

years of cancer research

Changing the lives of Queenslanders

Viertel Cancer Research Centre

About Cancer Council Queensland

Our Mission

Medical research has successfully beaten most disease – it will beat cancer. Cancer Council Queensland raises funds which are dedicated to eliminating cancer and diminishing suffering from cancer through research, treatment, patient care, prevention and early detection.

Our Goal

Our goal is cancer control through all actions that aim to reduce the burden of cancer on all individuals and the community in support of our vision for a cancer free future.

Our Strengths

Cancer Council Queensland is dedicated to serving the community in cancer control. Cancer Council Queensland is dynamic, outcome-focused, responsive to community needs, committed to voluntarism and the pursuit of excellence in all its activities. All staff and volunteers from Cancer Council Queensland, through their work, are actively involved in cancer control.





Who are we?

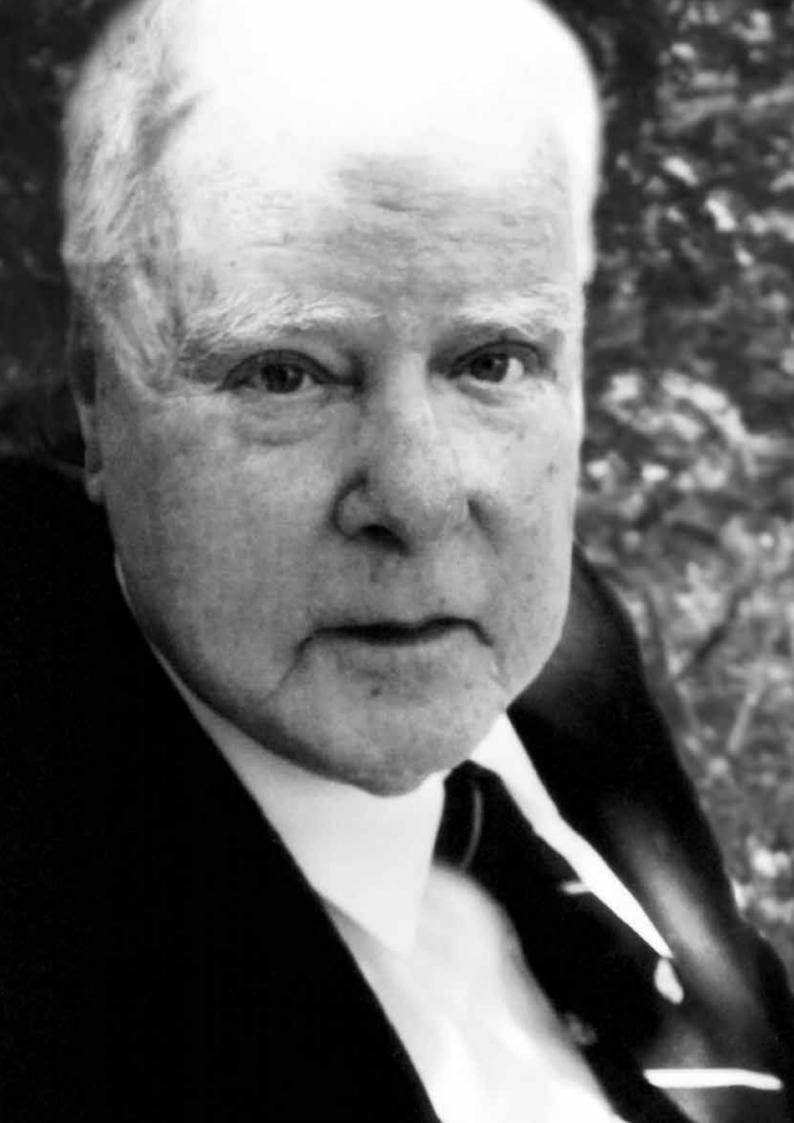
Cancer Council Queensland's Viertel Cancer Research
Centre (CRC) is a multi-disciplinary research centre
dedicated to collaborative work to advance global cancer
control, strengthening the knowledge base that informs
specialist expertise in the fields of psycho-oncology,
epidemiology and community engagement.

Our findings have worldwide impact, demonstrating the importance of community-based cancer control in preventing and defeating cancer and reducing the years of life lost to cancer at a population-wide level.

From 2004, the CRC's work has been underpinned by a major long-term philanthropic commitment from the Sylvia and Charles Viertel Charitable Foundation. The Foundation's commitment ensures the CRC's work is future-focused, innovative, and responsive to emerging trends.

Over the past 10 years the centre has gained recognition as a world-class research institute, helping to guide local, national and international understanding of the issues that impact quality of life and survivorship outcomes for those affected by cancer, including family members and the broader community.

We are committed to eliminating cancer as a life-threatening and distressing disease for future generations.



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 Cancer Research Centre.

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

Our goal

is to conduct collaborative investigation in cancer control with a focus on questions of importance to Queenslanders, research excellence and community impact.







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Message from the CEO

Cancer today, more than ever, is a community problem. It is the largest component of total burden of disease and injury in Queensland, newly affecting 25,000 Queenslanders every year and causing nearly 8000 deaths. If current trends continue into the future, cancer will remain the leading burden of disease, impacting an increasing number of individuals and families, and placing an even greater burden on the community and the health system. Two in five people are likely to develop cancer during their lifetime and one in seven is likely to die as a result. Cancer is a leading cause of death in our community.

However, thanks to medical and scientific advancements, earlier diagnosis and better treatments have resulted in real improvements in cancer survival rates over the past 30 years. Relative to the general population, Queenslanders diagnosed with cancer now have a 69 per cent chance of surviving for five years or more, a significant improvement from 53 per cent in the 1980s. While reassuring, these gains have not been shared equally by all members of the population. In particular, cancer survival rates are significantly lower than the state average among people living in rural and remote parts of the state and among the disadvantaged in our community.

At the same time, increasing life expectancy and the growth and ageing of the population have led to a steady increase in the number of Queenslanders being diagnosed with cancer each year. In fact, the rate of increase in the number of new cancer diagnoses is outpacing population growth. Combined with improving cancer survival rates, the inevitable result is that more and more people in the community are living every day with cancer. It is estimated that almost 130,000 Queenslanders are living with a cancer diagnosed within the past 10 years.

By 2024, it is expected that this number will have increased to 200,000.

As a result of these trends, community-based cancer control is becoming more complex, reflecting and responding to the significant interaction between lifestyle behaviours and cancer risk factors. The research innovations of the Viertel Cancer Research Centre play a leading role in community-based cancer control in Queensland, preventing cancer from occurring and improving quality of life and survival outcomes for Queenslanders affected by the disease.

Collaborations have been key to the Centre's work, advancing novel projects by partnering with other leading institutions and researchers to strengthen the knowledge base that underpins specialist expertise in both clinical and supportive care.

Over the past 10 years, the Centre has built on strong foundations in descriptive epidemiology and applied psycho-oncology, more recently adopting a specific focus on community engagement. The impact of the Centre's work has helped to inform public policy in areas such as tobacco control and geographic inequalities, guiding the development of cancer-related programs and services and enhancing protocols for clinical practice.

The Centre's leadership of investigations into geographic inequalities has helped to map patterns of cancer diagnosis and management in Queensland, broadening our understanding of the factors that influence cancer survival. Our findings to date have demonstrated the importance of community-based cancer control in preventing and defeating cancer and reducing the years of life lost to the disease at a population-wide level.



The impact of the Centre's work has helped to inform public policy in areas such as tobacco control and geographic inequalities, guiding the development of cancer-related programs and services and enhancing protocols for clinical practice.

Of equal importance, our psycho-oncology research program has improved awareness of the issues that impact quality of life and survivorship outcomes for those affected by cancer, including family members.

Notably, the Centre has successfully applied its research in practice, leveraging from the statewide outreach of Cancer Council Queensland's specialised services and programs.

A key feature of the next 10 years will be a focus on community resilience and engagement in cancer control. How can we involve communities in cancer prevention, in improving access to diagnosis and treatment, and in supporting cancer patients and their families through the anguish of diagnosis and treatment? And how can we ensure that all groups in society benefit equally from improvements in cancer control? Cancer Council Queensland's Viertel Cancer Research Centre is a part of the global effort to find answers to these and other key questions, identifying those opportunities that are most important for Queenslanders. Our goal, ultimately, is to translate the knowledge and understanding that comes from our research into a better future for all in our community.

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 Centre and I gratefully acknowledge the support of the Board of Directors of Cancer Council Queensland, in particular the immediate past Chairman the Honourable Richard Chesterman AO RFD QC and current Chairman Mr Graham Gibson QC. I also acknowledge and thank the members of the Viertel Centre's Executive Committee, Professor Frank Gardiner, Professor Ian Frazer and Professor David Shum, for their support and guidance.

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

Finally, I must acknowledge our CRC volunteers who give so generously of their time to assist us, and the thousands of community members who participate in our work so that we can deliver long-term projects with tangible outcomes for Queenslanders. Our achievements over the past 10 years will underpin our continued efforts to eliminate cancer as a life-threatening and distressing disease for future generations.

We all have a role to play in cancer control. I commend this report to you as evidence of our impact.

Professor Jeff Dunn AO

Chief Executive Officer
Cancer Council Queensland

Message from the Head of Research

Over recent decades there have been significant advances in our knowledge and understanding of the prevention, diagnosis and management of cancer, and yet it remains a challenge to put these results into practice to benefit all groups in our community. We know enough, for example, about the causes of cancer to reduce incidence rates by one third and yet, for some cancers, the rates continue to rise. Overall cancer survival has improved by 30% over the past 20 years and yet cancer patients in country areas still have significantly lower five-year survival rates than patients in the city. Major strides have been made in understanding how to help cancer patients and their families through the trauma of cancer diagnosis and treatment and yet many cancer patients still battle alone with significant and long-term distress.

These are challenging issues that illustrate the difficulty of translating results from the research setting into outcomes that improve lives.

To meet this challenge directly, the work of the Viertel Cancer Research Centre is population-based. The community itself is our laboratory and over the past ten years, over 100,000 Queenslanders have participated in our projects. As part of the Cancer Council Queensland, the CRC is in a unique position to ensure that the results of this community-based research are translated rapidly into practice.

The specialised investigations that the CRC has undertaken over the past ten years are too numerous to list here and I hope you will find it of interest to read the research overview and highlights outlined in these pages. In our three key areas of expertise - epidemiology, psychooncology and community engagement – we have tackled key questions about cancer risk and early diagnosis,

cancer management and supportive care, and inequality in cancer outcomes across the community. Tangible benefits have included changes to public policy to improve cancer risk reduction, psychosocial support and cancer management; improved availability of information about cancer for all in the community; contributions to national cancer guidelines; and the development of effective, evidence-based programs and services for cancer control.

Underpinning these achievements are the CRC's scientific profile and reputation, reflected in the publication of more than 300 peer-reviewed articles in medical and scientific journals, national and international scientific collaborations that have greatly expanded the CRC's capacity, accreditation as a National Health and Medical Research Council Administering Institution, and a proud rate of success in nationally competitive grant and fellowship awards.

I thank all members of the CRC over the last ten years, and our research collaborators and partners, for their dedication to the highest quality research. I would particularly like to acknowledge and thank Professor Suzanne Chambers for her key role in the Centre's development, for her leadership of the Centre for a number of years, and for her ongoing distinguished leadership of the Psycho-oncology Research Program.

I thank the volunteers who assist us so ably in the work of the Centre and I also thank the thousands of people who have given their time and effort to participate in our projects. Our work would not be possible without such community support and we are indebted to the generosity of so many Queenslanders who have joined us in this research.



Public support is vital for the conduct of successful population health research and we are grateful to the community of Queensland for the trust they have placed in us.

Finally, I would like to acknowledge Professor Jeff Dunn AO for his vision in recognising and championing the need for a centre of cancer research within an evidence-driven cancer control organisation, and for his academic leadership in the establishment and ongoing development of the Cancer Research Centre over the last ten years.

On behalf of Cancer Council Queensland, I am proud to present this report of the activities, achievements and outcomes of the first ten years of the Viertel Cancer Research Centre. We will continue to expand and build on this work, while our focus will remain to conduct research that will make a difference for all who have been touched by cancer in our community.

Professor Joanne Aitken

Head of Research and Director of Cancer Registries Cancer Council Queensland



Cancer in Queensland the facts...

Queenslanders are estimated to be diagnosed with cancer in 2022.

34,336 2 in 5

Queenslanders will develop cancer before age 80.

Queenslanders died of cancer in 2012.

Queensianders were diagnosed with cancer in 2012.

Improvement in cancer survival rates over the past 20 years.

135,357 1 in 7

Queenslanders were alive at the end of 2012 with a cancer diagnosed in the previous 10 years.

Queenslanders will die of cancer before age 80.

Our impact

During the past 10 years, the work of the Viertel Cancer Research Centre has had a major impact on cancer control in Queensland through translation of scientific findings into changes in public policy for cancer control, improved cancer programs and services, contributions to national cancer guidelines, and better access to accurate and timely cancer information for the people of Queensland, health care professionals and cancer researchers.

The CRC's international scientific reputation and recognition have underpinned its impact, demonstrated by the CRC's outstanding track record of publication in international peer-reviewed scientific journals and books, accreditation by the Commonwealth Government's National Health and Medical Research Council, success in attracting competitive research funding and Fellowships, regular presentation of research findings in scientific forums, and professional service as part of the national and international research community. A list of these achievements is provided in the Appendices.



Our impact

Changing the lives of Queenslanders

Changes to public policy

Enhanced statewide cancer care services for psychosocial support

CCQ's recommendations for the integration of distress management into routine clinical practice has been formally adopted by the Queensland Department of Health.

Creating a smoke free future

Provided evidence to inform policy change and program development to reduce smoking prevalence in the Queensland community from about 22 per cent in 2004 to about 15 per cent today.

Contribution to public awareness and debate

CRC has showcased its work not only in the scientific community but also through statewide, national and international media.

Improved sun safety

Pivotal role in ensuring that sun protection remains a high priority for public health policy.

CCQ and the Queensland Government created the SunSmart Grants Scheme to assist organisations with limited funds to work towards sun safety.

Full ban on commercial solaria to reduce unsafe exposure to the harmful effects of ultraviolet radiation from tanning beds.

Enabling access to data for research purposes

Providing Australian and international scientists with access to vital data from the Queensland Cancer Registry.

Overcoming inequalities in cancer survival

In 2011, CCQ released its landmark Atlas of Cancer in Queensland, which has underpinned significant changes to cancer services and public policy.

Increased public funding for schemes to assist regional patients who must travel far from home to access life-saving cancer treatment.

CCQ delivered three new accommodation lodges for regional patients and refurbished an existing facility over the five year period to 2013.

Provided the evidence to support the Queensland Government's doubling of accommodation and mileage reimbursements for regional patients.

Contributions to national cancer guidelines

Expert working groups

Contributed to the development of national guidelines for melanoma management and advanced prostate cancer, two of the CRC's major areas of research focus.

National committee

Membership of expert advisory panel for the development of clinical practice guidelines for PSA testing and management of test-detected prostate cancer.





Improved cancer control programs and services

Cancer prevention and early detection

Development of scientific evidence on which all of CCQ's cancer control programs and services are based.

Largest Queensland-wide study of cancer risk behaviours informed development of QUEST program for cancer prevention.

Review of diagnostic accuracy of primary care doctors in skin cancer clinics compared to general practitioners.

Development of information for the public on sun exposure and vitamin D.

Peer support programs

During the past 10 years CRC research has explored the role of peer support programs in the cancer experience, particularly for breast cancer and prostate cancer patients.

Programs and resources for men with prostate cancer and their families

The CRC developed an internationally recognised program of research investigating the psychological impacts of prostate cancer on men and their families, resulting in the development of resources (i.e. books, information sheets and DVDs) available for patients and used by national cancer support and men's health organisations.

Supportive care for cancer patients and their families

The CRC's psycho-oncology research program influenced the development of CCQ's innovative framework for the management of patient's psychological care, a distress screening process for callers to the Cancer Council Helpline, and the development of peer support programs.

Accurate and timely information about cancer

Queensland Cancer Registry

The CRC is the leading source of cancer-related statistics in Queensland, utilising data collected by the Queensland Cancer Registry.

Queensland Cancer Statistics Online (QCSOL)

The CRC developed the online data dissemination system Queensland Cancer Statistics Online (QCSOL) that is freely accessible online.

Australian Paediatric Cancer Registry

The CRC houses one of the world's few national childhood cancer registries – the Australian Paediatric Cancer Registry (APCR) and has produced national reports on incidence and survival from childhood cancer in Australia.



Our impact on public policy



The Cancer Research Centre's findings have been instrumental in bringing about changes to public policies and improved public funding targeted to better prevention, early detection and management of cancer.

Enhanced statewide cancer care services for psycho-social support

The CRC's research in psycho-oncology has led to the development of innovative psycho-social supportive care services and programs for the people of Queensland, and has contributed to the integration of psycho-social care in the Queensland Government's Cancer care statewide health service strategy 20141. In particular, Cancer Council Queensland (CCQ)'s recommendations for the integration of distress management into routine clinical practice have been formally adopted by the Queensland Department of Health. The approved strategy emphasises, by definition, the provision of psycho-social care, and establishes strategy actions to ensure the referral of distressed patients to specialised services. Our input to the strategy¹ highlighted the need for routine recording and reporting of cancer stage at diagnosis, as well as the importance of collaborative and multi-disciplinary research, supported by applied research initiatives to improve patient management and individual quality of life. Amendments to the original draft plan, based on our work, include meaningful quality measures that help to provide a binding framework for action on cancer control in Queensland. Of note, CCQ is recognised in the statewide plan as a leading independent organisation in cancer control.

Overcoming inequalities in cancer survival

In February 2011, CCQ released its landmark report Atlas of Cancer in Queensland: Geographical variation in incidence and survival 1998 to 2007². Based on data collected by the Queensland Cancer Registry, the Atlas revealed the substantial inequalities that exist for cancer patients in regional and disadvantaged parts of Queensland. It has underpinned significant changes to cancer services and public policy and has led to an ongoing program of work that aims to unravel the reasons



for these disparities. The CRC's findings on lower cancer survival in regional and rural areas also helped to inform the Queensland Government's statewide health service strategy² in which reduction of these inequalities through specified actions is highlighted as a priority for the state.

In addition, these findings resulted in substantially increased public funding for schemes to assist regional patients who must travel far from home to access lifesaving cancer treatment. The first such scheme, created in 2009, was the Queensland Health Regional Patient Accommodation Grant Scheme, offering non-profit organisations the opportunity to apply for capital works funding to establish regional patient accommodation facilities. As a result of this scheme, CCQ delivered three

new accommodation lodges for regional patients and refurbished an existing facility over the five year period to 2013. *The Atlas of Cancer in Queensland*² provided the evidence to support the Queensland Government's doubling of accommodation and mileage reimbursements for regional patients under the Queensland Health Patient Travel Subsidy Scheme, an increase which took effect in 2013.

Creating a smoke free future

The CRC investigated community attitudes towards smoking and passive smoking, helping to inform policy change and program development to reduce the prevalence of smoking in the Queensland community from about 22 per cent in 2004 to about 15 per cent today.

The CRC's findings on lower cancer survival in regional and rural areas also helped to inform the Queensland Government's statewide health service strategy.

1 Statewide Health Service Strategy and Planning Unit, Health Commissioning Queensland Department of Health in collaboration with the Statewide Cancer Clinical Network. Cancer care statewide health service strategy 2014. State of Queensland (Queensland Health). Brisbane, Queensland: July 2014.

2 Cramb SM, Mengersen KL, Baade PD. Atlas of Cancer in Queensland: geographical variation in incidence and survival, 1998 to 2007. Viertel Centre for Research in Cancer Control, Cancer Council Queensland. Brisbane, Queensland: 2011

CRC research has played a pivotal role in guiding the ongoing development of skin cancer prevention programs and strategies, such as the Cancer Council's national SunSmart Schools and Early Childhood Program.

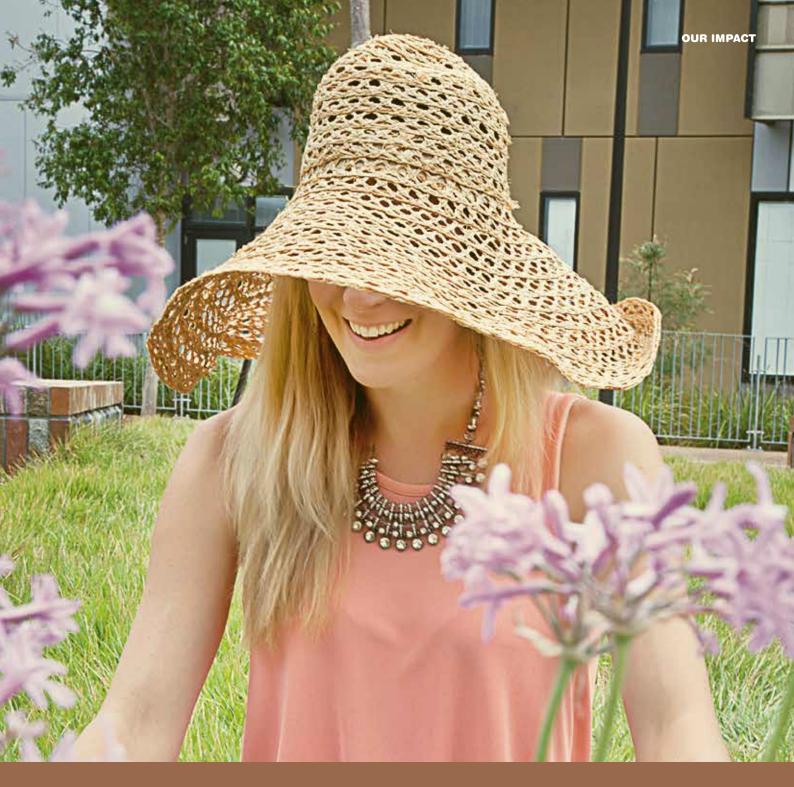
The outcomes of this work, to date, include statewide bans on the retail display of cigarettes, bans on smoking in cars carrying children under the age of 16, bans on smoking outside school gates and on hospitals grounds, and the broadening of local government powers to enable bans on smoking in designated public places, such as pedestrian malls, bus stops, taxi ranks, and ferry terminals, including a ban on smoking in Brisbane's Queen Street Mall.

Improved sun safety

CRC research has played a pivotal role in ensuring that sun safety and skin cancer prevention remain a high priority for public health policy in Queensland. As a result of our work, CCQ and the Queensland Government created the SunSmart Grants Scheme to assist organisations with limited funds to work towards sun safety. The scheme provides grants for non-profit community-based organisations and schools, whose primary focus group is children aged 0-17 years, to help

them improve sun protection measures and promote sun safe behaviour. The scheme is integral to skin cancer prevention, providing support for the sustainable implementation of organisational sun protection policies. The Centre's research on skin cancer also helped to provide the foundation for a full ban on commercial solaria, due to take effect in Queensland by the end of 2014. It has been estimated that each year in Australia, 281 new melanoma cases, 43 melanoma-related deaths, and 2572 new cases of squamous cell carcinoma are attributable to solarium use, at a cost to the health system of around \$3 million. The ban is a major achievement that will protect Queenslanders from unsafe exposure to the harmful effects of ultraviolet radiation from tanning beds.





As a result of our work, CCQ and the Queensland Government created the SunSmart Grants Scheme to assist organisations with limited funds to work towards sun safety.



Our capacity to generate media has grown exponentially over the past decade, a result of our expanding and high quality research program.



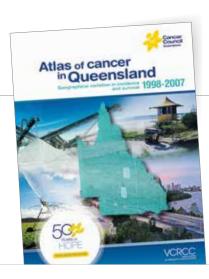
Enabling access to data for research purposes

The CRC has played a key role in providing Australian and international scientists with access to vital data from the Queensland Cancer Registry, following a strong advocacy campaign that called on the Queensland Government to grant routine access to de-identified data for research purposes. The research that underpinned this outcome was conducted in collaboration with Griffith University, examining the community's attitudes to the use of identified and de-identified health information for research purposes. More than 80 per cent of those

surveyed indicated they trusted CCQ to conduct research using de-identified information and CCQ rated highest in levels of trust for the use of any type of health information. Cancer researchers in particular were reported to hold a high status in the public's estimation, an indication of the community's trust in us as a credible research centre. In addition to enabling routine access to data from the Queensland Cancer Registry for research purposes, the findings of the study helped to inform data custodians, ethics committees and policy makers of the need for streamlining access to de-identified data.

Contribution to public awareness and debate

Over the past 10 years the CRC has endeavoured to showcase its work not only in the scientific community but also through statewide, national and international media. This is of enormous value to the work of CCQ. and importantly makes known the work conducted under the banner of the Cancer Research Centre, providing an invaluable opportunity to highlight the contribution of the Viertel Foundation to medical research each year. From live national television interviews featuring our research on Australian childhood cancer death rates, showing they dropped significantly over a decade, to several CCQ melanoma research projects that caught national and international media attention as part of CCQ's Global Controversies and Advances in Skin Cancer Conference in 2013, our capacity to generate media coverage has grown exponentially over the past decade, a result of our expanding and high quality research program.



In 2011, CCQ released its landmark report Atlas of Cancer in Queensland: Geographical variation in incidence and survival 1998 to 2007.



The CRC has played a key role in providing Australian and international scientists with access to vital data from the Queensland Cancer Registry.



Our impact on programs and services for cancer control



A major role of the CRC's research program is the development of scientific evidence on which all of CCQ's cancer control programs and services are based. New knowledge, evidence and recommendations from the CRC are translated quickly and directly into improved, targeted community-based activities in cancer prevention, early detection and supportive care.

Cancer prevention and early detection

The World Health Organisation estimates that approximately one-third of cancers and 40 per cent of deaths from cancer worldwide could be prevented by reducing cancer risk factors such as smoking, diet, insufficient physical activity and other behaviours. The prevention and early detection of cancer, and particularly skin cancer, are key areas of focus for the CRC.

To plan, improve and evaluate strategies for cancer prevention and early detection, the CRC identified a need for information on the current prevalence of cancer risk factors and the level of cancer screening activity in the Queensland population. In 2004, the Centre undertook the largest Queensland-wide study to date of the prevalence of cancer risk behaviours, cancer screening activity, and

knowledge and attitudes towards cancer. The Queensland Cancer Risk Survey involved detailed interviews with close to 10,000 adults and results revealed that the Queensland population was characterised by continuing high rates of sunburn (particularly among younger men), insufficient physical activity, a high prevalence of overweight and obesity, vegetable consumption below recommended levels, and extremely low participation rates in bowel cancer screening. These findings suggested an urgent need to develop and implement an innovative program to improve health behaviours. In response, CCQ developed the 'QUEST' (Quit smoking, Understand your body and get checked, Eat healthily and drink less alcohol, Stay SunSmart every day, Take time to be active) program, a free, online, innovative program designed to support Queenslanders to make healthier lifestyle choices to



reduce their cancer risk, whether as individuals, or through workplaces, schools, sporting groups, early childhood centres, local government, health professionals and community groups.

CCQ's SunSmart Program has been at the forefront of public health campaigns for skin cancer prevention since the mid-1980s, and CRC research continues to inform enhancements and improvements to this program. The Centre's evaluation of the SunSmart Schools Program resulted in the creation of the SunSmart Grants Scheme in partnership with the Queensland Government, as outlined in 'Public policy'

CRC research findings indicating high rates of sunburn and sun exposure in adolescents and men led to the development and implementation of targeted skin cancer prevention programs and resources. These include: 'Real

Stories', a resource for secondary schools featuring a DVD and accompanying lesson plans focusing on the real life experiences of young people diagnosed with skin cancer, 'Queensland SunSmart Day', an awareness and fundraising event targeted at schools, early childhood centres and workplaces, and 'Kidskin', a suite of three curriculum-based sun safety education resources specifically designed for early, middle and upper primary school classes.

CRC research highlighting a lack of understanding among the general public and health professionals in relation to sun exposure and vitamin D informed the development of a national resource titled 'How much sun is enough?' This resource provides information, on a state-by-state basis, on sun exposure time required to achieve adequate levels of vitamin D without increasing the risk of skin cancer.

Findings suggested an urgent need to develop and implement an innovative program to improve health behaviours. In response, CCQ developed the 'QUEST' program.

World Health Organisation. Cancer prevention. http://www.who.int/cancer/prevention/en/; http://www.who.int/cancer/publicat/WHOCancerBrochure2007.FINALweb.pdf

The Distress Thermometer and Problem Checklist is a resource for health professionals that allows them to detect high psychological distress in their patients.

A landmark study examining the impact of clinical wholebody skin examination on the stage of melanoma at detection provided evidence that informed Cancer Council Australia's position statement on screening and early detection of skin cancer. CRC research also identified that men 50 years and over are more likely to be diagnosed with late stage melanoma and are more likely to die from the disease, resulting in the development of resources specifically targeted to this group in partnership with Queensland University of Technology. These resources included a DVD for men outlining a step-by-step guide to conducting skin self-examination and encouraging men to see their doctor without delay should they find anything of concern to them on their skin. This research informed the development of new public health campaigns focusing on early detection of melanoma in men over 40 years during National Skin Cancer Action Week.

The CRC conducted a comprehensive review of the diagnostic accuracy of doctors working in skin cancer clinics compared to doctors in mainstream general

practice. Skin cancer clinics are a relatively recent phenomenon in Queensland and other Australian States, and are the subject of an increasing volume of calls to Cancer Council Helplines across the country. This research resulted in the development of a resource entitled 'Where can I have my skin spots checked?' providing advice to individuals who are concerned about a skin spot or who want to have a skin examination. The results of this research were included in Cancer Council Australia's position statement and recommendations on skin screening and the early detection of melanoma.

Supportive care for cancer patients and their families

The CRC's psycho-oncology research program influenced the development of CCQ's innovative framework for the management of patient psychological care, a distress

screening process for callers to the Cancer Council Helpline, and the development of peer support programs. This research resulted in the production of resources for cancer patients and their families that have been distributed nationally, and led to the development and delivery of training programs for healthcare professionals to equip them with up-to-date knowledge and skills surrounding supportive care in the management of their patients.

Models of psycho-social care

Research conducted at the CRC led to the development of a tiered model of care that formed the framework for CCQ's provision of psycho-social support for people with cancer. CRC researchers evaluated a training program for health professionals that integrated the tiered model with National Health and Medical Research Council clinical practice guidelines for psycho-social care of adults in acute and community settings. This program extended statewide with training programs held in major regional and urban centres for general practitioners, specialist oncologists, nurses and allied health professionals,

> and was supported by a companion DVD to aid dissemination. The tiered model of care formed the basis for further CRC research into the efficacy of psycho-social interventions for people with cancer.

CRC researchers undertook an evaluation of the screening and triage process used by CCQ's Cancer Council Helpline, which led to the systematic implementation of routine distress screening for callers to the Helpline. Training programs for health professionals were developed to support translation of this research into practice and distress screening is now a standard practice in Cancer Helplines nationally. 'The Distress Thermometer and Problem Checklist'

is a resource for health professionals that allows them to detect high psychological distress in their patients. This tool is now being disseminated nationally by the Prostate

Cancer Foundation of Australia.



The Centre's evaluation of the SunSmart Schools Program resulted in the creation of the SunSmart Grants Scheme in partnership with the Queensland Government.

The CRC has developed an internationally recognised program of research investigating the psychological impacts of prostate cancer on men and their families.

Beating the Blues after Cancer, a randomised controlled trial comparing nurse-led counselling to psychologist-led counselling for melanoma and colorectal cancer patients resulted in the development of psychological support resources and tip sheets that are disseminated through CCQ cancer support networks.

An implementation project is underway to introduce the findings from this trial into CCQ's service delivery.

Peer support programs

During the past 10 years CRC research has explored the role of peer support programs in the cancer experience, particularly for breast cancer and prostate cancer patients. The Breast Cancer Support Service Program Evaluation assessed the effectiveness of CCQ's breast cancer peer support service for improving the psychosocial adjustment of women who had been treated for breast cancer, resulting in an improved and more effective service to recipients. A three-phase study exploring men's experiences of peer support after prostate cancer provided key recommendations for further development of these programs.

Programs and resources for men with prostate cancer and their families

The CRC has developed an internationally recognised program of research investigating the psychological impacts of prostate cancer on men and their families. This has resulted in the development of a number of resources including books, information sheets, and DVDs to address common concerns faced by men and their partners following a diagnosis of prostate cancer. The resources are available for patients and are used by national cancer support and men's health organisations.

Additional resources were developed to support health professionals caring for men with prostate cancer. Proscare, a monograph that outlines an evidence-based model of psychological care for men with prostate cancer, was submitted by the International Psycho-oncology Society to the European Taskforce on Standards and Accreditation for Prostate Cancer Care Units as a proposed best practice model of care. 'Early Detection of Prostate Cancer in General Practice: Supporting Patient Choice' is an evidence-based guide developed by the CRC that supports primary care practitioners to assist patients in making a choice about whether or not to undergo screening for prostate cancer. The resource was endorsed by the Commonwealth Government's National Cancer Control Initiative, Andrology Australia, Cancer Council Australia, Prostate Cancer Foundation of Australia, the Urological Society of Australia and New Zealand and the Australian Prostate Cancer Collaboration and distributed via the Medical Journal of Australia. An education program to support dissemination was extended online nationally and internationally with the British Journal of Urology International in Fingertip Urology.

During the past 10 years CRC research has explored the role of peer support programs in the cancer experience, particularly for breast cancer and prostate cancer patients.



The CRC's psycho-oncology research program has influenced the development of CCQ's innovative framework for the management of patient psychological care.



Our impact on national cancer guidelines



Clinical practice guidelines play a vital role in providing a national benchmark for consistent and high quality cancer care for all cancer patients. In Australia, the National Health and Medical Research Council (NHMRC) oversees the development of these guidelines by expert scientific and clinical working groups who evaluate the available evidence and develop recommendations for standard clinical practice. The NHMRC sets out the minimum requirements for development of guidelines. These include structured research questions developed by a multidisciplinary team, documentation of literature search strategy, systematic identification and review of the scientific literature, assessment and applicability of the scientific evidence, evaluation of economic evidence (costs and benefits), consideration of socio-economic differences in prevention and treatment, a dissemination or implementation plan and preparation of companion consumer publications.

CRC scientists were invited members of expert working groups for the development of guidelines for melanoma and prostate cancer, two of the CRC's major areas of research focus.

These guidelines include:

- Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand.¹
 Designed to assist clinicians who care for patients with melanoma, the guidelines include information about screening, identification and management of high-risk individuals, melanoma diagnosis and staging, clinical management, psycho-social issues and palliative care.
- Advanced prostate cancer: a guide for men and their families.² These guidelines explain the advanced stages of prostate cancer, its treatments and how men can manage their health and care while dealing with prostate cancer.

CRC scientists are members of an expert advisory panel for the development of clinical practice guidelines for PSA testing and management of test-detected prostate cancer.

- Australian Cancer Network Melanoma Guidelines Revision Working Party. Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand. Cancer Council Australia and Australian Cancer Network, Sydney and New Zealand Guidelines Group, Wellington (2008).
- Australian Cancer Network and Australian Prostate Cancer Collaboration. Advanced prostate cancer: a guide for men and their families. Cancer Council Australia, Australian Cancer Network and Prostate Cancer Foundation of Australia, Sydney (2009).

Our impact on accurate and timely information about cancer



Up-to-date information about cancer statistics is essential for setting appropriate research priorities, to enable the provision of diagnostic, treatment and support services where they are most needed, and to assist the community to be informed and aware of the burden of cancer in our State. Based on data collected by the Queensland Cancer Registry, the CRC is the leading source of cancer-related statistics in Queensland. In particular, the CRC provides freely available, up-to-date cancer statistics for Queensland through an online tool, and in addition has produced a series of reports (see Appendix I for full list) that provide a comprehensive overview of major cancers in Queensland.

Queensland Cancer Statistics Online

The CRC developed an online data dissemination system called Queensland Cancer Statistics Online (QCSOL) that is freely accessible to everyone online, and provides cancer statistics for more than 20 of the most common cancers in Queensland. The data covers incidence, mortality, survival and limited duration prevalence. Agespecific rates and trends over time are also included,

with more detailed information for all cancers combined and the National Health Priority Area cancers (excluding keratinocyte skin cancers). The site was recently updated to offer estimates on conditional survival as well as projections for incidence and mortality. QCSOL is an important source of statistical information for those requiring easy access to the latest Queensland cancer data and is used by researchers, health practitioners, students and health consumers.

Australian Paediatric Cancer Registry

The CRC houses one of the world's few national childhood cancer registries – the Australian Paediatric Cancer Registry (APCR). In collaboration with patient representatives and paediatric oncologists, the registry produced the first national picture of cancer incidence, mortality and survival among Australian children. This data provided immediate benefits to clinicians as well as to the families of paediatric cancer patients who, for the first time, have access to accurate and current information about prognosis and survival.

The CRC houses one of the world's few national childhood cancer registries – the Australian Paediatric Cancer Registry.

Our research

In the past 10 years, over 100,000 Queenslanders have taken part in the research projects of the Viertel Cancer Research Centre. Our research is focused in three key areas: epidemiology, psycho-oncology, and community engagement. Each of these areas is important for cancer control in Queensland, and they will remain the focus and strength of the CRC into the future.

Through its research findings and achievements, the CRC has built an esteemed scientific profile, reflected in the publication of more than 300 peer-reviewed articles in medical and scientific journals, accreditation by the Commonwealth Government's National Health and Medical Research Council and success in nationally competitive research grant awards.

As part of Cancer Council Queensland, the CRC has leveraged its research profile to secure the rapid application of its findings into practice, ensuring that the Queensland community benefits from the important work undertaken by CRC researchers.

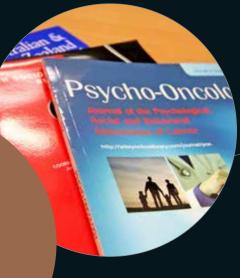


Our research

at a glance

reports on cancer in Queensland

332
peer-reviewed publications



national awards and fellowship

5500 citations of our research

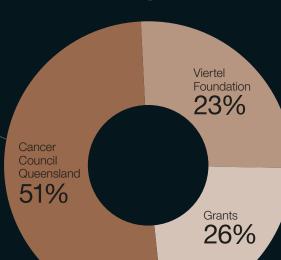
100,000+

Queenslanders took part in

our research

\$10m research grant income

CRC funding 2009-2013



research grants awarded

Accreditation by the National Health and Medical Research Council

Membership of 67 national and international expert scientific advisory and working groups

research conference presentations



Key program areas

Psycho-oncology research program

Objectives are to identify and understand impacts on psycho-social and survivorship outcomes for people with cancer, to undertake applied research to understand how to improve those outcomes, and to translate the results into improved cancer services and supportive care.

Epidemiology research program

Objectives are to understand patterns and trends in cancer incidence, prevalence, mortality and survival with a view to identifying areas of improvement or need, and to investigate factors that impact on diagnosis, clinical management, health service delivery and cancer outcomes.

These three key program areas do not operate in isolation, but link together to answer research questions with the overall goal of improving cancer outcomes and reducing the burden of cancer on individuals and the community. These three program areas will continue to be our focus and strengths into the future.

Research initiatives and achievements by topic are listed in the following pages.

Community engagement research program

Objectives are to develop CCQ's capacity to realise its cancer control goals through community engagement and community-based action. This program of research informs community activities in relation to public health, fundraising and volunteering, and helps us better understand the community's aspirations and expectations of non-government organisations in cancer control.





The research work of the Centre is focused on real people and real problems faced by cancer patients and their families.



Our research in skin cancer and melanoma



Skin cancer is the most common cancer in Australia and Queensland has the highest rate of skin cancer in the world. In 2011, more than 3200 individuals were diagnosed with melanoma, the most serious form of skin cancer, and over 300 died from the disease. Additionally, conservative estimates indicate that over 140,000 people are treated for non-melanoma skin cancer annually in Queensland. Skin cancer is the most costly of all cancers treated in Australia each year, with the cost expected to increase to more than \$700 million per annum by 2015.

Overview of research activities

Reducing the impact of skin cancer on the community has been one of the key research priorities for the CRC over the past decade. The Centre's skin cancer research program has focused on epidemiological patterns and trends in incidence and survival, prevention, early detection, clinical management, and psycho-social outcomes including quality of life and psychological distress following a diagnosis of melanoma.

Prevention

Exposure to ultraviolet radiation from the sun is the main cause of skin cancer. Over a number of decades, Australia has led the world in public health programs aimed at reducing sun exposure. The CRC investigated the success

of these programs and found that over the last two decades, melanoma incidence rates in Queensland have indeed declined among men and women under the age of 40 years - that is, those born around or after the start of organised sun protection campaigns in Queensland. While this is encouraging, CRC research has also found that men, and young people in particular, continue to experience painful sunburns that lead to increased risk of melanoma in later life, leading to a targeted public awareness campaign to address this.

In response to increasing media about sun protection and vitamin D deficiency, the CRC conducted a survey of over 2000 Queensland residents to determine whether this had resulted in changes to sun protection behaviours. Over 20 per cent of the participants involved in this study



had reduced their sun protection behaviours and one in 10 had reduced sun protection for their children because of concern about lack of vitamin D. Work is underway to develop public health campaigns that encourage appropriate balance between the harmful and beneficial aspects of sun exposure.

In other collaborative research, the CRC has found that three-quarters of melanomas in people aged 18 to 29 years can be attributed to sunbed use, and the risk increased with greater frequency of use. These findings informed advocacy efforts resulting in bans on commercial solaria set to take effect in every Australian state except Western Australia and the Northern Territory by January 2015.

Early detection of melanoma

The CRC conducted the first phase of a randomised trial of screening for melanoma involving more than 69,000

people in 18 Queensland communities that aimed to improve the early detection of melanoma and skin cancer through improved awareness and the provision of skin cancer screening clinics. This was the first time in the world that a formal trial of population skin screening had been attempted. Results after 10 years of follow-up are currently being analysed and will contribute to an international review currently underway that will produce recommendations in relation to population screening for melanoma.

A landmark study of over 4000 people diagnosed with melanoma in Queensland was the first to demonstrate that whole-body skin examination by a doctor reduces the incidence of late-stage melanoma. This study also found that men, and individuals with less education, are the least likely groups to have had a whole-body clinical skin examination, a finding that allowed better targeting of public health programs promoting early detection of skin cancer.

A landmark study of over 4000 people diagnosed with melanoma in Queensland was the first to demonstrate that whole-body skin examination by a doctor reduces the incidence of late-stage melanoma. In collaboration with researchers at the Queensland University of Technology, CRC researchers have focused on developing and testing new methods to enhance skin awareness as a means of improving the early detection of melanoma and skin cancer. These methods include a video for men aged 50 years and over to encourage skin self-examinations and to increase clinical skin examinations, now available to the general public online.

Diagnosing skin cancer and melanoma

In Australia, general practitioners (GPs) have traditionally managed the vast majority of skin cancer cases in our community. However, the past 10 years have seen the emergence of primary care skin cancer clinics. The CRC has studied over 28,000 consultations involving both family GPs and doctors working in skin cancer clinics and found that GPs and skin cancer clinic doctors have similar high levels of accuracy when diagnosing skin cancer. This finding has informed CCQ's advice to the public on the question of 'Who should I get to check my skin?'

Genetics

With collaborators in New South Wales and Victoria, the CRC is part of an international melanoma consortium that has focused on families with multiple melanoma cases. This research uncovered new genetic associations that play a role in melanoma susceptibility, particularly melanoma that occurs in younger individuals. Other collaborative work resulted in a better understanding of the relationship between specific genes and risk factors for melanoma, such as skin and eye colour.

Surviving melanoma

An estimated 40,000 Queenslanders live with a diagnosis of melanoma. In the largest study of its kind in the world, the CRC followed up over 2,500 melanoma patients and found that 30 per cent of survivors continue to suffer ongoing high levels of distress, and that this is more common in women and in younger melanoma survivors. The findings highlighted the need to address psycho-social issues as part of the clinical follow-up of melanoma patients.

CRC research also showed that people diagnosed with either invasive or in-situ melanoma are over five times more likely to develop a second invasive melanoma than the general population, an important finding that will inform clinical practice guidelines.

Some key findings

- Significant reduction in the incidence of melanoma in individuals under 40 years of age consistent with the impact of sun protection campaigns.
- Once diagnosed with a melanoma, patients are more than five times more likely to develop a second primary melanoma than people in the general population.
- > Sunbed use significantly increases the risk of melanoma in younger age groups.
- > Whole-body skin examination by a doctor reduces the incidence of late-stage melanoma.
- Sun protection practices have declined because of public concern over possible vitamin D deficiency.
- Discovery of a number of genes that play a role in melanoma susceptibility.
- A significant number of melanoma survivors continue to suffer high levels of distress five or more years following their diagnosis.

Impact and translation of research findings into practice

- The findings from the Australian Melanoma Family Study have provided evidence for successful advocacy to ban commercial solaria. Researchers in the Centre were the first internationally to show that whole body skin examination by a doctor is effective in reducing the risk of late stage melanoma.
- It has contributed to the development of clinical practice guidelines for the diagnosis and management of melanoma, and research demonstrating that family GPs and skin clinic doctors diagnose skin cancer with similar levels of accuracy have helped inform the development of a national resource advising the public on the common question 'Where should I get my skin checked?'
- Over the past 10 years the results of CRC research have been reported in over 80 scientific publications and presented at 54 local, national and international scientific conferences.
- CRC researchers are members of a collaborative NHMRC Centre of Research Excellence in Sun and Health (CRESH) whose aim is to build an evidence base for Australian public health guidelines to balance the adverse and beneficial effects of sun exposure and optimise the health of the Australian community.



Reducing the impact of skin cancer on the community has been one of the key research priorities for the CRC over the past decade.



Kylee Sanson

Kylee Sanson was just 21 when she heard the words – 'you've got cancer'. Diagnosed with a malignant melanoma on her back, she was a young Mum and pregnant with her second child, and the news came as a shock which took years to process.

It wasn't until her son was born that she and her husband could focus on her diagnosis – that's when reality sunk in, and Kylee realised what her melanoma meant not only for her own life, but that of her family.

"It was important for me to protect my family, my children particularly, and we made changes in our lifestyle to ensure a skin cancer diagnosis didn't happen again."

Kylee and her family understand the importance of prevention and early detection, and are thankful for the Cancer Council's ongoing investment to protect Queenslanders from skin cancer.

"Without the Slip, Slop, Slap campaign, and the ongoing research into melanoma and other skin cancers, we would be far less effective in getting this vital message out to all Queenslanders," Kylee said.

"CCQ's landmark studies into melanoma are crucial in saving lives, and helping more of us avoid this devastating disease."







Our research in prostate cancer



Approximately 4000 Queensland men are diagnosed with prostate cancer each year. Prostate cancer can be a challenging diagnosis for men and their partners - prognosis is difficult to determine and side-effects are common with existing treatments. Many men with prostate cancer experience significant levels of distress due to their diagnosis and those around them also frequently experience psychological difficulties. The vast majority of men diagnosed with prostate cancer will survive at least five years beyond their diagnosis, which means that at a community level this disease has a high impact on wellbeing. Prostate cancer is a key area for the Centre's research.

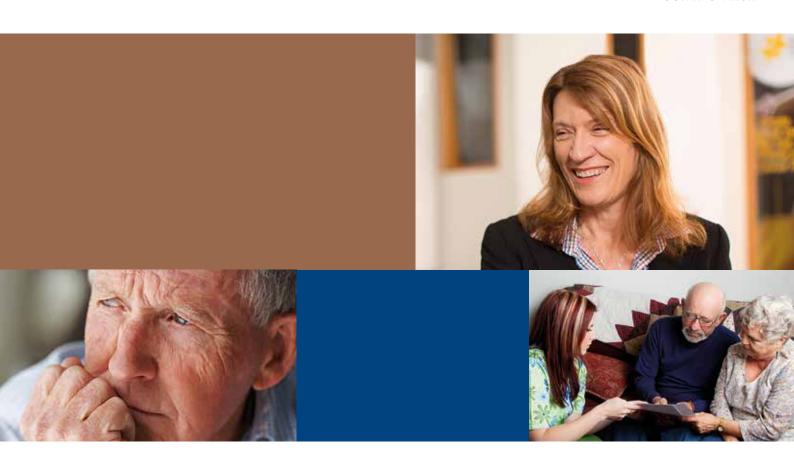
Overview of research activities

The CRC's prostate cancer research program has examined many aspects of the experience of Queenslanders with prostate cancer over the past 10 years, with the aim of reducing the burden of this disease for men at all stages of their cancer journey.

The ProsCan project: patterns of care and outcomes for men with prostate cancer

The ProsCan project recruited over 1000 men diagnosed with prostate cancer to examine their cancer experience. This ongoing project, which explores the psychological

needs of men and the care they receive from diagnosis through to 10 years after their treatment, is the Centre's largest prostate cancer project to date. This project also explored potential genetic markers involved with prostate cancer and the effectiveness of a program to assist men with making treatment decisions. Many men who were involved with the ProsCan project extended their involvement to include an additional investigation of the relationship between Vitamin D and prostate cancer, in collaboration with Cancer Council New South Wales and Queensland University of Technology. Additionally, many first-degree relatives of the men in the ProsCan project have been involved in an investigation of the impacts of a



prostate cancer diagnosis on other men in a family and in particular their beliefs and practices surrounding screening for prostate cancer.

ProsCan partners study

Prostate cancer can have a significant effect on the relationship between men and their partners due to treatment side-effects that impact on men's sexuality. The ProsCan Partners project has explored these effects with the partners of men who participated in the ProsCan project. From this work it was determined that couples needed more support, leading to the trial of a support program for couples following surgery for prostate cancer and the development of resources to assist couples in this situation.

Interventions to support men with prostate cancer

The CRC conducted trials of numerous interventions for men

with prostate cancer to reduce the impacts of the disease on their lives, including exercise interventions, peer-support programs, couple support programs and interventions to reduce distress for men experiencing advanced disease. Researchers have also collaborated with several other national and international organisations including the Australian and New Zealand Urogenital and Prostate Cancer Trials Group, Edith Cowan University, Griffith University, MD Anderson Cancer Center, Memorial Sloan Kettering Cancer Center, Prostate Cancer Foundation of Australia, Queensland University of Technology, Temple University and Urological Society of Australia and New Zealand.

With so many treatment options available for men with prostate cancer, it can be a very difficult process just to decide which ones to undergo. To address this, the Centre undertook research into how men with prostate cancer make informed treatment decisions, how clinicians can best support these decisions, and how CCQ can develop resources to facilitate this process.

Many men with prostate cancer experience significant levels of distress due to their diagnosis, and those around them also frequently experience psychological difficulties.

Results of this research have been published in 55 scientific papers to date and have been presented at conferences throughout Australia and internationally.

Genetics of prostate cancer

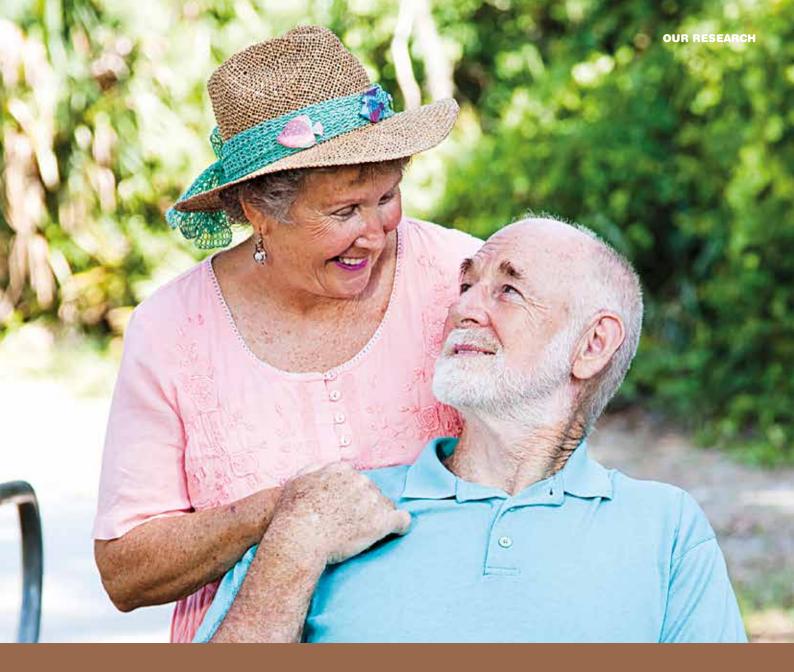
In the absence of a single, definitive test for the diagnosis of prostate cancer, it is important to investigate the gene patterns and biological markers that are likely to be important in the development and progression of prostate cancer. This will assist in identifying men who are at greater risk of developing prostate cancer, and in particular more aggressive disease. CRC researchers are collaborating with investigators at the Queensland University of Technology to uncover genes that may be involved in prostate cancer. Staff in the Centre are also part of an international consortium of prostate cancer projects aimed at investigating genetics on an international level.

Some key findings

- Men with localised prostate cancer experience high levels of decision-related distress that persists over time.
- Identification of the psychological antecedents of decision-related distress for men with prostate cancer and use of this knowledge to underpin the development and trialling of a decision support intervention that specifically targeted these processes.
- Finding that masculine self-esteem, time since diagnosis and treatment side-effects are related to the psychological quality of life of men with prostate cancer, and men's psychological distress and treatment side-effects are related to the distress experienced by female partners.
- Examining what it means to be a young man with prostate cancer and identifying that defining young in the context of prostate cancer is much more nuanced than simply examining chronological age.
- > Validating a single-item distress screening of men who have prostate cancer.
- Finding differences in diagnosis and treatment pathways for men with prostate cancer in regional Queensland.

Impact and translation of research findings into practice

- Results of this research have been published in 55 scientific papers to date and have been presented at conferences throughout Australia and internationally.
- The research led to the publication of a book 'Facing the Tiger: A Guide for Men with Prostate Cancer and the People Who Love Them' by Professor Suzanne Chambers; the release of a monograph 'ProsCare: A Psychological Care Model for Men with Prostate Cancer' to enhance the psychological support available to men with prostate cancer, and the promotion of distress screening in men with prostate cancer in collaboration with the Prostate Cancer Foundation of Australia and other international organisations.
- > Two CRC papers were recently cited in the American Cancer Society's Prostate Cancer Survivorship Guideline, which demonstrates the global reach of the Centre's research in this area. In addition, the findings of this research program have contributed to the development of resources to assist men with prostate cancer, improved the services offered by CCQ to men with prostate cancer and have informed the scientific community and clinicians caring for men with prostate cancer in Queensland, interstate and internationally.



The ProsCan project recruited over 1000 men diagnosed with prostate cancer to examine their cancer experience. This ongoing project, which explores the psychological needs of men and the care they receive from diagnosis through to 10 years after their treatment, is the Centre's largest prostate cancer project to date.



Garth Stephens

"Mentoring other men with prostate cancer, I found they were at first reluctant to talk about their journey and relationships with their wives or partners. But once you got talking to them and they realised they weren't alone, and that other blokes had the same sorts of problems and they met the challenges, they overcame them quite well."

Garth Stephens was diagnosed with prostate cancer when he was 60, and since then has dedicated his time to supporting other men affected by the disease, pre and post treatment. He is currently a valued volunteer at Cancer Council Queensland.

"The emotional side of cancer is one which I have a great need to help others in, especially with men, it's very difficult for them to express themselves."

Garth's passion is directly in line with the goals of the Viertel Cancer Research Centre – to care for men with prostate cancer by investing in research that explores the role of peer support programs, develops understanding of the psychological impacts of prostate cancer, and provides evidence-based research for resources, guidelines and advice for Queensland men affected.

The CRC's prostate cancer research program has examined many aspects of the experience of Queenslanders with prostate cancer over the past 10 years, with the aim of reducing the burden of this disease for men at all stages of their cancer journey.





Our research to improve supportive care for cancer patients





The diagnosis and treatment of cancer is a major life stress that is followed by a range of psychological, social, physical and spiritual difficulties. Over the past 10 years, the CRC has conducted a number of observational studies and randomised trials of supportive care interventions to determine the needs of those whose lives are touched by cancer and how CCQ can develop, trial and deliver the best programs to support them. The Centre has a strong focus on the translation of research into practice for our supportive care programs, and to support this it also conducts research to inform the effective delivery of new programs to the community.

Overview of research activities

Supportive care needs

When providing supportive care to cancer patients it is important to understand what support is actually needed. To determine the supportive care needs of Queenslanders with cancer, CRC staff conducted research into the accurate identification of distress and examined the needs of different groups of people, including those in rural and regional areas, patients as well as partners, and patients with particular cancers. Patient needs can change over the course of their cancer journey and in acknowledgement of this, the Centre conducted research on supportive care through all aspects of the cancer experience.

The CRC's supportive care research examined many forms of support for Queenslanders affected by cancer including diet and physical activity programs for people undergoing treatment as well as survivors, psychological support to reduce distress at all stages of the cancer journey, examining the effectiveness of different support roles, and also research to help people overcome difficulties that often result from specific cancers, such as the treatment side-effects of prostate cancer or the nihilism and stigma often associated with lung cancer. CCQ also has a strong focus on supportive care programs that can reach Queenslanders across the state. Many of the Centre's supportive care intervention trials have evaluated programs that are delivered over the telephone or via the internet



to maximise their reach to rural Queensland and ensure they can be translated into services in an efficient and affordable manner.

What is the best way to deliver supportive care?

Supportive care can be delivered through many modalities through the many health professionals who work with those touched by cancer. The CRC conducted a successful trial comparing telephone-delivered psychologist vs. nurse-led interventions to reduce distress for cancer patients and carers. This led to a two-phased study to adapt an existing intervention to a web-based environment. This trial connects researchers, service providers and health service leaders in both the community and the acute health setting to develop and test a new and innovative health service for cancer patients that has the potential to reduce the psychological morbidity associated with cancer, at a minimal cost and with high community accessibility. The Centre has also conducted pilot work (with plans for a

full trial in the near future) to reduce the impact of stigmarelated distress for patients with lung cancer through psychological intervention.

Peer support

Peer support is a community driven approach that has emerged organically in Australia and internationally. Sharing time with people who have been through similar experiences has been shown to be an effective way of providing therapeutic support to people with cancer. The CRC has conducted several randomised controlled trials comparing peer support to traditional psychological support programs and also developed comprehensive training and supervision protocols to assist peer mentors as they support others who are impacted by cancer. CRC researchers have looked at many different forms of peer support including support groups, cause-related events such as motorcycle rides for cancer, and one-on-one peer support interventions.

The supportive care research of the CRC aims to ensure that people are supported throughout their cancer experience so they can live their lives to the fullest.

Training for health practitioners

The CRC works with health practitioners in many disciplines to ensure they have the training, knowledge and experience to effectively support Queenslanders with cancer and those around them. The Centre has conducted service evaluations of specialist nurse roles, CCQ services such as the Helpline and Cancer Counselling Service and worked with clinicians to ensure the effective translation of clinical practice guidelines into practice.

The experience of having cancer, or having someone close to you have cancer, can have a profound and ongoing impact on psychological wellbeing. The supportive care research of the CRC aims to ensure that people are supported throughout their cancer experience so that they can live their lives to the fullest.

Some key findings

- Conducted the world's largest randomised controlled trial to date examining men's adjustment to prostate cancer.
- Improved understanding of the usefulness of peer support for men with prostate cancer both in group contexts and through the use of peer-led interventions.
- Determined that support for men making treatment decisions can reduce cancer-specific distress and increase mental health outcomes for some men with early-stage prostate cancer.
- Discovered that a single telephone-delivered psychoeducational session can be equally effective in reducing distress for cancer patients and carers as longer term programs.
- Evaluation of support programs and supportive care roles both within CCQ and the community to ensure the delivery of high quality and effective services.

Impact and translation of research findings into practice

- In line with the Centre's strong focus on translation of our research into service delivery, randomised trials have provided the evidence base for CCQ's community services such as telephone-delivered mindfulness programs, couple-based interventions and distress intervention programs offered by the Cancer Counselling Service, peer support programs offered by Cancer Support Services and the support offered through the Cancer Council Helpline.
- The CRC continues to work closely with all people involved in cancer treatment to ensure Queenslanders with cancer receive the support they need and will continue to develop psycho-social care models and new support programs to ensure the specific needs of the community are met.
- The trials conducted in the Centre also support the service delivery of other organisations across the world, and by examining the effectiveness of telephone and web delivery of interventions we can extend the reach of support programs to those who would usually lack access to support services due to their location. This research program will help ensure every Queenslander receives the support they need as they go through their cancer journey.
- > The CRC's scientists have published over 100 papers on supportive care during the last 10 years, and delivered numerous presentations at local, national and international events, to ensure the knowledge gained from this research is disseminated throughout scientific and medical communities.

The CRC works with health practitioners in many disciplines to ensure they have the training, knowledge and experience to effectively support Queenslanders with cancer.



Sharing time with people who have been through similar experiences has been shown to be an effective way of providing therapeutic support to people with cancer.



Our research to reduce inequalities in cancer outcomes



While the health of Australians improved markedly during the 20th century, these advances have not been shared equally across all population subgroups. Achieving health equity for all Australians regardless of race, income and where they live has been identified as the greatest health challenge faced by Australia.¹

Overview of research activities

In 2005, the CRC produced the first report in Queensland that quantified the inequalities in cancer incidence and survival across the state. Results from this report demonstrated that people in rural and remote areas of the State and areas defined as having low socioeconomic status had lower cancer survival than the rest of the population.

Other CRC research revealed poorer survival from melanoma in rural areas, lower utilisation of dermatologists, and an increased likelihood of choosing a mastectomy compared to breast conserving surgery for localised breast cancer. These findings led to a concerted research program to better quantify the extent of and reasons for these disparities. This work has been possible because of the quality and utility of the data collected and housed in

the Queensland Cancer Registry, managed by CCQ under contract from Queensland Health.

The analysis of spatial data is a rapidly evolving field, and the CRC has successfully partnered with recognised experts in health inequalities and spatial statistical analysis at national and international research institutions. This has expanded the CRC's capacity through PhD trainees and fellowships and brought additional research funds.

The core data collected from the Queensland Cancer Registry with appropriate legislative and ethical approvals has been supplemented with data from other sources including information on stage of disease for colorectal cancer and melanoma. This is essential for the study of diagnosis and treatment patterns as possible reasons for the observed geographical inequalities. The CRC also utilised data linkages between the Queensland Cancer

1. Armstrong et al MJA 2007;187:485-489





Registry, the Queensland Hospital Admitted Data Collection and BreastScreen Queensland to increase the range of clinical and treatment measures available for analysis.

Some key findings

- Identification of a consistent pattern of poorer survival among cancer patients living in rural and remote areas of Queensland. This is the case for all cancers combined, and separately for colorectal, lung, cervical, prostate and kidney cancer and non-Hodgkin lymphoma. In addition, for stomach cancer, melanoma, prostate cancer and brain cancer, survival was lower in disadvantaged areas and/or higher in affluent areas.
- The adjusted case-fatality rate for melanoma is 20 per cent higher in rural versus urban areas of Queensland, suggesting there is some characteristic of living in an urban area, other than earlier diagnosis, that improves melanoma survival.
- People diagnosed with melanoma while living in southeast Queensland are more likely to see a dermatologist, skin clinic or a surgeon at least once during the diagnostic process than those living in more rural or remote areas, highlighting the access issues for people living in rural and remote areas.
- Survival of people diagnosed with rectal cancer in Queensland is shorter the further they live from radiotherapy facilities.
- Colon cancer patients living in inner and outer regional areas of Queensland are significantly more likely to be diagnosed with advanced cancer than those in major cities.
- A woman's risk of being diagnosed with advanced breast cancer is higher for women living in socioeconomically disadvantaged and outer regional areas of Queensland.
- Fewer radical prostatectomies are conducted in regional and rural areas, and the use of prostate cancer diagnostic and treatment services among men living in rural areas of Australia is lower than for men in cities.
- > For all of Australia, children diagnosed with cancer in remote areas, particularly those diagnosed with leukaemia, have a significantly lower survival rate than

children in major cities. In remote and outer regional areas of Australia, Indigenous children have significantly poorer survival rates than non-Indigenous children.

Impact and translation of research findings into practice

- In 2011 the CRC published the first Atlas of Cancer in Queensland: Geographical variation in incidence and survival 1998 to 2007, coinciding with the 50th anniversary of the founding of CCQ. This Atlas continues to be the foundation and motivation for ongoing investigations into the causes of geographical inequalities and statistical development to support this research. The Atlas and other publications have played a major role in the development of important public policy reforms, including a landmark doubling of Queensland's Patient Travel Subsidy Scheme in 2013, and were instrumental in ensuring that a reduction in geographical inequalities in cancer outcomes was a key objective of the Queensland Health Cancer Care Statewide Health Service Strategy 2014.²
- In addition, the CRC's results have informed CCQ's service development and community awareness programs by enabling the development of targeted strategies for different Queensland communities, including the appointment of regional staff to assist in supporting and providing information to cancer patients living in rural and remote areas of the state.
- > This program of work has resulted in over 20 peerreviewed publications that have been cited at least 160 times to date by other published studies, the supervision of five PhD or Masters students, and over \$2 million in competitive external research funds.
- The CRC was chosen as a host organisation for an Irish Interdisciplinary Collaborative Enhancement Grant that included a short term placement of a research fellow to investigate geographical inequalities in prostate cancer survival. The CRC is also a participant in the Commonwealth-funded Co-Operative Research Centre for Spatial Information (CRC-SI).
- > The results of this work to date continue to motivate the CRC's efforts to better understand reasons for the inequalities in cancer outcomes in Queensland.

Cramb SM, Mengersen KL, Baade PD. Atlas of Cancer in Queensland: geographical variation in incidence and survival, 1998 to 2007. Viertel Centre for Research in Cancer Control, Cancer Council Queensland. Brisbane, Queensland: 2011

Statewide Health Service Strategy and Planning Unit, Health Commissioning Queensland Department of Health in collaboration with the Statewide Cancer Clinical Network. Cancer care statewide health service strategy 2014. State of Queensland (Queensland Health). Brisbane, Queensland: July 2014.



The Atlas of Cancer demonstrated that people in rural and remote areas of the State, and areas defined as having low socioeconomic status, had lower cancer survival than the rest of the population.





Tania Charlwood

Earlier this year, Kingaroy local Tania Charlwood received the devastating news that she had stage two breast cancer.

Living rurally meant Tania was faced with the reality of travelling to receive treatment for an extended period of time.

Tania stayed at Olive McMahon Lodge in Toowoomba, one of six Cancer Council Queensland accommodation lodges available statewide.

Our CCQ lodges, a home-away-from-home, are offered free of charge to regional cancer patients who have to leave their homes and travel for treatment.

CCQ's Cancer Research Centre has dedicated years of hard work to better understand the burden faced by country cancer patients, and the reasons for inequalities in diagnosis, treatment and cancer outcomes across Queensland.

Our research has discovered that a woman's risk of being diagnosed with advanced breast cancer is higher for women in socioeconomically disadvantaged and outer regional areas of Queensland.

For many of the major cancers that affect Queenslanders, including breast cancer, there is a consistent pattern of poorer survival following diagnosis for patients living in rural and remote areas of the state.

The CRC is committed to playing its part in closing the survival gap for rural and remote cancer patients, and we will continue to work to ensure cancer patients like Tania have the best chance of survival and best possible quality of life after treatment.







Our research in childhood cancer





The CRC leads and manages the Australian Paediatric Cancer Registry (APCR), one of only a few national childhood cancer registries in the world.

Overview of research activities

Approximately 650 children under 15 years of age are diagnosed with cancer in Australia each year. Cancer is the most common cause of disease-related death among children aged 1-14 years old in Australia and accounts for 17 per cent of all deaths in this age group. With appropriate ethical and legislative approvals, the APCR gathers clinical and treatment information for every child living in Australia who is diagnosed with cancer. Accurate and timely data collection 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 access to relevant medical records.

The APCR research team has produced the first national reports detailing the incidence and survival associated with childhood cancer in Australia. Regularly updated information on incidence and survival is in the planning

stages to be made available online. Results published in the international scientific literature have detailed incidence, survival and mortality from childhood cancer in Australia, geographic inequalities in outcomes, and differences in outcome between Indigenous and non-Indigenous children.

Future research priorities include investigations of the reasons for lower survival among children from remote areas and Indigenous children, including detailed analyses of the patterns of management of childhood cancer in Australia, and whether management differs according to socioeconomic status, remoteness and access to major paediatric cancer treatment centres. The long-term outcomes of children who have been treated for cancer, and their risk of second cancers later in life, is also being investigated. The CRC's ongoing research program will continue to be conducted in close collaboration with clinicians involved in the treatment of childhood cancer.

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



Some key findings

- > Survival rates for children with cancer in Australia are among the highest in the world.
- > There have been significant decreases in childhood cancer mortality in Australia over recent decades.
- Children living in remote areas are 21 per cent less likely to be diagnosed with cancer compared to children in major cities. However, children from remote areas have significantly lower survival rates.
- Indigenous children are 36 per cent less likely to be diagnosed with cancer compared to other children, but 36 per cent more likely to die within five years of diagnosis.

Impact and translation of research findings into practice

The APCR has provided the first comprehensive national picture of cancer incidence, mortality and survival among Australian children. This has been of immediate benefit to clinicians as well as to the families of paediatric cancer patients who for the first time have current, accurate and accessible information about prognosis and survival, information that is vital for planning future needs of the children with cancer.

- The accumulated results of the CRC's research and analysis of these unique data have been presented, on invitation, at the primary national meeting of paediatric cancer specialists in the region (the Australian and New Zealand Children's Haematology/Oncology Group) and an international scientific conference hosted by the University of Queensland as part of the 'Children's Health and Environment Program'.
- The APCR is an invited participant in two international consensus meetings to be held in late 2014, the first to determine paediatric cancer staging systems for use in cancer registries, and the second to establish international collaborations and determine the key research questions that should guide these collaborative research efforts in paediatric cancer.
- The Registry will continue to focus and drive research with the ultimate aim of improving our understanding of the causes of childhood cancer, reducing the incidence of childhood cancer and improving survival rates.

Paula Araujo

Cancer Council Queensland research shows between 1998 and 2008 childhood leukaemia deaths dropped by a remarkable 63 per cent – a compelling statistic that Paula Araujo hopes will only continue to improve rapidly.

At three years of age, Paula was diagnosed with acute lymphocytic leukaemia and spent the majority of her younger years in and out of hospitals, undergoing chemotherapy and fighting for life.

Now, at 20 years of age, Paula is passionate about the advancement of research into childhood cancers, in the hope that others don't have to go through the same heartache her family did.

"As a child you often can't comprehend the complexity and severity of a cancer diagnosis, but it is still debilitating mentally and physically on yourself and your family."

"The effects can also be long term as you lose your hair, face daily injections, high fevers, and sleepless nights – so if we can support research and raise funds to minimise the pain children go through, the world will be a wonderful place."

Paula said despite her setback, her experience with cancer has influenced her outlook on life and she is now studying to be an actor.

Her hope is for all children to have the chance to grow up healthy and happy, and follow their dreams as she has.





Our research in colorectal cancer



In Queensland in 2011 (the most recent figures available) nearly 2000 individuals were diagnosed with colorectal cancer and approximately half of those diagnosed died from the disease. A diagnosis of colorectal cancer is often associated with considerable physical and psychological impacts and the burden of this disease in Australia is significant.

Overview of research activities

CRC research has focused on examining screening for colorectal cancer, improving our understanding of the pathway to a colorectal cancer diagnosis, factors that impact survival, quality of life and other psychological outcomes.

Colorectal cancer screening in Queensland

Regular screening for colorectal cancer for those 50 years and older is recommended by the National Health and Medical Research Council. The CRC has examined rates of participation in bowel cancer screening in Queensland and found that although nearly two-thirds of participants indicated they were aware of the faecal occult blood test (FOBT), only 15 per cent in the target age range (50-75 years) had ever had an FOBT. As a number of psychosocial factors such as beliefs, attitudes, anxiety, and fear

are known to be associated with participation in bowel cancer screening, the CRC developed evidenced-based training materials for staff involved in screening patients through the Queensland Bowel Cancer Screening Program. The materials, including a DVD, aimed to provide staff with the necessary skills to address the psychosocial support needs of people undergoing screening for bowel cancer and to assist patients to understand the information available, and to make informed choices.

Prior to the introduction of the National Bowel Cancer Screening Program, the CRC sought to examine general practitioner's (GPs) knowledge, attitudes and practices in relation to screening for colorectal cancer. This research found that two-thirds of GPs indicated they would support the national program and over half reported they currently recommend FOBT for their patients aged 50 years or more. Knowledge about the benefits of FOBT in reducing



mortality from bowel cancer was high. Overall support for the national program had increased significantly from a previous survey in 1999.

Colorectal cancer and quality of life

The Colorectal Cancer and Quality of Life study involved approximately 2000 Queenslanders newly diagnosed with colorectal cancer. Participants were interviewed shortly after diagnosis and then annually for six years. The primary aims of the study were to examine pathways to diagnosis and treatment, and the impact of physical activity on quality of life and survival of participants.

The vast majority of patients reported they had experienced symptoms before being diagnosed with colorectal cancer, and only two per cent of patients were diagnosed through screening by faecal occult blood test (FOBT). The time to final diagnosis was significantly longer

for participants living in rural and regional areas compared to those living in major cities, and for participants without private health insurance.

In examining the impact of physical activity on both clinical and psychological outcomes after colorectal cancer, this research found that study participants who had achieved at least 150 minutes of physical activity per week had a better quality of life compared to those reporting no physical activity. Further, participants who increased their level of moderate-intensity activity during the study period also reported increases in their quality of life. Barriers to being more physically active for colorectal cancer survivors included fatigue and not feeling well enough to exercise. Additionally, survivors who had high levels of anxiety and who experienced somatization were less likely to be physically active.

Over the follow-up period, the prevalence of high distress

Our research has focused on examining screening for colorectal cancer, improving our understanding of the pathway to a colorectal cancer diagnosis, factors that impact survival, quality of life and other psychological outcomes.

The study found that while distress was more common early in the cancer experience, some patients were more likely to experience distress later in their cancer journey.

in colorectal cancer survivors ranged from 44 per cent to 32 per cent. Distress was more common in men who were younger, had low education and poor social support. Additionally, the study found that while distress was more common early in the cancer experience, some patients were more likely to experience distress later in their cancer journey. These findings provided evidence for the development of targeted interventions to reduce distress in colorectal cancer survivors.

An intervention to improve health behaviours after colorectal cancer

A better understanding of health behaviours after a cancer diagnosis is important, as these behaviours are known to be related to disease recurrence, development of second primary cancers, and risk of other chronic diseases. The finding that colorectal cancer survivors are less likely to be physically active showed there was a need for an intervention aimed at improving their general health behaviours. To this end we developed and tested a telephone-delivered health behaviour change intervention for colorectal cancer survivors.

CanChange was a randomised-controlled trial involving 410 colorectal cancer survivors. Survivors were randomly assigned to a telephone-delivered health coach intervention or usual care. The intervention group received 11 health coaching sessions delivered by telephone over six months that focused on physical activity, weight management, dietary habits, alcohol and smoking. The intervention was successful in increasing moderate physical activity levels and the health coach group were more likely to be sufficiently active. Further, the health coach group maintained their body mass index, whereas the usual care group experienced a significantly greater increase.

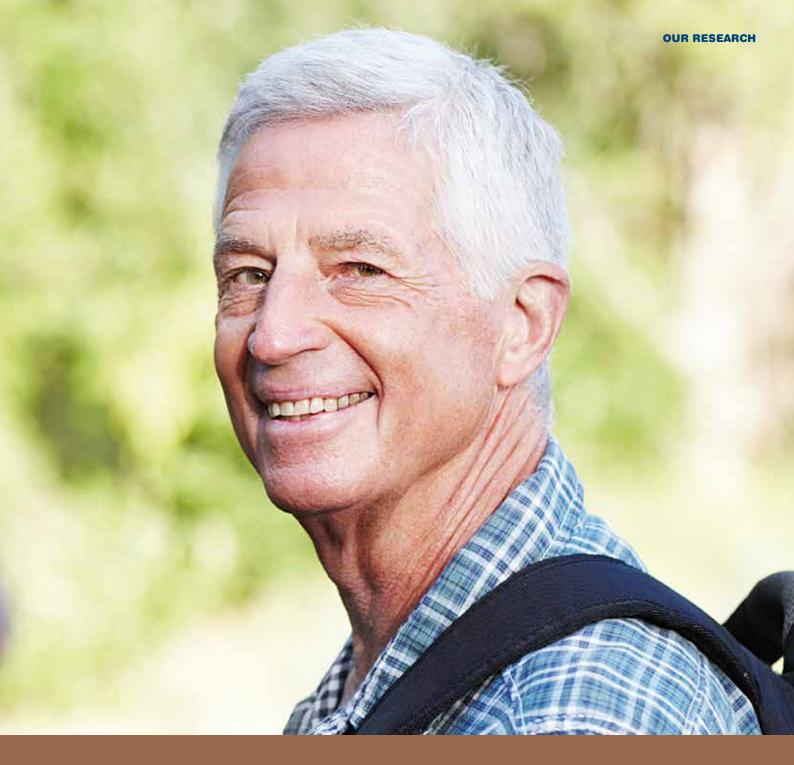
Some key findings

Colorectal cancer patients living in rural and regional areas are less likely to be diagnosed in a timely manner.

- Over 90 per cent of colorectal cancer patients are experiencing symptoms at time of diagnosis.
- Only two per cent of colorectal cancer patients were diagnosed by using a Faecal Occult Blood Test.
- Less educated men, and younger men, diagnosed with colorectal cancer are at relatively high risk of psychological distress.
- A telephone-delivered lifestyle intervention is effective in increasing physical activity, and improving diet and maintaining body mass index in newly diagnosed colorectal cancer patients.
- There has been a significant increase in the number of GPs supporting and recommending FOBT for their patients aged 50 years and over.

Impact and translation of research findings into practice

- The finding that a significant number of colorectal cancer patients suffer from high levels of distress informed the development of a successful National Health and Medical Research Council-funded project, in partnership with Griffith University, that is testing the effectiveness of an internet-based psychological intervention to reduce distress in colorectal cancer patients.
- Further, results from both the Colorectal Cancer and Quality of Life Study and CanChange, highlighted the importance of adequate levels of physical activity for colorectal cancer survivors, and CRC researchers are now working with researchers from University of Queensland to test the effectiveness of different types of physical activity.
- This research has resulted in over 38 scientific publications over the past 10 years. The CRC developed evidenced-based training materials for staff working in the Queensland Bowel Cancer Screening Program.



The finding that colorectal cancer survivors are less likely to be physically active showed there was a need for an intervention aimed at improving their general health behaviours.



Our research in breast cancer



In Australia, one in eight women will be diagnosed with breast cancer in their lifetime, making it the most common cancer in Australian women. In 2011, more than 2900 women were diagnosed with breast cancer in Queensland and more than 500 died from the disease.

Overview of research activities

Current recommendations for women diagnosed with early stage breast cancer are that they are offered the choice of breast conserving surgery with follow-up radiotherapy or mastectomy alone. CRC researchers found that compared to women living in major cities, women who lived in rural and regional areas of Queensland were more likely to have had a mastectomy rather than breast conserving surgery. The same is true for women treated in public compared to private hospitals. The CRC is currently investigating the reasons for this difference.

Further analysis of data from over 200,000 women diagnosed with breast cancer in Australia revealed that compared to other breast cancer patients, diagnosis at a younger age increased the risk of mortality from breast cancer, particularly for women aged 30 to 39 years. Beyond that, as age at diagnosis increased, so did the risk of mortality from breast cancer.

Breast Cancer Outcomes Study

The CRC's Breast Cancer Outcomes Study is a five-year project with the aim of identifying the factors that influence treatment and clinical and psycho-social outcomes following a diagnosis of breast cancer. Information from in-depth interviews with over 3000 women and review of medical records will provide unique insights into the factors that impact on diagnosis and treatment pathways. Self-administered questionnaires are collecting information on psycho-social outcomes such as quality of life, access and use of supportive care, and psychological distress.

Early results have found that over half of the study participants had their breast cancer detected during a breast screening examination (less likely for women with lower levels of education) and 41 per cent reported they detected the breast cancer themselves. The time taken from first symptoms to diagnosis was found to be significantly longer for women who lived in regional and rural areas compared to those living in major cities, and



more women in regional and rural/remote locations with early stage breast cancer have reported that they didn't have options for treatment. Where options were given (for example, lumpectomy plus radiation or mastectomy), women in rural and regional areas were more likely to opt for mastectomy than breast conserving surgery in part because of the time away from home that radiation therapy would involve, location of services, financial costs, and for peace of mind.

In 2011 the CRC established a collaboration with Griffith University's Health Institute to create a bank of genetic material from blood samples provided by the women participating in the Breast Cancer Outcomes Study. Genetic and molecular analysis of this material will focus on improving the understanding of genetic factors that influence disease progression and survival.

Some key findings

- While overall survival from breast cancer is high in Queensland, women in regional and rural areas have significantly poorer survival.
- > The risk of death from breast cancer is highest in younger patients.
- > Cases diagnosed through breast screening are more likely to be early stage.

Women in regional and rural areas are more likely to experience delays in diagnosis, and when diagnosed with early stage breast cancer are more likely to have a mastectomy than breast conserving surgery.

Impact and translation of research findings into practice

- CRC findings have highlighted the need to develop tailored resources to assist women to understand all treatment choices that are available to them, and projects to develop and test appropriate tools and resources are planned
- The CRC's findings of poorer access to timely diagnosis, fewer treatment choices and lower survival experienced by women in regional and rural areas of Queensland is the first step in the Centre's program of research to understand the reasons for these inequalities.
- The CRC's breast cancer research program has resulted in nine publications over the past 10 years and findings have been presented at local, national and international scientific conferences and community meetings.

Tracey de Ruyter

When Tracy de Ruyter was told she had breast cancer, she asked herself the same question many people would ask when they receive a cancer diagnosis... why me?

Tracy was 46 years old, fit and healthy, and had no family history of the disease, but a small lump she felt on her breast prompted her to go to the doctors – she was told it was nothing.

A few months passed and Tracy knew something wasn't right – this time her worst fears were realised – she had a 3.6cm malignant breast tumour.

"I'm so glad I know my own body and listened to it – the cancer they found was quite aggressive and if I hadn't gone to the doctors when I did, who knows where I would be – or if I'd even be here," she said.

"Early diagnosis is key – know and listen to your body and do everything you can to take care of your health.

"While it was a painstaking journey for me and my family – I want women to know that breast cancer is not a death sentence – you can go on and live a happy, healthy life."

"Without CCQ's ongoing research into breast cancer, we'd be far less effective in educating women about this disease – and how to potentially save their own life," Tracy said.







Our research in lung cancer



Lung cancer is the fifth most common cancer in Australia and is the most common cause of cancer death worldwide. In Queensland, over 2000 individuals were diagnosed with lung cancer in 2011. Despite some advances in the treatment of lung cancer, survival remains poor, with only 15 per cent of patients alive five years after diagnosis.

Overview of research activities

The CRC examined international trends in lung cancer incidence and mortality and found some striking differences in the epidemiology of lung cancer. While more developed countries have the highest burden of lung cancer, incidence and mortality rates are now declining among males, and appear to be starting to plateau among females. These trends reflect the reduction in the prevalence of smoking in more developed countries. However, rates of lung cancer continue to increase in less developed countries due largely to the continuing high prevalence of tobacco smoking.

Passive smoking and legislation

While it is well known that tobacco smoking is the main cause of lung cancer, it is also now well-established that some diseases, including some cancers, can be attributed to second-hand smoke. Children are particularly vulnerable and exposure can lead to a number of illnesses and diseases. Following research that showed that 40 per cent of Queensland children lived in a home with at least one parent who smoked, the CRC undertook a community survey to establish the level of support for legislation targeting passive smoking in cars. This revealed widespread support for such legislation, and the results informed a Queensland Government review of statewide tobacco legislation, outcomes of which included a ban on smoking in cars carrying children younger than 16 years old.

Lung cancer and stigma

Since the latter half of the 20th century, a key focus of public health efforts to reduce the lung cancer burden has been to reduce incidence through tobacco control. These measures have included legislation, restrictions on



smoking in public spaces, and mass media campaigns aimed at educating the public on the health risks of smoking. It has been suggested that this public health approach has led to stigmatisation of smokers. In 2011 the CRC and Griffith University were awarded a grant from Cancer Australia to investigate the role that stigma plays in outcomes from lung cancer.

This work included a systematic review of current literature to examine the evidence on the influence of stigma and nihilism on lung cancer patterns of care, patient psychosocial and quality of life outcomes, and how this may link to public health tobacco programs. In-depth interviews with lung cancer patients and their carers revealed that, from the patients' perspective, public health programs do contribute to stigma about lung cancer and that

health-related stigma presents as a part of the lung cancer experience. Interviews revealed a consistent message of stigma that accrued from the perception that patients were personally responsible for their lung cancer and the perceived links between lung cancer and negative outcomes.

Health-related stigma was confirmed in interviews with Australian health professionals as a significant problem for people with lung cancer. Stigma was seen as a factor that may lead to patients delaying treatment for lung cancer. Health professionals strongly supported better promotion and more positive messages in the community about benefits of smoking cessation and the message that the early detection of lung cancer leads to improved patient outcomes. CRC research also found high levels of anxiety,

The CRC undertook a community survey to establish the level of support for legislation targeting passive smoking in cars. This revealed widespread support for such legislation, and the results informed a Queensland Government review of statewide tobacco legislation, outcomes of which included a ban on smoking in cars carrying children younger than 16 years old.

Patients, carers and health professionals report a consistent message of stigma associated with lung cancer.

depression, and distress amongst study participants. Despite this, less than one-fifth of patients overall had accessed specialist mental health care (psychiatrist, psychologist, social worker or counsellor) and only about one quarter of highly distressed patients had accessed such care. The Centre is currently seeking funding to investigate interventions to reduce stigma and alleviate distress experienced by lung cancer patients.

Some key findings

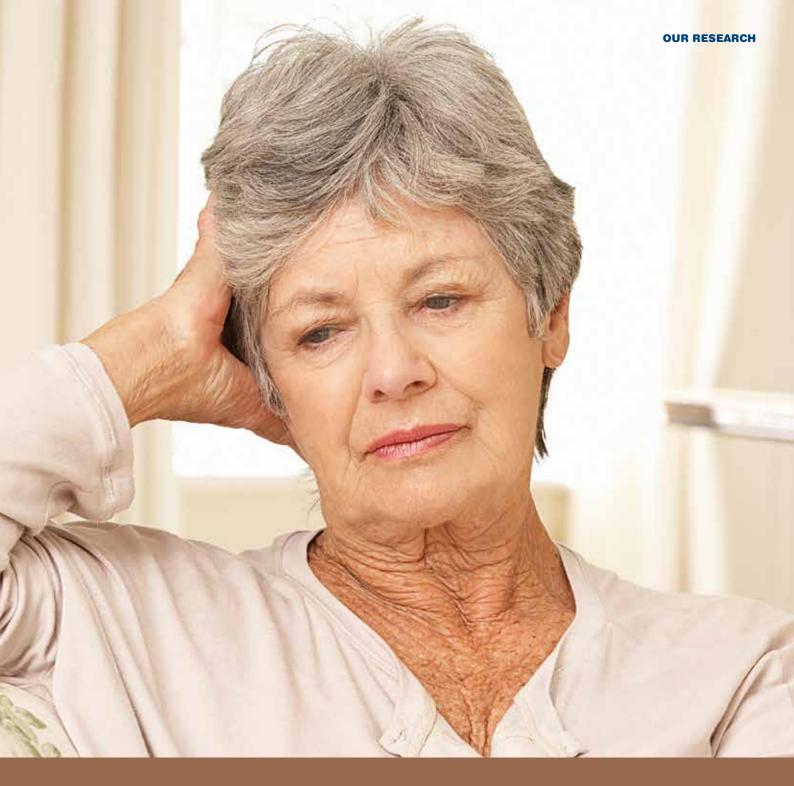
- While lung cancer incidence and mortality are reducing or stabilising in more developed countries, increasing trends are being observed in less developed countries.
- > Evidence of strong community support for changes in legislation to reduce exposure to passive smoke.
- Patients, carers and health professionals report a consistent message of stigma associated with lung cancer.
- Clinical depression, clinical anxiety and high levels of distress are experienced by approximately half of lung cancer patients.
- Less than one-fifth of patients access specialist mental health care and only a quarter of distressed patients access such care.
- > Health-related stigma is significantly related to poorer psychological status and quality of life.

Impact and translation of research findings into practice

- > Findings from this research have helped to build an accessible evidence base on the effects of stigma and nihilistic views on outcomes of lung cancer in Australia.
- These results are available for policy makers, health professionals and cancer control agencies to inform the content of public health messages, clinical practice and supportive care guidelines.
- The CRC, in collaboration with Griffith University, will develop and test an intervention to reduce psychological distress and health-related stigma for people with lung cancer.
- The CRC's lung cancer research program has resulted in two peer-reviewed scientific papers and four comprehensive reports for Cancer Australia.



In 2011 the CRC and Griffith University were awarded a grant from Cancer Australia to investigate the role that stigma plays in outcomes from lung cancer.



Clinical depression, clinical anxiety and high levels of distress are experienced by approximately half of all lung cancer patients.



Developments in research technology





Use of Geographical Information System (GIS) software

Internationally, distance has consistently been shown to have a strong impact on cancer patient's use of and access to diagnostic and treatment services and subsequent outcomes. To better assess the impact of distance and travelling time on cancer outcomes for people in Queensland, the CRC has invested in specialised Geographical Information System (GIS) software and custom spatial applications. This allows locations to be converted into latitude and longitude co-ordinates, providing greater flexibility and precision in how geographical location is defined, and road travel distances (for example, travel distances to treatment centres) calculated. In addition, this technology enables CRC researchers to quickly and easily adjust the size of the geographical areas examined. This software greatly enhances our ability to provide maps tailored to the

Centre's audience, whether they are government policy makers, clinicians, support personnel or members of the public.

New techniques in statistical analysis

To begin to understand why geographic inequalities exist, the CRC has applied innovative statistical methods to analyse clinical, geographical and demographic data, and is collaborating with other national and international experts to develop these methods further. Examples include the use of multilevel modelling, in which the characteristics of geographical areas themselves can be separated from the characteristics of the individuals who live in those areas, Bayesian spatial models which allow detailed modelling of geographical data even when case numbers are small, and new methods of modelling cancer survival such as flexible parametric models provide greater opportunity to identify important details of the determinants of cancer survival.

To better assess the impact of distance and travelling time on cancer outcomes for people in Queensland, the CRC has invested in specialised Geographical Information System (GIS) software and custom spatial applications.



This software greatly enhances our ability to provide maps tailored to the Centre's audience, whether they are government policy makers, clinicians, support personnel or members of the public.

These spatial models require significant computing resources and to allow for this, the CRC has invested in dedicated computer servers to house the GIS and statistical software, providing greater processing speeds and reducing the demand on local computer workstations.

Dynamic web database applications

The design and use of emerging database technology has been critical to our research efforts. The primary focus is to store data securely while making it easily available for research.

CRC database applications run on a relational database management system ensuring that the data is stored in a secure, central location. Statistical software is directly connected to these relational databases through Open Database Connectivity (ODBC) allowing real-time survey data to be available for research without the need to manually import data. The CRC also provides secure access to our relational databases to internal and external stakeholders via open source server-side web applications and dynamic web pages that enable study participants to log into the database system from their homes without compromising the confidentiality of the information stored in the database. As well as providing a professional web-based interface, these dynamic web applications provide other advantages including dynamic Computer Assisted Telephone Interview screens for collection of survey information and the ability to import data from various sources.

The primary focus is to store data securely while making it easily available for research.

The next 10 years...

Since 2004, Cancer Council Queensland's Viertel Cancer Research Centre has made significant inroads into understanding the burden of cancer on Queenslanders, and how to address that burden.

The Centre's programs have translated directly into better outcomes for cancer patients and their families through significant changes to public policy; improved, evidence-based cancer control programs and services; contributions to national cancer guidelines; development of tools and resources for health professionals, patients and carers; and provision of accurate and timely information about cancer for the community, researchers and all those who work with cancer patients.

But the burden of cancer on the community is steadily increasing with nearly 200,000 Queenslanders expected to be living with a cancer diagnosis in 2024. A great deal of work remains.

Cancer will ultimately be understood and controlled as the result of a worldwide, collaborative research effort of which the Viertel Cancer Research Centre is a part. But it is a slow process. Every step taken to improve the lives of Queenslanders living with cancer opens the door to more research questions and the next steps towards eliminating the burden of this disease.

With continuity of support and resources the key to success, the next 10 years of the Viertel Cancer Research Centre will build on our achievements to date, finding solutions to strategically targeted research questions, enhancing collaborations with leading groups around the world and continuing the translation of research outcomes into real results for Queenslanders.





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Appendix A

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Reports, book chapters, reviews

2013

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2012

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2008

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2007

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2005

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

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

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

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Appendix B

2013				
Chief Investigators	Title	Granting Agency	Total years	Total
Baade P, Chambers S, Dunn J, Yu X, Smith D.	Extent of geographical inequalities in prostate cancer outcomes.	Prostate Cancer Foundation of Australia	2012-2014	\$7,500
Chambers SK, Dunn J, Ritterband L, Aitken J, Scuffham P, Morris B, Baade P, Youl P.	Improving access to psychological services for people with cancer: a randomised control trial of an interactive web-based intervention.	NHMRC Partnership Grant # 1056756 (2013-2017: \$587,270.50)	2013-2017	\$587,270.50
2012				
Chambers SK, Smith D, Berry M, Lepore S, Foley E, Occhipinti S, Frydenberg M, Gardiner RA.	Advanced prostate cancer project: A randomised controlled trial of a mindfulness intervention for men with advanced prostate cancer.	NHMRC Grant # 1024989	2012-2014	\$706,243)
2011				
Chambers SK, Baade P, Youl P, Aitken J, Dunn J, Garvey G, Valerie P, O'Connell, D.	A project to build an accessible evidence base on the effects of stigma and nihilistic views on outcomes in lung cancer in Australia that can be used by policy makers, health professionals and cancer control agencies to inform the content of public health messages, clinical practice and supportive care guidelines.	Cancer Australia	2011-2013	\$588,112
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.	Beyond Blue/Cancer Australia Grant # 1008320	2011-2013	\$598,194
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 # 1006339	2011-2013	\$588,745
2010				
Youl P, Kelly C, Baade P, Muscat M, Murray R.	"Stop the smokes for a healthy bub".	Commonwealth Department of Health and Ageing	2010-2012	\$480,000
2009				
Baade P, Turrell G, Aitken J, Krnjacki L , Wilson L.	Determinants of area-level inequalities in colorectal cancer survival: a multilevel study.	NHMRC Project 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
Chambers SK, Girgis 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
2008				
Hawkes A, Steginga S, Pakenham K, Courneya K, Baade P.	Randomised controlled trial of a multidisciplinary cancer rehabilitation program for colorectal cancer survivors.	Cancer Australia	2008-2010	\$532,450
Steginga SK, Schover L, Halford K, Occhipinti S, Gardiner RA, Dunn J .	Randomised controlled trial of early intervention to improve sexual and couple functioning after prostate cancer.	NHMRC Grant # 496001	2008-2010	\$577,438
Youl P, Baade P, Whiteman D, Del Mar C, Aitken J.	An examination of management strategies used in treating suspicious skin lesions in primary care.	Cancer Australia	2008-2010	\$321,019

Nationally competitive research grants

2007				
Chief Investigators	Title	Granting Agency	Total years	Total
Armstrong B, Kedda M-A, Smith D, Steginga S , Kricker A, Kimlin M, Clements M.	Sun exposure, vitamin D and outcome of prostate cancer. Sun exposure, vitamin D and outcome of prostate cancer.	NHMRC Grant # 464850	2007-2011	\$468,013
Hutchison S, Steginga SK.	Psychosocial skills training for staff of the Queensland Bowel Cancer Screening Program.	Queensland Health	2007	\$27,064
Steginga SK, Gardiner RA, Nicol D, Aitken JA, Occhipinti, Ferguson M, Gordon L, Clutton S.	Predicting and promoting improved long term adjustment for men with localised prostate cancer: ProsCan.	NHMRC Grant # 442301	2007-2011	\$289,564
Steginga SK, Jones L, Occhipinti S.	Developing specialist breast nurse peer mentoring network project.	Queensland Health	2007- 2008:	\$180,000)
Steginga SK, Schover L, Halford WK, Occhipinti S, Gardiner RA, Dunn J, Ferguson M, Gordon L, McHugh W, Clutton S, Yaxley J.	Randomised controlled trial of early intervention to improve sexual and couple functioning after prostate cancer.	Andrology Australia	2007-2008:	\$50,000)
Youl P, Steginga S, Aitken JF, Hegarty M, Elwood M.	A project to investigate the supportive care needs of long-term melanoma survivors.	ANZ TH & WJ Kelly Memorial Fund	2007-2008	\$25,000
2006				
Fritschi L, Coory M, Walpole E, Aitken J, Baade P.	Effective use of routine data for improving cancer care.	Golden Casket Foundation	2006-2008	\$256,500
Steginga SK , Pinnock C, Jackson C, Green A, Heathcote P, Johnston M.	The early detection of prostate cancer in general practice: an on line GP training program supporting informed choice.	Andrology Australia	2006	\$38,000
2005				
Baade P, Youl P, Janda M, Aitken JF, Whiteman D, Del Mar C.	Investigating the utility of primary care skin cancer clinics in Queensland.	NHMRC Grant # 339100	2005-2006	\$338,423
Fritschi L, Benke G, Datta A.	Improving occupational exposure assessment.	NHMRC Grant # 353653	2005-2007	\$330,825
Fritschi L, Glass D, Leavy J.	Occupational causes of prostate cancer.	BUPA Foundation	2005	\$55,000
2004				
Aitken JF, Elwood JM, English D.	Melanoma diagnosis, and the effect of screening on the depth of invasion of melanoma.	NHMRC Grant # 112600	2000-2004	\$394,000
Aitken JF, Elwood JM, Lowe JB, Firman DW, Ring IT.	Melanoma Screening Trial.	Queensland Health	2002-2005	\$250,000
Eakin EG , Oldenburg B, Del Mar C, Graves N.	Addressing multiple risk factors in primary health and community care.	NHMRC Grant # 290519	2004-2008	\$691,753
Mann GL, Hooper JL, Aitken JF, Kefford RF, Giles GG, Armstrong BK.	Australian Melanoma Family Study.	NHMRC Grant # 107359	2000-2004	\$835,571

Appendix C

2013				
Chief investigators	Title	Granting Agency	Total years	Total
Condon J, Garvey G, Baade P, Valery P, Brotherton J, Lokuge K, Cunningham J, O'Connell D, Canfell K.	Cervical screening participation and outcomes for indigenous Australian women.	NHMRC Project Grant # 1045591	2013- 2016	\$576,702
Jordan S, Pandeya N, Bain C, Youl P, Baade P.	Understanding causes of the rising incidence of thyroid cancer – What can mutations in the BRAF oncogene tell us about causes and diagnostic pathways for thyroid cancer?	NHMRC Project Grant # 1047733	2013- 2016	\$595,044
2011				
Janda M, Youl P , Soyer P, Marshall A, Hurst C, Baade P.	Skin cancer prevention and early detection for Generation Y.	Cancer Australia # 1011999	2011-2013	\$312,524
Valery P, Garvey G, Fay M, Martin J, Baade P, Adams J, Kondalsamy- Chennakes S.	A comparative study: patterns of care, comorbidities and quality of life of indigenous and non-indigenous people with lung, head & neck, breast or gynaecological cancers.	NHMRC Project Grant #1004643	2011-2013	\$600,898
Mengersen K, Baade P, de Klerk N, Threlfall T, Miller L, Mullan N, Turrell G, Morgan G.	Spatial-temporal modelling of cancer incidence, survival and mortality (Project 4.4.2).	Co-operative Research Centre for Spatial Information	2011-2014	\$510,000
2010				
Mengersen K, Turrell G, Baade P.	Bayesian statistical models for understanding outcomes and improving decision-making for women screened for breast cancer.	ARC Grant # LP100100570	2010-2012	\$130,797
Kimlin M, Janda M, Youl P , Stoneham M, Graves N, Crane P, Tenkate T, Fleming M-L, Sendall M.	A comprehensive applied research project to demonstrate the effectiveness of sun protection measures which influence high risk outdoor workers in Queensland to adopt sun safe behaviour practices.	Queensland Health Grant # HPQ 00.01/026	2010-2013	\$845,000
Kimlin M, Whiteman D, Lucas R, Sinclair C, Neale R, Ebeling P, Youl P, Gordon L, Janda M.	Sun exposure and health.	NHMRC Centres for Research Excellence Grant # 1001456	2010-2014	\$2,500,000
2009				
Fritschi L, Girschik J, Royle J, Baade P, Joske D.	Risk of second cancer after lymphohaematopoietic neoplasm.	Leukaemia Foundation	2009	\$28,796
Gardiner RA, Dunglison N, Yaxley J, 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
2008				
Janda M, Youl P, Baade P, Neale R.	Randomised controlled trial of a video- delivered intervention for the early detection of melanoma in men over 50 years.	NHMRC Grant # 497200	2008-2010	\$493,750
2007				
Oldenburg B, Hawkes AL , Taylor B, Atherton J.	An implementation trial of a telephone-based care management program for patients following myocardial infarction.	NHMRC Grant # 443222	2007-2010	\$589,875

Collaborative grants through other institutions

2006				
Chief Investigators	Title	Granting Agency	Total years	Total
Beadle G, McCarthy N, Baade P.	Living beyond breast cancer – what happens to survivors in the second decade?	Breast Cancer Association of Queensland	2006	\$5,000
Broad K, Hawkes A.	Pilot of a cardiac rehabilitation training program for rural and remote area health care providers working amongst indigenous communities.	Rural Health Support Education and Training Program	2006-2007	\$125,000
2005				
Fritschi L, lacopetta B, McCaul K, Crawford D, Heyworth J.	Genetic and environmental risk factors for colorectal cancer: anatomic site specificity.	NHMRC Grant # 353568	2005-2007	\$552,250
O'Connell D, Smith D, Gattellari M, Ward J, Steginga SK, Pinnock C.	PSA testing: a population-based longitudinal study of decision making, psychological effects and patterns of care.	NHMRC Grant # 337601	2005-2007	\$572,631
2004				
Askew C, Walker P, Eakin EG , Green S, Gibbs H.	An assessment of the benefits of a supervised 12-week stationary cycling program versus a supervised 12-week treadmill walking program in PAD.	National Heart Foundation	2003-2004	\$50,000
Brown W, Mummery K, Eakin EG, Trost S, Dobson A.	Ten-thousand Steps a Day: Working Together to Increase Physical Activity in Rockhampton.	Health Promotion Queensland	2001-2004	\$800,000
Eakin EG, Bull S.	Improving Use of Community Resources to support Chronic Illness Self-Management.	Robert Wood Johnson Foundation	2001-2004	\$800,000
Eakin E, Oldenburg B, Del Mar C, Graves N, Battistutta D, Hawkes A.	Addressing multiple behavioural risk factors in primary health and community care settings: a cluster randomised trial.	NHMRC # 290519	2004-2007	\$ 691,272
Fritschi L.	Lions Cancer Institute Skin Cancer Screening.	Lions Cancer Institute	2004-2005	\$49,500
Fritschi L , Armstrong B, Milne E, Bower C, De Klerk N.	Environmental and genetic factors in childhood acute lymphoblastic leukaemia: a case-control study.	NHMRC Grant # 211981	2003-2008	\$1,705,000
Hayward NK, Marti NG, Green AC, Sturm RA, Aitken JF , Duffy DL, Walker FJ, Box NF, Siskind V, Purdie DM, Whiteman DC.	Pathways from genotype and environment to melanoma.	NIH Grant # 1RO1 CA88363-01A1	2001-2005	\$2,579,800
Owen N, Leslie E, Gallois C, Eakin E .	Physical activity, sun exposure and the sporting involvements of young Queensland adults: Identifying new opportunities for social and environmental interventions.	Queensland Health	2004-2005	\$112,000
White KM, Robinson N, Young R, Anderson P, Steginga SK.	An examination of the psychosocial factors underlying the skin protection attitudes and behaviours of youth and young adults in Queensland.	Queensland Health	2004-2005	\$130,000

Appendix D

Awards and fellowships

2013				
Investigator	Title	Fellowship/Award	Year	Amount
Chambers SK	2013 Winner of Pro-Vice Chancellor (Health) Excellence	ce Award for an Individual Senior Researcher for	or outstanding cor	ntribution.
Youl P	The impact of geographical location and socioeconomics on outcomes from breast cancer.	NHMRC Early Career Fellowship	2013-2016	\$299,564
2012				
Chambers SK	Psychosocial intervention to improve psychological and quality of life outcomes after cancer.	Australian Research Council Future Fellowship	2012-2015	\$918,968
2011				
Chambers SK	2011 Winner of Clinical Research Award in the Austral Awards.	lian Society for Medical Research (Qld) Health	and Medical Rese	arch
Baade P	How and why do cancer outcomes depend on where you live?	NHMRC Career Development Award # 1005334	2011-2014	\$424,920
2008				
Chambers S	Randomised controlled trial of early intervention to improve sexual and couple functioning after prostate cancer.	NHMRC Career Development Award (Population Health) # 496003	2008-2012	\$375,250
2005				
Janda M	Development and evaluation of intervention program for cancer survivors with advanced prostate cancer.	NHMRC Public Health (Australia) Fellowship # 339101	2005-2008	\$271,500

Appendix E

Scientific presentations

2013

Aitken JF

Childhood cancer in Australia: an overview of the epidemiology. Australian and New Zealand Children's Haematology/Oncology Group Annual Scientific Meeting, May 2013, Melbourne.

Aitken JF

Skin cancer diagnosis in Queensland – the current situation. Symposium speaker, Global Controversies and Advances in Skin Cancer Conference 22 Nov 2013, Brisbane.

Aitken JF, Youlden DR, Baade PD, Smithers BM, Green AC

Melanoma trends in Queensland since 1990; what do they say about melanoma control? Australian National Melanoma Conference, 21 Nov 2013, Brisbane.

Baade PD, Royston P, Youl P, Weinstock M, Geller A, Aitken J

Prognostic model for survival for people diagnosed with invasive cutaneous melanoma. Global Controversies and Advances in Skin Cancer Conference 22 Nov 2013, Brisbane.

Chambers SK

Matching treatment intensity to need: Preliminary findings from a community-based randomized tele-base psychological intervention for high distress patients and carers. Society of Behavioural Medicine 34th Annual Meeting, 20 Mar 2013, San Francisco, USA.

Chambers SK

Quality of life and survivorship research in prostate cancer. Invited speaker, 3rd Congress of Asian Pacific Prostate Society, 14 Apr 2013, Melbourne.

Chambers SK

Improving quality of life and survivorship through research. Plenary Speaker, Prostate Cancer Foundation Australia Affliated Group Leaders Training Conference, 13 May 2013, Melbourne.

Chambers SK

Improving quality of life and survivorship through research. Invited speaker, Prostate Cancer Foundation Australia annual research update, 7 Jun 2013, Melbourne.

Chambers SK

Translating psycho-oncologic research into practice: challenges, strategies and opportunity. Victorian Psycho-Oncology Research Conference. 14 Jun 2013, Melbourne.

Chambers SK

PCSN psychological distress. Prostate Cancer Foundation Australia Specialist Nurse Training, 24 Jun 2013, Gold Coast.

Chambers SK

Sexuality concerns during androgen suppression therapy: perspectives from patient and partner in relation to social support. ANZUP Annual Scientific Meeting, 14 Jul 2013, Gold Coast.

Chambers SK

A systematic review of research into the psychological aspects of prostate cancer in Asia: What do we know? ANZUP Annual Scientific Meeting, 14 Jul 2013, Gold Coast.

Chambers SK

Panel discussion: Germ cell tumours - the questions we need answers to. ANZUP Annual Scientific Meeting, 15 Jul 2013, Gold Coast.

Chambers Sk

The road less travelled. Session Chair, ANZUP Annual Scientific Meeting, 16 Jul 2013, Gold Coast.

Chambers SK

Engaging men in self management strategies. Invited speaker, 14th Australasian Prostate Cancer Conference (Prostate Cancer World Congress), 9 Aug 2013, Melbourne.

Chambers SK

Measuring distress in cancer patients: The Distress Thermometer in Australian oncology settings. West Australian Clinical Oncology Group, 10 Oct 2013, Perth.

Chambers SK

Psychological screening for men with prostate cancer. Invited speaker, USANZ Northern Section meeting, 13 Oct 2013, Noosa.

Chambers SK

Managing patients with complex psychological needs. Invited speaker, Prostate Cancer Foundation Australia Nurse Training Event, 26 Nov 2013, Sydney.

Chambers SK

The validity of the distress thermometer in prostate cancer populations. Gold Coast Health and Medical Research Conference, 26 Nov 2013, Gold Coast.

Chambers SK, Nielsen L

Couple distress following prostate cancer diagnosis. ANZUP Annual Scientific Meeting, 14 Jul 2013.

Cramb SM, Baade PD, Mengersen KL

Mapping Cancer Outcomes – From Here to Where? Invited speaker, Mapping Geo-Cultural Space: GIS, Spatial Narratives, and Interdisciplinarity, 8-9 August 2013, Brisbane.

Cramb SM, Mengersen KL, Baade PD

Estimating cancer survival in small areas: possible and useful. Small Area Estimation 2013, 1-4 Sept 2013, Bangkok, Thailand.

Dunn .

Bringing it all together to deliver care that works. Session Chair, 2013 Survivorship Conference, 2 Feb 2013, Adelaide.

Dunn .

RRI in Global Context. Plenary speaker, 17th Reach to Recovery International Breast Cancer Support Conference, 20 Mar 2013, Cape Town, South Africa.

Dunn J

Sun exposure and vitamin D: Do we know when enough is enough? Plenary Chair, Global Controversies and Advances in Skin Cancer, 24 Nov 2013, Brisbane.

Dunn J

Sunshine, spittoons and snake bites: public health and chronic disease prevention. Plenary speaker, Gold Coast Health and Medical Research Conference, 28 Nov 2013, Gold Coast.

Dunn J

Translational Research. Panel member, Gold Coast Health and Medical Research Conference, 28 Nov 2013, Gold Coast.

McDowall R

A randomised controlled trial of a mindfulness intervention for men with advanced prostate cancer. Invited speaker, Centre for Palliative Care Research and Education, Annual Research Conference, 19 Apr 2014, Brisbane.

Nielsen L

Prostate Cancer Research at Cancer Council Queensland and Griffith University: An Overview. Australasian Brachytherapy Group Conference, 14 March 2013, Brisbane.

Nielsen L

Couple distress following prostate cancer diagnosis. 14th Australasian Prostate Cancer Conference (Prostate Cancer World Congress), 7 Aug 2013, Melbourne.

Morris B

Understanding geographical cancer health inequality in Queensland. Australian Psychological Society Health Psychology Conference, 5 Apr 2013. Cairns.

Morris B

Qualitative and quantitative evidence for finding compassion after cancer. European Health Psychology Society Conference, 16 Jul 2013, Bordeaux. France.

Appendix E

Morris B

Pilot evaluation of an educational tool outlining disease risk and healthy guidelines. European Health Psychology Society Conference, 16 Jul 2013, Bordeaux, France.

Morris B

Adopting a survivor identity after cancer in a peer support context. Gold Coast Health and Medical Research Conference, 28 Nov 2013, Gold Coast.

Awarded prize for "Best overall poster".

Stiller A

Physical activity, health, and wellbeing among men with localised prostate cancer in Queensland: baseline data from the Living with Prostate Cancer study. ANZUP Annual Scientific Meeting, 14 Jul 2013, Gold Coast.

Stiller A

Physical activity, health, and wellbeing among men with localised prostate cancer in Queensland: baseline data from the Living with Prostate Cancer study. 14th Australasian Prostate Cancer Conference (Prostate Cancer World Congress), 7 Aug 2013, Melbourne.

Youl F

Distress in melanoma survivors. Australian National Melanoma Conference, 21 Nov 2013, Brisbane.

Youl P

Incidence and survival for Merkel cell carcinoma in Queensland, Australia, 1993-2010. Global Controversies and Advances in Skin Cancer Conference 23 Nov 2013, Brisbane.

Youl P, Janda M, Neale R, Baade P, Whiteman D, Aitken J, Gordon L

Impact of written or video-based intervention materials on the skin self-examination behaviour of men 50 years or older: the skin awareness randomised trial. Global Controversies and Advances in Skin Cancer Conference 24 Nov 2013. Brisbane.

Youlden D, Youl P, Soyer HP, Aitken J, Baade P

The site distribution of subsequent primary invasive melanomas following a first primary invasive or in situ melanoma in Queensland, Australia, 1982-2010. Global Controversies and Advances in Skin Cancer Conference 22 Nov 2013, Brisbane.

Zajdlewicz L

Validation of the Distress Thermometer against three self-report instruments in Australian men with prostate carcinoma. ANZUP Annual Scientific Meeting, 14 Jul 2013, Gold Coast.

ANZUP Best of the Best Nursing/Allied Health Award for Poster presentation.

Zajdlewicz L

Validation of the Distress Thermometer against three self-report instruments in Australian men with prostate carcinoma. 14th Australasian Prostate Cancer Conference (Prostate Cancer World Congress), 7 Aug 2013, Melbourne.

2012

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, 13-15 Nov 2012, Brisbane.

Baade P, Youl P, Meng X, Sinclair C

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

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; 25 Feb 2012, Melbourne.

Chambers SK

Life after prostate cancer. Invited presentation, NSW Chapter Meeting, Prostate Cancer Foundation Australia; 10 Mar 2012, Tamworth.

Chambers SK

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

Chambers SK

Psychosocial interventions for men with prostate cancer. Invited speaker, Sydney Cancer Conference, 28 Sep 2012, Sydney.

Chambers SK

Intervening in health-related stigma: potential targets. Invited Speaker, IPOS 14th World Congress of Psycho-Oncology and COSA 39th Annual Scientific Meeting, 13-15 Nov 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, 30 Nov 2012, Gold Coast.

Chambers SK, Gardiner RA, Aitken J, Occhininti S

Intervening to improve psychological outcomes for men with prostate cancer. UICC World Cancer Congress, 27-30 Aug 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, 31 Jul 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, 13-15 Nov 2012. Brisbane.

Chambers SK, Schover L, Halford K, Nielsen L, Gordon L, Gardiner RA, Dunn J, Occhipinti S

A randomised trial of couples-focused peer support for men with localised prostate cancer. IPOS 14th World Congress, 13-15 Nov 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, 15-17 Jul 2012, Sydney.

Cramb S

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

Recipient of Statistical Society of Australia Inc. (Qld Branch) Early Career Researchers Travel Grant.

Cramb S

Spatio-temporal cancer mapping: Bayesian dynamic factor models. ISBA conference: International Society for Bayesian Analysis. 25-29 Jun 2012, Kyoto, Japan.

Cramb SM, Baade PD, Mengersen KL

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

Cramb SM, Baade PD, Mengersen KL

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

Scientific presentations

Cramb SM, Earnest A, White NM, Baade PD, Mengersen KL

Disease mapping using bayesian hierarchical models. Invited lecture, Queensland University of Technology, 23 Mar 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, 13-15 Nov 2012, Brisbane.

Dunn J

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

Dunn J

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

Dunn J

Early detection & screening. Symposium chair, Asia Pacific Organisation for Cancer Prevention 6th General Assembly, 26-29 Apr 2012, Malaysia.

Dunn J

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

Dunn J

Efficacy of peer support interventions: summary of current knowledge. Session chair, IPOS 14th World Congress, 13-15 Nov 2012, Brisbane.

Green AC, Aitken JF, Baade PD, Youlden DR, Smithers M

Melanoma in Queensland: incidence, mortality and survival. Plenary speaker, COSA 39th Annual Scientific Meeting, 13-15 Nov 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, 13-15 Nov 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, 8-10 Feb 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, 13-15 Nov 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, 13-15 Nov 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, 13-15 Nov 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 Nov 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, 13-15 Nov 2012, Brisbane.

Youl P

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

Youl PH, Chambers SK, Aitken JF

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

2011

Chambers SK

Lung cancer outcomes, stigma and nihilism: establishing an evidence base. Plenary speaker, Forum on the effects of stigma and nihilism on lung cancer, Cancer Australia, 23 Jun 2011, Melbourne.

Chambers SK

Implementing psychosocial care: challenges and solutions . Invited Workshop, Victorian Integrated Cancer Services Supportive Care Conference, 11 Jul 2011, Melbourne.

Chambers SK

Factors that influence access to psychosocial care: what happened with translation? Plenary Speaker, Victorian Integrated Cancer Services Supportive Care Conference. 11 Jul 2011, Melbourne.

Chambers SK

Managing fears about recurrence: promoting better psychological outcomes for men with advanced prostate cancer empower symposium. Invited speaker, AstraZeneca National Specialist Meeting, 2 Aug 2011, Melbourne.

Chambers SK

ANZUP: Mindfulness based intervention vs. standard care for prostate cancer patients. USANZ-ANZUP Melbourne Meeting, 5 Aug 2011, Melbourne

Chambers SK

Effectiveness and feasibility of a mindfulness group intervention for men with advanced prostate cancer: a pilot study. 12th Australasian Prostate Cancer Conference, 5 Aug 2011, Melbourne.

Chambers SK

Life after prostate cancer. Invited speaker, Sydney Adventist Hospital Prostate Cancer Support Meeting, 12 Sep 2011, Sydney.

Chambers SK

Psycho-oncology and clinical practice. Griffith University Clinical Psychology Program, 13 Sep 2011, Gold Coast.

Chambers SK

Low Intensity psychological interventions for patients and their carers. Invited speaker, 46th Australian Psychological Society Annual Conference, 4 Oct 2011, Canberra.

Chambers SK

How do I know when I am cured? (Adjusting to a breast cancer diagnosis and finding the positive). Plenary speaker, 16th Reach to Recovery International Breast Cancer Conference, 10 Oct 2011, Taiwan.

Chambers SK

Psychological experience of women diagnosed with breast cancer. Plenary speaker, 16th Reach to Recovery International Breast Cancer Conference, 11 Oct 2011, Taiwan.

Appendix E

Chambers SK

The feasibility of evaluating peer support within a controlled research design. Temple University, 17 Nov 2011, Philadelphia, USA.

Chambers SK

Lung cancer stigma and nihilism. Symposium speaker, LiveSTRONG Foundation, 21 Nov 2011, Austin, USA.

Chambers SK

The feasibility of evaluating peer support within a controlled research design. Anderson Cancer Centre, 23 Nov 2011, Houston, USA.

Cramb SM, Baade PD, Mengersen, KL

Bayesian modelling of spatial variation in cancer outcomes in Queensland. CRC SI for Spatial Information workshop, Queensland University of Technology,10 May 2011, Brisbane.

Cramb SM, Baade PD, Mengersen, KL

The atlas of cancer in Queensland: why and how? Invited speaker, Health surveillance meeting, Queensland Health, 27 May 2011, Brisbane.

Cramb SM, Baade PD, Mengersen, KL

Geographic disparities in breast cancer stage at diagnosis: a Bayesian spatio-temporal analysis. Bayes on the Beach, 6-7 Oct 2011, Surfers Paradise.

Cramb SM, Baade PD, Mengersen, KL

Spatial epidemiology of cancer. Queensland Epidemiology Group: Research Methods Showcase Seminar, University of Queensland, 29 Nov, 2011, Brisbane.

Cramb SM, Baade PD, Mengersen, KL

Variation in breast cancer survival in Queensland: impact of early diagnosis. Young Statisticians' Conference, 14-15 Jul 2011, Brisbane.

Awarded Best Poster Prize.

Cramb SM, Baade PD, Mengersen, KL

Variation in breast cancer survival in Queensland: impact of early diagnosis. Modern Spatial Statistics Conference,11-12 May 2011, Brisbane.

Dunn .

Forum on the effects of stigma and nihilism on lung cancer outcomes. Invited Speaker, Cancer Australia 23 Jun 2011, Melbourne.

Dunn J

Models and systems of care delivery. Symposium chair, IPOS 13th World Congress, 16-20 Oct 2011, Antalya, Turkey.

Dunn J

Plenary Speaker, 16th Reach to Recovery International Breast Cancer Support Conference, 10-12 Nov 2011, Taiwan. Dunn J

Evidence based peer support. 16th Reach to Recovery International Breast Cancer Support Conference, 10-12 Nov 2011, Taiwan.

Dunn J

Treating the whole person. Plenary chair, 16th Reach to Recovery International Breast Cancer Support Conference, 10-12 Nov 2011, Taiwan.

Gordon L, Hawkes AL, Patrao T

Reliability of self-reported doctors' visits and medication use among patients with colorectal cancer: CanChange. Health Services Research Association of Australia and New Zealand, 5-7 Dec 2011, Adelaide.

Hawkes AL, Oldenburg B, Patrao T, Atherton J, Taylor B

A trial of a telephone-delivered secondary prevention program for coronary heart disease patients: ProActive Heart. Public Health Association of Australia National Conference, 25-28 Sep 2011, Brisbane.

Hawkes A, Pakenham K, Bell S, Kelly B, Patrao T

Overcoming challenges in supporting health and wellbeing for cancer survivors – perspectives from the CanChange Health Coach. 34th Annual Oncology Nurses Conference, 7-8 Apr 2011, Brisbane.

Hawkes AL, Pakenham K, Courneya K.S, Patrao T

A randomised controlled trial of the effects of a telephone-delivered program on health behaviours and quality of life for colorectal cancer survivors ('CanChange'). COSA 38th Annual Scientific Meeting, 15-17 Nov 2011, Perth.

Hawkes A, Patrao T, Green A, Aitken J

Short-term effectiveness and acceptability of a telephone-delivered intervention for people at risk of colorectal cancer. COSA 38th Annual Scientific Meeting, 15-17 Nov 2011, Perth.

O'Neil A, Hawkes AL, Chan B, Sanderson K, Oldenburg B

Improving psychosocial outcomes of cardiac patients: two real world implementation trials. Society Behavioural Medicine Annual Meeting. 27 Apr 2011, Washington DC, USA.

White KM, Young R, Leske S, Hawkes AL

A qualitative investigation to elicit psychosocial influences underlying adult Australians' sun safe practices. British Psychological Society Division of Health Psychology, 14-16 Sep 2011, Southampton, UK

White KM, Young R, Leske S, Hawkes AL

Psychosocial influences determining Australians' sun safe practices: testing an extended theory of planned behaviour. 25th European Health Psychology Conference, 20-24 Sep 2011, Crete, Greece.

Youl P

Reducing your risk of skin cancer. Invited speaker, University of Queensland. Feb 2011, Brisbane.

Youl P

Research planning, execution and outcomes. Invited speaker, Griffith University. Apr 2011, Brisbane.

Youl P

Sun protection and vitamin D: perceptions of the general public in Queensland. Invited speaker, Centres of Research Excellence Annual Symposium, 22 Nov 2011, Brisbane

Youl P

Skin cancer diagnosis in the primary care setting: a comparison study of skin cancer clinic doctors and mainstream general practitioners. Invited speaker, NHMRC 75th Anniversary Symposium, 1 Dec 2011, Canberra.

Youlden D, Baade PD, Valery PC, Hassall T, Ward L, Green AC, Aitken JF

Childhood cancer statistics in Australia. Invited Speaker, 34th Annual Queensland Oncology Nurses Group Conference, Apr 2011, Brisbane.

Youlden D, Baade PD, Valery PC, Hassall T, Ward L, Green AC, Aitken JF

Area-based differentials in childhood cancer incidence and survival in Australia. 43rd Congress of the International Society of Paediatric Oncology, Oct 2011, Auckland.

2010

Barker T

Recruitment and participation challenges: strategies employed in the sun exposure, vitamin D and outcomes of prostate cancer study in Queensland. Public Health Association of Australia Queensland State Conference, 19-20 Jul 2010. Brishane

Burns S

Treatments for localised disease dilemmas in decision making. Prostate Cancer Foundation of Australia 2nd International Conference, 6 Aug 2010. Gold Coast.

Rurns S

How to build an inclusive support group. Prostate Cancer Foundation of Australia 2nd International Conference, 7 Aug 2010, Gold Coast.

Scientific presentations

Burns S

Couple based intervention for prostate cancer. 11th National Prostate Cancer Symposium Nursing & Psycho-Oncology Meeting, 13 Aug 2010, Melbourne.

Burns S

ProsCan for Couples – Supporting men and their partners through radical prostatectomy. 33rd Annual Oncology Group Nurses Group Conference, 10 Sep 2010, Gold Coast.

Chambers SK

Translating psychosocial research in cancer – barriers, challenges and targets. Keynote speaker, 10th Biennial Behavioural Research in Cancer Control (BRCC) Conference. 16 Apr 2010, Perth.

Chambers SK

Group collaboration and coping skills for crisis in survivors' group. Invited presenter, 1st Shanghai Breast Cancer Rehabilitative Forum and 3rd Global Chinese Breast Cancer Groups Alliance, 23 Apr Shanghai, China.

Chambers SK

The needs of the patients: A model of caring from social institutions' perspective. Invited presenter, 1st Shanghai Breast Cancer Rehabilitative Forum and 3rd Global Chinese Breast Cancer Groups Alliance, 24 Apr 2010, Shanghai, China.

Chambers SK

Anxiety and depression after prostate cancer. Invited presenter, Rural Health Education Foundation/Beyond Blue National Satellite Broadcast, 19 May 2010, Sydney.

Chambers SK

Identifying empirical targets for intervention in men with prostate cancer. 12th World Congress of Psycho-Oncology, 27 May 2010, Quebec, Canada.

Chambers SK

Supporting couples following prostate cancer diagnosis: Peer support as a model for intervention. 12th World Congress of Psycho-Oncology, 27 May 2010, Quebec, Canada.

Chambers SK

Translating peer support into a research setting: Working with different priorities. 12th World Congress of Psycho-Oncology, 28 May 2010, Quebec, Canada.

Chambers SK

Beating the Blues after Cancer: Randomised controlled trial of a tele-based psychological intervention for high distress patients and carers. 12th World Congress of Psycho-Oncology, 28 May 2010, Quebec, Canada.

Chambers SK

Research and service in peer support and prostate cancer: The challenge ahead. Prostate Cancer Foundation of Australia 2nd International Conference, 6 Aug 2010, Gold Coast.

Chambers SK

Providing psychosocial support to men with prostate cancer: Focus, timing and access. Invited speaker, 11th National Prostate Cancer Symposium, 13 Aug 2010, Melbourne.

Chambers, SK

Making decisions about prostate cancer treatments. Invited presenter, 11th National Prostate Cancer Symposium, 13 Aug 2010, Melbourne.

Chambers SK.

Coping with breast cancer as a young woman. Invited presenter, 2nd National Conference for Young Women with Breast Cancer, 11 Sep 2010, Gold Coast.

Chambers SK

Translation to the community: an integrated model for making research count. Invited presenter, Research Australia Philanthropy Seminar, 14 Sep 2010, Brisbane.

Chambers SK

ProsCan: A multi- disciplinary prostate cancer research program. Invited speaker, Cancer Council New South Wales Public Health Seminar Series, 21 Sep 2010, Sydney.

Chambers SK

Addressing the mental health consequences of cancer: the Beating the Blues project. Gold Coast Health and Medical Research Conference, 2 Dec 2010, Gold Coast.

Clutton S

Adjustment to a diagnosis of cancer. Cancer Council Queensland Cancer Care Education Program for Unregulated Health Workers, Jul 2010, Brisbane.

Clutton S

Identifying distress and providing support for people diagnosed with breast cancer. 33rd Annual Oncology Nurses Group Conference, 9-10 Sep 2010, Gold Coast.

Cramb S, Mengersen K, Baade P

Bayesian disease mapping: Choices and conundrums. Queensland University of Technology Statistical Modelling and Inference Conference, 2-4 Feb 2010, Brisbane.

Cramb S, Mengersen K, Baade P

Bayesian disease mapping: Choices and conundrums. Bayes on the Beach Conference, 4-5 Oct 2010, Surfers Paradise.

Dunn J

What I learnt from the GFC – a non-profit CEO's Perspective. Keynote address, 5th Annual Nonprofit Finance Forum. 8 Jun 2010, Brisbane.

Dunn I

Providing support in your community: Translating research into practice. Session chair, UICC World Cancer Congress, 18-21 Aug 2010, Shenzhen, China.

Dunn J

What we mean by "Building Capacities" – guiding principles and three-year evaluation of the UICC Cancer Capacity Building Fund. Invited speaker, UICC World Cancer Congress, 18-21 Aug 2010, Shenzhen, China.

Hawkes A

Preliminary findings from ProActive Heart: a tele-based secondary prevention program for myocardial infarction patients. Keynote speaker, Challenges in Cardiology, 9-10 Apr 2010, Brisbane.

Hawkes A, Gollschewski S, Lynch B, Chambers

A randomised controlled trial of a lifestyle intervention for colorectal cancer survivors ('CanChange'): Development and pilot testing. Australasian Society for Behavioural Health Medicine 7th Annual Scientific Conference, 10-12 Feb 2010, Brisbane.

Hawkes AL, Murray R, Pakenham K, Courneya K, Baade P, Chambers S

A randomised controlled trial of a telephonedelivered lifestyle support program for colorectal cancer survivors ('CanChange'): study methodology and progress.

Behavioural Research in Cancer Control Conference, 14-16 Apr 2010, Freemantle.

Hawkes AL, Oldenburg BO, Taylor B, Atherton J

Feasibility of a tele-based secondary prevention program for myocardial infarction patients

- 'ProActive Heart'. Australasian Society
Behavioural Health and Medicine Annual Meeting,
10-12 Feb 2010, Brisbane.

Hawkes AL, Pakenham K, Courneya K, Baade PD, Chambers SK, Youl PH

CanChange: A trial of a telephone delivered lifestyle intervention for colorectal cancer survivors. Clinical Oncological Society of Australia Annual Scientific Meeting, 9-11 Nov 2010, Melbourne.

Appendix E

Hawkes AL, Patrao TA, Pakenham K, Courneya C, Baade PD, Chambers S

A randomised controlled trial of a telephonedelivered lifestyle support program for colorectal cancer survivors ('CanChange'): Program satisfaction. Public Health Association of Australia Conference, 19-20 Jul 2010, Brisbane.

Hawkes AL

Psychosocial influences determining Australians' sun safe practices. Under the Queensland Sun Symposium, 29 Jul 2010, Brisbane.

Hutchison S

Beating the Blues after Cancer: A randomised controlled trial of a tele-based psychological intervention for high distress patients and carers. 27th International Congress of Applied Psychology, 15 Jul 201, Melbourne.

Morris BA, Campbell M, Dwyer M, Dunn J, Chambers SK

The role of peer support programs based on challenge events in influencing survivor identity and posttraumatic growth. Clinical Oncological Society of Australia Annual Scientific Meeting. 9-11 Nov 2010, Melbourne.

Patrao T, Hawkes A, Pakenham K, Courneya C, Baade PD, Chambers S

A randomised controlled trial of a telephonedelivered lifestyle support program for colorectal cancer survivors ('CanChange'): Program satisfaction. 33rd Annual Oncology Nurses Conference, 9-10 Sep 2010, Gold Coast.

Murray R

A randomised controlled trial of a telebased lifestyle support program for colorectal cancer survivors: 'CanChange'. Invited presenter, 10th Biennial Behavioural Research in Cancer Control (BRCC) Conference, 14 Apr 2010, Perth.

Rolls T

Rolling with emotions: practical skills for the health professional. 33rd Annual Oncology Nurses Group Conference, 9-10 Sep 2010, Gold Coast.

Rolls T

The Cancer Counselling Service: A snapshot of a face-to-face psycho-oncology service. The 33rd Annual Oncology Nurses Group Conference, 9-10 Sep 2010, Gold Coast.

Stubbings H

Adjustment to a diagnosis of cancer. Cancer Council Queensland Cancer Care Education Program for Registered Nurses, Aug 2010, Townsville.

Youl P

Skin Cancer in Australia. Invited lecture, University of Queensland, 30 Jan 2010, Brisbane.

Youl P

What is Cancer Control? Invited Presenter, Cancer Registration in the Pacific, 7 May 2010, Brisbane.

Youl P

Diagnosing skin cancer in primary care: mainstream general practitioners and skin cancer clinic doctors, Invited speaker, Under the Queensland Sun Symposium, 29 July 2010, Brisbane.

Youl P

Psychosocial outcomes in melanoma survivors, Invited seminar, Queensland Institute of Medical Research, 3 Aug 2010, Brisbane.

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

Is there an association between melanoma thickness, clinical skin examination and socioeconomic status? Results from a large population-based case-control study. Australasian Epidemiology Association Annual Scientific Meeting. 30 Sep-1 Oct 2010. Sydney.

Youl PH, Baade PD, Parekh S, English DM, Elwood M, Aitken JF

Association between melanoma thickness, clinical skin examination and socioeconomic status: Results from a large population-based case-control study. Clinical Oncological Society of Australia Annual Scientific Meeting. 9-11 Nov 2010, Melbourne.

Youlden D

Setting the scene: Female breast cancer statistics in Queensland with a focus on urban/rural variation. 33rd Annual Oncology Group Nurses Group Conference, 9-10 Sep 2010, Gold Coast.

2009

Aitken J

Environmental Factors and Breast Cancer. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

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 Oncological Society of Australia, 17-19 Nov 2009, Gold Coast.

Arndt B, Milner S, Osborne S, Hardy L

Panel discussion: How do you talk to patients about erectile dysfunction? 10th Annual National Prostate Cancer Symposium Psycho-Oncology Nursing Meeting, 19-20 Aug 2009, Melbourne.

Barker T

Prostate cancer research program: The first five years. Prostate Cancer Support Group Convenors Workshop, 22 Sep 2009, Brisbane.

Chambers SK

Benefit finding after breast cancer: The role of challenge events. 11th National Breast Care Nurse Conference, 11-13 Feb 2009, Melbourne.

Chambers SK

Professional support for specialist breast nurses: Issues and response. 11th National Breast Care Nurse Conference, 11-13 Feb 2009, Melbourne.

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, 8-12 Mar 2009, Gold Coast.

Chambers SK

Depression and Anxiety after Breast Cancer. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

Chambers SK

Providing support for young women: Case studies. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

Chambers SK

Benefit finding and discovering a "new normal" after breast cancer. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

Chambers SK

Challenges and targets in psychosocial research and intervention for men with prostate cancer and their families. 10th Annual National Prostate Cancer Symposium Psycho-Oncology Nursing Meeting, 19-20 Aug 2009, Melbourne.

Chambers SK

Prostate cancer: The personal impact. 10th Annual National Prostate Cancer Symposium Psycho-Oncology Nursing Meeting, 19-20 Aug 2009, Melbourne.

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, 16-18 Oct 2009. Byron Bay.

Scientific presentations

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, 23 Jul 2009, Brisbane.

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, 8-9 Oct 2009, Brisbane.

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, 8-9 Oct 2009, Brisbane.

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, 8-9 Oct 2009, Brisbane.

Clutton S

Living with advanced prostate cancer – Trialling a mindfulness meditation group for men with advanced prostate cancer. 10th Annual National Prostate Cancer Symposium Psycho-Oncology Nursing Meeting, 19-20 Aug 2009, Melbourne.

Clutton S

Trialling a mindfulness based cognitive therapy approach. 10th Annual National Prostate Cancer Symposium, Psycho-Oncology Nursing Meeting, 19-20 Aug 2009, Melbourne.

Cramb S

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

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, 12-15 May 2009, Brisbane.

Cramb S, Youlden D, Baade P

Patterns of cancer in Queensland. 32nd Oncology Nurses Group Conference, 8-9 Oct 2009, Brisbane. Day HG, Baade PD, Aitken JF, Fong K, Bowman R

Notification, treatment and determinants of survival for lung cancer in Queensland in 2004BC (Before Clinical Practice Guidelines). 36th Annual Scientific Meeting of the Clinical Oncological Society of Australia, 17-19 Nov 2009, Gold Coast.

Dunn.

A role for supportive care in cancer control. Plenary speaker, 20th Asia Pacific Cancer Conference, 12-14 Nov 2009, Tsukuba, Japan.

Dunn J

Global social change. Workshop chair, Livestrong Global Cancer Summit, 24 Aug 2009, Dublin, Ireland

Dunn J

Peer support. Plenary chair, 15th UICC Reach to Recovery International Breast Cancer Support Conference, 15 May 2009, Brisbane.

Dunn

Models of peer support: What the evidence tells us. 15th Reach to Recovery International Breast Cancer Support Conference, 15 May 2009, Brisbane.

Dwyer M

Amazon Heart: Benefit finding through adventure challenge. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

Dwyer M

Proffered papers: Peer support. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

Ferguson M

Cancer Council Queensland's prostate cancer research program. Cancer Council Queensland Prostate Cancer Nursing Course, Jul 2009, Brisbane.

Gollschewski S, Murray R

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

Gollschewski S

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

Hanley B, Milner S

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

Hanley B

The role of the prostate care nurse in providing early decision and psychogical support to men with localised prostate cancer: The ProsCan Program Study. The Australian and New Zealand Urological Nurses Society's Annual Meeting, 8-12 Mar 2009. Gold Coast.

Hanley B

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

Hanley B.

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

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, 8-9 Oct 2009, Brisbane.

Hanley B

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

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, 8-9 Oct 2009, Brisbane.

Hawkes A, Gollschewski S, Lynch B, Chambers

Pilot testing of a telephone-delivered lifestyle intervention for colorectal cancer survivors ('CanChange'). 32nd Oncology Nurses Group Conference, 8-9 Oct 2009, Brisbane.

Hawkes A, Gollschewski S, Lynch B, Chambers SK

Developing and pilot-testing a telephone-delivered lifestyle intervention for colorectal cancer survivors - 'CanChange'. 36th Annual Scientific Meeting of the Clinical Oncological Society of Australia OZPOS/PoCoG Professional Day, 17-19 Nov 2009, Gold Coast.

Hawkes A, Oldenburg B, Taylor B, Atherton J

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

Appendix E

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, Jul 2009, Brisbane.

Hawkes A

CanChange: An Innovative tele-based supportive care program for colorectal cancer survivors. Society Behavioural Medicine Annual Meeting, 22-25 Apr 2009, Montreal, Canada.

Hawkes A

Feasibility of screening for distress via a community-based Cancer Helpline. Society Behavioural Medicine Annual Meeting, 22-25 Apr 2009, Montreal, Canada.

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, May 2009, Brisbane.

Hawkes A

Diet and exercise: What difference does it make? 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009. Brisbane.

Hawkes A

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

Hawkes A

Closing the Divide: Indigenous cancer study. Cancer Council Queensland Indigenous Stakeholder Meeting, Oct 2009, Townsville.

Hawkes A

Colorectal cancer research at Cancer Council Queensland. Bowel Cancer Nurse Education Program, Nov 2009, Brisbane.

Hutchison S, Hanley B

Psychosocial care for cancer patients: a tiered model of support. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

Legg M

Evaluation of the Breast Cancer Support Service. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane. 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 Annual Conference, 16-19 Apr 2009, Melbourne.

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, 17-19 Mar 2009, Gold Coast.

Milner S

Consumer perspectives on prostate cancer. Panel facilitator, Cancer Council Queensland Prostate Cancer Nursing Course, Jul 2009, Brisbane.

Milner S

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

Milner S

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

Milner S

Supporting men during hormone suppression therapy: the role of the nurse. 10th Annual National Prostate Cancer Symposium Psycho-Oncology Nursing Meeting, 19-20 Aug 2009, Melbourne.

Milner S

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

Milner S

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

Milner S

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

Milner S, Clutton S, Ferguson M, Nicol D, Gardiner RA, Chambers S.

Decisions and side-effects: Don't forget the patient. 36th Annual Scientific Meeting of the Clinical Oncological Society of Australia, 17-19 Nov 2009, Gold Coast.

Morris B.

Exploring the unique post-diagnosis experience of women diagnosed with breast cancer. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

Morris B

Posttraumatic growth after cancer: The applicability of current quantitative measures. 36th Annual Scientific Meeting of the Clinical Oncological Society of Australia, 17-19 Nov 2009, Gold Coast.

Phillips C

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

Phillips C

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

Sargeant H

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

Sargeant H

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

Sargeant H

Mindfulness meditation in cancer care: A brief introduction. 32nd Oncology Nurses Group Conference, 8-9 Oct 2009, Brisbane.

Youl P.

Topical issues and advances. 15th UICC Reach to Recovery International Breast Cancer Support Conference, 12-15 May 2009, Brisbane.

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 Oncological Society of Australia, 17-19 Nov 2009, Gold Coast.

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, 3-6 May 2009, Tel Aviv. Israel.

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 Oncological Society of Australia, 17-19 Nov 2009, Gold Coast.

Scientific presentations

Youlden D.

Lung cancer statistics in Queensland, 1982-2006. 4th Queensland Tobacco Control Symposium, 3 Aug 2009, Brisbane.

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, 12-15 May 2009, Brisbane.

2008

Aitken J

Does whole-body skin examination reduce the incidence of melanoma? Invited speaker, Inaugural Sydney Cancer Conference, 1 Aug 2008, Sydney.

Balatti M

Support groups: Members with special needs. Prostate Cancer Foundation of Australia Queensland Convenor's Conference, 27 Aug 2008, Cairns.

Balatti M

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

Chambers S

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

Chambers S

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

Chambers S

Coping with depression and cancer: Getting over the hurdles. Prostate Cancer Foundation of Australia Men's Health Promotion Forum, 3 Aug 2008, Newcastle.

Chambers S

Psychosocial research in prostate cancer: What do we know? International Union Against Cancer World Cancer Congress, 31 Aug 2008, Geneva, Switzerland.

Chambers S

ProsCan for Men: Randomised controlled trial of a decision support intervention for men with localised prostate cancer. Invited seminar, Griffith University School of Psychology, 10 Oct 2008, Brisbane.

Chambers S

Benefit finding after cancer: the role of optimism, intrusive thinking and social environment. Invited speaker, Clinical Oncological Society of Australia and International Association of Cancer Registries Joint Scientific Meeting, 18-20 Nov 2008, Sydney.

Chambers S

Family history of prostate cancer and PSA testing. Invited speaker, Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, 18-20 Nov 2008, Sydney.

Deuchars S

Challenges and strategies in successfully conducting research in the newly diagnosed cancer population. 9th Behavioural Research in Cancer Control Conference, 9-11 Apr 2008, Melbourne

Deuchars S

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

Dunn J

Families Facing Cancer: Body, soul and relations. Plenary chair, International Union Against Cancer World Cancer Congress, 27-31 Aug 2008, Geneva, Switzerland.

Dunn J

State of the art in supportive and palliative care. Plenary chair, International Union Against Cancer World Cancer Congress, 27-31 Aug 2008, Geneva, Switzerland.

Dunn .

UICC pilot project: Assessing the capacity of South Eastern Europe cancer patient group. Plenary chair, International Union Against Cancer World Cancer Congress, 27-31 Aug 2008, Geneva, Switzerland.

Dunn J

Scientific basis for psychosocial interventions. Plenary speaker, International Union Against Cancer World Cancer Congress, 27-31 Aug 2008, Geneva, Switzerland.

Dunn .

UICC Mission and Goals - Global perspective of the evidence based supportive care and peer support groups. Keynote speaker, 5th World Conference on Breast Cancer, 4-8 Nov 2008, Winnipeg, Canada.

Ferguson M

Predicting the use of psychosocial care services among cancer patients in regional Queensland. Population Health Congress, 6-9 Jul 2008, Brisbane.

Ferguson M

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

Ferguson M

The development of a model of psychosocial care for cancer patients and their families at The Townsville Hospital. 31st Annual Conference of the Oncology Nurses Group, 12-13 Sep 2008, Townsville.

Ferguson M

Early decision and psychosocial support for men with localised prostate cancer: the ProsCan study. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, 18-20 Nov 2008, Sydney.

Galt E

Group management skills: Challenging issues and behaviours in support groups. Cancer Support Group Facilitator's Conference, Nov 2008, Brisbane.

Gollschewski S

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

Hawkes A

An implementation trial of a telephone-delivered secondary prevention program for heart attack patients: The ProActive Heart Program. Society Behavioural Medicine Conference, 26-29 Mar 2008, San Diego, USA.

Hawkes A

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

Hawkes A

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

Appendix E

Hawkes A

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

Hawkes A

The ProActive Heart Program. Keynote speaker, Challenges in Cardiology Conference, 9-10 May 2008. Brisbane.

Hawkes A

A 'Real World' implementation trial of a telephone-delivered secondary prevention program for heart attack patients - The Proactive Heart Program. Population Health Congress, 7-9 Jul 2008, Brisbane.

Hawkes A

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

Hutchison S

Sexuality and relationships after cancer. Invited presenter, Advancing Key Initiatives in Cancer Care Conference, May 2008, Brisbane.

Hutchison S

Sexuality and communication skills, Oncology Nurses Group Conference, May 2008, Toowoomba.

Hutchison S

The psychosocial impact of cancer, Centrelink Conference, Jun 2008, Brisbane.

Hutchison S, Hawkes A, Steginga S.K

Distress screening using telephone helplines. UICC World Cancer Congress, 26-31 Aug 2008, Geneva, Switzerland.

McDowell M

A review of PSA screening prevalence and risk perceptions for first-degree relatives of men with prostate cancer. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, 18-20 Nov 2008, Sydney.

McDowell M

Predictors of change in unmet supportive care needs in cancer patients: Results at baseline and after six month follow-up. Clinical Oncological Society of Australia and International Association of Cancer Registries 2008 Joint Scientific Meeting, 18-20 Nov 2008, Sydney.

Milner S

Prostate cancer: Sexuality and intimacy. Sunshine Coast Oncology Nurses Group Meeting, Mar 2008, Maroochydore.

Milner S

Future directions in prostate cancer research. Queeensland Urology Nurses Society, Jun 2008, Brisbane.

Sargeant H

The Cancer Counselling Service: Helping people bereaved through cancer, 8th International Conference on Grief and Bereavement, 15-18 Jun 2008. Melbourne.

Sargeant H

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

Sargeant H, Hughes, F

The Cancer Counselling Service: Helping people cope with cancer. Oncology Nursing Group Conference, Sep 2008, Townsville.

Youl P

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

Youl P

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

Youl P

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

Youlf

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

Youl P

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

Youlden D

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

2007

Dunn J

Evidence in peer support. Invited speaker, 14th UICC Reach to Recovery International Breast Cancer Support Conference, 30 May-2 Jun 2007, Stockholm, Sweden.

Dunn J

Enforcing clinical practice guidelines in cancer services: What are clinical practice guidelines? Invited speaker, 1st Kuala Lumpur International Conference on Survivorship and Supportive Care in Cancer, 10-12 Aug 2007, Kuala Lumpur, Malavsia.

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

Understanding the experiences of partners of men with prostate cancer: the need for more support. Australian Prostate Cancer Collaboration 9th Annual Scientific Meeting, 11-12 Oct 2007, Melbourne.

Hutchison S, Hawkes A, Clutton S, Sargeant H

The Cancer Counselling Service: Tele-psychology takes cancer counselling state-wide. Australian Psychological Society National Conference, 25-29 Sep 2007, Brisbane.

Krnjacki L, Baade P, Lynch BM, Aitken J.

Inter-rater reliability for colorectal cancer stage in Queensland. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, 26-29 Aug 2007, Hobart.33

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

Stoma surgery for colorectal cancer: a study of patient concerns. 30th Anniversary Oncology Nurses Group Conference, 22-23 Nov 2007, Brisbane.

Lynch BM, Cerin E, Newman B, Owen N.

Physical activity, activity change, and their correlates in a population-based sample of colorectal cancer survivors. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, 26-29 Aug 2007, Hobart.

Lynch BM, Cerin E, Owen N, Aitken JF.

Associations of leisure-time physical activity with quality of life in a large, population-based sample of colorectal cancer survivors. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, 26-29 Aug 2007, Hobart.

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

The role of the prostate care nurse in supporting men through diagnosis and treatment of localised prostate cancer. Andrology Australia Advisory Forum, 25-27 May 2007, Glenelg.

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

Supporting men through diagnosis and treatment for localised prostate cancer: ProsCan and beyond. 30th Anniversary Oncology Nurses Group Conference, 22-23 Nov 2007, Brisbane.

Steginga SK

The psychological consequences of advanced prostate cancer. Invited lecture, Bone Health in the Prostate Cancer Patient, Apr 2007, Brisbane.

Steginga SK

Making Decisions about Cancer. Invited lecture, Screening Test Evaluation Program, University of Sydney, Apr 2007, Sydney.

Steginga SK

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

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

ProsCan: a novel early intervention for men with localised prostate cancer. 4th International Shared Decision Making Conference, May 2007, University of Freiburg, Germany.

Steginga SK

Psychosocial clinical practice guidelines for adults with cancer: Translating evidence into clinical practice. Invited workshop, The Queensland Health Allied Health Training And Development – Cancer Care Initiative: Northern Area Health Service, May 2007, Townsville.

Steginga SK

Do patients get enough information. Invited plenary. 14th UICC Reach to Recovery International Breast Cancer Support Conference. 30 May -2 Jun 2007, Stockholm, Sweden.

Steginga SK

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

Steginga SK

Sexuality and relationships after prostate cancer II. Invited chair and discussant.

Australian Prostate Cancer Collaboration Annual Conference, 11-12 Oct 2007, Melbourne.

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

Randomised controlled trial of early intervention to improve sexual and couple functioning after prostate cancer. Australian Prostate Cancer Collaboration 9th Annual Scientific Meeting, 11-12 Oct 2007, Melbourne.

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

Patterns of surgical treatment for women diagnosed with early breast cancer in Queensland. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, 25-29 Aug 2007, Hobart.

Youl F

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

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

Accuracy of skin cancer diagnosis in two primary care settings: A comparison of skin cancer clinic doctors and mainstream general practitioners.

16th Annual Scientific Meeting of the Australasian Epidemiological Association, 27-29 Aug 2007, Hobart.

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

Body-site distribution of suspicious skin lesions excised in primary care. 16th Annual Scientific Meeting of the Australasian Epidemiological Association, 27-29 Aug 2007, Hobart.

2006

Aitken JF

Case-control study of screening for melanoma, Queensland. Invited speaker, Melanoma Research Conference, 15 Jun 2006, Sydney.

Aitken JF

Screening for melanoma. Keynote speaker, Advances towards a SunSmart State – From Research to Practice, 30 Oct-1 Nov 2006, Brisbane.

Carrière P

Prognostic factors: concepts of cure. University of Queensland, Aug 2006, Brisbane.

Carrière P

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

Carrière P, Baade P, Neale R

The risk of testicular cancer in twins: A metaanalysis. 15th Annual Meeting of the Australasian Epidemiological Association, 17-19 Sep 2006, Melbourne.

Dunn J

Improving supportive care services for men with prostate cancer: A symposium. Invited speaker, UICC World Cancer Congress, 8-12 Jul 2006, Washington DC, USA.

Dunn J

Peer support programs: The Reach to Recovery international model. Invited speaker, UICC World Cancer Congress, 8-12 Jul 2006, Washington DC, USA.

Dunn J

Fundamentals of communication. Invited speaker, UICC World Cancer Congress, 8-12 Jul 2006, Washington DC, USA.

Dunn J

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

Dunn J

Setting up Reach to Recovery services. Invited speaker, 10th Annual Taiwan Breast Cancer Support Group Convention 'Reflecting on the Past, Breaking into the New', Aug 2006, Taipei, Taiwan.

Dunn J

Interpersonal communication skills – the Reach to Recovery approach. Invited speaker, 3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference, 7-10 Nov 2006, Mumbai, India.

Dunn J

Supportive care guidelines for cancer patients. Invited speaker, 3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference, 7-10 Nov 2006, Mumbai, India.

Dunn J

Volunteers in action and peer support. Invited speaker, 3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference, 7-10 Nov 2006, Mumbai, India.

Dunn J, Campbell M, Penn D, Dwyer M, Steginga S

Changing Gears – a peer support adventure for young breast cancer survivors. 6th Annual Health and Medical Research Conference of Queensland. 23-24 Nov 2006. Brisbane.

Ferguson M, Aitken J, Janda M, Gardiner RA, Nicol D, Kedda M-A, Occhipinti S, Steginga S

Prostate cancer supportive care and patient outcomes project (ProsCan): New directions. Australian Prostate Cancer Collaboration 8th Annual General Meeting, Oct 2006, Sydney.

Ferguson M, Aitken J, Janda M, Nicol D, Gardiner RA, Kedda M-A, Occhipinti S, Steginga S

ProsCan: Prostate cancer supportive care and patient outcomes project. 6th Annual Health and Medical Research Conference of Queensland, 23-24 Nov 2006.

Appendix E

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

The role of the prostate care nurse in supporting men with prostate cancer: The ProsCan study. 8th Biennial Behavioural Research in Cancer Control Conference, 27-29 Sep 2006, Brisbane.

Ferguson M, Hanley B, Edwards R

Prostate cancer supportive care and patient outcomes project (ProsCan): Update and new directions. Prostate Cancer Support Group Convenors Workshop, Oct 2006, Brisbane.

Fritschi L

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

Gordon LG

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

Greenbank, S

Behaving badly - skin cancer prevention for men under 40. Australian Health Promotion Association 16th National Conference, 23-26 Apr 2006, Alice Springs.

Greenbank S

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

Hausdorf K

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

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

Determinants of sunburn in Queensland, Australia. 8th Biennial Behavioural Research in Cancer Control Conference, 27-29 Sep 2006, Brisbane.

Hawkes A

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

Hawkes A

Development of a telephone-delivered cardiac rehabilitation program for Queenslanders. National Heart Foundation of Australia Conference, 23-25 Mar 2006, Sydney.

Hawkes A

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

Hawkes A

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

Hawkes A

Queensland Cancer Fund pilot cancer care course for Aboriginal and Torres Strait Islander Health Workers. 8th Biennial Behavioural Research in Cancer Control Conference, 27-29 Sep 2006, Brisbane.

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

The HELP Project, 6th Annual Health and Medical Research Conference, 23-24 Nov 2006, Brisbane.

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

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

Hutchison S

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

Janda M

Optimal treatment of elderly patients presenting with stage III and IV ovarian cancer. Annual Conference of the Australian Society of Gynaecologic Oncology, 3-7 May 2006, Hamilton Island.

Milner S

The ProsCan Project – an overview. Prostate Cancer Support Group Convenors Workshop, Oct 2006, Brisbane.

Milner S

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

Milner SE, Clutton SJ, Ferguson MR, Nicol D, Gardiner RA, Steginga SK

The role of the prostate cancer nurse in supporting men through diagnosis and treatment of localised prostate cancer. 11th Annual Australasian Urological Nurses Society, Mar 2006. Brisbane.

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

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

Mudie K, Ferguson MR, Nicol D, Gardiner RA, Steginga SK

Implementing clinical trials: The role of the nurse. 11th Annual Australasian Urological Nurses Society Meeting, Mar 2006, Brisbane.

Naumann L, Youl P

Skin cancer in Queensland: How SunSmart are we? 29th Annual Oncology Nurses Conference, Nov 2006, Brisbane.

Neale RE

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

Neale RE

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

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

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

Neale RE, Green AC, Bouwes Bavinck JN and the EPI-HPV-UV-CA group

Human papilloma virus and squamous cell carcinoma of the skin. 15th Annual Meeting of the Australasian Epidemiological Association, 18-19 Sep 2006, Melbourne.

Neale R, Whiteman D, Fritschi L, Fawcett J, Webb P, Risch H

Genetic and environmental risk Factors for pancreatic cancer – development of a case-control study in Queensland. North Queensland Gut Club meeting, Jun 2006, Cairns.

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

Sun protection attitudes and behaviours of adolescents and young adults in Queensland: A theory of planned behaviours perspective. 6th Annual Health and Medical Research Conference of Queensland, 23-24 Nov 2006, Brisbane.

Steginga SK

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

Steginga SK

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

Steginga SK

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

Steginga SK

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

Steginga SK

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

Steginga SK

Supporting men with prostate cancer: What do we know and where are we headed? International Union Against Cancer World Cancer Congress, 8-12 Jul 2006, Washington DC, USA.

Steginga SK

Translating psychosocial clinical practice guidelines into action: An educational intervention for health professionals. International Union Against Cancer World Cancer Congress, 8-12 Jul 2006, Washington DC, USA.

Steginga SK

Achieving broad reach translation for decision support in Cancer. International Union Against Cancer World Cancer Congress, 8-12 Jul 2006, Washington DC.

Steginga SK

A novel approach to decision support for men with localised prostate cancer: The ProsCan study. International Union Against Cancer World Cancer Congress, 8-12 Jul 2006, Washington DC.

Steginga SK

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

Steginga SK

Coping with prostate cancer: The power of shared experiences. Inaugural Prostate Cancer Foundation of Australia Men's Health Promotion Conference, 12 Aug 2006, Melbourne.

Steginga SK

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

Steginga SK

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

Steginga SK

The psychosocial support needs of patients diagnosed with cancer in regional Queensland. 8th Biennial Behavioural Research in Cancer Control Conference, 27-29 Sep 2006, Brisbane.

Steginga SK

Peer support and clinicians' views. Australian Prostate Cancer Collaboration Annual Conference, 3-5 Oct 2006, Sydney.

Steginga SK

The Queensland Cancer Fund: Excellence in cancer control. American Cancer Society Cancer Survivors Network Meeting, Dec 2006, Atlanta, USA

Steginga S, Campbell A, Cairns W, Ferguson W, Froggatt A, Beeden A, Walls M, Dunn J

Developing a model of psychosocial care for patients diagnosed with cancer in regional Queensland. 6th Annual Health and Medical Research Conference of Queensland, 23-24 Nov 2006. Brisbane.

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

A novel approach to decision support for men diagnosed with prostate cancer: The ProsCan study. Urological Society of Australasia, Annual Scientific Meeting, 26-30 Mar 2006, Brisbane.

Steginga SK, McClintock S

Shared decision making for informed choice in the early detection of prostate cancer. Gold Coast Division of General Practice, Feb 2006, Gold Coast. Thompson B, Carrière P, Fritschi L, Baade P, Coory M

Effectiveness of using routine databases to measure clinical practice guidelines in Queensland. Annual Scientific Meeting, Clinical Oncological Society Australia, 29 Nov-1 Dec 2006, Melbourne.

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

Can Queensland Health routine databases be used to measure compliance with clinical practice guidelines for cancer? 6th Annual Health and Medical Research Conference of Queensland, 23-24 Nov 2006, Brisbane.

Youl P

Skin cancer and skin screening. Invited speaker, Sunshine Coast Division of General Practitioners Annual Conference, Mar 2006, Sunshine Coast.

Youl P

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

Youl P

Cancer control through research. Invited speaker, Queensland Oncology Nurses Group, Oct 2006, Mackay.

Youl P

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

Youl P

Change in patterns of service delivery. Invited speaker, Advances towards a SunSmart State – from Research to Practice, Oct 2006, Brisbane.

oul P

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

Youl P

Determinants of health behaviour: sun exposure and sun protection. Invited lecture, University of Queensland, May 2006, Brisbane.

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

Diagnostic pathways for melanoma: What happens to patients in Queensland? 8th Biennial Behavioural Research in Cancer Control Conference, 27-29 Sep 2006, Brisbane.

Appendix E

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

Reliability of a CATI interview in a case-control study of melanoma: are participants able to recall dates of events? 15th Annual Meeting of the Australasian Epidemiological Association, 17-19 Sep 2006, Melbourne.

Youlden D

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

2005

Bailey L, Janda M, Walker D, Eakin E

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

Bailey L, Janda M, Walker D, Eakin E

Supportive care needs of brain tumour patients and their carers in Queensland. Australasian Neuroscience Nurses Association Conference, 15-17 Sep 2005, Gold Coast.

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

Supportive care needs of gynaecological cancer survivors. MASCC/ISOO 17th International Symposium, 30 Jun-2 Jul 2005, Geneva, Switzerland.

Bull S, Eakin E, Riley K, Reeves MM

Multi-level support and chronic disease selfmanagement in an urban Latino sample. Society of Behavioral Medicine Annual Meeting and Scientific Sessions, 13-16 Apr 2005, Boston, LISA

Carrière P, Joseph L, Tenenhouse A, Jackson S

Adjusting incidence estimates for bias due to nonresponse and attrition using multiple imputation. 14th Annual Scientific Meeting of the Australasian Epidemiological Association, 6-7 Oct 2005. Newcastle.

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

The Queensland Cancer Risk Study: Regional differences in cancer risk behaviours. 5th Annual Health and Medical Research Conference of Queensland, 3-4 Nov 2005, Brisbane.

Dunn J

Psychological and Social Impact of Breast Cancer. Invited speaker, Reach to Recovery 2004-2005 - A training workshop for volunteer breast cancer survivors in Malaysia, Mar 2005, Malaysia.

Dunn J

Tapping resources in the local community. Reach to Recovery 2004-2005 - A training workshop for volunteer breast cancer survivors in Malaysia, Mar 2005, Malaysia.

Dunn J

Setting up Reach to Recovery services. Invited speaker, Reach to Recovery 2004-2005 - A Training Workshop for Volunteer Breast Cancer Survivors in Malaysia, Mar 2005, Malaysia.

Dunn J

Providing psychosocial support for women with breast cancer: Helpline, hospital visits, home visits, websites, managing referrals, special interest groups (age, language, etc). Invited speaker, Reach to Recovery 2004-2005 - A Training Workshop for Volunteer Breast Cancer Survivors in Malaysia, Mar 2005, Malaysia.

Dunn J

Activating volunteers. Invited speaker, 13th Reach to Recovery International Breast Cancer Support Conference, 1-4 Jun 2005, Athens, Greece.

Dunn J

The role of the volunteer in supporting women with breast cancer. Invited speaker, 13th Reach to Recovery International Breast Cancer Support Conference, 1-4 Jun 2005, Athens, Greece.

Dunn J

Today's reality, tomorrow's perspectives. Invited speaker, 13th Reach to Recovery International Breast Cancer Support Conference, 1-4 Jun 2005, Athens, Greece.

Dunn J

Community based cancer control. Invited speaker, Nepal Cancer Relief Society, Oct 2005, Nepal.

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

Using pedometers to promote physical activity in a community-based intervention: Results from 10,000 Steps Rockhampton. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, 10-12 Feb 2005, Melbourne.

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

Resources for health: A randomised controlled trial of a chronic disease self-management intervention targeting low-income and Latino patients. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, 10-12 Feb 2005, Melbourne.

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

Resources for health: A randomised controlled trial of a chronic disease self-management intervention targeting low-income and Latino patients. Society of Behavioral Medicine Annual Meeting and Scientific Sessions, 13-16 Apr 2005, Boston, USA.

Eakin E, Nicol D, Gardiner RA, Newman B, Janda M, Woolf M, Reeves MM, Pickering K, Steginga S, Aitken JF

Promoting physical activity and healthy eating in men newly diagnosed with prostate cancer: The Queensland Cancer Fund ProsCan Study. 5th National Physical Activity Conference, 13-16 Oct 2005, Melbourne.

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

Intervening on physical activity and diet in patients with multiple chronic conditions: a feasibility study. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, 10-12 Feb 2005, Melbourne.

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

Promoting physical activity and healthy eating in primary care patients with multiple chronic conditions: The Logan Healthy Living Program. 5th National Physical Activity Conference, 13-16 Oct 2005, Melbourne.

Fritschi L, Benke G, Hughes AM, Kricker A, Turner J, Vajdic CM, Grulich A, Milliken S, Kaldor J, Armstrong BK

Occupational chemical exposure and non-Hodgkin lymphoma. 18th International Symposium of Epidemiology in Occupational Health, 11-17 Sep 2005, Bergen, Norway.

Fritschi L, Dye SA, Katris P, Beauchamp C

Validity of melanoma diagnosis in a community based screening program. 14th Annual Scientific Meeting of the Australasian Epidemiological Association, 6-7 Oct 2005, Newcastle.

Greenbank S, Dunn J, Aitken J.

Compliance monitoring – its role in tobacco control and advocacy. Australian Health Promotion Association 15th National Conference, 13-16 Mar 2005. Canberra.

Greenbank S, Dunn J, Aitken J

Compliance monitoring – its role in tobacco control and advocacy. Making It Better - Effective Public Health Advocacy Conference, 29-30 Aug 2005, Sydney.

Greenbank S, Rolfe T

SunSmart schools and centres in South West Queensland – the relevance of sun protection in a rural community. Australian Health Promotion Association 15th National Conference, 13-16 Mar 2005, Canberra.

Hutchison S

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

Hutchison S

Closing the Divide: Using telephone-delivered psychosocial interventions to overcome geographic and other barriers. Plenary speaker, Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, 16-18 Nov 2005, Brisbane.

Hutchison S, Fanning R

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

Hutchison S, Steginga SK, Dunn J

A tiered model of psychosocial intervention in cancer: Translating clinical practice guidelines into action. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, 16-18 Nov 2005, Brisbane.

Janda M

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

Janda M, Bailey L, Walker D, Eakin EG

Improving supportive care services for patients with a brain tumour and their carers. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, 16-18 Nov 2005, Brisbane.

Janda M, Round T, Eakin EG, Newman B, Whiteman D, Rogers C, Aitken JF

Quality of life within the Queensland population and applications for cancer research. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, 16-18 Nov 2005, Brisbane.

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

Predictors of participation in melanoma screening. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, 10-12 Feb 2005, Melbourne.

Janda M, Youl PH, Lowe JB, Elwood M, Ring IT, Aitken JF

Predictors of participation in melanoma screening. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, 10-12 Feb 2005, Melbourne. Lynch B, Owen N, Newman B, Pakenham K, Leggett B, Dunn J, Aitken J

Associations between physical activity and quality of life in colorectal cancer survivors. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, 10-12 Feb 2005. Melbourne.

Lynch B, Owen N, Newman B, Pakenham K, Leggett B, Dunn J, Aitken JF

Physical activity amongst colorectal cancer survivors. 4th National Emerging Researchers in Ageing Conference, 8 Nov 2005, Brisbane.

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

Lifestyle interventions for primary care patients with multiple chronic conditions: the Logan Healthy Living Program. 23rd National Conference Dieticians Association of Australia, 26-28 May 2005, Perth.

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

Queensland Cancer Risk Study: Cancer risks, behaviours and attitudes in Queensland. Scientific Conference of the Australasian Society for Behavioural Health and Medicine, 10-12 Feb 2005, Melbourne.

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

Who should we target? The Queensland Cancer Risk Study. 23rd National Conference Dieticians Association of Australia, 26-28 May 2005.

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

The Queensland Cancer Risk Study: Use of paid media to increase response rates: Is it worth it? 14th Annual Scientific Meeting of the Australasian Epidemiological Association, 6-7 Oct 2005, Newcastle.

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

The Queensland Cancer Risk Study: Does living outside a major city make a difference? 14th Annual Scientific Meeting of the Australasian Epidemiological Association, 6-7 Oct 2005, Newcastle.

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

Survival in Queensland from cutaneous invasive melanoma 1982-99 - A population study. 6th World Congress on Melanoma, 2-9 Sep 2005, Vancouver, Canada.

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

Trends for in-situ and invasive melanoma in Queensland, Australia, 1982 to 2002. 6th World Congress on Melanoma, 2-9 Sep 2005, Vancouver, Canada.

Steginga SK

Shared decision making for informed choice in the early detection of prostate cancer. Merck, Sharp and Dohme University Program, Jul 2005, Brisbane.

Steginga SK

The nurse's role in decision support: Helping people with cancer to make difficult treatment decisions. The Annual Conference of the Oncology Nurses Group of the Queensland Cancer Fund, Oct 2005, Cairns.

Steginga SK

Life after cancer: Survivorship issues. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, 16-18 Nov 2005, Brisbane.

Steginga, SK

Future directions in the provision of psychosocial support. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, 16-18 Nov 2005, Brisbane.

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

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

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

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

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

A novel approach to decision support for men with localised prostate cancer: The ProsCan Study. Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, 16-18 Nov 2005, Brisbane.

Prize for Best Oral Presentation.

Steginga SK, Gianduzzo T, Green A

Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General Practitioners Sunshine Coast Sub-Faculty Conference, Oct 2005, Brisbane.

Appendix E

Steginga SK, Heathcote P, Green A

Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General Practitioners North Queensland Sub-Faculty Conference, Sep 2005, Cairns.

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

Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General Practitioners Gold Coast 48th Annual Clinical Update, Apr 2005, Gold Coast.

Steginga SK, Metcalfe R, Pinnock C

Educating General Practitioners about shared decision making for PSA testing: The Queensland and Victorian pilot studies. Australian Prostate Cancer Collaboration Annual Conference, Sep 2005, Sydney.

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

Educating General Practitioners about shared decision making for PSA testing. 5th Annual Health and Medical Research Conference of Queensland, 3-4 Nov 2005, Brisbane.

Steginga SK, Pinnock C, Jackson C, Preston J

Promoting shared decision making for informed choice for the early detection of prostate cancer. Annual Scientific Meeting of the Urological Society of Australasia, 13-17 Feb 2005, Melbourne.

Steginga SK, Preston J, Green A

Shared decision making for informed choice in the early detection of prostate cancer. Brisbane Inner South Division of General Practice, Jun 2005. Brisbane.

Steginga SK, Turner J

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

Ward L, O'Kane D, Bourke J, Valery P, Giles G, Green A, Aitken JF

The Australian Paediatric Cancer Registry.

Australian and New Zealand Children's

Haematology and Oncology Group (ANZCHOG)

Annual Scientific Meeting, Jun 2005, Melbourne.

Youlden D, Baade P, Coory M

An update on cancer statistics in Queensland. 5th Annual Health and Medical Research Conference of Queensland, Nov 2005, Brisbane.

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

Increasing prevalence of clinical skin exams in Queensland: Have skin clinics played a role? Clinical Oncological Society of Australia 32nd Annual Scientific Meeting, 16-18 Nov 2005, Brisbane.

Youl PH, Raasch B, Janda M, Aitken JF

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

Dunn J

Developing a support system in breast cancer. Invited speaker, 1st National Breast Cancer Support Conference 2004, Breast Cancer Welfare Association, Jan 2004, Kuala Lumpur, Malaysia...

Dunn,

Supportive cancer for women with breast cancer. Invited speaker, 1st National Breast Cancer Support Conference 2004, Breast Cancer Welfare Association, Jan 2004, Kuala Lumpur, Malaysia.

Dunn J

Supporting women with breast cancer in the Asia Pacific Region. Invited speaker, 2nd Asia Pacific UICC Breast Cancer Support Conference, 1-4 Sep 2004, Singapore.

Dunn J

Developing cancer control capacity for voluntary cancer societies in the Asia Pacific Region. Invited speaker, UICC World Conference for Cancer Organisations, 17-19 Nov 2004, Dublin, Ireland.

Dunn J

Psychosocial support for women with breast cancer. Invited speaker, Breast Cancer Welfare Association Workshop, Dec 2004, Malaysia.

Eakin EG

Lifestyle interventions for men with prostate cancer. Australasian Prostate Collaboration Meeting, Sep 2004, Stradbroke Island.

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

Promoting physical activity in general practice: Can it be done? Scientific Conference of the Australasian Society of Behavioural Health and Medicine, 12-14 Feb 2004, Christchurch, New Zealand

Eakin EG, Oldenburg B, Del Mar C

Linking general practice and community care to promote health behaviour change. Scientific Conference of the Society of Behavioural Medicine, 24-27 Mar 2004, Baltimore, USA.

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

The Logon Healthy Living Project- using the telephone to promote healthy eating and physical activity. 7th Biannual Behavioural Research in Cancer Control Conference, 23-25 Jun 2004, Newcastle

Eakin EG, Steginga SK, Aitken JF, Woolf M, Reeves MM

A telephone delivered intervention to provide support for men newly diagnosed with prostate cancer. 7th Bi-annual Behavioural Research in Cancer Control Conference, 23-25 Jun 2004, Newcastle.

Fong K, Aitken JF, Anderiesz C, Elwood M

Developing an implementation model for the clinical practice guidelines for the prevention, diagnosis and management of lung cancer in Queensland. Clinical Oncological Society of Australasia Annual Scientific Meeting, 11-13 Aug 2004. Brisbane.

Hutchison S

Psychosocial screening, triage and service delivery. Oncology Nurses Group Annual Conference, 8-9 Nov 2004, Brisbane.

Hutchison S

The Cancer Counselling Service. Oncology Nurses Group Conference, 8-9 Nov 2004, Brisbane.

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

Colorectal screening in general practice- too many guidelines, too confusing to implement? 2004 National General Practice and Primary Health Research Conference, 2-4 Jun 2004, Brisbane.

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

Can skin screening become a habitual behaviour? 7th Biannual Behavioural Research in Cancer Control Conference, 23-25 Jun 2004, Newcastle.

Lvnch BM

Physical activity and quality of life amoungst colorectal cancer survivors. Oncology Nurses Group 27th Annual Conference, Nov 2004, Brisbane.

Lynch BM, Newman B, Pakenham K, Owen N, Battistutta D, Rinaldis M, Dunn J, Leggett B, Aitken JF

Quality of life 4-6 months after diagnosis of colorectal cancer. 7th Biannual Behavioural Research in Cancer Control Conference, 23-25 Jun 2004, Newcastle.

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

Skin screening prevalence in Queensland- a population based study. 2004 Australasian Epidemiology Association, Oct 2004, Adelaide.

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

Is energy expenditure altered in patients with cancer? 22nd National Dieticians Association of Australia, 20-22 May 2004, Melbourne.

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

Accuracy of the MedGem indirect calorimeter in cancer patients. 22nd National Dieticians Association of Australia, 20-22 May 2004, Melbourne.

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

Hypermetabolism in cancer: fact or fallacy? Oncology Nurses Group 27th Annual Conference, Nov 2004, Brisbane.

Rogers C, Newman B, Whiteman D, Eakin EG, Aitken JF

Cancer risks, behaviours and attitudes in Queenlsand: It's the \$750,000 question- just how high is Queensland's cancer risk. 7th Biannual Behavioural Research in Cancer Control Conference, 23-25 Jun 2004, Newcastle.

Rogers C, Newman B, Whiteman D, Eakin EG, Aitken JF

Queensland Cancer Risk Study. Queensland Health Annual Medical and Scientific Meeting, 30 Nov-1 Dec 2004, Brisbane.

Steginga SK

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

Steginga SK, Jackson C, Gianduzzo T

Shared decision making for informed choice in the early detection of prostate cancer. Royal Australian College of General Practitioners Sunshine Coast Sub Faculty Conference, Nov 2004, Sunshine Coast.

Steginga SK, Jackson C, Lun S

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

Steginga SK, Occhipinti S

Psychological predictors of decisional conflict. 13th International Conference on Cancer Nursing 2004: Celebrating Diversity, 8-12 Aug 2004, Sydney.

Steginga SK, Occhipinti S

Psychological predictors of decisional conflict. UICC World Conference for Cancer Organisations, 17-19 Nov 2004, Dublin, Ireland.

Steginga SK, Pinnock C

Shared decision making for informed choice in the early detection of prostate cancer. UICC World Conference for Cancer Organisations, 17-19 Nov 2004, Dublin, Ireland.

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

Evaluating peer support for prostate cancer: the prostate cancer peer support inventory. Annual scientific Meeting of the Northern Section of the Urological Society of Australiasia, Sep 2004, Couran Cove.

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

Evaluating peer support for prostate cancer: the prostate cancer peer support inventory. UICC World Conference for Cancer Organisations, 17-19 Nov 2004, Dublin, Ireland.

Steginga SK, Pinnock C, Jackson C, Preston J

Promoted informed decision making choice for the early detection of prostate cancer. Annual Scientific Meeting of the Northern Section of the Urological Society of Australiasia, Sep 2004, Couran Cove.

Steginga SK, Pinnock C, Jackson C, Wood G

Promoting shared decision making and informed choice in the early detection of prostate cancer. Brisbane North Division of General Practice, Oct 2004. Brisbane.

Youl PH, Aitken JF, Janda M, Elwood M, Ring I

Melanoma screening clinics within a randomised community-based trial increase the frequency of whole-body skin checks. The 18th World Conference on the Health Promotion & Health Education, 26-30 Apr 2004, Melbourne.

Appendix F

Major conferences hosted by Cancer Council Queensland

2013

Global Controversies and Advances in Skin Cancer (GC-SC), 21 – 24 Nov

2012

Clinical Oncology Society Australia (COSA) 39th Annual Scientific Meeting, 13 – 15 Nov

2012

International Psycho-Oncology Society (IPOS) 14th World Congress of Psycho-Oncology, 13-15 Nov

2011

Oceania Tobacco Control Conference, 18 – 20 Oct

2010

2nd National Conference Young Women Affected by Breast Cancer, 10 – 12 Sep

2009

15th Reach to Recovery International Conference, 12-15 May



Appendix G

Professional and community activities

Expert advisory committees, scientific panels & working groups

Abbot Patient Program Development Group

Anton Breini Centre for Public Health and Tropical Medicine, Consultative Committee, James Cook University

ANZUP Cancer Trials Group, Quality of Life Committee

ANZUP Cancer Trials Group, Scientific Advisory Committee

Asian Pacific Organisation for Cancer Prevention (APOCP) Executive Committee

Australasian Association of Cancer Registries, Executive Committee

Australasian Society for Behavioural Health and Medicine. Executive Board

Australian Cancer Network: Clinical Practice Guidelines for the Management of Advanced Prostate Cancer Working Party

Australian Prostate Cancer Collaboration National Executive Committee

Cancer Australia:

- Information and Communication Advisory Group
- Prostate and Testicular Cancer Advisory Group

Cancer Council Australia

- Aboriginal and Torres Strait Islander Sub-Committee
- Audit and Risk Committee
- Board Member
- Bowel Cancer Screening Committee
- CEO Forum
- General Practice Primary Health Care Committee
- National Public Health Committee
- National Skin Cancer Committee
- Nutrition and Physical Activity Committee
- Patient Support Committee
- Public Health Committee

Cancer Foundation of Western Australia, Medical and Scientific Advisory Panel

Cancer Institute NSW Education Review Panel

Cardiac Society of Australia and New Zealand (CSANZ) Heart Failure Working Group

Co-operative Research Centres Spatial Information (CRCSI) Health Program, Program Board

Department of Health and Ageing, Palliative Care Australia, National Reference Group for Caring Communities Project

Dieticians Association of Australia, Cancer Cachexia Practice Guidelines Task Force

German National Skin Cancer Screening Program

Griffith University/Queensland Cancer Fund Cancer Support Centre, Board

Independent Review and Scientific Investigation Panel, ABC Toowong Cancer Cluster Investigation

International Psycho-oncology Society

- Board Member
- Education Committee
- Publications Committee

Lions Cancer Institute Scientific Advisory Committee

LIVESTRONG Foundation Global Campaign International Advisory Committee

McCabe Centre for Law and Cancer Advisory Committee

National Health and Medical Research Council Expert Committee on Electromagnetic Energy

National Health and Medical Research Council & Australian Cancer Network, Melanoma Clinical Practice Guidelines Working Group

National Heart Foundation Research Evaluation Working Group

National Heart Foundation of Australia and Cardiac Society of New Zealand Chronic

Heart Failure Clinical Practice Guidelines Expert Writing Panel

Prostate Cancer Foundation of Australia

- Scientific Reference Group
- Nurse Working Group
- Public Awareness and Education Committee

Public Health Association of Australia, Queensland State Executive

Queensland Cardiac Rehabilitation Executive Committee

Queensland Health

- Bowel Cancer Screening Quality Management Committee
- BreastScreen Queensland State Accreditation Committee
- Breast Cancer Screening Quality Management Committee
- Cancer Cluster Investigation Steering Committee
- Cancer Control Ministerial Advisory Committee
- Cancer Registry Advisory Group
- Cardiac Rehabilitation Collaborative, Continuing Healthcare Improvement
- Cervical Cancer Screening Quality Management Committee
- Queensland Cancer Registry Joint Management Committee
- Queensland Health Cluster Assessment Advisory Committee

Queensland Epidemiology Group, Executive Committee

Queensland Public Health Forum, Tobacco Working Group

Queensland Self Management Alliance Executive Committee

Queensland University of Technology, Faculty of

Health Advisory Committee

Statistical Society of Australia, Executive Committee

Union for International Cancer Control (UICC)

- Asia Pacific Cancer Society Training Grants Program
- Board Member
- Editorial Board Global News Alert
- Reach to Recovery International Advisory Committee
- Strategic Advisory Panel
- Strategic Leaders Capacity Building and Supportive Care Board
- Supportive Care and Program Development

Conference organising committees

Asia Pacific Reach to Recovery Regional Breast Cancer Support Conference: 2004, 2006

Behavioural Research in Cancer Control: 2006, 2008, 2010

Global Controversies and Advances in Skin Cancer: 2013

International Psycho-Oncology Society (IPOS) World Congress: 2011, 2012

Oceania Tobacco Control Conference: 2011

Population Health Congress: 2008

Public Health Association of Australia (Queensland Branch) Inaugural State Research Conference:

Queensland Tobacco Control Symposium: 2006

Reach to Recovery International Breast Cancer Support Conference: 2005 - 2013

Skin Cancer Forum: 2006-07

UICC World Cancer Congress: - 2006, 2007

Statistical Society of Australia Young Statisticians Conference: 2011, 2013

Professional memberships

American Association of Cardiovascular and Pulmonary Rehabilitation

Andrology Australia

Australasian Brachytherapy Group

Australasian Epidemiological Association

Australasian Society for Behavioural Health and Medicine

Australia and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP)

Australian Association of Academic General Practice

Australian Association for Cognitive Behaviour Therapy

Australian Cardiac Rehabilitation Association

Australian Health Promotion Association

Appendix G

Professional and community activities

Australian and New Zealand Urological Nurses Society

Australian Psychological Society

Australian Research Council

Australian Society for Medical Research

Brisbane Prostate Cancer Research Network

Cancer Nursing Society of Australia

Clinical Oncology Society of Australia (COSA)

Diabetes Australia

Dieticians Association of Australia

International Epidemiology Association

International Psycho-Oncology Society (IPOS)

International Society for Bayesian Analysis

LiveSTRONG Foundation

Multinational Association of Supportive Care in Cancer

Ottawa Health Research Institute

Oncology Nurses Group

Palliative Care Association Queensland

Psychologists Board of Queensland

Psycho-Oncology Co-operative Research Group (PoCoG)

Public Health Association of Australia

Queensland Epidemiology Group

Queensland Nurses Council

Queensland Public Health Forum

Queensland Urological Nurses Society

Royal College of Nursing Australia

Society of Behavioural Medicine

Society for Medical Decision Making

Statistical Society of Australia Inc

Union for International Cancer Control (UICC)

Urological Society of Australia and New Zealand

Reviews and editorial activities

Editorial panels

American Journal of Epidemiology

Annals of Behavioural Medicine

Australasian Epidemiologist

BMC Public Health

Patient Education and Counselling

Psycho-Oncology

Cancer Forum: Journal of Cancer Council Australia

The Open Public Health Journal

Reviews for journals

American Journal of Epidemiology

American Journal of Preventive Medicine

Annals of Behavioural Medicine

Archives of Dermatological Research

Australian Family Physician

Australian and New Zealand Journal of Public Health

Australian and New Zealand Journal of Surgery

BioPsychoSocial Medicine

BMC Cancer

BMC Dermatology

BMC Family Practice

BMC Gastroenterology

BMC Nursina

BMC Public Health

BMJ Open

Breast Cancer Research and Treatment

British Journal of Cancer

British Journal of Dermatology

British Journal of Sports Medicine

British Journal of Urology International

Canadian Medical Association Journal

Cancer

Cancer Causes and Control

Cancer Epidemiology (formerly Cancer Detection

Cancer Epidemiology Biomarkers and Prevention

Clinical and Experimental Dermatology

Dutch Cancer Society

European Journal of Clinical Nutrition

European Journal of Dermatology

European Journal of General Practice

General Hospital Psychiatry

Health Education Research

Health Promotion Journal of Australia

Health Psychology

International Journal of Behavioural Medicine

International Journal of Behavioural Nutrition and Physical Activity

International Journal of Cancer

International Journal of Gynaecological Cancer

International Journal of Gynaecological Oncology

Journal Nutrition and Dietetics

Journal of the American Academy of Dermatology

Journal of the American Gerontological Society

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

The Journal of Urology

Medical Decision Making Medical Journal of Australia

Molecular Nutrition and Food Research

Nutrition and Dietetics

Occupational and Environmental Medicine

Occupational Medicine

Onco Targets and Therapy

Pan American Journal of Public Health

The Patient

Patient Education and Counselling

Preventive Medicine

Psychology, Health and Medicine

Psycho-Oncology

Quality of Life Research

Respirology

Social Science & Medicine

Supportive Care in Cancer

Reviews for funding bodies

Cancer Council Australia (Epidemiology, Psychosocial and Health Services Committee)

Australian Research Council

Cancer Institute of New South Wales

Cancer Council New South Wales Strategic Research Grants Program

Cancer Council Victoria

Cancer Cure Australia Foundation

Cancer Research UK

Dutch Cancer Society

Foundation Daw Park Medical Research Grants

Icelander Center for Research

Italian Association for Cancer Research

National Health and Medical Research Council

National Heart Foundation of Australia

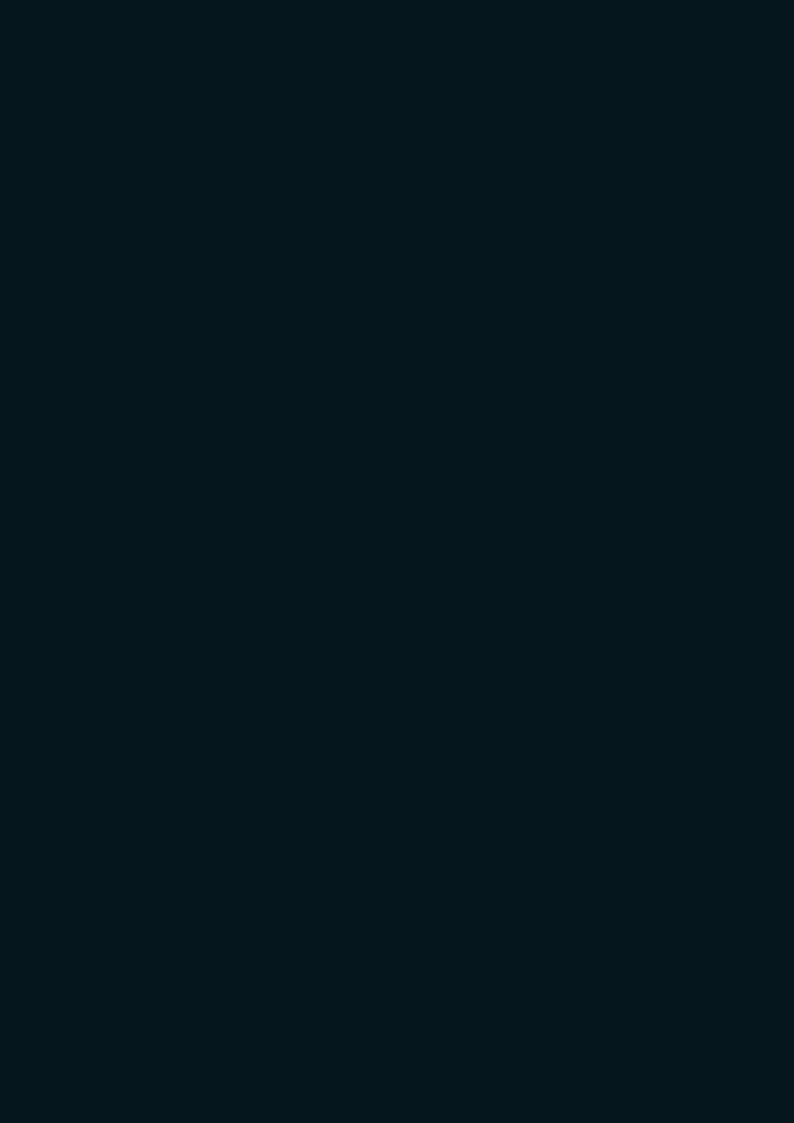
NSW Health Department

Swiss Cancer League

Sydney Cancer Centre

The Prostate Cancer Charity, UK

United Kingdom National Institutes of Health





BRISBANE

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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 4740 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

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High Street Shopping Centre
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