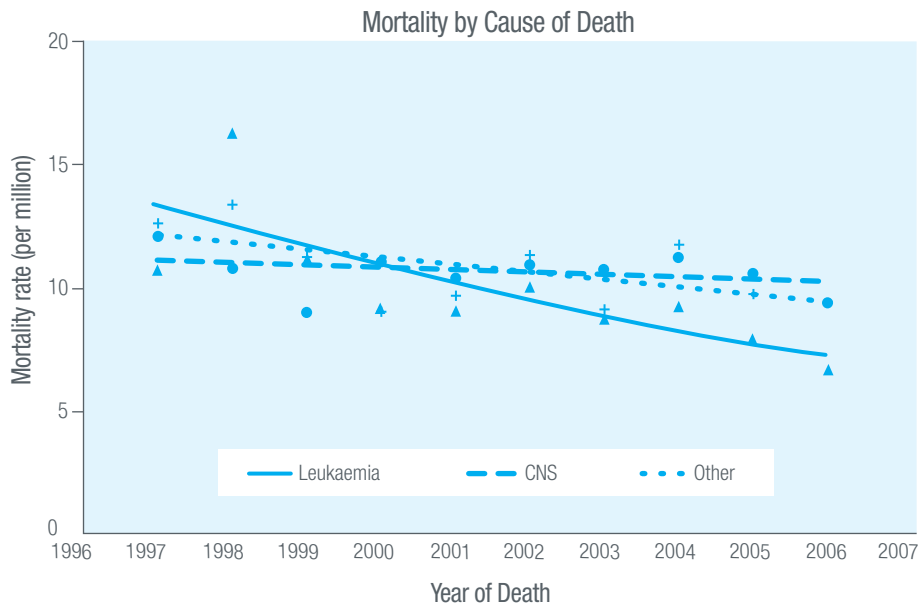
Early Queensland and National Programs



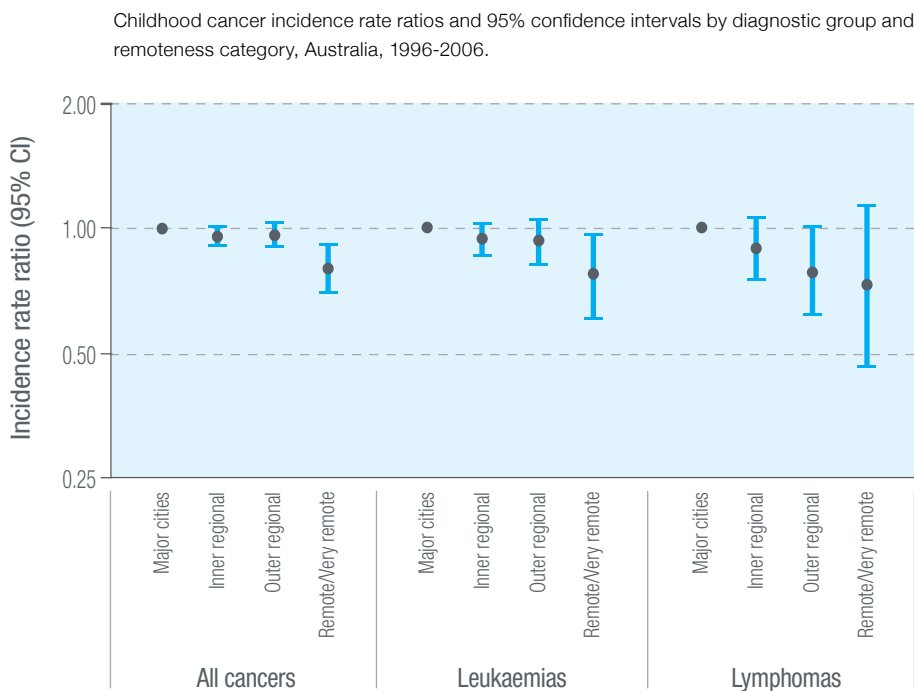
- 1963** Early detection education campaign in Queensland
- 1981** Slip! Slop! Slap! launched nationally
- 1985** National Skin Cancer Steering Committee / Annual Skin Cancer Action Week launched
- 1988** SunSmart campaign launched in all states - reduce exposure to sunlight - increase awareness of early signs
- 1998** National SunSmart Schools Program launched.

Paediatric cancer

- Analysis of data from the Australian Paediatric Cancer Registry has demonstrated that childhood cancer patients are at increased risk of mortality from causes of death other than cancer, highlighting the need for ongoing monitoring for other potentially life-threatening diseases that may arise due to the late effect of treatment or as sequelae of the cancer itself.



Mortality rate trends for childhood cancers by diagnostic group, 1998-2008.
Leuk = leukaemias; CNS = tumours of the central nervous system; Other = other solid tumours.

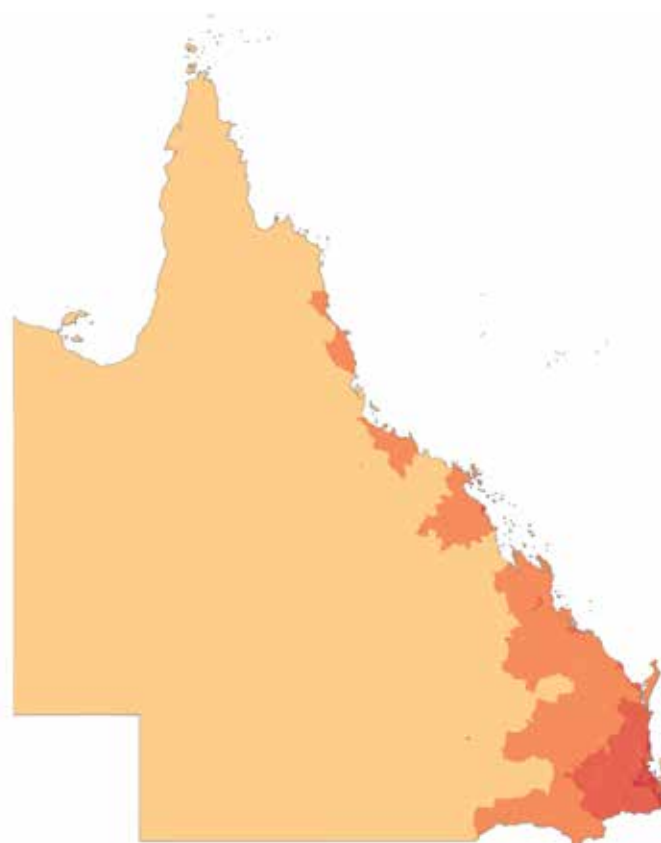


- Children living in remote or very remote areas in Australia were found to be around 20% less likely to be diagnosed with cancer compared to children in major cities, mainly due to differences in the incidence of leukaemia and lymphoma. This differential is partly explained by the higher proportion of Indigenous children living in remote parts of the country, among whom cancer incidence is known to be lower; the role of other factors, such as the difficulties presented by the distances to specialised health care for a definitive diagnosis, are yet to be established.

Mapping the cancer journey

By mapping the patterns of cancer diagnosis and management, we can identify areas for change and improvement, through policy, program and health care practice. During 2012 we undertook an international review of patterns of breast cancer and continued with our long-term *Breast Cancer Outcomes Study*.

- Within a review of the international patterns of breast cancer, we noted that the improvements in breast cancer survival observed in more developed parts of the world over recent decades have been attributed to the introduction of population-based screening using mammography and the systemic use of adjuvant therapies. The future worldwide breast cancer burden will be strongly influenced by large predicted rises in incidence throughout parts of Asia due to an increasingly “westernised” lifestyle.
- Our *Breast Cancer Outcomes Study* is designed to identify why inequalities in clinical and psycho-social outcomes exist for women in rural and remote areas and for women from areas of disadvantage. To date over 1,800 women are participating in the study with many now entering their second year of follow-up. Just over half the women live in major cities with the remainder in regional and rural areas.
- Using our cohort of women from the *Breast Cancer Outcomes Study* we are now investigating whether there is a relationship between sun exposure and breast cancer stage. This work forms the basis of a PhD project in collaboration with Queensland University of Technology’s Centres for Research Excellence in Sun and Health, of which the VCRCC is a partner.



Participant locality at the time of diagnosis

4.1%	[Remote/Very Remote]
16.3%	[Outer Regional]
24.7%	[Inner Regional]
55.0%	[Major City]

Community and applied psycho-oncology research program

Objectives of the psycho-oncology research program are to identify factors that impact on psychosocial and survivorship outcomes for people with cancer and their families; and to undertake applied research to improve these outcomes

Prostate Cancer

- The *Prostate Cancer Supportive Care and Patient Outcomes Study (ProsCan)* is examining the patterns of care for men diagnosed with prostate cancer in Queensland, and evaluating the effectiveness of a new supportive care intervention. Results from the trial were published this year, which indicated that a subgroup of men, specifically younger men with higher education and income, benefited the most from the program. This highlights a critical future research question of how best to support men with different levels of education and income who may need alternative support programs tailored to their personal and social resources. All participants in the ongoing ProsCan program are at least 4 years post-treatment, with the first of the cohort reaching 7-years post-treatment in mid-2012. Follow-up of participants will continue up to 10 years post-treatment.
- The *ProsCan for Couples study* continued in 2012 with the aim of this study being to trial a sexuality intervention for men who received surgery for prostate cancer and their partners, comparing peer and nurse support. All couples have now been followed up for 12 months, with data analysis underway to examine the effectiveness of the intervention in improving sexual and psychosocial adjustment in couples. Follow-up of couples has been extended to 5 years to examine the longer-term outcomes of couples after surgery for prostate cancer.



- Recruitment for the *ProsCan for Life* project was completed at the end of 2012, with a total of 463 men in the study, and 29 peer support groups formed. The study is trialling a supportive care intervention to target unmet supportive care needs and improve overall wellbeing for men with localised prostate cancer. The intervention involves self-management resources (print and web-based) and tele-based group peer support. Delivery of the intervention and follow-up of these men will continue in 2013.
- In 2012 work began on our new NHMRC-funded mindfulness project, *Living Well with Prostate Cancer*. The study is a randomised controlled trial of a mindfulness-based cognitive therapy (MBCT) intervention for men with advanced prostate cancer. The intervention involves weekly group MBCT sessions over the telephone over an 8 week period. This will be compared with patient education i.e currently available resource and support materials. The project aims to recruit 190 men, with 95 men in each arm. Development of the project was completed in 2012, and recruitment of participants commenced in late 2012. Recruitment and intervention delivery will continue throughout 2013.



We're seeking your expert opinion

The Lung Cancer Outcomes Study

is a new program of research looking at barriers to treatment and support for lung cancer patients. Your opinion will help to improve future clinical, supportive and educational interventions for lung cancer.

Complete the survey now at www.lungcancercare.org.au



An initiative commissioned by Cancer Australia

Melanoma

Melanoma is one of the most common cancers in Australia and Queensland has the highest rate of melanoma in the world. While we know that in general around 30% of people diagnosed with cancer suffer significant and ongoing levels of distress, it was unknown whether this was the case for melanoma survivors. In 2012 we conducted an analysis of the psychosocial outcomes in 2,500 long-term melanoma survivors to shed light on this question.

Key findings included:

- Overall 30% of melanoma patients reported clinically significant distress. This was higher for females than males. Distress was more common in those under the age of 50 years. Distress was also higher for participants not currently working and for those not married or in a marital type relationship. The prevalence of distress was higher for individuals with no private health insurance and where there were dependent children living at home.
- Psychological distress was significantly more common for those who had a recurrence of their melanoma.
- Interestingly distress was less common for those who had developed a second melanoma. We believe this may be due to the patient developing some confidence in their ability to identify a suspicious lesion. It is also possible that follow-up doctor visits with increased health care engagement provided extra support that alleviated distress.

Lung Cancer

In 2012, in work commissioned by Cancer Australia, we published a systematic literature review of the impact of stigma and nihilism on lung cancer outcomes. This review found that lung cancer patients report cancer-related self-blame and stigma more than other patient groups, with subsequent anger, anxiety, and depression. Following on from this we undertook qualitative interviews with a variety of health professionals to help inform the development of a national online survey to assess the views of health professionals on stigma and nihilism in lung cancer. This work is ongoing.

Supportive Care Research

The *Beating the Blues after Cancer (BBAC)* project is a randomised controlled trial of two approaches to intervention (therapist delivered and self-management) that aim to improve the psychosocial mental health of people with cancer, their families and carers in the community.

Importantly, BBAC will also provide information on the potential economic value of these interventions. This study is being conducted by Cancer Council Queensland in collaboration with Cancer Council NSW, and has been co-funded by Cancer Australia and *beyondblue*.

- In all, 922 callers to the Queensland and New South Wales Cancer Helplines consented to be contacted by the study team, resulting in the recruitment of 690 participants to the study (362 in Qld and 328 in NSW).

- Baseline, three month, six month, 12 month and 24 month assessments have been successfully completed.
- Analysis of baseline data is complete and has been published in the European Journal of Cancer Care.

A brief summary of baseline results has shown that at the time of their initial call to the Cancer Helpline, predictors of psychological outcomes for patients and carers suggest that participants who were single, unemployed, in treatment (the patient) and having higher scores on initial distress measured at the time of the call to the Cancer Helpline had poorer outcomes.

Preliminary longitudinal analyses examining the effects of the tele-based interventions on distress and posttraumatic growth have been conducted and are currently being written up for publication and will be submitted to peer-reviewed journal/s in 2013. Results show that distress indicators decreased and post-traumatic growth increased over the course of the intervention, and that educational attainment influenced the effectiveness of the Nurse versus Psychologist Intervention in reducing psychological distress. Specifically, patients with low educational attainment benefited more from the Psychologist Intervention.

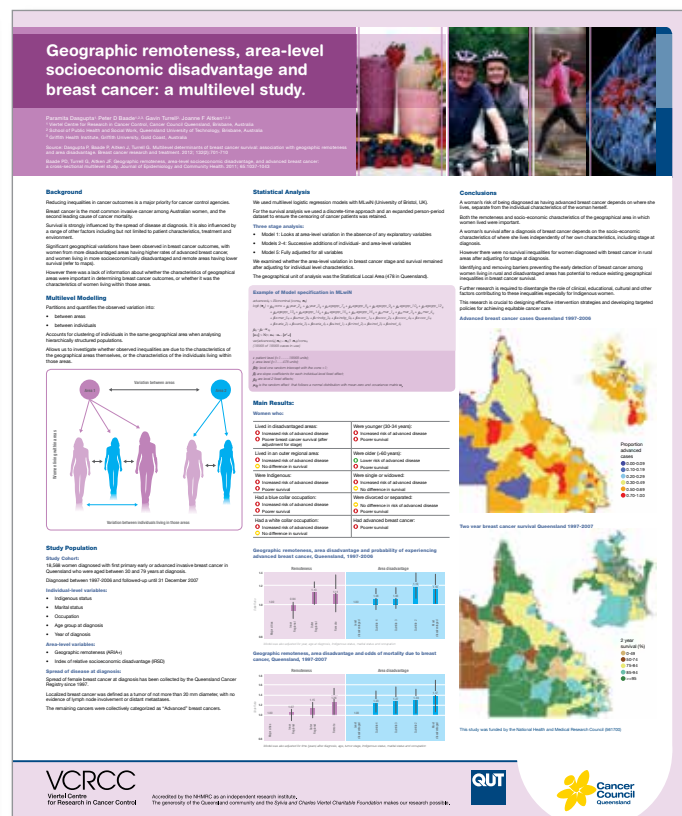
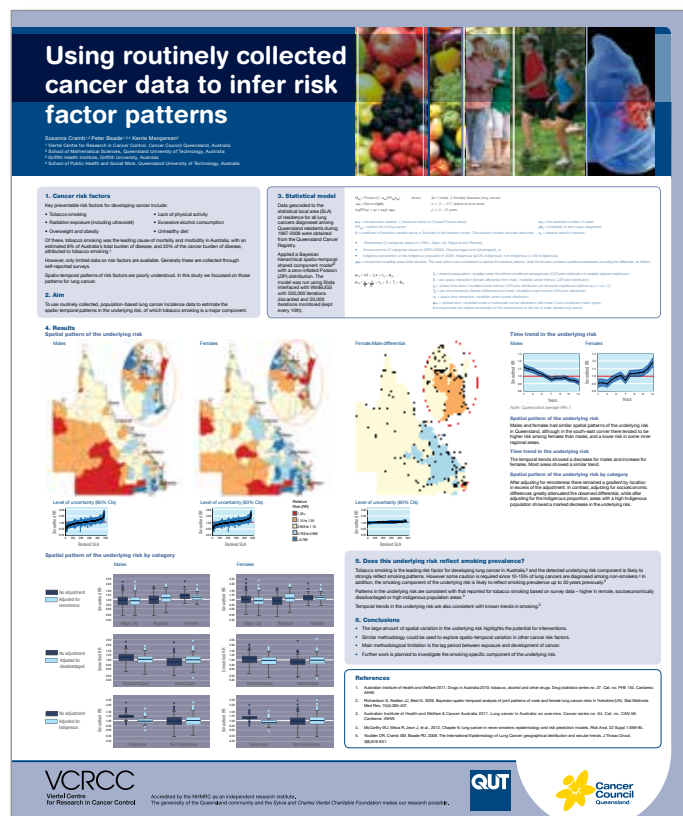


Professional Research Activity in 2012

The Joint Meeting of International Psycho-Oncology Society (IPOS) 14th World Congress and 30th Clinical Oncological Society of Australia's (COSA) Annual Scientific Meeting

In November 2012, the Cancer Council Queensland hosted the IPOS World Congress and COSA Annual Scientific Meeting. The meeting brought together worldwide experts to talk about all aspects of cancer, from prevention and awareness to treatment and recovery. The meeting included over 800 local, national and international researchers, health professionals, scientists and cancer survivors. Research from the Viertel Centre was well represented at the conference. In particular our work focusing on geographical inequalities in cancer outcomes, and psychosocial outcomes for cancer survivors was highlighted.

Professor Jeff Dunn and Professor Suzanne Chambers were invited speakers at the conference where they focused on themes of advocacy, efficacy of peer support interventions, couples-focused peer support for men with prostate cancer, and lung cancer in the media with a focus on stigma, sympathy and stoicism. In all VCRCC staff contributed over 22 presentations in the areas of epidemiology and health services; issues facing cancer survivors; general psycho-oncology; application of innovative technologies in psycho-social care; communication about cancer; melanoma and skin cancer; screening for distress; and optimising outcomes after lung cancer.



Peer-reviewed Publications

In 2012 the VCRCC published 44 papers in peer-reviewed journals.

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Scientific Conferences

In 2012, VCRCC researchers were again well represented at local, national and international conferences with nearly 40 presentations and posters.

Baade PD, Dasgupta P, Turrell G, Aitken J.

Geographic Remoteness, area-level socioeconomic disadvantage and Colorectal Cancer: a cross-section multilevel study. COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Baade P, Youl P,

Xingqiong Meng, Craig Sinclair. Quantifying the future burden of cancers preventable by diet and physical activity in Australia. COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Baade PD, Youlden DR,

Gardiner RA, Ferguson M,

Aitken JF, Yaxley J,

Chambers SK.

Factors associated with diagnostic and treatment intervals and the treatment received by prostate cancer patients in Queensland. COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Chambers SK.

A Randomised Trial of Couples-focussed Support for Men with Localised Prostate Cancer. Invited Speaker. Gold Coast Health & Medical Research Conference 2012. November 30 2012, Gold Coast.

Chambers SK.

Psychosocial interventions for men with prostate cancer, Invited Speaker, Sydney Cancer Conference 2012. September 28

2012, Sydney.

Chambers SK, Gardiner RA,

Aitken J, Occhipinti S.

Intervening to improve psychological outcomes for men with prostate cancer. UICC World Cancer Congress 2012, August 27-30 2012, Montreal, Canada.

Chambers SK, Nielsen L,

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

Couple distress following prostate cancer diagnosis. 13th Australasian Prostate Cancer Conference, July 31- August 3 2012, Melbourne.

Chambers SK, Nielsen L,

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

Couple distress following prostate cancer diagnosis. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Chambers SK, Schover L,

Halford K, **Nielsen L,** Gordon L, Gardiner RA, **Dunn J,**

Occhipinti S.

A randomised trial of couples-focussed peer support for men with localised prostate cancer. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Chambers SK, Schover L,

Nielsen L, McDowall R,

Halford K, Gardiner RA, **Dunn J,** Occhipinti S.

Couple distress following prostate cancer diagnosis. ANZUP ASM, July 15-17 2012, Sydney.

Chambers SK.

Cancer and Stigma, Invited Speaker, 6th General Assembly of the Asian Pacific Organisation for Cancer Prevention; April 27 2012, Kuching, Malaysia.

Chambers SK.

Intervening in Health-Related Stigma: Potential Targets, Invited Speaker, IPOS 14th World Congress of Psycho-Oncology and COSA 39th Annual Scientific Meeting, November 13-15, Brisbane.

Chambers SK.

Life after Prostate Cancer, Invited Presentation, NSW Chapter Meeting, Prostate Cancer Foundation Australia; March 10 2012, Tamworth.

Chambers SK.

Supporting men with prostate cancer: research and practice. Invited Presentation, Prostate Cancer Foundation of Australia Strategic Framework for Prostate Cancer Research 2012-2017; February 25 2012, Melbourne.

Cramb S.

Bayesian spatio-temporal disease mapping: new frontiers. Session Organiser, ISBA conference: International Society for Bayesian Analysis, June 25-29 2012, Kyoto, Japan.

Cramb SM, Baade PD,

Mengersen KL.

Using routinely collected cancer data to infer risk factor patterns. COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Cramb SM, Baade PD,

Mengersen KL.

Using routinely collected cancer data to infer risk factor patterns. Bayes on the Beach, November 6-8 2012, Caloundra.

Cramb S.

Spatio-temporal cancer mapping: Bayesian dynamic factor models.

ISBA conference: International Society for Bayesian Analysis. June 25-29 2012, Kyoto, Japan.

Cramb SM, Earnest A, White NM, **Baade PD**, Mengersen KL. Disease Mapping using Bayesian Hierarchical models (part of MAN765 lecture), Queensland University of Technology, March 23 2012, Brisbane.

Dasgupta, P, Baade PD, Turrell G, **Aitken J**. Geographic Remoteness, area-level socioeconomic disadvantage and Breast Cancer: a multilevel study. COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Dunn J. The role of NGO's in cancer control, Plenary Speaker. Asia Pacific Organisation for Cancer Prevention 6th General Assembly, April 26-29 2012, Malaysia.

Dunn J. Living well after the cancer experience, Symposium Speaker. Asia Pacific Organisation for Cancer Prevention 6th General Assembly, April 26-29 2012, Malaysia.

Dunn J. Early Detection & Screening, Symposium Chair. Asia Pacific Organisation for Cancer Prevention 6th General Assembly, April 26-29 2012, Malaysia.

Dunn J. Lung cancer in the media: Stigma, sympathy and stoicism. IPOS 14th World Congress and COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Dunn J. Efficacy of peer support interventions: Summary of current

knowledge, Session Chair. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Green AC, **Youlden DR, Baade PD, Aitken JF**, Smithers M. Melanoma in Queensland: Incidence, Mortality and Survival. COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Green AC, **Youlden DR, Baade PD, Aitken JF**. Melanoma Incidence and Mortality Rates in Adolescents and Young Adults. Keynote address, Expanding the Continuum of Care: A Workshop for Adult Oncologists with Adolescent and Young Adult Patients. COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Hawkes AL, Pakenham K, Courneya, KS, **Patrao TA**. A randomised trial of the effects of a multiple health behaviour intervention for colorectal cancer survivors on quality of life and psychosocial outcomes ('CanChange'). IPOS 14th World Congress, November 13-15 2012, Brisbane.

Hawkes AL, Patrao TA, Green A, **Aitken JF**. Short-Term effectiveness and acceptability of a telephone-delivered intervention for people at risk of colorectal cancer. Australasian Society for Behavioural Health and Medicine Conference, February 8-10 2012, Melbourne.

Hutchison S, Dunn J, Girgis A, Turner J, Occhipinti S, **Chambers SK**. Informing service delivery: Beating the Blues after Cancer:

a randomised controlled trial comparing minimal contact self-management vs. an individualised tele-based cognitive behavioural intervention. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Morris B, Campbell M, **Dwyer M, Dunn J, Chambers SK**. The lived experience of breast cancer survivors participating in challenge-based peer support programs: The transformative effect of riding motorcycles. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Morris B, Hadley DW, Koehly LM. The role of religious and existential well-being in the context of hereditary disease: Prevention, family communication, and psychosocial adjustment to cancer. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Morris BA, Chambers SK, Campbell M, **Dwyer M, & Dunn J**. The lived experience of breast cancer survivors participating in challenge-based peer support programs: The transformative effect of riding motorcycles. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Morris BA, Hadley D, & Koehly LM. The role of religious and existential well-being in the context of hereditary disease: Prevention, family communication, and psychosocial adjustment to cancer. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Rolls P, Hutchison S, Clutton S, Strodl E, Chambers SK.

A prospective study of the role of client variables in distress and therapy outcome within a community cancer counselling service. IPOS 14th World Congress, Brisbane, 13-15 November 2012.

Stiller A, Hanley B, Burns S, Saxton T, Nielsen L, Chambers S.

Group peer support in a research setting: training and challenges. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Youl P.

Stigma and Nihilism: what we know and what we need to know. Invited Speaker, Australian Lung Cancer Conference, Aug 22-24 2012, Adelaide.

Youl PH, Chambers SK, Aitken JF.

Psychological distress in long-term melanoma survivors. IPOS 14th World Congress, November 13-15 2012, Brisbane.

Youl PH, Youlden DR, Baade PD.

Trends in site-specific melanoma in Queensland: are we witnessing the impact of public health campaigns? COSA 39th Annual Scientific Meeting, November 13-15 2012, Brisbane.

Nationally Competitive grants during 2012

Baade P.

How and why do cancer outcomes depend on where you live? National Health and Medical Research Council Career Development Fellowship; \$424,920; 2011-2014.

Chambers S, Baade P, Youl P, Aitken J, Dunn J, Garvey G, Valery P.

The effects of stigma and nihilistic views on lung cancer outcomes. Cancer Australia; \$588,112; 2011-2013.

Chambers SK, Newton R, Girgis A, Lepore S, Mihalopoulos C, Gardiner R, Galvao D, Occhipinti S. ProsCan for Life: A Multimodal Supportive Care Intervention for Men with Prostate Cancer. \$598,194; Beyond Blue/Cancer Australia; 2011-2013.

Chambers SK.

Psychosocial intervention to improve psychological and quality of life outcomes after cancer. Australian Research Council Future Fellowship; \$918,968; 2012-2015.

Chambers SK, Smith D, Berry M, Lepore S, Foley B, Occhipinti S, Frydenberg M, & Gardiner RA.

A randomised trial of a mindfulness intervention for men with advanced prostate cancer. National Health and Medical Research Council; \$706,232; 2012-2014.

Chambers S, Youl P,

Clutton S, Shum D, Ownsworth T, Pyke C. "Chemobrain" What is it and how can we help? Cancer Council Queensland; \$36,000; 2011-2012.

Youl P.

The impact of geographical location and socioeconomics on outcomes from breast cancer. National Health and Medical Research Council Early Career Fellowship; \$299,564; 2013-2016.

Youl P, Baade P.

"Stop the smokes for a healthy bub". Commonwealth Department of Health and Ageing; \$480,000; 2010-2012.

Youl P, Baade P, Aitken J, Chambers SK, Dunn J & Pyke C.

A multi-level investigation of inequalities in clinical and psychosocial outcomes for women after breast cancer. Cancer Australia; \$588,745; 2011-2013.

Awards

Dr Pip Youl was awarded an NHMRC Early Career Fellowship to conduct new research into better understanding the reasons for inequalities in survival for women with breast cancer, particularly for women living in rural and remote areas and those from areas of disadvantage. The four-year research fellowship will allow Dr Youl to examine in detail how geographical location and socioeconomics impact breast cancer outcomes, in an effort to affect policy and increase survival rates.



Additional service to research and the broader community during 2012

Cancer Council Australia

National Public Health Committee:
Pip Youl

Conference Organising Committees

International Psycho-Oncology Society 14th World Congress, Chair, Organising Committee:
Jeff Dunn

International Psycho-Oncology Society World Congress, Deputy Chair, Organising Committee:
Suzanne Chambers

Expert Advisory Committees

Asian Pacific Organisation for Cancer Prevention (APOCP) Executive Committee
ANZUP Cancer Trials Group

Limited Quality of Life Committee

ANZUP Cancer Trials Group
Limited Scientific Advisory Committee

Australian Paediatric Cancer Registry Advisory Committee

BreastScreen Queensland State Accreditation Committee

Cancer Australia Information and Communication Advisory Group

International Psycho-oncology Society Board

International Psycho-oncology Society Education Committee

International Psycho-oncology Society Publications Committee

LIVESTRONG Foundation Global Campaign International Advisory Committee

McCabe Centre for Law and

Cancer Advisory Committee

Program Board for the CRCIS Health Program

Queensland University of Technology, Faculty of Health Advisory Committee

Reach to Recovery International Breast Cancer Support Service

Union for International Cancer Control Strategic Advisory Panel

Professional Memberships

Andrology Australia

Australasian Epidemiological Association

Australian Psychological Society

Australian Research Council

Australian Society for Medical Research

Cancer Nursing Society of Australia

Clinical Oncological Society of Australasia

International Psycho-Oncology Society

LIVESTRONG Foundation

Multinational Association of Supportive Care in Cancer

Oncology Nurses Group

Psycho-Oncology Co-operative Research Group

Queensland Urological Nurses Society

Queensland Epidemiological Group

Union for International Cancer Control

Urological Society of Australia and New Zealand

Reviews for journals

American Journal of Preventive Medicine

Annals of Behavioural Medicine

Archives of Dermatological Research

Australian Family Physician

Australian New Zealand Journal of Public Health

BioPsychoSocial Medicine

BMC Dermatology

BMC Cancer

BMC Family Practice

BMC Public Health

BMJ Open

Breast Cancer Research and Treatment

British Journal of Cancer

British Journal of Dermatology

British Journal of Urology

International

Canadian Medical Association Journal

Cancer

Cancer Causes Control

Cancer Epidemiology

Clinical and Experimental Dermatology

Dutch Cancer Society

European Journal of General Practice

Health Promotion Journal of Australia

International Journal of Cancer

Journal of the American Academy of Dermatology

Journal of Clinical Psychology in Medical Settings

Journal of European Academy of Dermatology Venereology

Journal of Health Psychology

Journal of Psychosomatic Research

Journal of Thoracic Oncology

Medical Journal of Australia

Molecular Nutrition and Food Research

Patient Education and Counselling Preventive Medicine

Psychology and Health

Psycho-Oncology

Quality of Life Research

Respirology

Supportive Care in Cancer

Reviews for funding bodies

Australian Research Council:
Suzanne Chambers,
Peter Baade

Icelander Center for Research:
Jeff Dunn

National Health and Medical Research Council:

Suzanne Chambers, Pip Youl,
Peter Baade

The Prostate Cancer Charity, UK:
Suzanne Chambers

United Kingdom National Institutes of Health:
Pip Youl

Italian Association for Cancer Research:
Peter Baade

BRISBANE

553 Gregory Terrace,
Fortitude Valley QLD 4006

T: 07 3634 5100

F: 07 3257 1306

BUNDABERG

Ground Floor,
312 Bourbong Street
Bundaberg West Qld 4670

T: 07 4150 4500

F: 07 3259 8401

CAIRNS

169 Aumuller Street
Bungalow Qld 4870

T: 07 4047 5500

F: 07 3259 8478

GOLD COAST

1 Short Street
Southport Qld 4215

T: 07 5503 3700

F: 07 3259 8457

MACKAY

Unit 4a, 6-8 Discovery Lane
North Mackay
Qld 4790

T: 07 4842 2000

F: 07 3259 8371

ROCKHAMPTON

43 Upper Dawson Road
Rockhampton Qld 4700

T: 07 4932 8600

F: 07 3259 8480

SUNSHINE COAST

Shop 4, 54 Baden
Powell Street
Maroochydore Qld 4558

T: 07 5451 6000

F: 07 3259 8479

TOOWOOMBA

137 Herries Street
Toowoomba Qld 4350

T: 07 4690 5800

F: 07 3259 8481

TOWNSVILLE

24 Warburton Street
North Ward Qld 4810

T: 07 4796 8400

F: 07 3259 8507

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for Research in Cancer Control

www.cancerqld.org.au