Supporting Cancer Council Queensland

CANCER RESEARCH IN ACTION ANNUAL REPORT 2017





តុំំំំ <u>Cancer Research Centre</u>

About Cancer Council Queensland

Our mission

Reducing the burden of cancer. Cancer Council Queensland (CCQ) raises funds that are dedicated to improving quality of life for people living with cancer, through research, patient care, prevention and early detection.

Our purpose

CCQ is dedicated to supporting the community in cancer control. CCQ is dynamic, outcome focused, responsive to community needs, committed to voluntarism and the pursuit of excellence in all its activities. All employees and volunteers of CCQ, through their work, are actively involved in cancer control.

Our values

With integrity, agility and a deep sense of belonging – we are committed to supporting the cancer community.

We work across every aspect of cancer to:

- support Queenslanders affected by cancer.
- work with the community to change laws and policies to reduce cancer risks and improve cancer-care.
- conduct and fund world-class research to reduce the impact of cancer.

es to reduce cancer risks and improve cancer-care. the impact of cancer.



Cancer Council Quee Viertel Cancer Resea Charles Viertel From the CEO Cancer in Queenslan Our research at a glo **Partnerships and co** 2017 research highl Key research initiati Meet our researcher Appendices

Cancer

1120

Jitra

111 20

ANNUAL REPORT 2017

*

Sec.

Contents

ensland strategic priorities	. 3
arch Centre's role	. 4
	. 5
	0
Id	10
ance 2004 – 2017	11
llaborations	13
ights	15
ives	16
	35
	37

Cancer Council Queensland strategic priorities

SUPPORT AND SUPPORT AND EMPOWER THE COMMUNITY	 Improve access to cancer information, programs and services. Mobilise resources to build community capacity and strengthen cancer care systems. Lead local, national, and global dialogue to make cancer a priority in health and development planning. 	
PREVENT CANCER AND ENCOURAGE HEALTHY LIFESTYLES	 Reduce cancer risks by delivering and advocating for evidence-based population-wide programs and interventions that promote healthy lifestyles and uptake of screening. Encourage healthy communities through engagement across regions, sectors and industries, targeting at-risk groups. Deter high-risk behaviours by informing and advocating for public health policy and program development. 	
SUPPORT PEOPLE AFFECTED BY CANCER	 Advocate to ensure the assessment and care of people affected by cancer is timely, safe, comprehensive, and of consistently high quality. Provide evidence-based high-quality programs and services in line with best practice, establishing need, access and efficiency for each. Disseminate the latest news, information, and evidence on cancer. 	
IMPROVE SURVIVAL OUTCOMES AND ADDRESS INEQUITIES	 Invest in studies and programs to overcome the barriers to equity in cancer survival. Promote integrated and multi-disciplinary service approaches, centred on patient and community need. Monitor and report on trends and emerging developments in cancer incidence, mortality, survival, and prevalence. 	Cance Resea centre
DRIVE AND FUND WORLD-CLASS RESEARCH	 Conduct collaborative investigations into cancer control, with a focus on reducing the burden of cancer and the rapid translation of research into practice. Invest in Queensland-led cancer research, with demonstrable potential to improve the survival and wellbeing of Queensland patients. Inform worldwide understanding of cancer control, through the publication and presentation of new evidence. 	advan the kr expert childh and b Our fi
FUNDRAISE AND BUILD EFFECTIVE PARTNERSHIPS	 Inspire community and volunteer involvement in fundraising. Create diverse, innovative and inspiring fundraising experiences that encourage community and corporate supporters to our mission. Engage networks of influence in cancer control through collaboration. 	demo based the bu From 2 under
DRIVE CAPABILITY, AGILITY AND EFFECTIVE USE OF RESOURCES	 Build and leverage the necessary capability, underpinned by agile systems and processes to enable positive customer experiences. Develop workforce capability and drive cultural shifts with a focus on core values, greater simplicity, performance and accountability. Actively pursue opportunities to reshape the asset portfolio to align with the mission. 	comm Vierte comm future emerg

Viertel Cancer Research Centre's role



Cancer Council Queensland's Viertel Cancer Research Centre 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 cancer epidemiology, childhood cancer, psycho-oncology and social and behavioural science.

Our findings have worldwide impact, demonstrating the importance of communitybased cancer control in preventing and reducing the burden of cancer at population level.

From 2004, the Centre'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 that the Centre's work is future-focused, innovative, and responsive to emerging trends. ANNUAL REPORT 2017

Over the past 14 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 broader community.

We are committed to reducing the burden of cancer for all Queenslanders and for future generations.

Charles Viertel 1902 - 1992

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 the Foundation Trustees.

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

ANNUAL REPORT 2017

Our research focuses on increasing survival and enhancing quality of life after cancer.

ស៊ី 🎼 Cancer Research Centre

VIERTEL CANCER RESEARCH CENTRE



From the CEO

Cancer in Queensland the numbers

Research is key to the mission of Cancer Council Queensland and we're proud to continue our contribution to the advancement of cancer research to ensure Queenslanders have access to improved prevention programs, early detection methods and treatment options.

Each year in Queensland around 27,000 people receive the news that they have cancer. It's our vision to see that number significantly reduced.

In this report you will read about our work delivering worldleading research to improve the lives of Queenslanders affected by cancer, made possible by community support and the ongoing generosity of the Sylvia and Charles Viertel Charitable Foundation.

One of the many achievements of the Viertel Centre this year was the publication, or acceptance for publication, of 53 peer-reviewed manuscripts in national and international scientific journals, describing our new research findings, with citations of the Centre's published research now at over 25,000.

We partnered with leading research institutes including the Menzies Health Institute Queensland, The University of Queensland, Children's Health Queensland, The University of Southern Queensland, and QIMR Berghofer Medical Research Institute, and together continue to achieve important milestones.

Highlights from 2017 include publishing research showing a clear generational effect of falling melanoma incidence and mortality rates in recent generations, providing substantive evidence of the success of long-running sun safety public health campaigns.

Of significance, CCQ continued to manage the Australian Childhood Cancer Registry and developed and published comprehensive rules for the collection of data to assign

stage at diagnosis for childhood cancers for population cancer registries. These have now been used by cancer registries in New Zealand, Europe and Africa.

CCQ also continued work on the Centre of Research Excellence in prostate cancer survivorship, led by Griffith University and CCQ, resulting in 31 presentations at national and international scientific meetings and 27 publications in peer-reviewed journals in 2017.

These and the other achievements outlined in this report would not have been possible during 2017 without the generous support of the Sylvia and Charles Viertel Charitable Foundation and the Foundation Trustees.

I also acknowledge CCQ Board of Directors and Chairman, Mr Andrew Arkell, our employees, and our network of distinguished research collaborators for their contributions to our vision for a cancer free Queensland.

Finally, I acknowledge with deepest appreciation the thousands of community members who enable our research to reach Queenslanders affected by cancer every minute, every hour, every day.

Together, we are saving lives.

C/ M' Mullan

Chris McMillan Chief Executive Officer

Queenslanders alive today after a cancer diagnosis in the past 25 years

more than 36,500

Oueenslanders are estimated to be diagnosed with cancer each year by 2025.

1 in 2 **Queenslanders will develop** cancer before age 80.

approx. 29,500

70%

Overall cancer survival in Queensland has improved from 53 per cent to 70 per cent over the past 25 years.

ANNUAL REPORT 2017





Oueenslanders died of cancer in 2017.



Estimated new cancer diagnoses in Queensland in 2017.



Oueenslanders will die from cancer before age 80.

10

Our research at a glance 2004 - 2017



47 Research grants awarded

27 commissioned monographs



84

Contributions to national and international expert advisory groups and clinical practice quidelines



Queenslanders took part in our research

Books and book chapters



669 Research conference presentations

ANNUAL REPORT 2017







Peer-reviewed publications

VIERTEL CANCER RESEARCH CENTRE

International

African Cancer Registry Network American Cancer Society, Atlanta Cancer Patients Aid Association, Mumbai Cancer Research Malaysia, Kuala Lumpur China Centre for Disease Control (CDC), Beijing Dana-Farber/Boston Children's Cancer and Blood Disorders Center, Boston European Joint Action on Rare Cancers Global Initiative for Cancer Registry Development Hong Kong Polytechnic University, Hong Kong International Agency for Research on Cancer, Lyon International Association of Cancer Registries International Consortium for Childhood Cancer Cohorts, Oxford University and NCI Irish Cancer Society, Dublin Memorial Sloane Kettering Cancer Center, New York National Cancer Institute, Washington DC National Child Cancer Network NZ, Christchurch National Office for Cancer Prevention and Control & National Central Cancer Registry (China) Nepal Cancer Relief Society, Kathmandu New Zealand Children's Cancer Registry Oxford University, Oxford Paediatric Oncology Group of Ontario Childhood Cancer Registry of Piedmont, Torino Prostate Cancer Foundation of New Zealand Royal Marsden Hospital, London South African Medical Research Council St Jude Children's Research Hospital, Memphis The Hospital for Sick Children, Toronto Union for International Cancer Control, Geneva University of British Columbia, BC University of Georgia, Athens University of New Mexico, Albuquerque University of Virginia, Charlottesville US Centre for Disease Control (CDC), Atlanta

US Department of Defence, Washington

13

Partnerships and collaborations

National

ARC Centre of Excellence for Mathematical and Statistical Frontiers (ACEMS) Australasian Association of Cancer Registries Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group Australian Institute of Health and Welfare Australian National University Australian Skin and Skin Cancer Research Centre Cancer Australia Cancer Council New South Wales Cancer Council Victoria Clinical Oncology Society of Australia (COSA) Cooperative Research Centre for Spatial Information (CRCSI) Edith Cowan University Flinders University McCabe Centre for Law and Cancer Menzies School of Health Research, Charles Darwin University Monash University Prostate Cancer Foundation of Australia South Australian Prostate Cancer Clinical Outcomes Collaborative The University of Adelaide The University of Melbourne The University of South Australia The University of Sydney Victorian Cancer Registry Victorian Cytology Service

Queensland 💊

Children's Health Queensland

Griffith University

Lady Cilento Children's Hospital

Mater Misericordiae HospitalMater Medical Centre

QIMR Berghofer Medical Research

Queensland Health

Queensland University of Technology

University of Queensland

The University of Southern Queensland

University of the Sunshine Coast

Volunteering Queensland

West Moreton Hospital and Health Service

The Jack and Madeleine Little Foundation

2017 research highlights

- Finalised a comprehensive critical review of statistical spatial models for use in the development of a national atlas of cancer, in partnership with Queensland University of Technology and the Cooperative Research Centre in Spatial Information, Cancer Council Queensland. The Australian Cancer Atlas, planned for release in 2018, will be the first comprehensive, high-resolution digital atlas of cancer occurrence and survival covering the whole of Australia.
- Completed the Queensland component of a national study that involved examining medical records of more than 15,000 cases of colorectal cancer, lung cancer, prostate cancer, breast cancer and melanoma to determine cancer stage at diagnosis. This is the first time this has been done on a population basis in this state.
- Developed and published comprehensive rules for the collection of cancer stage at diagnosis for childhood cancers for population cancer registries. These rules have now been used by population cancer registries in New Zealand, Europe and Africa.
- Completed a highly successful world-first feasibility trial of new international guidelines for population-based staging of childhood cancer using the Australian Childhood Cancer Registry published in The Lancet Child & Adolescent Health. With support from Cancer Australia, the project has been expanded to include all children registered in Australia with an eligible cancer since 2006.
- Commenced recruitment for Queensland's largest, longitudinal study of the experiences of regional cancer patients who must travel for treatment, as part of a collaborative research program with the University of Southern Queensland.
- Published results from a data linkage study showing that the diagnostic pathways and treatment of women with breast cancer in Queensland vary according to residential location (i.e. city versus country).
- Completed the first analysis of geographical variation in cervical screening participation and related outcomes across Queensland for Indigenous and non-Indigenous women in Queensland, in collaboration with Menzies School of Health Research.
- Continued work on the Centre of Research Excellence in Prostate Cancer Survivorship led by Griffith University and Cancer Council Queensland, resulting in 31 presentations at national and international scientific meetings and 27 publications in peer-reviewed journals in 2017.
- Completed recruitment for an international longitudinal study that seeks to understand the impact of prostate cancer, its treatment and how this impacts men's concerns about sexual health and their decisions to seek support.
- Completed a clinical trial of a web-based support program for cancer patients experiencing distress, published in the Journal of Medical Internet Research.

- Completed a landmark study looking at the long-term outcomes and needs of over 1000 men diagnosed with prostate cancer in Queensland.
- Published findings that female partners of men with prostate cancer can experience ongoing distress, highlighting the importance of developing support programs to help those partners who may be experiencing ongoing difficulties.
- Published research showing a clear generational effect of falling melanoma incidence and mortality rates in recent generations. The data provide substantive evidence of the success of long-running sun safety public health campaigns in reducing the burden of melanoma among younger Queenslanders.
- Recruited episodic volunteers at Relay for Life events across Queensland and developed an international survey for managers of episodic volunteers, as part of a Linkage Project into the experiences and contributions of volunteers and how to best support them.



Annual Report 2016

Research initiatives

Our key research initiatives in:

- Epidemiology
- Psycho-oncology
- Social and behavioural sciences
- Childhood cancer

are profiled in the following pages.



The Australian Cancer Atlas

There is a long history of studies showing that where you live matters. This can relate to health, economics or lifestyle. It is no different with cancer. Building on CCQ's Atlas of Cancer in Queensland (2011), the first comprehensive Australian Cancer Atlas will provide an interactive, online product, freely available to everyone. The Australian Cancer Atlas will support CCQ's goal of improving cancer outcomes for all in the community, regardless of geographic location.

Key facts

- The Australian Cancer Atlas will provide the first comprehensive picture of cancer incidence and survival by small geographical areas across Australia.
- Results of a comprehensive review and testing of statistical methods has been published.
- Concept development of the visualisation strategies and digital framework has included workshops with key stakeholders.

Project partners

Queensland University of Technology

Cooperative Research Centre for Spatial Information (CRCSI)

Australian Institute of Health and Welfare

Australasian Association of Cancer Registries In 2017, CCQ continued development work on the first Australian Cancer Atlas. This is a collaborative project with the Queensland University of Technology (QUT), the Cooperative Research Centre in Spatial Information (CRCSI), and the Australian Institute of Health and Welfare. The project builds on a foundation of many years of work by CCQ to document how the burden of cancer varies according to where people live, and to understand the reasons why this is so.

The Australian Cancer Atlas is designed to be an online, interactive system that will use cutting edge digital technology to illustrate geographical differences in cancer incidence and survival across Australia, providing greater detail than has been previously possible. With the support of Australia's State and Territory population cancer registries, we are applying state-of-the-art statistical methods to the latest available data about cancers diagnosed nation-wide.

Key progress during 2017 included a detailed review of currently available statistical models and testing them for their suitability for this Atlas to ensure that these models generate robust estimates for each of the 2,100+ geographical areas across Australia. This review has now been published.

We have developed novel visualisation methods to communicate the results from the statistical models to a variety of audiences including researchers, clinicians, and the general community. The conceptual framework for visualising these results was developed through investigator meetings and key workshops with national experts. In addition, the digital framework for the online system for the Australian Cancer Atlas has been set in place.

The Australian Cancer Atlas will bring new insights about cancer patterns across Australia, will increase awareness of how the cancer burden varies by geographic location and will provide a unique evidence base for research, advocacy and targeted service delivery.

This work will provide an exciting and unique resource to develop the knowledge of cancer in Australia, to accelerate the pace of research translation, and to advance CCQ's vision for a cancer free future. It is due for completion in the second half of 2018.



Improving population-wide information on cancer stage

Differences in cancer stage at diagnosis amongst Queenslanders are likely to contribute to differences in survival between regions and population groups. Although information on cancer stage is vital for interpreting cancer outcomes and trends over time, it is not available on a population basis in Australia. As has been stated by the Federal Government's national cancer agency Cancer Australia, the absence of population-wide data on cancer stage is a fundamental gap that seriously limits capacity to interpret survival outcomes and the impact on stage of screening and other early detection initiatives. In 2017 CCQ completed the Queensland component of a national pilot study designed to test the feasibility of collecting information on cancer stage at diagnosis on a population basis.

Key facts

- Stage at diagnosis is one of the strongest predictors of cancer survival.
- National data on cancer stage at diagnosis are not available.
- First project to collect cancer stage data on a population basis for five major types of cancer.

Project partners Cancer Australia

Australasian Association of Cancer Registries

Victorian Cancer Registry

Queensland Health

CCQ has completed the Queensland component of a national study designed to test the feasibility of deriving stage information from pathology reports. Over 15,000 cases of colorectal cancer, lung cancer, prostate cancer, breast cancer and melanoma were examined, using medical records held by the Queensland Cancer Registry. These five cancer types comprise over half of all cancers diagnosed nationally. At an Australian level, the combined study results showed that over three quarters of breast cancers diagnosed among women were diagnosed at an early stage, and even higher proportions of prostate cancer and melanomas. In contrast, less than half of colorectal cancer cancers were diagnosed at an early stage, along with one fifth of lung cancers. These data, the first population data on cancer stage at diagnosis available for Australia, will allow differences in stage at diagnosis to be assessed according to socioeconomic and geographic groups, and will provide guidance about the most appropriate targets for future public health initiatives, early detection and awareness campaigns to improve early detection of cancer

Improving national cancer staging for childhood cancer

Information on cancer stage at diagnosis is essential for meaningful population surveillance and cross-country comparisons of survival and other outcomes for childhood cancer. Until now, the collection of complete and consistent information on stage for childhood cancer has been lacking in cancer registries throughout the world.

Key facts

- Treatment options for cancer are generally more effective for cancer that is localised (or limited) than for metastatic (or advanced) cancer.
- Around three out of every four children diagnosed with cancer in Australia present with localised or limited disease.
- Large differences in stage-specific survival exist for several types of childhood cancer, particularly neuroblastoma, osteosarcoma, rhabdomyosarcoma and medulloblastoma.

Project partners Cancer Australia

The Hospital for Sick Children, Toronto

Dana-Farber/Boston Children's Cancer and Blood Disorders Center, Boston

Australasian Association of Cancer Registries

Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG)

Children's Health Queensland

QIMR Berghofer Medical Research Institute

The Victorian Cancer Registry,

During 2016 and 2017, the Viertel Centre conducted a pilot project to develop and test detailed protocols for the collection of information on childhood cancer stage, based on newly released international guidelines. This work was supported through a national initiative by Cancer Australia as part of an approach to improving national cancer data on stage, treatment and recurrence.

A sample of over 1400 children aged under 15 who were diagnosed with one of the 16 cancers included in the guidelines between 2006 and 2010 was selected. Data elements required for staging were extracted from medical records during site visits to each of the major paediatric treating hospitals throughout Australia.

In this world-first work, we were able to show that stage could be assigned for more than 90% of childhood cancers included within the project scope. This compared to stage being documented in the medical record for less than 40% of these cases.

The results demonstrate the value of the protocols developed within the Viertel Centre for facilitating collection of high-quality, populationbased stage information. Moreover, this study is of international importance as it has the potential to guide interventions aimed at improved diagnosis and survival.

Given the success and significance of the pilot project, further funding was secured from Cancer Australia in October 2017 for the collection of stage data for remaining childhood cancer patients throughout Australia diagnosed up to 2014, with further data collection set to commence in early 2018.



Australian childhood cancer statistics online

The aim of this project was to publish an interactive website providing free and instant access to the latest data on childhood cancer in Australia, with a particular focus on the information needs of patients and their families, researchers and clinicians.

Key facts

- Cancers among children are rare and make up less than 1% of all cancer in Australia.
- As a result, childhood cancers are often inappropriately grouped with adult cancers for statistical reporting, or else not reported at all.

Project partners

Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) Using data from the Australian Childhood Cancer Registry (ACCR), the Viertel Centre has previously published the first comprehensive, national picture of cancer incidence and survival among Australian children. However, these hardcopy reports are costly to produce and quickly become outdated.

To address these issues, a website for publication of the most recent information available was developed to enable free, easy and rapid access to data for anyone with an interest in childhood cancer. A review process involving key stakeholders was conducted to determine the most appropriate and relevant content for the website. The latest digital software was used to produce customised visuals and enhance interactivity.

Australian Childhood Cancer Statistics Online now provides up-to-date incidence, survival and mortality data by sex and age group for the most common cancers among children in Australia, with information on trends in these measures over time. It is hosted on the Cancer Council Queensland website at cancerqld.org.au/research/queensland-cancer-statistics/accr/.

This project has delivered a platform for increasing awareness of childhood cancer amongst government and the community. It also provides accurate information on the burden of childhood cancer, not available from any other source, and will be used to inform and underpin advocacy efforts for children with cancer. The data also have the potential to support and drive further research into the causes, prevention and cure for this rare but important disease.





Building regional resilience in cancer control

One of the most important issues for cancer control in Queensland is that cancer survival is significantly lower in regional and rural areas compared to major cities. In 2016, in partnership with the University of Southern Queensland, Cancer Council Queensland commenced the Building Regional Resilience in Cancer Control (BRRICC) program. Its aim is to understand the reasons for the geographic inequity in cancer survival and develop solutions to address this.

Key facts

- Regional and rural cancer patients are significantly more likely to die of their disease.
- Developing interventions to address this is a priority for Cancer Council Queensland.

Project partners

University of Southern Queensland Prostate Cancer Foundation of Australia

Travelling for treatment

Patients returning to regional areas following cancer treatment are among those most at risk of experiencing poor survival and outcomes. A flagship, longitudinal cohort study on the experiences of regional cancer patients who must travel for treatment has been developed as part of the BRRICC program and has commenced recruitment in 2017. The project will involve 3500 cancer patients from country regions, and their carers, who choose to stay in CCQ's accommodation lodges during their cancer treatment. Patients and carers will be invited to participate in the project while staying at the lodges and will be assessed at multiple time-points (baseline, 3 and 12 months post-baseline, and annually) over a multi-year follow-up period, to provide an insight into the journey of a regional cancer patient from diagnosis through to treatment and follow up. Recruitment is now active at three CCQ lodges (Olive McMahon, Charles Wanstall Apex and Ellis lodges), and will commence at the three remaining lodges in 2018.

Surviving prostate cancer in regional Australia: a monograph

Work on a monograph has commenced in 2017 in partnership with the Prostate Cancer Foundation of Australia, the University of Southern Queensland and the NHMRC Centre of Research Excellence in Prostate Cancer Survivorship. The aim of the monograph is to present differences in disease epidemiology as well as access and utilisation of screening, treatment and services for men living in regional Australia compared to those living in urban areas. This work will highlight disparities in disease outcomes, causes of geographic disadvantage, and potential solutions for improving the lives of prostate cancer survivors in regional Australia. The monograph will include a call to action to draw attention to expertled recommendations for survivors of prostate cancer living in regional Australia.





Geographical patterns of breast cancer treatment and outcomes in Queensland

Through data linkage between the Queensland Cancer Registry and the Queensland Hospital Admitted Patient Data Collection, in 2017 we have investigated how the clinical characteristics and surgical treatment patterns for women diagnosed with breast cancer vary according to whether a patient lives in an urban or rural area.

Key facts

- Breast cancer is the most
 common cancer in Queensland
 women.
- The use of sentinel node biopsy for women diagnosed with early stage breast cancer was less common in rural and remote areas.
- Urban/rural differences in rates of breast reconstruction following breast cancer surgery have diminished.
- Women living in more remote or disadvantaged areas continue to be more likely to be diagnosed with advanced breast cancer.

Project partners Queensland Health

Mater Misericordiae Hospital

Survival following diagnosis and treatment for localised breast cancer is higher than if the cancer is advanced at diagnosis. Among nearly 40,000 women diagnosed with breast cancer in Queensland, only about half are diagnosed while the cancer is still localised, and this percentage is even lower among women living in regional, remote or disadvantaged areas. Not only have we found a geographical variation in the stage of breast cancer disease at diagnosis, but treatment for localised breast cancer also varies according to where the patient lives.

Sentinel node biopsy

Sentinel node biopsy (SNB) is recommended standard of care for women with early stage breast cancer. However, despite carrying a lower morbidity than axillary lymph node dissection, there is still widespread variation in the rate of SNB. By using the linked dataset of over 4000 women diagnosed with localised breast cancer, we found that while rates of SNB have increased over time, women having a mastectomy, living in less accessible areas or attending a public or low volume hospital were less likely to have SNB.

Breast reconstruction

Breast reconstruction following a mastectomy for breast cancer has been shown to improve quality of life and body image for women treated for localised breast cancer, however it is known that the rates of breast reconstruction vary between city and country. Using the same linked dataset as above, we have found that about one in 10 women with early breast cancer had a breast reconstruction. Proportions increased over time and were higher among younger women, those living in more accessible or less disadvantaged areas, and those attending a private or high-volume hospital. There is evidence that the geographical disparity has reduced over time; however, continued monitoring and further research to inform strategies to make breast reconstruction more widely offered and accepted remain a priority.

ANNUAL REPORT 2017

22



Cervical cancer screening in Indigenous Australians

Cancer Council Queensland is committed to working in partnership with Indigenous research organisations, health professionals, and communities to prevent cancer and improve cancer-related outcomes for Indigenous Australians. This research will provide a better understanding at the population level of what is driving the poorer outcomes experienced by Indigenous people and guide future efforts to intervene.

Key facts

- Indigenous Australians diagnosed with cancer face poorer cancerrelated outcomes.
- Formal research partnership with Menzies School of Health Research.
- Indigenous women are much less likely to participate in cervical screening.
- Indigenous women have higher rates of cervical cancer.

Project partners

The Jack and Madeleine Little
Foundation

Menzies School of Health Research

Charles Darwin University

Cancer Australia

University of South Australia

QIMR Berghofer Medical Research Institute

Victorian Cytology Service

Australian National University

Indigenous women experience a significantly higher burden of cervical cancer than non-Indigenous women. Information on Indigenous status is lacking from state-based Pap Smear Registers, and this gap hinders research to improve cervical cancer screening in Indigenous communities. In 2017, Viertel Centre was a key collaborator in the National Indigenous Cervical Screening Project, managed by the Menzies School of Health Research. This study used probabilistic record linkage of population-based administrative databases to identify Indigenous women on the Pap Smear Registers. The data collected for Queensland included Pap smears up to December 2011, and the results published over the last few years have highlighted the much poorer cervical screening participation by Indigenous women in Queensland compared to non-Indigenous women.

With the support of the Jack and Madeleine Little Foundation, our researchers then led the next stage of the analyses within Queensland. The investigation revealed high levels of geographical variation in five-year participation rates of cervical screening, prevalence of high-grade cytologic abnormalities, and timely follow-up of abnormal Pap smears across Queensland, and found that this variation was particularly marked among Indigenous women. Indigenous women in the South-East corner of the state had consistently lower screening participation rates than the state average, while rates were higher than average in Far North Queensland for reasons that we do not yet understand. Even with this unexpected finding, screening participation and related cancer outcomes are consistently poorer for Indigenous women compared to non-Indigenous women across Queensland. In collaboration with the Menzies School of Health Research, work is now planned to investigate the key drivers of this variation, and the most effective ways to overcome barriers to cancer screening in Indigenous communities.



Centre of Research Excellence in Prostate Cancer Survivorship

The Centre of Research Excellence in Prostate Cancer Survivorship, funded by the National Health and Medical Research Council, is a collaborative program of research that is delivering new knowledge and interventions to support CCQ programs and services for men with prostate cancer.

Key facts

- Prostate cancer is the most common cancer in men in Queensland today.
- Treatment leaves many men with serious ongoing physical effects and psychological distress.
- Few studies consider the longterm impact of living with prostate cancer.

Project partners

Griffith University Edith Cowan University Cancer Council NSW The University of Adelaide Monash University The University of Queensland

Prostate Cancer Foundation of Australia

University of Southern Queensland

The wellbeing of people surviving cancer is one of the most important issues facing cancer control initiatives now and in the future. Prostate cancer survivorship in particular is a major challenge for our health system. Prostate cancer is the most common cancer in Australian men, and treatment can leave many men with serious long-term physical side-effects and psychological distress. To date, research into ways to improve the quality of life for prostate cancer survivors has been limited.

The Centre of Research Excellence in Prostate Cancer Survivorship (CRE-PCS), launched in 2016, aims to deliver knowledge and improvements in health services and research to help Australian men living with prostate cancer; and is being led by a team of national health experts, including researchers from Griffith University and CCQ. The CRE-PCS held its first face-to-face meeting in July 2017 as part of the Australian and New Zealand Urogenital and Prostate Cancer Trials Groups Annual Conference in Melbourne; the meeting was highly successful with Best of the Best Oral and Best of the Best Nursing / Allied Health awards being presented to two CRE-PCS researchers and successful funding being announced for one of our affiliate's grant proposal. The CRE-PCS has welcomed 14 affiliates during 2017. During 2017 members of the CRE-PCS have made 31 presentations at national and international meeting and have had 27 publications in peer-reviewed journals.

release in late 2018.

ANNUAL REPORT 2017

A key component of the CRE -PCS is the development of an Australian Prostate Cancer Atlas. Initially planned to include prostate cancer incidence and survival, the objective is to expand this to include details of PSA testing, prostate cancer treatment and prostate cancer mortality. The Australian Prostate Cancer Atlas is being developed within the Australian Cancer Atlas project and is planned for

VIERTEL CANCER RESEARCH CENTRE



Psychosocial support after prostate cancer

Improving prostate cancer survivorship is a major challenge for the Australian health system and workforce. Most men with prostate cancer are treated with radical surgery and/or radiotherapy that may have serious long-term physical side-effects and psychological distress.

Key facts

- Sexual and intimacy issues are common in men who have been diagnosed with prostate cancer.
- Understanding men's sexual help seeking preferences is important to inform support services.
- Female partners of men with prostate cancer can experience ongoing distress.
- Support programs are needed to help those partners who may be experiencing ongoing difficulties.

Project partners Griffith University

Prostate Cancer Foundation of Australia

Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group

Prostate Cancer Foundation of New Zealand

The University of British Columbia

Memorial Sloan Kettering Cancer Center

St James's & Tallaght University Hospitals, Dublin

Masculinity and help seeking

The Men and Sexual Health – Prostate Cancer (MASH-PC) Study is an international longitudinal survey that seeks to understand the impact of prostate cancer, its treatment and the factors that contribute to men's decision to seek help. A total of 727 men from Australia, Ireland, New Zealand and Canada completed the baseline questionnaire. Of these men, 492 and 316 have completed the follow-up questionnaires at six and twelve months respectively. Results will provide new information to understand the mechanisms underpinning men's decisions to seek help for sexual function, satisfaction, and quality of life after prostate cancer diagnosis and treatment and will inform the services provided to these men. Data from the Irish sample of this study will be presented at the Annual Meeting of the Irish Society of Urology in 2018.

Partners of men with prostate cancer

Recently published data from the female partners of men involved in our longrunning ProsCan study revealed a large subset who experience ongoing distress. Feelings of distress subsided in female partners who reported better marital functioning, a lower sense of burden as a caregiver, and those who viewed their situation more positively. This work was published in Psycho-Oncology and presented at the ANZUP Annual Scientific Meeting in 2017. In related work, we have examined the widely-used Distress Thermometer to detect partners who may be experiencing distress and have found that diagnostic accuracy is inferior compared to robust measures of anxiety, depression and cancer-specific distress. More research is needed to identify the most suitable screening measure for acute, community and primary care settings to identify and help those partners who may be experiencing ongoing difficulties. This work was accepted for publication in the European Journal of Cancer Care and will be presented at the ANZUP Annual Scientific Meeting in 2018.



Support for men with advanced prostate cancer

Approximately 20% of men with a diagnosis of prostate cancer have locally advanced or advanced disease. To date there has been little research on the longer-term impact of disease progression and treatment adverse effects on quality of life of these men.

Key facts

- Men with advanced prostate cancer have different support needs to men with localised disease.
- Health professionals play an instrumental role in identifying and meeting the needs of men with advanced prostate cancer.

Project partners

Griffith University

University of Southern Queensland The University of British Columbia We investigated over 80 men with advanced prostate cancer and found that a substantial proportion were distressed at five-year follow-up, which indicated a need for ongoing assessment of quality of life in men with advanced prostate cancer. These findings were published in Cancer Nursing in 2017.

Understanding support needs of men with advanced prostate cancer is crucial to designing appropriate and effective interventions. To improve our understanding of how we could improve our support services, 32 men with advanced prostate cancer were interviewed about the major problems they face and their preferred models of care. Key themes relating to their lived experiences included: regret about late diagnosis and treatment decisions, being discounted in the health system, fear or uncertainty about the future, acceptance of their situation, masculinity, and treatment effects. The data from this investigation was accepted for publication in the British Medical Journal Open and was presented at the ANZUP Annual Scientific Meeting in 2017.

Health professionals play an instrumental role in identifying and meeting the needs of men with advanced prostate cancer. To explore the perceptions of health professionals who provide this support, a national qualitative project exploring health professionals' perspectives on the care and needs of men with advanced prostate cancer was conducted in metropolitan, rural, and regional areas.

Building on this work, a multi-modal, nurse delivered, tele-intervention for men with advanced prostate cancer was developed. To evaluate the readiness for implementation and identify barriers and enablers which may impact on the effectiveness of the intervention, a series of focus groups were conducted with prostate cancer nurses around Queensland. Results are intended to inform the intervention and provide insight to ensure men with advanced prostate cancer are receiving the best possible support.



CancerCope: a clinical trial of an online support program for distressed cancer patients

Feelings of distress are common after a diagnosis of cancer. Psychosocial care services throughout a patient's cancer journey are essential to quality cancer care; however, geographic and sociodemographic barriers mean that support services are not readily accessible by all cancer patients.

Key facts

- Distress after cancer diagnosis is common and can persist long-term.
- Web-based programs increase accessibility to support.
- Potential benefit for patients in regional and rural areas.

Project partners Griffith University

University of Virginia

27

Self-managed support programs that are available online can be delivered at home, reducing the need for cancer patients to travel great distances to receive support, and allow patients to access these services at their own convenience, whilst also being a cost-effective method of providing support on a population level.

To assess the potential of such services, the CancerCope study trialled an innovative online supportive care program for distressed cancer patients, aiming to reduce cancer-related distress and improve quality of life. CancerCope was a six-week interactive program providing information on stress management, relaxation exercises, managing unhelpful thoughts, problem-solving, decisionmaking and self-care (including exercise, sleep, fatigue and nutrition). In 2017, we completed follow-up of 163 participants involved in the project up to 12 months. Data up to two months showed that this online support program was associated with greater decreases in distress for those patients who more closely adhered to the program. These results were accepted for publication in the Journal of Medical Internet Research. Given the low costs and high accessibility of this online program, it has the potential to have a substantial impact on people experiencing distress after cancer.



Role of vitamin D in melanoma progression: the Mel-D Study

The project aims to investigate the relationship between Vitamin D at melanoma diagnosis and tumour prognostic markers.

Key facts

- Queensland has the highest incidence rate of melanoma in the world.
- Vitamin D is formed in the skin through exposure to sunlight.
- Vitamin D may have an important role in melanoma progression and survival.

Project partners

University of the Sunshine Coast

US Department of Defence

Ultraviolet radiation (UVR) exposure is the main risk factor for development of melanoma. Vitamin D is produced by the action of ultraviolet radiation (UVR) on exposed skin. While vitamin D has been shown to exhibit anti-cancer properties in laboratory studies the potential relationship between serum vitamin D and melanoma is poorly understood. In this study, we investigated the relationship between serum vitamin D status at the time of diagnosis of melanoma and the characteristics of the melanoma tumour.

To date, 62 doctors from 46 private and public clinics, which include skin cancer, general practice, dermatology, and plastic surgery clinics, have agreed to assist with patient recruitment and 208 melanoma patients have been enrolled in the study. Baseline measures, including collection of biological samples and detailed information on UVR exposure and protection, dietary intake, health and melanoma history, and diagnostic pathways to melanoma, have been collected. Extraction of tumour information from patient pathology records at the Queensland Cancer Registry has been completed for the first 50 participants. This task is on-going. Collation of data from the self-administered questionnaires is also underway. Preliminary results, which show an inverse association between serum vitamin D concentration and melanoma tumour thickness, were presented at the Military Health System Research Symposium in Florida in August 2017. The study methodology was presented at the International Congress of the Society for Melanoma Research in Brisbane in October 2017.



Maintaining physical activity of cancer survivors: A randomised controlled trial of volunteer peer-support

Regular exercise can improve the health of cancer survivors, although few are sufficiently active. Peer support (connecting volunteers who are cancer survivors with cancer patients) is an unexplored means of helping cancer patients maintain physical activity in the long-term.

Key facts

- Many cancer survivors have reduced fitness and quality of life.
- Regular physical activity can improve the health of cancer survivors.
- Peer support may assist in maintenance of physical activity. after cancer treatment.

Project partners The University of Queensland

Improvements in cancer diagnosis and treatment mean more people are now surviving cancer; however, many cancer survivors have reduced functional capacity and poorer quality of life. High-intensity interval training (HIIT) is a time-efficient, highly effective means of rapidly improving health, with research showing it can improve cardiovascular fitness, body composition and guality of life in cancer survivors. Peer support may help adherence to these exercise programs.

In 2017, The University of Queensland and CCQ were awarded an NHMRC Partnership Grant to trial the effectiveness of a structured peer support program in maintaining adherence to exercise among cancer survivors following a 4-week supervised HIIT program. The study combines two partially tested interventions (high intensity intermittent exercise and peersupport) that collectively have the potential to address a critical area in exercise oncology: maintenance of exercise in a growing clinical population characterized by high risk of disease recurrence, low functional capacity, poor quality of life and comorbidities. If it can be shown that HIIT with peer support can help cancer survivors maintain the levels of exercise necessary to improve their physical and psychosocial health, the next phase of our work will involve expansion throughout Queensland and Australia.

Bill Koch - Case Study



Brisbane cancer survivor giving back through world-first research study

When Rochedale local Bill Koch was diagnosed with prostate cancer in 2011 he found exercise played a key role in not only keeping his body healthy, but his mind.

To ensure other cancer patients and survivors have adequate support to keep active, Bill registered as a peer support volunteer in a world-first research project - Maintaining physical activity of cancer survivors: A randomised controlled trial of volunteer peer-support.

The research project, conducted by Cancer Council Queensland and The University of Queensland, investigates whether peer support can assist with exercise maintenance and health after a cancer diagnosis.

The study assesses men and women who have been affected by either breast, bowel or prostate cancer as they undertake a supportive exercise program over a 12-month period.

Bill said he has been delighted to be involved in the study as research played a key role in improving the lives of Queenslanders affected by cancer.

"This is an important study. Getting fit after a diagnosis is beneficial for your health and keeps your body sharp," he said.

"It not only improves your physical state, but also greatly improves your state of mind."

This project will play a vital role in determining future peer support programs. Research plays a key role in advancing cancer care in Queensland and aims to reduce the burden of the disease on those affected.

With current evidence showing that physical activity reduces the risks of a cancer recurrence, the project will help to vastly improve the health outcomes of cancer survivors and will help to inform the development of a customised program.

VIERTEL CANCER RESEARCH CENTRE



The Australian Childhood Cancer Registry (ACCR)

The ACCR is one of only a few national databanks for childhood cancer in the world. It has been managed by Cancer Council Queensland since 2004. For the past three decades, the ACCR has been the only source of complete, population-wide information on childhood cancer in Australia for researchers, clinicians and affected families. It is wholly funded by Cancer Council Queensland.

Key facts

- Around 750 Australian children aged 0-14 are diagnosed with cancer each year.
- Almost half (48%) of childhood cancers occur in children in the 0-4 age group.
- Incidence rates of several types of childhood cancer are increasing, including leukaemia, lymphoma, tumours of the central nervous system and liver cancer.
- An average of 100 children under the age of 15 die from cancer annually.
- Tumours of the central nervous system are the main cause of childhood cancer deaths (39%).
- Childhood cancer mortality rates have decreased by around 40% since 1998, with the majority of the decrease due to fewer deaths among leukaemia patients.
- Five-year survival for all childhood cancer patients combined has risen from 74% between 1985-1992 to 84% between 2003-2012.
- Significant improvements in survival have occurred for children with leukaemia, lymphoma, neuroblastoma or malignant bone tumours.
- It was estimated that around 14,500 childhood cancer survivors were living in Australia as at 31 December 2014.
- Childhood cancer survivors are approximately six times more likely to be diagnosed with a second cancer compared to the incidence of cancer in the general population.

The purposes of the ACCR are to:

- Provide the foundation for epidemiologic, biomedical and clinical research into this rare but significant disease.
- Enable national dissemination of information about childhood cancer.
- Facilitate national and international collaborative research to improve outcomes of childhood cancer in Australia



Dehan Pretorius - Case Study



Cancer research giving hope to children affected by cancer

Dehan Pretorius was only seven years old when he was diagnosed with spindle cell sarcoma in his shoulder – a rare cancer of the connective tissues in the body.

Dehan's mother, Estelle Pretorius, said pathologists hadn't tested for the sarcoma, as it had never been diagnosed in children before - making Dehan the youngest person to have the disease.

Ms Pretorius said nothing could have prepared the family for his grueling treatment.

"Treatment made Dehan quite unwell, and he lost a lot of weight, but he always remained positive and kept a smile on his face," Ms Pretorius said.

In recognition of his determination and positive spirt, Dehan, now 11, was the 2018 Junior Face of Cancer Council Queensland's Bundaberg Relay For Life, an event that raises funds to support those affected by cancer in local communities.

Dehan, a passionate fundraiser, said taking part in Relay For Life was a special memory.

"Cancer is something you don't wish on anyone, but everyone can help make a difference through events like this." Dehan said.

Funds raised from Relay For Life and other fundraising events support the vital work of the Viertel Cancer Research Centre, ensuring continuous investment into cancer research, including management of the Australian Childhood Cancer Registry (ACCR).

CCQ researchers recently used ACCR data to conduct the world's first trial of a new systematic approach to classifying the extent of cancer at the time of diagnosis in children.

The research was the first step in developing a unified system for global monitoring of childhood cancer, with the potential to transform the way childhood cancer is registered and tracked throughout the world.

The work will inform and track the success of interventions targeting improved diagnosis and survival for children with cancer to ensure future research is invested in areas of need.

Through this work, treatment options and survival rates will continue to improve, giving hope to children, like Dehan, affected by cancer.

- Dehan then had surgery in Brisbane to remove the tumour, followed by 10 months of intensive chemotherapy and radiation.



Law at the end of life

Led by the Australian Centre for Health Law Research at the Queensland University of Technology and in collaboration with CCQ, this study is the first attempt to understand whether members of the community understand and act upon their legal right to participate in decisions about medical treatment for themselves or family members at the end of life.

Key facts

- Australian law requires informed consent prior to medical treatment.
- Queensland law allows a person to provide instructions about medical treatment in advance of losing capacity through an advance health directive.
- Queensland law also allows a person to appoint a substitute decision-maker to make decisions on their behalf should they lose capacity.
- Many barriers exist to genuine participation in treatment decisions.

Project partners

Australian Centre for Health Law Research, Queensland University of Technology

The University of Queensland

Cancer Council Victoria

Cancer Council New South Wales

McCabe Centre for Law and Cancer

Although Australian law requires that informed consent about medical treatment be given prior to treatment, and that patients participate in decisions about their healthcare, there are major barriers to such participation, particularly for patients who are terminally ill and at the end of life. Genuine participation in decisions such as continuing aggressive treatment or taking a palliative approach requires knowledge and understanding from the patient about their legal rights. This project is exploring the community's knowledge of law at the end of life, and how that affects the ability of patients and their families to make decisions about treatment. This four-year project has employed qualitative and quantitative methodologies to consider law and practice in three jurisdictions: Queensland, Victoria and New South Wales. Stage one (critical analysis of current resources and information available to the community about legal duties and rights), stage two (telephone survey of community knowledge and experience of end of life decision-making) and stage three (in-depth interviews with people who have had or are undergoing end-of-life decisions, including adult patients with a diagnosis of terminal cancer) have been completed. An information sheet has been produced outlining key findings in relation to community resources about the law at the end of life, and the project partners are now synthesising the evidence and findings to make recommendations about law reform, health service system changes and community education.





Understanding volunteering

The Viertel Centre's research into the experience and contributions of volunteers continues to give valuable insight into how cancer control and other non-profit organisations can best support volunteers who give their time in different ways, helping support CCQ's goal to serve and empower the community.

Key facts

- Volunteers are essential for cancer control organisations globally.
- Increasing demand for flexible volunteering opportunities.
- CCQ needs to respond to this trend while also supporting longterm volunteers.

Project partners

Griffith University Union for International Cancer Control

American Cancer Society

Volunteering Queensland

Prostate Cancer Foundation of Australia

University of Southern Queensland

Awarded in 2015, an Australian Research Council Linkage Grant has continued to support CCQ and our research partners to undertake a series of studies examining the experience of non-profit cancer organisations working with episodic volunteers.

A major focus of this research in 2017 was a longitudinal study which recruited episodic volunteers at a number of Relay For Life events throughout Queensland. This study involved the collection of survey data aiming to identify predictors of episodic volunteering and the transition to long-term volunteering. These participants are currently being followed up every six months to determine what factors may encourage volunteer behaviour over time.

In addition to the Relay For Life study, CCQ and research partners Griffith University, Union for International Cancer Control, American Cancer Society and Volunteering Queensland have developed a study to examine the experience of those who manage and coordinate episodic volunteers. An international survey will be delivered online to collect data about episodic volunteering from the perspective of volunteer managers. This study aims to inform the practice of non-profit organisations wanting to improve their recruitment and management of episodic volunteers.

Meet our researchers and research partners



PROFESSOR JOANNE AITKEN

General Manager, Research, Cancer Council Queensland

Professor Joanne Aitken is General Manager of Research and the Director of the Australian Childhood Cancer Registry at Cancer Council Queensland. She holds a professorial appointment at Griffith University and adjunct professorial appointments at Queensland University of Technology and the University of Southern Queensland. She has worked in the field of cancer epidemiology for the past 25 years with over 220 peer-reviewed publications and 11,000 citations. Her work has contributed to improvements in cancer control policy and practice in skin cancer (including the banning of solariums in Queensland) and childhood cancer (including uniform international guidelines for population data for childhood cancers). Joanne sits on management and advisory committees for cancer registration and surveillance, cancer in adolescents and young adults, and cancer service quality and safety. She is the elected regional representative for Oceania on the Executive Board of the International Association of Cancer Registries and sits on the Executive Board of the Australasian Association of Cancer Registries. Her research interests include the epidemiology of childhood cancer, improving early detection of skin cancer, improved methods for population-based cancer surveillance, and development of novel approaches to reduce inequity in cancer outcomes.

PROFESSOR JEFF DUNN, AO

Chair, Social and Behavioural Sciences, Institute for Resilient Regions, University of Southern Oueensland

Jeff held the position of Chief Executive Officer, Cancer Council Queensland from January 2002 until March 2017, when he was appointed to the prestigious position of Professor and Chair of Social and Behavioural Sciences within the University of Southern Queensland's Institute for Resilient Regions. Jeff is Strategic Research Leader of Social and Behavioural Science within the Viertel Cancer Research Centre, holds a professorial appointment with the Griffith University School of Medicine and is on the Board of the UICC. He has a central focus on the social and behavioural aspects of cancer control, spanning the continuum of research, prevention, early detection supportive care and quality of life. He is actively involved in research in this field and has dedicated his career to the development of novel supportive care strategies that underpin cancer prevention and improve community awareness of the disease.



PROFESSOR SUZANNE CHAMBERS, AO

and Strategic Research Leader in Psycho-oncology within the Viertel Cancer Research Centre. She is a registered nurse and psychologist who has worked as a practitioner and researcher in psychological support for people with cancer for over 25 years. She has published extensively on the psychosocial effects of cancer and effective ways to enhance quality of life and psychological outcomes after diagnosis and treatment. In particular, she has focussed her research effort on the supportive care needs of men with prostate cancer and their families and currently leads an NHMRC Centre of Research Excellence in Prostate

Continued over page....



PROFESSOR MICHAEL KIMLIN

Michael is USC/CCQ Professor of Cancer Prevention Research. He has developed a worldfirst research program to understand the health duality of human exposure to ultraviolet radiation. His career spans both the USA and Australia culminating with leadership of the NHMRC Centre of Research Excellence in Sun and Health. He has published over 195 articles on skin cancer prevention, vitamin D and sun exposure assessment. His vitamin D and UV radiation research provided key evidence for the 'Risks and Benefits Statement for UV Exposure' – a joint position statement by Cancer Australia, Osteoporosis Australia, Australasian College of Dermatologists and the Australian Bone and Mineral Society.

PROFESSOR PETER BAADE

VUSC

Senior Manager (Descriptive Epidemiology), Cancer Council Queensland

Peter is Senior Manager of Descriptive Epidemiology in the Viertel Cancer Research Centre, with several adjunct university appointments. He is an Accredited Statistician with the Statistical Society of Australia. His primary research interests are to describe the patterns of cancer-related outcomes both nationally and internationally, and to better understand why these outcomes depend on where people live, including the role of remoteness, area disadvantage, and ethnicity. He has published over 200 peer reviewed manuscripts and monographs and received more than \$12million in total grant funding.

ADJUNCT ASSOCIATE PROFESSOR DANNY YOULDEN

Senior Manager (Childhood Cancer Research) Cancer Council Queensland

Danny is a biostatistician with over 25 years of experience, mostly working in healthrelated fields, and has been with the Viertel Cancer Research Centre since 2005. He is Senior Manager of Childhood Cancer Research and holds an adjunct appointment at the Menzies Health Institute Queensland. Danny has a pivotal role in national and international projects to place the Australian Childhood Cancer Registry at the forefront of population-based epidemiological research into childhood cancer, including his involvement in world-leading research to successfully implement data collection protocols used to determine stage at diagnosis and leading the development of the Australian Childhood Cancer Statistics Online website.



Institute for



Director, Menzies Health Institute Queensland, Griffith University.

Suzanne is the Director of the Menzies Health Institute Queensland at Griffith University

Cancer Survivorship. She has received research grants from esteemed agencies such as the National Health and Medical Research Council and Australian Research Council. She has over 230 peer reviewed publications, chapters and reports. Her research is published in internationally leading journals including the Journal of Clinical Oncology, The Lancet and Lancet Oncology, and Psycho-Oncology. She currently chairs the Quality of Life and Supportive Care Subcommittee of the Australia and New Zealand Urogenital and Prostate

Professor of Cancer Prevention Research, University of Sunshine Coast

Appendix 2017 Publications

- Aitken JF, Youlden DR, Baade PD, Soyer HP, Green AC, Smithers BM. Generational shift in melanoma incidence and mortality in Queensland, Australia, 1995-2014. International Journal of Cancer. 2017. doi: 10.1002/ijc.31141.
- 2. Aitken JF, Youlden DR, Moore AS, Baade PD, Ward LJ, Thursfield VJ, Valery PC, Green AC, Gupta S, Frazier AL. Childhood cancer staging in a population-based registry: feasibility and validity of the Toronto Guidelines Lancet Child and Adolescent Health. Accepted Dec 2017.
- Baade P. [Editorial] Geographical Variation in Breast Cancer Outcomes. International Journal of Environmental Research and Public Health. 2017; 14(5).
 Cancer patients. Journal of Medical International Research. Accepted November 2017.
 Chambers SK, Ritterband LM, Thorndike FP, Nielsen L, Aitken JF, Clutton S, Scuffhor
- 4. Chambers SK, Chung E, Wittert G, Hyde MK. Erectile dysfunction, masculinity, and psychosocial outcomes: a review of the experiences of men after prostate cancer treatment. Translational Andrology and Urology. 2017; 6(1):60-68.
- Chambers SK, Hyde MK, Smith DP, Hughes S, Yuill S, Egger S, O'Connell DL, Stein K, Frydenberg M, Wittert G, Dunn J. New Challenges in Psycho-Oncology Research III: A systematic review of psychological interventions for prostate cancer survivors and their partners: clinical and research implications. Psycho-Oncology. 2017; 26(7):873-913.
- Chambers SK, Ng SK, Baade P, Aitken JF, Hyde MK, Wittert G, Frydenberg M, Dunn J. Trajectories of quality of life, life satisfaction, and psychological adjustment after prostate cancer. Psycho-Oncology. 2017; 26(10):1576-1585.

- Chambers SK, Occhipinti S, Foley E, Clutton S, Legg M, Berry M, Stockler MR, Frydenberg M, Gardiner RA, Lepore SJ, Davis ID, Smith DP. Mindfulness-based cognitive therapy in advanced prostate cancer: A randomized controlled trial. Journal of Clinical Oncology. 2017; 35(3):291-297.
- Chambers SK, Ritterband L, Thorndike F, Nielsen L, Aitken JF, Clutton S, Scuffham P, Youl P, Morris B, Baade P, Dunn J. A randomised controlled trial of web-delivered cognitive behavioural therapy for distress cancer patients. Journal of Medical Internet Research. Accepted November 2017.
- Chambers SK, Ritterband LM, Thorndike FP, Nielsen L, Aitken JF, Clutton S, Scuffham P, Youl P, Morris B, Baade P, Dunn J. A study protocol for a randomised controlled trial of an interactive web-based intervention: CancerCope. BMJ Open. 2017; 7:e017279.
- Cramb SM, Moraga P, Mengersen KL, Baade PD. Spatial variation in cancer incidence and survival over time across Queensland, Australia. Spatial and Spatio-temporal Epidemiology. 2017; 23:59-67.
- 11. Cubis L, Ownsworth T, Pinkham M, Chambers SK. The social trajectory of brain tumour: A qualitative metasynthesis. Disability and Rehabilitation. 2017. doi: 10.1080/09638288.2017.1315183.
- Dasgupta P, Baade PD, Youlden DR, Garvey G, Aitken JF, Wallington I, Chynoweth J, Zorbas H, Roder D, Youl PH. Variations in outcomes for Indigenous women with breast cancer in Australia: A systematic review. European Journal of Cancer Care. 2017; 26(6):e12662.

- Dasgupta P, Youl PH, Aitken JF, Turrell G, Baade P. Geographical differences in risk of advanced breast cancer: Limited evidence for reductions over time, Queensland, Australia 1997-2014. The Breast. 2017; 36:60-66.
- 14. Dasgupta P, Youl PH, Pyke C, Aitken JF, Baade PD. Geographical disparity in breast reconstruction following mastectomy has reduced over time. ANZ Journal of Surgery. 2017; 87(11):E183-E187.
- 15. Dasgupta P, Youl PH, Pyke C, Aitken JF, Baade PD. Sentinel node biopsy for early breast cancer in Queensland, Australia, during 2008-2012. ANZ Journal of Surgery. 2017. doi: 10.1111/ans.14047.
- 16. Diaz A, Kang J, Moore SP, Baade P, Langbecker D, Condon JR, Valery PC. Association between comorbidity and participation in breast and cervical cancer screening: A systematic review and meta-analysis. Cancer Epidemiology 2017; 47:7-19.
- Dunn J, Casey C, Sandoe D, Hyde MK, Cheron-Sauer M-C, Lowe A, Oliffe JL, Chambers SK. Advocacy, support and survivorship in prostate cancer. European Journal of Cancer Care. 2017. doi: 10.1111/ecc.12644.
- Dunn J, Garvey G, Valery PC, Ball D, Fong KM, Vinod S, O'Connell DL, Chambers SK. Barriers to lung cancer care: health professionals' perspectives. Supportive Care in Cancer. 2017; 25(2):497-504.
- Dunn J, Watson M, Aitken JF, Hyde MK. Systematic review of psychosocial outcomes for patients with advanced melanoma. Psycho-Oncology. 2017; 26(11):1722-1731.
- 20. Egger S, Calopedos R, O'Connell DL, Chambers SK, Woo HH, Smith DP. Long-term psychological and quality of life effects of

active surveillance and watchful waiting after diagnosis of low-risk localised prostate cancer. European Urology. 2017. doi: doi. org/10/1016/jeururo.2017.08.13.

- 21. Ettridge KA, Bowden JA, Chambers SK, Smith DP, Murphy M, Evans SM, Roder D, Miller CL. "Prostate cancer is far more hidden…": Perceptions of stigma, social isolation and help-seeking among men with prostate cancer. Eur J Cancer Care (Engl). 2017. doi: 10.1111/ecc.12790.
- 22. Galvao DA, Newton RU, Girgis A, Lepore SJ, Stiller A, Mihalopoulos C, Gardiner RA, Taaffe DR, Occhipinti S, Chambers SK. Randomized controlled trial of a peer led multimodal intervention for men with prostate cancer to increase exercise participation. Psycho-Oncology. 2017. doi: 10.1002/pon.4495.
- 23. Gordon LG, Brynes J, Baade PD, Neale RE, Whiteman DC, Youl PH, Aitken JF, Janda MJ. Cost-effectiveness analysis of a skin awareness intervention for early detection of skin cancer targeting men over 50 years. Value in Health. 2017; 20(4):593-601.
- 24. Gordon LG, Walker SM, Mervin MC, Lowe
 A, Smith DP, Gardiner RA, Chambers SK.
 Financial toxicity: a potential side effect of prostate cancer treatment among Australian men. European Journal of Cancer Care. 2017; 26(1):e:12392.
- 25. Hart NH, Newton RU, Spry NA, Taaffe DR, Chambers SK, Feeney KT, Joseph DJ, Redfern AD, Ferguson T, Galvao DA. Can exercise suppress tumour growth in advanced prostate cancer patients with sclerotic bone metastases? A randomised, controlled study protocol examining feasibility, safety and efficacy. BMJ Open. 2017; 7(5):e014458.
- 26. He VY, Condon JR, Baade PD, Zhang X,

VIERTEL CANCER RESEARCH CENTRE

Zhao Y. Different survival analysis methods for measuring long-term outcomes of Indigenous and non-Indigenous Australian cancer patients in the presence and absence of competing risks. Population Health Metrics. 2017; 15(1):1.

- 27. Huang X, Baade P, Youlden DR, Youl PH, Hu W, Kimlin MG. Google as a cancer control tool in Queensland. BMC Cancer. 2017; 17:816.
- 28. Hyde MK, Newton RU, Galvao DA, Gardiner RA, Occhipinti S, Lowe A, Wittert GA, Chambers SK. Men's help-seeking in the first year after diagnosis of localised prostate cancer. European Journal of Cancer Care. 2017; 26(2):e12497.
- 29. Ireland MJ, March S, Crawford-Williams F, Cassimatis M, Aitken JF, Hyde MK, Chambers SK, Sun J, Dunn J. A systematic review of geographical differences in management and outcomes for colorectal cancer in Australia. BMC Cancer. 2017; 17(1):95.
- 30. King L, Xiang F, Swaminathan A, Dear K, Harrison SL, van der Mei I, Kimlin MG, D'Este C, Lucas RM. Validation of Sun Exposure Reported Annually Against Interim Selfreport and Daily Sun Diaries. Photochemistry and Photobiology. 2017; 93(5):1294-1302.
- 31. Laurie K, Hyde MK, Lepore SJ, Chambers SK. Validation of the factor structure of the Five Facets of Mindfulness Questionnaire in men diagnosed with advanced prostate cancer. Psycho-Oncology. 2017. doi: 10.1002/ pon.4474.
- 32. Legg M, Hyde MK, Occhipinti S, Youl P, Dunn J, Chambers SK. A prospective and populationbased inquiry on the use and acceptability of peer support for women newly diagnosed with breast cancer. Supportive Care in Cancer. Accepted September 2017.
- 33. Legg M, Occhipinti S, Youl P, Dunn J, Chambers SK. Needy or resilient? How women with breast cancer think about peer support. Psycho-Oncology. 2017; 26(12):2307-2310.

- 34. Mervin MC, Lowe A, Gardiner RA, Smith DP, Aitken J, Chambers SK, Gordon LG. What does it cost Medicare to diagnose and treat men with localized prostate cancer in the first year? Asia-Pacific Journal of Clinical Oncology. 2017; 13(3):152-159.
- 35. Moraga P, Cramb SM, Pagano M, Mengersen KL. A geostatistical model for combined analysis of point-level and area-level data using INLA and SPDE. Spatial Statistics. 2017. doi: 10.1016/j.spasta.2017.04.006.
- 36. Obermair A, Youlden D, Baade P, Janda M.
 Do breast cancer survivors benefit from prophylactic removal of uterus and ovaries?
 A population-based data linkage replication study. Asia-Pacific Journal of Clinical Oncology. 2017; 13(1):68-78.
- 37. Rowell D, Nguyen KH, Baade P, Janda M.
 Evaluation of a Skin Self-Examination
 Programme: a Four-Stage Recursive Model.
 Asian Pacific Journal of Cancer Prevention.
 2017; 18(4):1063-1067.
- 38. Smit AK, Espinoza D, Newson AJ, Morton RL, Fenton G, Freeman L, Dunlop K, Butow PN, Law MH, Kimlin MG, Keogh LA, Dobbinson SJ, Kirk J, Kanetsky PA, Mann GJ, Cust AE. A Pilot Randomized Controlled Trial of the Feasibility, Acceptability, and Impact of Giving Information on Personalized Genomic Risk of Melanoma to the Public. Cancer Epidemiology, Biomarkers & Prevention. 2017; 26(2):212-221.
- 39. Smithers BM, Dunn J, Soyer HP. Whither melanoma in Australia? Medical Journal of Australia. 2017; 207(8):330-331.
- 40. Steliarova-Foucher E, Colombet M, Ries LAG, Moreno F, Dolya A, Bray F, Hesseling P, Shin HY, Stiller CA, IICC-3 Contributors*, *Oceania group: Phung H, Rushton S, Guthridge S, Aitken J, et al. International incidence of childhood cancer, 2001-10: a populationbased registry study. Lancet Oncology. 2017; 18(6):719-731.

- 41. Sun J, Crawford-Williams F, Ireland MJ, March S, Aitken J, Hyde MK, Chambers SK, Dunn J. Socio-demographic factors drive regional differences in participation in the National Bowel Cancer Screening Program (NBCSP)

 An ecological analysis on the NBCSP data.
 Australian & New Zealand Journal of Public Health. Accepted July 2017.
- 42. Taaffe DR, Buffart LM, Newton RU, Spry N, Denham J, Joseph D, Lamb D, Chambers SK, Galvao DA. Time on androgen deprivation therapy and adaptations to exercise: results from a 12-month randomized controlled trial in men with prostate cancer. British Journal of Urology International. 2017. doi: 10.1111/ bju.14008.
- 43. Taaffe DR, Newton RU, Spry N, Joseph D, Chambers SK, Gardiner RA, Wall BA, Cormie P, Bolam KA, Galvao DA. Effects of different exercise modalities on fatigue in prostate cancer patients undergoing Androgen Deprivation Therapy: a yearlong randomised controlled trial. European Urology. 2017; 72(2):293-299.
- 44. Thomas AA, Pearce A, Sharp L, Gardiner RA, Chambers S, Aitken J, Molcho M, Baade P. Socioeconomic disadvantage but not remoteness affects short-term survival in prostate cancer: A population-based study using competing risks. Asia-Pacific Journal of Clinical Oncology. 2017; 13(2):e31-e40.
- 45. Turner J, Kelly B, Clarke D, Yates P, Aranda S, Jolley D, Forbes A, Chambers S, Hargraves M, Mackenzie L. A tiered multidisciplinary approach to the psychosocial care of adult cancer patients integrated into routine care: the PROMPT study (a cluster-randomised controlled trial). Supportive Care in Cancer. 2017; 25(1):17-26.
- 46. Valery PC, Bernardes CM, Beesley V, Hawkes AL, Baade P, Garvey G. Unmet supportive care needs of Australian Aboriginal and Torres Strait Islanders with cancer: a prospective, longitudinal study. Supportive Care in Cancer.

2017; 25(3):869-877.

- 47. White B, Willmott L, Tilse C, Wilson J, Lawson D, Pearce A, Dunn J, Aitken JF, Feeney R, Jowett S. Community knowledge of law at the end of life: availability and accessibility of webbased resources. Australian Health Review. 2017. doi: 10.1071/AH16234.
- 48. Whop LJ, Baade PD, Brotherton JM, Canfell K, Cunningham J, Gertig D, Lokuge K, Garvey G, Moore SP, Diaz A, O'Connell DL, Valery P, Roder DM, Condon JR. Time to clinical investigation for Indigenous and non-Indigenous Queensland women after a high grade abnormal Pap smear, 2000-2009. Medical Journal of Australia. 2017; 206(2):73-77.
- 49. Yaxley JW, Coughlin GD, Chambers SK, Dunglison N, Gardiner RA. Assessing robotassisted laparoscopic prostatectomy
 Authors' reply. The Lancet. 2017; 389(10071):800-801.
- 50. Youlden DR, Baade PD, Aitken JF, Green AC, Khosrotehrani K. Prognostic importance of a second invasive primary melanoma according to tumor stage. British Journal of Dermatology. 2017; 177(6):e336-337.
- 51. Youlden DR, Baade PD, Soyer HP, Youl PH, Kimlin MG, Aitken JF, Green AC, Khosrotehrani K. Response to Commentary "Utility and Limitations of Large Population-Based Data for Skin Cancer Outcomes". Journal of Investigative Dermatology. 2017; 137(5):965-966.
- 52. Yu X, Baade P. RE: Cancer incidence and mortality in China, 2013 by Chen et al. Cancer Letters. 2017; 401:63-71.
- 53. Zajdlewicz L, Hyde MK, Lepore SJ, Gardiner RA, Chambers SK. Health-related quality of life after the diagnosis of locally advanced or advanced prostate cancer: a longitudinal study. Cancer Nursing. 2017; 40(5):412-419.

2017 Monographs

- Cramb SM, Duncan EW, Baade PD, Mengersen KL, 2017. Investigation of Bayesian Spatial Models. Brisbane: Cancer Council Queensland and Queensland University of Technology (QUT).
- Mengersen K, Aitken JF, Baade P, Codde J, Cramb S, Dawton J, Duncan E, Fievez P, Green K, Ladlow S, McIntryre D, Miller L, Roberts J, von Sanden N, Sandison B, Somerford P, Taylor M, Weeramanthri T, Woodgate P, Costello S, Brady M. Location matters: realising the value of people-centred spatial information to inform policy. 2017.

Australian and New Zealand Cooperative Research Centre for Spatial Information and Australian Institute of Health and Welfare.

2017 Books

Brierley JD, Gospodarowicz MK, Wittekind C. Eds. TNM Classification of Malignant Tumours, 8th ed. Union for International Cancer Control, Wiley-Blackwell. Oxford; Hoboken, 2017.

Grants and awards 2017

Grants awarded 2017

Aitken J, Youlden D, Baade P, Sumit G, Frazier AL. Collection of cancer stage data for all children diagnosed in Australia from 2006 to 2014. Cancer Australia. 2017-2019. \$240,000.

Baade P, Cramb S, Dasgupta P, Anderson L, Forsyth C, Ross R, Fritschi L. Epidemiology of myeloproliferative neoplasms (MPNs) in Australia. Curtin University. 2017. \$5,000.

Cramb S, Baade P. Electronic research data purchase. Gambling Community Benefit Fund. 2017-2018. \$10,000.

Baade P, Cramb S, Gordon A. Spatial Modelling computing upgrade. Ivan Maurice Jones Endowment. 2017-2018. \$30,000.

Baade P, Dasgupta P. Cervical cancer screening participation in Indigenous women. Jack and Madeleine Little Foundation. 2017. \$55,000. Jenkins D, Aitken JF, Chambers S, Dunn J, Skinner T. Peer support in maintaining physical activity and health following an exercise training intervention for cancer survivors: A randomised controlled trial. National Health and Medical Research Council (NHMRC) Partnership Grant. 2017-2020. \$302,260.

Grants ongoing 2017

Chambers SK, Newton R, Scuffham P, Baade P, Galvao D, Dunn J, Smith D, Wittert G, Davis I, Gardiner RA. Centre of Research Excellence in Prostate Cancer Survivorship (CRE-PCS). NHMRC CRE in Health Services Research. 2016-2020. \$2,498,842. APP1116334.

Mengersen K, Baade P, Cramb S, Aitken J, White N, McGree J, Harden F, Burrage P, Roberts J. Provision of spatial incidence and survival estimates for the National Cancer Atlas. Australian Institute of Health and Welfare and Co-operative Research Centre for Spatial Information. 2016-2018. \$200,000.

Mengersen K, Baade P, Cramb S, Aitken J, White N, McGree J, Harden F, Burrage P, Roberts J. Utilisation of Spatial Cancer Models: A National Cancer Atlas. Co-operative Research Centre for Spatial Information, Cancer Council Queensland and Queensland University of Technology. 2016-2018. \$545,000.

Skinner T, Jenkins D, Dunn J, Chambers SK, Aitken JF, Adlard K, Bolam K, Gomersall S. Peer support: the key to exercise maintenance in cancer survivors? A pilot study. Tom Penrose Community Service Grant, Exercise and Sports Science Australia. 2016-2018. \$16,000.

Khosrotehrani K, Whiteman D, Green A, Baade P, Smithers M, Soye, P. Predictors of mortality in thin melanomas. NHMRC Project Grant / Cancer Council Queensland. 2016-2018. \$197,933.

Baade P, Cramb S, Dasgupta P. Regional analysis of Indigenous cervical screening data for New South Wales. Strategic Research Partnership to improve cancer control for Indigenous Australians Menzies School of Health Research and New South Wales Cancer Council. 2016-2017 \$31,000

Chambers SK, Hyde MK, Ng SK, Scuffham P, Dunn J, Creyton M, Torode J, Stein KD. Celebrate. Remember. Fight Back. Episodic volunteering for non-profits. ARC Linkage Grant Scheme. 2015-2018. \$221,574. LP150100368.

Soyer HP, Green A, Aitken J, Menzies S, Sturm R, Duffy D, Janda M, Prow T, Schaider H. Centre of Research Excellence for the Study of Naevi. NHMRC CRE in Clinical Research. 2015-2019. \$2,496,835. APP1099021.

White B, Willmott L, Tilse C, Wilson J, Lawson

ANNUAL REPORT 2017

D, Dunn J, Pearce A. Enhancing community knowledge and engagement with law at the end of life. Australian Research Council Linkage Grant Scheme. 2015-2018. \$321,527. LP140100883.

White B, Willmott L, Tilse C, Wilson J, Lawson D, Dunn J, Pearce, A. Enhancing community knowledge and engagement with law at the end of life. Australian Research Council Linkage Grant Scheme. 2015-2018. \$321,527. LP1 40100883

Scientific presentations 2017

- Aitken J. Childhood cancer incidence and survival in Australia. Invited speaker. Oncology Education Forum Lady Cilento Children's Hospital, 23 March 2017, Brisbane.
- 2. Aitken J. National collection of data on paediatric cancer stage at diagnosis. Invited Speaker. Cancer Australia Research and Data Advisory Group, 17 August 2017, Sydney.
- 3. Aitken J. The Queensland Cancer Registry past and future. Invited Speaker. Queensland Health Cancer Forum Sunshine Coast University Hospital, 21 August 2017, Sunshine Coast.
- 4. Aitken J. Prevalence of formal advance care planning documentation in the community. Invited Speaker. Advance Care Planning and End of Life Conference, 6 September 2017, Canada.
- 5. Aitken J. Childhood cancer staging of population registries: update and recommendations. Australian Association of Cancer Registries AGM, 9 November 2017, Hobart.
- 6. Aitken JF. The STaR Project: Childhood cancer staging in population registries. Cancer Australia Staging Treatment and Recurrence Advisory Group, 12 May 2017, Sydney.
- Aitken JF. Overview of the burden of cancer in Queensland. Invited Speaker. Implementing Optimal Cancer Care Pathways Forum, 8 May 2017, Royal Brisbane and Women's Hospital, Brisbane.
- Aitken JF. Research leadership strengths, weaknesses and strategy. Invited Speaker.
 Researcher Development and Leadership Program, 25 May 2017, University of

Southern Queensland, Brisbane.

- Baade P, Cramb SM. Investigating spatial patterns of hepatitis related cancers: Potential implications for viral hepatitis investigations. National forum on viral hepatitis data linkage studies, 8 November 2017, Melbourne.
- 10. Baade PB. Patterns of cancer-related outcomes among Indigenous Australians. Australia/New Zealand Cancer Research Network, April 2017, New Zealand.
- 11. Ballantine K, Nam D, Aitken J, Youlden D, Gupta S, Frazier L, Cross S. A review of staging information collected by the New Zealand Children's Cancer Registry in consideration of the Toronto Paediatric Cancer Staging Guidelines. Poster. ANZCHOG Annual Scientific Meeting, 15 June 2017, Adelaide.
- 12. Chambers SK. Prostate Cancer Survivorship. Session Chair. ANZUP 2017 ASM, 17 July 2017, Melbourne.
- 13. Chambers SK. Maximising Potential. Session Co-Chair. ANZUP 2017 ASM, 17 July 2017, Melbourne.
- 14. Chambers SK. QoL & Supportive Care Sub-Committee update. ANZUP 2017 ASM, 18 July 2017, Melbourne.
- Chambers SK. Debate: Should Best Practice be About Art or Science. Co-Facilitator. ANZUP 2017 ASM, 18 July 2017, Melbourne.
- Chambers SK. It's not just about drugs!
 Invited Speaker. ANZUP ASM Supportive
 Care Community Engagement Forum, 16 July
 2017, Melbourne.
- 17. Chambers SK. Cancer Survivorship and Quality of Life. Invited Speaker. World Psycho-

Oncology Congress (IPOS), 16 August 2017, Berlin, Germany.

- Chambers SK. Prostate Cancer Survivorship Research. Western General Hospital Seminar Series, 25 August 2017, Edinburgh, Scotland.
- 19. Chambers SK. Discussing the psychological needs of patients living with lung cancer. Lung Cancer Connect Webinar Lung Cancer Foundation, 29 September 2017, Brisbane.
- 20. Cramb SM. The national cancer atlas. Invited speaker. University of Queensland ACEMS Postdoctoral Workshop, 20-22 March 2017, Brisbane.
- 21. Cramb SM. Spatial modelling in practice -National Cancer Mapping, Invited Speaker. The Institute of Australian Geographers Health Geography Study Group workshop, 11 July 2017, The University of Queensland, Brisbane.
- 22. Cramb SM. A new approach to small area cancer survival estimation. Invited Speaker. Geomed 2017, 7 September 2017, Porto, Portugal.
- 23. Dunn J. Creating impact through health research funding. Myriad Technology and Innovation Festival, 31 March 2017, Brisbane.
- 24. Dunn J. Evidence-based Psychosocial Care in Cancer. CANREHAB 2017 Conference on Multi-disciplinary approach towards Cancer Rehabilitation, 7 April 2017, Tate Memorial Hospital, Mumbai, India.
- 25. Dunn J. Community-Based Cancer Control.24th Asia Pacific Cancer Conference, 24 June2017, Seoul, Korea.
- 26. Dunn J. What is the Role of the Cancer Research Community in Realizing UHC for Cancer in Asia? – Looking beyond the World

Health Assembly Cancer Resolution in 2017 with UICC-ARO. 24th Asia Pacific Cancer Conference, 22 June 2017, Seoul, Korea.

- 27. Dunn J. Asian Networks in Cancer Prevention.24th Asia Pacific Cancer Conference, 22 June 2017, Seoul, Korea.
- 28. Dunn J. Volunteerism and Mobilising Communities. 24th Asia Pacific Cancer Conference, 22 June 2017, Seoul, Korea.
- 29. Dunn J. How goes the war against cancer and cancer survivorship. Invited Speaker. University of Southern Queensland Research Week, 26 September 2017, Toowoomba.
- 30. Dunn J. Patient Support and Survivorship. 9th World Congress of Melanoma, 21 October 2017, Brisbane.
- 31. Dunn J. Cancer survivorship and work. Session Chair. IPOS World Congress of Psycho-Oncology, 16 August 2017, Berlin, Germany.
- 32. Dunn J. Late and longterm symptom burden and distress. Session Chair. IPOS World Congress of Psycho-Oncology, 18 August 2017, Berlin, Germany.
- 33. Hyde MK. Systematic review of psychosocial outcomes for patients with advanced melanoma. 13th Behavioural Research in Cancer Control Conference, 3 May 2017, Melbourne.
- 34. Hyde MK. Policy and advocacy in cancer care. Invited Session Chair. 13th Behavioural Research in Cancer Control Conference, 5 May 2017, Melbourne.
- 35. Hyde MK. Supportive care needs of men diagnosed with advanced prostate cancer.Rapid Fire ePoster Presentation. ANZUP Annual Scientific Meeting, 17 July 2017, Melbourne.

- 36. Hyde MK. Sexual intimacy after prostate cancer: what is possible? . Invited Session Chair. 18th Asia Pacific Prostate Cancer Conference, 31 August 2017, Melbourne.
- Hyde MK. CaP and Psycho-oncology:
 2017 and the road ahead. Invited Speaker.
 Conference tAPPC, 1 September 2017, Melbourne, Victoria.
- 38. Hyde MK. Advanced CaP: looking forward, looking back. Invited Speaker. 18th Asia Pacific Prostate Cancer Conference, 1 September 2017, Melbourne.
- 39. Hyde MK. Survivorship: Looking after everything else after prostate cancer. Invited Session Chair. 18th Asia Pacific Prostate Cancer Conference, 2 September 2017, Melbourne.
- 40. Kimlin M. Skin cancer prevention. Invited presentation. American Cancer Society, 27 March 2017, Atlanta, Georgia, USA.
- 41. Kimlin M. Vitamin D and melanoma. US Department of Defence Medical Congress, August 2017, Orlando, Florida, USA.
- 42. Kimlin M. Ultraviolet skin imaging. Education Queensland, August 2017, Education House, Brisbane.
- 43. Kimlin MG. Skin Cancer. Invited presentation. Brisbane State High School, 8 February 2017, Brisbane.
- 44. Kimlin MG. Vitamin D and melanoma: An update. 20th Annual Vitamin D Workshop, 30 March 2017, Orlando, Florida, USA.
- 45. Kimlin MG. Vitamin D and solar ultraviolet radiation. The US Endocrine Society Annual Conference, 1 April 2017, Orlando, Florida, USA.
- 46. Kimlin MG. Sunscreens: Current issues and controversies. World Congress of Melanoma, 20 October 2017, Brisbane.

- 47. Kimlin MG. Outdoor Workers Skin Cancer Prevention. US National Council on Skin Cancer Prevention, 7 November 2017, Washington DC, USA.
- 48. Laurie K. Trajectories of distress in female partners of men diagnosed with prostate cancer. ANZUP Annual Scientific Meeting, 17 July 2017, Melbourne.
- 49. March S, Ireland MJ, Crawford-Williams F, Aitken J, Hyde MK, Chambers SK, Sun J, Dunn J. Psychosocial outcomes and quality of life for patients with colorectal cancer: are those living in regional Australia worse off? 13th Behavioural Research in Cancer Control Conference, 4 May 2017, Melbourne.
- 50. Nam D, Cross S, Aitken J, Youlden D, Gupta S, Frazier L, Ballantine K. A retrospective review of staging information held by the New Zealand Children's Cancer Registry in consideration of the Toronto Paediatric Cancer State Guidelines. ANZCHOG 2017 Annual Scientific Meeting, 15-17 June 2017, Adelaide.
- 51. Sun J, March S, Ireland MJ, Crawford-Williams F, Goodwin B, Aitken J, Hyde MK, Chambers SK, Dunn J. Can geographic variations in participating in the National Bowel Cancer Screening Program (NBCSP) be explained by demographic and socioeconomic differences? An ecological analysis on the NBCSP data. 13th Behavioural Research in Cancer Control Conference, 4 May 2017, Melbourne.
- 52. Youlden DR. Prognosis of patients diagnosed with a second primary stage I or II melanoma. In World Congress of Melanoma. Brisbane 18-21 October 2017.

Professional and community activities 2017

EXPERT ADVISORY COMMITTEES, SCIENTIFIC PANELS AND WORKING GROUP MEMBERSHIPS

- Asian Pacific Organization for Cancer Prevention (APOCP), Regional Chairperson Australasia, Executive Committee Member, Past President
- Australia and New Zealand Melanoma Trials Group (ANZMTG) - Nursing, Allied Health, Public Health & Primary Care Advisory Panel
- Australasian Association of Cancer Registries, Executive Board
- Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group, Quality of Life and Supportive Care Subcommittee, Chair
- Australian Skin and Skin Cancer Research Centre (ASSC) Grant Review Panel, 2017-2018, Chair
- Cancer Australia Expert Reference Group, Lifestyle risk factors and the primary prevention of cancer
- Cancer Research Malaysia, Scientific Advisory Group
- Centre for Prostate Cancer Survivorship Research, Lead Advisory Group
- Cooperative Research Centre in Spatial Information
- Expert Advisory Group, Development of Palliative Care Indicators for the National Cancer Control Indicators Framework
- International Advisory Group, Population Data for Childhood Cancer
- International Association of Cancer Registries, Board of Directors, Elected Representative for Oceania
- International Consortium for Childhood Cancer Cohorts

- International Psycho-Oncology Society (IPOS), Director and Board Member, Secretary
- Lancet Oncology Commission on Sustainable Paediatric Cancer Care, Advisor
- Medical and Scientific Committee, Cancer Council Queensland
- National Adolescent and Young Adult Cancer Staging Working Group, Youth Cancer Service
- National Adolescent and Young Adult Cancer Dataset Advisory Group, Youth Cancer Service
- NHMRC Assigners Academy
- NHMRC Centres for Research Excellence Review Panel
- NHMRC Partnerships Review Panel, Chair, Assistant Chair
- Australian Research Council, Engagement and Impact Pilot Evaluation 2017 Panel
- Queensland Cancer Control Safety and Quality Partnership, Queensland Health
- Queensland Cooperative Oncology Group Management Committee
- Queensland Health Queensland Skin Cancer Prevention Collaborative Committee, Chair
- Reach to Recovery International, Board of Management
- Statistical Advisory Board for BMJ Open
- Union for International Cancer Control (UICC), Board Officer and Board Member, Asia Pacific Cancer Society Training Grant Program (APCASOT) Chair, Reach to Recovery International Breast Cancer Support Service Special Advisor, Treasurer, C/Can Task Force, Member, NCD Task Force,

Member, Board Governance Committee Member

• University of Southern Queensland, Research Committee, USQ/CCQ Joint Research Program

CONFERENCE ORGANISING COMMITTEES

- 19th International Psycho-Oncology Society Congress (IPOS), Berlin 2017, Scientific Committee
- Vitamin D Workshop, Orlando 2017
- World Congress on Melanoma, Australia 2017, Co-Chair

PROFESSIONAL MEMBERSHIPS

- Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group
- Australian Institute of Company Directors
- Australian Psychological Society (APS) College of Health Psychologists
- Australian-Canadian Prostate Cancer Research Alliance
- Clinical Oncology Society of Australia (COSA)
- International Psycho-Oncology Society (IPOS)
- Psycho-Oncology Co-operative Research Group (PoCoG)
- Statistical Society of Australia
- Urological Society of Australia and New Zealand (USANZ)

REVIEWS AND EDITORIAL ACTIVITIES EDITORIAL BOARDS AND PANELS

- Asian Pacific Journal of Cancer Prevention
- European Journal of Cancer Care
- Psycho-Oncology
- Translational Behavioural Medicine

REVIEWS FOR JOURNALS

- American Journal of Men's Health
- Australian and New Zealand Journal of Public Health
- BMC Cancer
- BMC Public Health
- BMJ Open
- BMJ Supportive & Palliative Care
- Breast Cancer Research and Treatment
- British Journal of Cancer
- British Medical Journal
- Cancer
- Cancer Causes and Control
- Cancer Control
- Cancer Epidemiology
- Cancer Medicine
- Current Medical Research and Opinion
- European Journal of Cancer Care
- Health Promotion Journal of Australia
- Health Psychology
- International Journal of Cancer
- JAMA Dermatology
- Journal of Clinical Oncology
- Journal of Investigative Dermatology
- Journal of the Egyptian National Cancer Institute
- Journal of the European Academy of Dermatology and Venereology
- Medical Journal of Australia
- Men and Masculinities
- Nature Scientific Reports
- Netherlands Organisation for Scientific research
- Patient Education and Counselling
- Psycho-Oncology
- Supportive Care in Cancer

REVIEWS FOR FUNDING BODIES

- Australian Research Council
- Cancer Institute NSW
- Cancer Research UK Medical Research
 Council
- Health Research Council New Zealand
- Hong Kong Medical Research Fund
- Hong Kong SAR Government
- International Cancer Research Education Technology Transfer program, UICC
- Italian Association for Cancer Research
- National Health and Medical Research
 Council
- National Health and Medical Research Council – Early Career Fellowships
- Queensland Nursing Council
- The Research Fund for the Control of Infectious Diseases (RFCID) / The Health and Health Services Research Fund (HHSRF), Hong Kong



BRISBANE

BUNDABERG

CAIRNS

GOLD COAST

MACKAY

ROCKHAMPTON

SUNSHINE COAST

тооwоомва

TOWNSVILLE



