

QUEENSLAND CANCER FUND



CENTRE FOR RESEARCH IN CANCER CONTROL

annual report
2003



Queensland
Cancer Fund

*centre for
research in
cancer
control*



IT IS WITH GREAT PLEASURE THAT I COMMEND TO YOU THE FIRST ANNUAL REPORT OF THE QUEENSLAND CANCER FUND CENTRE FOR RESEARCH IN CANCER CONTROL.

Cancer is the leading cause of death in Australia today. There is an urgent need to develop new knowledge and ways to put that knowledge into everyday practice to prevent cancer and improve the survival and quality of life of people diagnosed with cancer. Research is the key.

With this in mind, the Anti-Cancer Council some time ago endorsed a strategic direction for the Queensland Cancer Fund which called for the development of substantial in-house research capacity to ensure for the Fund an unparalleled capacity for cancer control in Queensland. The centre-piece of that strategy is the development of a Centre for Research in Cancer Control that will allow the Queensland Cancer Fund to identify and address the big questions for cancer control in Queensland. Specifically, the Centre will provide a focus for collaborative cancer research that will enhance and build on the best knowledge available in cancer control, then take that knowledge and translate it into effective, state-wide programs for cancer prevention, early detection, and improved patient services. The Anti-Cancer Council has made a significant commitment to the development of the Centre for Research in Cancer Control, and I invite you to review the Centre's achievements in this first year, highlighted in this report.

Although the Centre has been operational for only a short time, it is already conducting research with a breadth and scope that will make a significant impact on reducing the burden of cancer in Queensland. Our scientists are conducting world-class research across a broad range of cancers in the areas of cancer causes and prevention, cancer screening, quality of care for cancer patients, survivorship and quality of life after cancer treatment. The Centre for Research in Cancer Control has established strong collaborations with other centres of cancer research in Queensland and nationally, and it is already training junior scientists in the field of cancer control.

I congratulate the Centre on its achievements this year, and look forward to exciting developments in the years ahead.

**DR. JEFF DUNN,
EXECUTIVE DIRECTOR
QUEENSLAND CANCER FUND**

ADJUNCT PROFESSOR,
SCHOOL OF SOCIAL SCIENCE, UNIV. OF QLD.
ASSOCIATE PROFESSOR,
SCHOOL OF POPULATION HEALTH, UNIV. OF QLD.





QUEENSLAND CANCER FUND
CENTRE FOR RESEARCH IN
CANCER
CONTROL DIRECTOR DR JOANNE
AITKEN; ASSOCIATE PROFESSOR,
SCHOOL OF POPULATION
HEALTH, UNIV. OF QLD; ADJUNCT
ASSOCIATE PROFESSOR, SCHOOL
OF PUBLIC HEALTH, QUT.

IN QUEENSLAND, ONE IN THREE PEOPLE WILL BE DIAGNOSED WITH A POTENTIALLY FATAL CANCER DURING THEIR LIFETIME.

Over 17,000 Queenslanders are diagnosed with cancer each year and over 6,000 die from the disease. Fortunately, early diagnosis and treatment is improving, and about 60% of cancer patients today will survive at least five years, a result that is among the best in the world. This means there are increasing numbers of people living with cancer in Queensland, many of whom, along with their families and carers, need continued support to deal with the physical and emotional impact of cancer.

The Queensland Cancer Fund has for some time led the way in activities across the spectrum of cancer control including prevention, early detection, and psychosocial and supportive care. Through the Centre for Research in Cancer Control, incorporating the Cancer Epidemiology Unit and the Behavioural Science Unit, we have the opportunity to underpin and focus these efforts through a comprehensive research program. The results of this research will feed directly into existing and new Queensland Cancer Fund state-wide programs for cancer control.

The role of the Epidemiology Unit is to improve our understanding of what causes cancer, pinpoint who is at most risk for cancer and why, find out what are the most effective strategies to improve early diagnosis, and assess what works in improving quality of life for cancer patients after their diagnosis and treatment. The Epidemiology Unit provides accurate and up-to-date information on the occurrence of cancer in Queensland, and identifies priorities for cancer control in this state. This research gives the Queensland Cancer Fund the knowledge it needs to target resources most cost-effectively to reduce preventable cancers, improve early detection and reduce cancer deaths.

Of course, knowledge is not enough to control cancer. We need to understand how to translate that knowledge into people's everyday lives. This is the work of the Behavioural Science Unit, due to commence in 2004. The research program in the Behavioural Science Unit will focus on the development and testing of new community-based programs for cancer control, including programs to promote cancer prevention and early detection, and to improve the quality of life and adjustment of cancer patients, their families and carers. A particular emphasis will be on programs that have the potential for broad population reach, especially targeting disadvantaged subgroups and those in rural and remote regions with limited access to traditional cancer prevention and support services.

The Centre was proud to announce two major research initiatives this year. Factors that we can change in our own lives such as smoking, sun exposure, diet, alcohol consumption, physical activity and weight gain account for a large proportion of total cancer risk and cancer deaths in the population. The Queensland Cancer Risk Study is the first state-wide survey of these behavioural factors, as well as attitudes and behaviour in relation to cancer screening in the Queensland population. Over the next 12 months, we will interview 10,000 people aged between 16 and 75 years, living throughout the state. Their answers will provide the first comprehensive snapshot of cancer risk throughout Queensland. This unique information will help us target our current prevention and early detection programs to groups at greatest need and to shape future cancer control policy and practice for maximum benefit. Our second major initiative will focus on prostate cancer, the most common cancer affecting men in Australia today. With the support of patients and their doctors, we will track 800 Queensland men with prostate cancer diagnosed in Queensland this year, develop for the first time a comprehensive picture of their treatment and how they fare after treatment, and develop and test a new telephone-based supportive care program for prostate cancer patients that would potentially be suitable for use throughout the state. These initiatives illustrate the benefits that can flow directly from a vibrant and focussed cancer control research program.

I would like to acknowledge and thank the Queensland Cancer Fund Epidemiology Advisory Group, chaired jointly by Professor Adèle Green and Professor Beth Newman, with members Dr Chris Bain, Dr Michael Coory, Dr Nick Hayward and Dr David Roder, for their invaluable assistance and advice in the ongoing development of our research program.

Finally, I would like to thank the staff of the Centre for their dedication to the highest quality research, our research collaborators and partners, and the cancer patients and their families who have provided their time and effort to participate in our research.

CANCER CAUSES, PREVENTION AND EARLY DETECTION

The Queensland Cancer Risk Study

Behavioural factors such as smoking, sun exposure, diet, alcohol consumption, physical activity and weight gain account for a large proportion of total cancer risk in the population. These behaviours, along with early detection and screening activity, have been, and will continue to be, the main targets for prevention and early detection programs. Evaluation of the effectiveness of these programs in Queensland and elsewhere is hampered by the inadequacy of population-based data on the distribution and trends of these behavioural factors.

The Queensland Cancer Risk Study, a major initiative of the Centre, is the first statewide cross-sectional study of cancer risk factors and knowledge and attitudes towards cancer among Queenslanders. The research aims to interview, by telephone, 10,000 people aged between 16 and 75 years throughout the state. Participants who agree to continue with a further stage of the research will be asked to complete a self-administered postal questionnaire asking more in-depth questions. Information from the survey will assist in the interpretation of trends in cancer incidence and mortality in Queensland, and will help to refine and target current prevention and early detection programs. It is a three year project, planned to be complete in 2005.

Steering Committee: Ian Frazer, Jeff Dunn, Ross Young, Brian Cole

Project Management Committee: Joanne Aitken, Liz Eakin, Beth Newman (QUT), David Whiteman (QIMR)

Associate investigator: Neville Owen (Univ of Qld)

Project staff: Carla Rogers, Carla Buttenshaw, Tracey Round

Melanoma diagnosis: is skin screening beneficial?

Melanoma is one of the most common invasive cancers in Queensland. Regular, full-body skin examinations may achieve earlier diagnosis of melanoma, however, there is currently no conclusive evidence as to whether skin screening actually does improve early detection and thereby improve melanoma survival.

The aims of this world-first study are to assess the association between the practice of skin screening (both self-screening and screening by a doctor), the incidence of late-stage melanoma, and the possible over-diagnosis of thin, biologically non-progressive lesions. The study will also provide a comprehensive description of how melanoma presents, how it is diagnosed (such as who first notices the melanoma, who and how many medical professionals a patient sees before diagnosis), and reasons for delays in diagnosis in people with different histologic types and thicknesses of melanoma. Over 4000 patients with melanoma and a comparison group of 4000 people without melanoma are taking part in this work. Data collection and analysis will be completed over the coming year, although already early analysis has shown that 25 per cent of patients wait 3.5 months or longer to see a doctor after they have become suspicious about a spot on their skin. Results from this study will provide evidence on the benefits of skin screening, and also indicate areas for improvement of education or health services.

External funding: NHMRC

Investigators: Joanne Aitken, Mark Elwood (National Cancer Control Initiative), Dallas English (The Cancer Council Victoria).

Project staff: Carla Buttenshaw, Michelle McPherson

Follow-up of the Melanoma Screening Trial

The melanoma screening trial, our second project in the area of skin screening, was a community-based randomised controlled trial that aimed to determine the



DOCTOR EXAMINING PATIENT'S SKIN.

effectiveness of a community-based melanoma screening program in reducing deaths from melanoma. The first phase of the trial involved 18 communities in rural and regional Queensland randomly selected to receive either a three-year community-based screening program, called *SkinWatch* (nine intervention communities) or normal practice (nine control communities). The *SkinWatch* program consisted of a community education program, an education and support program for general practitioners and the provision of open-access skin screening clinics. The pilot phase demonstrated a significant and dramatic increase in melanoma diagnosis in the communities involved in the screening group. We are currently tracking all people diagnosed with melanoma in the screening and control groups through the Queensland Cancer Registry to investigate whether the screened communities also show a reduction in the diagnosis of late-stage melanoma, and whether skin screening is likely to reduce deaths from melanoma in the long term.

Surveys of screening behaviour in Queensland

As part of the pilot phase of the melanoma screening trial, we have completed three cross-sectional telephone surveys of approximately 3000 residents aged ≥ 30 years living in rural and regional Queensland to establish the prevalence, predictors and change over time in skin screening practices, including whole-body skin screening by general practitioners (GPs) and skin self-examination. Our results show that screening of the skin for early signs of skin cancer is a common clinical procedure which appears to be increasing.

In total, approximately one in five adults reported having a whole-body skin examination by a GP during the past three years, the highest prevalence of whole-body skin screening yet reported in Australia. Overall, skin screening in general practice seems to be directed at those patients at highest risk for skin cancer. One in three participants also reported they had performed a whole-body skin self-examination (SSE) within the past three years. Those more likely to perform SSE were younger (< 50 years), had a higher education, were concerned about skin cancer, had a past history of skin cancer and had received some instruction on how to perform SSE from their general practitioner. These results have been published and further analyses are underway.

External funding: Queensland Cancer Fund and Queensland Health

Investigators: Joanne Aitken, Mark Elwood (National Cancer Control Initiative), Ian Ring (Queensland Health), John Lowe (University of Iowa).

Project staff: Monika Janda, Pip Youl

The Australian Melanoma Family study

While the association of melanoma with sun exposure is well known, the role of genetics in melanoma aetiology is not well understood. This study is designed to answer questions about how genes and the environment act together to cause melanoma, and about the specific sun exposure patterns which produce the highest risk of melanoma.

The study uses a population-based case-control-family approach in which individuals with melanoma and their families are compared to individuals without melanoma and their families. Data is being collected across three regions of Australia with very different rates of melanoma incidence and of ambient UV exposure. The urban areas of Brisbane, Sydney and Melbourne are the focus of this study. Information is being collected in three ways: telephone interviews focussing on sun exposure, family structure and possible diagnoses of cancer; blood samples for genetic analysis; and skin examinations focussing on number and distribution of moles. To the end of December 2003, data has been collected on over 5500 subjects.

Establishing the genetic factors that cause melanoma and the way they interact with sun exposure will help to identify high-risk individuals or families and will lead to insights into the development of melanoma that may result in novel approaches to preventing and treating this disease. The project started in 2000 and is expected to be completed in 2006.



SKIN EXAMINATION ON RESEARCH PARTICIPANT.

External funding: NHMRC

Investigators: Graham Mann (Westmead Institute for Cancer Research, Sydney), John Hopper (Univ. of Melbourne), Joanne Aitken, Rick Kefford (Westmead Institute for Cancer Research, Sydney), Graham Giles (The Cancer Council Victoria), Bruce Armstrong (Univ of Sydney)

Brisbane project staff: Megan Woolf, Pamela Saunders, Michelle Hillcoat, Kellie Holland

Screening for colorectal cancer: attitudes, knowledge and practice among Queensland general practitioners

Screening for colorectal cancer (CRC) using faecal occult blood testing (FOBT) has been shown to reduce deaths from this disease. The Commonwealth government is now funding a pilot program to assess the feasibility of a national population screening program for colorectal cancer. Because of the central role that general practitioners would play in any such population screening program, we have conducted a cross-sectional postal survey of approximately 770 Queensland general practitioners (GPs) to determine their attitudes, knowledge and current practices in relation to CRC screening, and to examine their support for a population-based screening program using FOBT. We found 53 per cent of GPs currently recommend the use of FOBT in asymptomatic patients over 50 years and 18.6 per cent recommend colonoscopy in such patients. Approximately 62 per cent agreed that screening with FOBT lowers CRC mortality and 61 per cent agreed that CRC is less advanced when detected by FOBT. Two-thirds would support a population-based program using FOBT although there is expressed concern about the perceived high false positive and false negative rates of FOBT. These results are currently being prepared for publication and circulation to key stakeholders.

Investigators: Jeff Dunn, Joanne Aitken, Claire Jackson (Royal Australian College of General Practitioners), Brian Oldenburg (QUT), Chris Brown, Pip Youl, Rebecca Lowe.

Project staff: Lyn McPherson.

The affect of smoking bans on patronage in Queensland restaurants

New tobacco legislation banning smoking in enclosed areas of restaurants was introduced in Queensland on 31 May 2002. The aim of this study was to assess the public's attitude to, and compliance with, these smoking bans and to measure the effect these bans had on restaurant patronage. The study involved a random selection of 441 restaurants throughout Queensland, including 336 for a pre-legislation telephone survey and 105 as observation restaurants pre- and post legislation. Pre-legislation, 90 per cent of restaurants already had some level of smoking restriction in place and, of these, 79 per cent were completely smokefree in enclosed areas. Whilst there was high support for legislation prior to its introduction (82 per cent), this support increased significantly to 95 per cent post-legislation. Prior to the legislation 80 per cent of staff did not believe that the new laws would affect patronage and this increased to 95 per cent post-legislation. Post-legislation, there was a significant decrease in the amount of smoke observed drifting in from outside areas and areas around bars within the restaurant. This study found that the new legislation banning smoking in enclosed areas in restaurants had not affected patronage and that there was strong and widespread support from patrons and staff for this new legislation. These results will be used to further the push for a ban on smoking in pubs and clubs in Queensland.

Investigators: Susan Greenbank, Jeff Dunn, Joanne Aitken, Rebecca Lowe, Pip Youl, Paul Turner.





PETER BAADE WORKING ON
A SECONDARY SCHOOL
STUDENT'S STUDY.

What influences secondary school students to start smoking?

Tobacco is the largest single preventable cause of death and disease. Delaying and ideally, preventing, the uptake of cigarette smoking among adolescents is critical to reducing the impact of nicotine addiction in the community. The Australian Secondary Schools Alcohol and Drug survey (ASSAD) is a triennial survey of the smoking and alcohol consumption habits of school children throughout Australia, funded by the state cancer councils and state governments. It is known that people go through various stages in the process of starting smoking. In a re-analysis of data from the latest ASSAD survey, we are examining what influences Queensland secondary school students to think about taking up smoking. The results have revealed a large range of factors which are independent predictors of smoking contemplation, and which have implications for the content of future smoking prevention programs designed to reduce adolescents' motivation to smoke.

Investigators: Peter Baade, Warren Stanton (Univ. of Qld).

Genetic science and the public's perceptions of future prospects for the cure and prevention of cancer

The publication of the draft of the human genome in June 2000 raised high hopes and substantial public ambivalence about the potential benefits to health of the application of knowledge about the genetic causes of common diseases including cancer. One school of thought is that advances in molecular understanding of the human genome will lead to the discovery of genetic causes of common diseases, ultimately leading to improved prevention and even cure. Others argue that the likely benefits of genetic medicine have been exaggerated and its potential adverse effects ignored. Increasingly, research on the molecular and genetic bases of cancer and various "promising" new possibilities for prevention and cure are disseminated by the popular media. Some evidence suggests that people's beliefs about the likelihood of future cures for cancer or the prevention of cancer by the new technologies influence and may hinder their motivation to act on preventive messages. The aim of this project is to assess, through focus groups and key informant interviews, Queenslanders' behaviours, beliefs and attitudes to cancer risk in relation to genetic technologies and in response to media coverage of these issues. This research will provide useful evidence on the public's attitudes to and perceptions for future prospects for the cure and prevention of cancer which will inform the Fund's initiatives into the future.

Investigators: Jeff Dunn, Joanne Aitken, Neville Owen (Univ. Of Qld), Wayne Hall (Univ. of Qld)

CANCER PATIENTS: ASSESSING THEIR NEEDS AND IMPROVING SERVICES

Helping men with prostate cancer make informed choices about their treatment

Research conducted by the Queensland Cancer Fund over the past few years has shown that many men with prostate cancer experience significant distress about treatment decision-making, largely because limited information exists to help them and their providers make well-informed treatment choices. Further, while many prostate cancer support groups exist in metropolitan areas, many men are not comfortable attending these, or are unable to access them if they live outside of metropolitan areas. We have begun a major new initiative in collaboration with the Royal Brisbane, Princess Alexandra and Townsville General Hospitals and Mackay Urology Department, to recruit 800 men with prostate cancer from across Queensland and follow them for two years to better understand their patterns of care and the resulting impact on their health and quality of life. A subset of these men with localised cancer will be offered the opportunity to participate in a randomised-controlled trial evaluating a telephone-delivered, broad reach supportive care intervention. The intervention will provide support for treatment decision-making as well as focusing on promoting a healthy diet and physical activity, with the goal of improving quality of life. In addition, in collaboration with molecular biology researchers from Queensland University of Technology, the study will evaluate whether there are subgroups of men who have better or worse outcomes based on the analysis of prognostic biomarkers. This will be one of the first large-scale studies to track men with prostate cancer from the point of diagnosis and to follow them over time, thus providing information that will be key to informing their treatment choices and the availability of supportive care.

Project Management Committee: Joanne Aitken, Suzanne Steginga, Elizabeth Eakin, Beth Newman (QUT), Frank Gardiner (RBH, Univ. of Qld.), David Nichol (PAH), David Thomas (Mater Hospital), Judith Clements (QUT), Spence Broughton (consumer representative).

Collaborators: The Northern Section of the Urological Society of Australasia

How can we improve the quality of life of people living with colorectal cancer?

Colorectal cancer is the most common invasive cancer affecting both men and women in Queensland and the ageing of the population means there are likely to be an increasing number of colorectal cancer cases each year. Many patients experience physical and psychosocial problems at the time of diagnosis and treatment, and for some time afterwards, problems which can have a significant impact on the quality of life experienced by patients and their families.

In this study we are examining the process of diagnosis, treatment outcomes and subsequent quality of life for colorectal cancer patients during and after their diagnosis. Approximately 2000 patients are expected to participate in this population-based, longitudinal study. Those who take part will complete a series of postal questionnaires and telephone interviews during their follow-up, and questionnaires will also be sent to the patients' doctors to elicit details related to the diagnostic process, tumour stage and site, prognostic indicators, treatment and co-morbidity.

Ultimately, our aim is to provide the first comprehensive picture of the impact of diagnosis and treatment on the well-being and quality of life of colorectal cancer survivors. We will also describe those patients most at risk from psychological distress and compromised quality of life, and we will recommend ways in which the unmet needs of some of these patients may be addressed.

Investigators: Joanne Aitken, Jeff Dunn, Beth Newman (QUT), Barbara Leggett (RBWH), Ken Pakenham (UQ), Neville Owen (UQ)

Project staff: Brigid Lynch, Lyn McPherson





Ethnic experience of cancer in Queensland: a case study of the Chinese and Vietnamese communities in Brisbane

Queensland is a multi-racial community. Possible differential impacts of a cancer diagnosis based on ethnicity are of concern to the Queensland Cancer Fund. The aims of the research were to identify through in-depth interviews with key informants and patients, the beliefs and attitudes towards cancer in two of the major East Asian migrant groups in Brisbane – the Chinese and Vietnamese. More specifically, we aimed to examine their experience of cancer diagnosis, their needs for cancer services, their preferred sources of support, their patterns of use of services and their use of complementary treatments. Our results show that the experiences of cancer of these two ethnic groups and their preferred methods of treatment are clearly shaped by their cultural perspectives. Members from both ethnic groups share a similar belief in fate and luck, as well as a certain stoicism about cancer. Most prefer to keep the illness secret and private within the family, and many seek traditional healers and use herbal remedies in combination with mainstream treatment. Lack of English language proficiency remains a major problem for many older Chinese and Vietnamese patients. We are now considering the final report of this work, and possible implications for cancer services within ethnic communities.

Investigators: Jeff Dunn, David Ip (Univ. of Qld.), Joanne Aitken

Collaborator: Chi-Wai Lui (Univ. of Qld.)

Are callers to the Queensland Cancer Fund Cancer Helpline satisfied with the service?

The Cancer Helpline is a toll-free telephone information service of the Queensland Cancer Fund which provides a confidential cancer information, support and referral service for all Queenslanders. The Cancer Helpline receives over 41,000 calls each year. The main aims of the Cancer Helpline Quality Assurance Survey were to ascertain the callers' perceptions of the overall quality of the service and their satisfaction with respect to the information and support provided. During a three week period 132 callers agreed to participate in a structured telephone interview within two weeks of their call to the Cancer Helpline. Of the 132 interviews, 97 per cent felt the information provided to them was easy to understand, 94 per cent were highly satisfied with the amount of information provided and 91 per cent were highly satisfied with the quality of written materials. Additionally we found that 97 per cent felt that the Helpline operator understood their concerns, 81 per cent felt more confident in their ability to cope effectively after their call, and 94 per cent reported that overall their call was very helpful. These results provide valuable feedback to staff to ensure a continued high level of satisfaction with the Cancer Helpline.

Investigators: David Millichap, Pip Youl, Suzanne Steginga

QUALITY OF CARE FOR CANCER PATIENTS

Cancer management surveys

The documentation and analysis of the patterns of cancer management are vital for determining, maintaining and improving quality of care of cancer patients.

The Epidemiology Unit in collaboration with the Queensland Cooperative Oncology Group plans regular surveys to describe the patterns of management of cancer in Queensland, to provide an objective description of actual practice on a population basis. The first survey being undertaken under this program is the Ovarian Cancer Patterns of Care Survey.

This project, being conducted in collaboration with the Queensland Institute of Medical Research and the Queensland Cooperative Oncology Group, which will describe on a population basis the management and outcomes for patients diagnosed with primary epithelial ovarian cancer (including peritoneal and fallopian tube cancers) during 2001 and 2002 in Queensland. Findings from this and following surveys will contribute to continuing professional education and improved cancer management in Queensland.

Investigators: Joanne Aitken, Penny Webb (QIMR), Geoff Beadle (Qld Cooperative Oncology Group), David Purdie (QIMR)

Project staff: Heather Day

Cancer Clinical Trial Register

Clinical trials are the mechanism by which new treatments are evaluated for efficacy, safety and side effects. The progressive improvements in cancer survival rates that are now apparent would not have occurred without clinical trials of new treatments.

The collated results from clinical trials also provide the basis for the development of evidence-based treatment guidelines. Supporting cancer specialists to collaborate in clinical trials is a priority of the Queensland Cancer Fund. Through the Queensland Cooperative Oncology Group, the Queensland Cancer Fund Cancer Clinical Trials Data Management Program provides essential data managers to assist clinicians to increase enrolment of cancer patients in clinical trials and to improve collection of high quality data. Since March 2001, the Epidemiology Unit has documented all state-wide cancer clinical trial activity through the Cancer Clinical Trial Register, a database of cancer clinical trials conducted in Queensland institutions. Currently over 260 different clinical trial protocols are documented on the Cancer Clinical Trial Register and we have been able to demonstrate a significant increase in clinical trial recruitment in Queensland over the two year period that the program has been operating.

Project staff: Adam Stoneley, Heather Day

PATTERNS AND TRENDS IN CANCER OCCURRENCE

Epidemiology of prostate cancer in Queensland

It is a key role of the Epidemiology Unit to provide accurate and up-to-date information on the epidemiology of cancer in Queensland and to make that information accessible to health professionals, scientists, government and policy makers, and the public. In the first of a series of reports on cancer in Queensland, we are now working to produce an up-to-date picture of the epidemiology of prostate cancer in Queensland, based on data obtained, with the necessary ethical and legislative approvals, from the Queensland Cancer Registry. The analysis will include estimates of incidence, prevalence, mortality, survival, and trends over time in the occurrence of prostate cancer in Queensland. There will be strong emphasis on providing benchmark comparisons, both interstate and internationally. The detection and treatment of prostate cancer currently generates much debate among health professionals, and there has been a deal of media discussion recently in Australia about the pros and cons of prostate cancer screening. To assist informed debate, we will also provide an overview of the current research literature about prostate cancer, including information on the disease itself, how prostate cancer is detected, treatment options, and current recommendations for screening.

Investigators: Peter Baade, Joanne Aitken

Regional differences in cancer within Queensland

There is much interest, both in the community and among health professionals, in how the health of a population differs by geographical areas. The purpose of this project is to document differences in cancer incidence, mortality and survival after diagnosis across geographical areas in Queensland. The results will be derived from population-based data obtained, with all the necessary ethical and legislative approvals, from the Queensland Cancer Registry. The primary focus of the report is on the seven national health priority area cancers, which are prostate cancer, lung cancer, cervical cancer, melanoma, breast cancer, colorectal cancer and non-Hodgkin's lymphoma. Other higher-volume cancers (such as stomach cancer, leukaemia, pancreatic cancer or bladder cancer) may also be included. For this analysis, we will split Queensland into 14 main geographical regions, and also examine differences in cancer occurrence according to remoteness (or access to facilities) and socio-economic status (or general wealth).

Investigators: Peter Baade, Joanne Aitken

Trends in prostate cancer mortality

Monitoring trends in mortality is a common outcome in health research, and often enables us to generate many useful ideas about the improved prevention and early detection of certain diseases including cancer. We have analysed recent trends in men dying from prostate cancer in Australia and 23 other developed countries using data from the World Health Organisation and have found that there have been recent reductions in prostate cancer mortality in half of the 24 countries studied, including in Australia, the United Kingdom, United States and Germany. It is difficult to determine with certainty the reasons why mortality from prostate cancer is now decreasing in so many countries, where previously it was increasing. Improved treatment of early-stage disease and early detection, possibly acting together, are among the several possible explanations. Our results show clearly that international mortality declines are continuing and becoming more widespread. The results have been accepted for publication in a peer-reviewed journal and are contributing to the debate about the possible benefits of prostate cancer screening.

Investigators: Peter Baade, Joanne Aitken, Michael Coory (Queensland Health)



RESEARCH BY POSTGRADUATE STUDENTS

The experience of gynaecological cancer survivors: supportive care needs and use

Little is known about the psychosocial problems faced by, and the supportive care needs of gynaecological cancer patients. This information is needed to better target health care interventions and services to improve the quality of survivorship of these patients. The study is a retrospective cross-sectional mail survey of approximately 2400 Queensland gynaecological cancer patients, three months to five years post-diagnosis. Patients will be recruited via the Gynaecological Cancer Registry at the Queensland Centre for Gynaecological Cancer. The aim is to determine if supportive care needs are different between women based on gynaecological cancer sites or survival phase, and make recommendations for support services and health behaviour interventions to address unmet supportive care needs.

PhD student: Vanessa Beesley (QUT)

Supervisors: Diana Battistutta, Liz Eakin, Joanne Aitken, Jeff Dunn

Physical activity during the treatment and rehabilitation phases of colorectal cancer: impact on quality of life

There is growing evidence that physical activity can reduce cancer symptoms and treatment side-effects, and improve cancer patients' physical and psychological well-being following treatment, however, there have been no large, population-based studies investigating this association. This research is investigating the associations between physical activity, including past and current exercise history, sedentary behaviour and quality of life for people who have been diagnosed with colorectal cancer. Outcomes from this research will help us to develop guidelines on exercise following cancer diagnosis, as a means for improving the quality of life for people during and following cancer treatment.

PhD student: Brigid Lynch (Univ. of Qld)

Supervisors: Neville Owen, Joanne Aitken, Jeff Dunn

Investigating the coping process in adjustment to a diagnosis of colorectal cancer: a longitudinal study

This research aims, firstly, to assess the impact of stress and coping on adjustment to diagnosis and treatment of colorectal cancer in the short- and longer-term, and second, to develop an evidence-based coping measure. The project is utilising a stress and coping model as a framework to examine the relationship between disease and treatment characteristics, appraisal (threat, self-efficacy and control), social support, coping strategies, and benefit-finding and adjustment. Results will be used to inform the development of interventions to enhance the well-being of survivors of a CRC diagnosis.

PhD student: Mabelle Rinaldis (Univ. of Qld)

Supervisors: Ken Pakenham, Joanne Aitken, Jeff Dunn



Director, Centre for Research in Cancer Control: Associate Professor Joanne Aitken, PhD

Joanne has headed the Epidemiology Unit since its beginning in 2001 and since 2003 has been the Director of the Centre for Research in Cancer Control. Joanne is the Director of the Queensland Cancer Registry, holds a joint appointment with the University of Queensland as Associate Professor in the School of Population Health and an adjunct appointment with the School of Public Health, Queensland University of Technology. Joanne is a distinguished research scientist who has worked in the field of cancer epidemiology for the last 15 years. She completed her PhD at the University of Queensland in 1991, a Master of Science in Epidemiology at Harvard University in the same year, and moved to the Queensland Cancer Fund in 1997 to lead a world-first investigation of early detection of melanoma. She now leads a diverse research program in cancer control. Joanne published two chapters in international reference works on melanoma epidemiology and early detection in 2003, and has 45 publications in the scientific literature. Joanne has a long-standing interest and experience in large scale, population-based studies of the genetic and environmental causes of cancer, and has worked throughout her research career to improve our understanding of the prevention of cancer, and to improve methods of early detection of cancer.



Senior Research Fellow (Biostatistics): Dr Peter Baade PhD

Peter is a biostatistician with a PhD in the area of public health from the University of Queensland. He is responsible for providing statistical and methodological support for the Centre's research programs, and also conducts independent research in cancer epidemiology, with a particular focus on descriptive analyses of population-based cancer data. He has previously worked for seven years in a government health department as a senior statistician, where he was the lead author on several population-based cancer reports. He has also published a number of peer-reviewed journal articles, both as lead author and co-author, looking at skin cancer, prostate cancer and smoking, as well as methodological issues. Peter is an accredited statistician (Astat) with the Statistical Society of Queensland.



Research Fellow: Dr Monika Janda, PhD

Monika is a Research Fellow employed by the Queensland University of Technology, jointly funded by the Queensland Cancer Fund and QUT, and based in the Queensland Cancer Fund Centre for Research in Cancer Control. Monika completed her master of philosophy (1992) and Ph.D (psychology) (2002) at the University Vienna, Austria, where she was working with the Austrian Cancer Society and later at the University Hospital Vienna, Department of Radiooncology. Monika trained as a clinical psychologist and behavioural therapist to support cancer patients with psychological and psychosocial needs. Monika's research interests range from health behaviour research, research on cancer prevention and early detection, to quality of life issues and supportive care for cancer patients. Monika is preparing a post-doctoral research fellowship application to the NHMRC in 2004, and hopes to extend her research areas to conduct randomised intervention programs to benefit the adjustment to illness and quality of life of cancer patients.

**Senior Research Officer: Pip Youl, MPH**

Pip has been with the Queensland Cancer Fund since 1997 after nine years at the Queensland Institute of Medical Research. She has been involved in a number of cancer epidemiology projects and has many years experience in overall project management including design, implementation and analysis. She gained her Masters in Public Health, with majors in Epidemiology and Statistics, from the University of Queensland in 1998 and has a keen interest in the epidemiology of skin cancer and cancer in adolescents and young adults. She is currently the senior research officer for the epidemiology unit and is working on a number of our projects, including collaborative projects with the Community Services Section.

**Database Manager: Adam Stoneley, B.Bus (HIM)**

Adam is an experienced data manager with qualifications in Health Information Management from the Queensland University of Technology. Adam plays a key role in providing coordinated data management support for all studies of the Centre; and also coordinates the provision of data management support for hospital-based clinical trials and the maintenance of the clinical trial register for Queensland Co-operative Oncology Group (QCOG).

**Project Manager: Carla Rogers B.A. Hons Psych**

Carla is the Project Manager on the Queensland Cancer Risk Study, and has been employed at Queensland Cancer Fund since May 2003. Previously, she was employed as a psychologist at Queensland Rail, and later went on to work in the same organisation in the area of safety and behavioural interventions. Carla is currently studying for a Ph.D in the field of Social Psychology at the University of Queensland

**Project Manager: Brigid Lynch: BSc MScs Comm**

Brigid has been an employee of the Queensland Cancer Fund since 1999, when she began working in the Community Services Section. Brigid moved to the Epidemiology Unit in 2000 and is currently the Study Manager for the Colorectal Cancer and Quality of Life study. Brigid is also undertaking a PhD in Epidemiology through the University of Queensland, studying the effect that physical activity has on the quality of life of people with colorectal cancer. Her research interests include physical activity, overweight/obesity and mental health.



Project Manager: Megan Woolf, B.A. (Hons Psych)

Megan joined the Queensland Cancer Fund as the Project Manager of the Australian Melanoma Family Study in September 2000. She holds a Bachelor of Science, Honours (Psychology) degree from the University of Queensland. Her research interests are project management, cancer prevention and intervention.



Project Manager: Carla Buttenshaw, (BBus, BHIthSc)

Carla is currently working as Project Manager for the case-control study of melanoma screening within the Epidemiology Unit. Her previous experience includes Project Coordinator for the Queensland Cancer Fund's Sun and Skin Study and Administration Officer for the Nambour Skin Cancer Prevention Trial at the Queensland Institute of Medical Research.



Research Officer: Pamela Saunders, (RN)

Pamela has worked on several research projects since joining the Queensland Cancer Fund in 1999 and since May 2001 she has worked as a Research Officer on the Australian Melanoma Family Study. Pam holds a Certificate in Occupational Health and Safety and a Diploma in Applied Science (Community Health). She is also a registered nurse and is currently completing her Masters in Public Health at the University of Queensland. Her research interests include genetics and genetic epidemiology.



Research Officer: Michelle Hillcoat

Michelle commenced with the Queensland Cancer Fund as a Research Officer on the Australian Melanoma Family Study in May 2002. She is currently completing a Bachelor of Communication.



Research Officer: Kellie Holland, (RN)

Kellie commenced with the Queensland Cancer Fund in July 2000, working as a Research Officer and Interviewer on various research projects. Since July 2002 she has worked as a Research Officer on the Australian Melanoma Family Study. Kellie holds a degree in Humanities and is a registered nurse and midwife.

**Research Officer: Lyn McPherson, (BSc)**

Lyn has previous experience as a research assistant at the Mater Hospital in addition to gaining her library qualifications through the University of Queensland. More recently she completed a Graduate Diploma in Health Science before starting at the Queensland Cancer Fund. Lyn has been involved in a number of projects at the Queensland Cancer Fund including a survey of Queensland GPs knowledge and attitudes towards screening for colorectal cancer. She currently works as a research assistant with the Colorectal Cancer and Quality of Life project.

**Research Officer: Tracey Round (B.HlthSc Hons)**

Tracey recently graduated from the Queensland University of Technology with first class Honours on a project entitled "Pathways to breast cancer diagnosis: The non-lump experience". She is currently employed part-time at Queensland Cancer Fund on the state-wide Queensland Cancer Risk Study. Tracey is also a part-time Research Assistant at the Centre for Health Research - Public Health (QUT), where she is involved in breast cancer research.

**Professional Officer: Heather Day, BSc(Hons)**

Heather works part time to provide secretariat support for the Queensland Co-operative Oncology Group (QCOG) and the various Special Interest Groups in breast, colorectal and lung cancer. With previous experience in clinical trials in the pharmaceutical industry, Heather is working with oncologists, surgeons and other specialist physicians to facilitate and promote participation in multicentre collaborative cancer clinical trials in Queensland.

**Associate: Suzanne Steginga RN, BA, BehSci (Hons), PhD**

Suzanne is the Director of Queensland Cancer Fund Community Services and provides a link between the research of the Centre and community-based intervention programs. She has undertaken and published research in the areas of peer support in cancer; adjustment after gynaecological, breast and prostate cancer; cancer nursing education; decision making in health; and the development and evaluation of supportive care and educational interventions for people with cancer.



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BOOK CHAPTERS

Aitken JF, Elwood M. Population screening for melanoma: current evidence and a community-based randomised trial. In: Melanoma. Editors Thompson J, Morton D, Kroon, editors. Oxford: Isis Medical Media Limited, 2003.

Elwood M, **Aitken JF**, English D. Prevention and screening. In Cutaneous Melanoma, 4th Edition, Editors Balch CM, Houghton AN, Sober AJ, Soong S, eds, QMP, Inc, St. Louis, 2003.

Gardiner RA, Burger MJ, **Steginga SK**, Walsh T, Schmidt C, Nicol DL, Lavin MF, Clements JA. Integrating Molecular, Proteomic and Vaccine Development, Quality of Life and Psychometric Evaluations in a Comprehensive Research Program. In: Progress in Prostate Cancer Research. Editor Colombo F. Nova Science. (In press).

PEER-REVIEWED PUBLICATIONS

Aitken JF, **Youl PH**, **Janda M**, Elwood M, Ring IT, Lowe JB, Firman DW. Validity of self-reported skin screening histories. American Journal of Epidemiology. (In press).

Baade PD, Coory MD, **Aitken JF**. International trends in prostate cancer mortality: The decrease is continuing and spreading. Cancer Causes and Control. (In press).

Baade PD, Balanda KP, Stanton WR, Lowe JB, Del Mar CB. Community perception of specific skin features of possible melanomas. Health Education Journal. (In press).

Coory M, **Baade PD**. Is median age at death a useful way to monitor improvements in mortality among Indigenous Australians? Australian and New Zealand Journal of Public Health. 2003; 27: 627-31.

Do K-A, **Aitken JF**, Green A, Martin NG. Analysis of melanoma onset: assessing familial aggregation by using estimating equations and fitting variance components via Bayesian random effects models. Twin Research. (In press).

Dunn J, **Steginga SK**, Rosoman N, **Millichap D**. A Review of Peer Support in the Context of Cancer. Journal of Psychosocial Oncology 2003; 21 (2): 55-67.

Dunn J, **Lynch B**, **Aitken JF**, Pakenham K, Leggett B, Newman B. Quality of life in colorectal cancer: a review. Aust N Z J Public Health 2003; 27: 41-53.

Dunn J, **Steginga SK**, Rose P, Scott J, Allison R. Evaluating Patient Education Materials about Radiation Therapy. Patient Education and Counseling. (In press).

Greenbank S, **Dunn J**, **Aitken JF**, **Lowe R**, **Youl P**, **Turner P**. Smoking in Queensland restaurants - will bans affect patronage? Letter to the Editor. Australian and New Zealand Journal of Public Health 2003; 27:361

Janda M, Elwood M, Ring I, Firman D, Lowe J, **Youl P**, **Aitken JF**. Prevalence of skin screening by general practitioners in regional Queensland. Medical Journal of Australia 2004; 180:10-15

Janda M, Stanton W, Hughes K, Del Mar C, Clavarino A, **Aitken JF**, Tong S, Short L, Leggett B, Newman B. Knowledge, attitudes, and intentions related to colorectal cancer screening using faecal occult blood tests in a rural Australian population. Asia Pacific Journal of Public Health. 2003;15:50-6.

Janda M, Obermair A, Cella DF, Crandon AJ, Trimmel M. Quality of life in patients with vulvar cancer: a qualitative assessment. International Journal of Gynaecological Cancer. (In press).

Janda M, **Youl P**, Lowe JB, Elwood M, Ring I, **Aitken JF**. Attitudes and intentions in relation to skin checks for early signs of skin cancer. Preventive Medicine. (In press).

Lintz K, Watson M, Moynihan C, **Steginga SK**, Norman A, Eeles R, Huddart R, Dearnaley D. Prostate Cancer Patients' Support and Psychological Care Needs: Survey from a non-surgical oncology clinic. Psycho-Oncology 2003; 12: 769-783.



Lynch BM, Dunn J. Scoreboard advertising at sporting events as a health promotion medium. *Health Education Research* 2003;18(4): 488-492.

Steginga SK, Occhipinti S, Gardiner RA, Yaxley J, Heathcote P. A Prospective Study of Men's Use of Alternative Therapies after Localised Prostate Cancer. *Patient Education and Counseling*. (In press).

Steginga SK, Occhipinti S, Gardiner RA, Heathcote P, Yaxley J. A Prospective Study of Men's Physical, Psychological and Decision-Related Adjustment after Treatment for Localized Prostate Cancer. *Urology*. (In press).

Vajdic C, Kricker A, Duffy DL, **Aitken JF**, Stark M, Ter Huurne JAC, Martin NG, Armstrong BK, Hayward NK Ocular melanoma is not associated with CDKN2A or MC1R variants - a population-based study. *Mel Research* 2003; 13: 409-413.

Vajdic CM, Kricker A, Giblin M, McKenzie J, **Aitken J**, Giles GG, Armstrong BK. Incidence of ocular melanoma in Australia, 1990 to 1998. *Int J Cancer* 2003; 105: 117-22.

Vajdic CM, Hutchins N, Kricker A, **Aitken JF**, Armstrong BK, Hayward NK, Armes JE. Chromosomal gains and losses in ocular melanoma detected by comparative genomic hybridization in an Australian population-based study. *Cancer Genetics and Cytogenetics* 2003; 144(1): 12-17.

OTHER PUBLICATIONS, ABSTRACTS AND REPORTS

Baade, PD. Mortality due to breast and lung cancer: changing patterns among women in Queensland. Brisbane, Queensland Cancer Fund, 2003. ([http://www.qldcancer.com.au/Whats_New/PDF/Queensland Cancer Fund report lung cancer among women.pdf](http://www.qldcancer.com.au/Whats_New/PDF/Queensland_Cancer_Fund_report_lung_cancer_among_women.pdf))

Dewar AM, Steginga SK, Dunn J, McCarthy A, Yates P, Beadle G. Delivering Cancer Nursing Education to Regional and Remote Area Nurses in Queensland. *Cancer Forum* 2003; 27(2): 111-114.

Dewar A, Steginga S, Dunn J, McCarthy A, Yates P, Beadle, G. Delivering Cancer-Nursing Education to Regional, Rural and Remote Area Nurses in Queensland. *Cancer Forum* 2003; 27,2:111-114.

Dunn J, Halford WK, Scott JL The Queensland Cancer Fund-Griffith University Cancer Support Centre: disseminating evidence based education and support to cancer sufferers and their families. *Psycho-Oncology* 2003; 12:S93 (Abstract 81).

Steginga SK, Occhipinti S, Gardiner RA, Yaxley J, Heathcote P. A Prospective Study of the use of the Alternative Therapies by Men with Localised Prostate Cancer. *Australia and New Zealand Journal of Surgery* 2003; Abstract :49-73, (10), A343.

Steginga SK, Occhipinti S, Gardiner RA, Yaxley J, Heathcote P. Predictors of Psychological Adjustment after Treatment for Localised Prostate Cancer. *Australian and New Zealand Journal of Surgery* 2003; Abstract 50: 73, (10), A344.

Dewar A, Steginga S, Dunn J, McCarthy A, Yates P, Beadle G.

Intensive Nursing Education programs: Impact on knowledge, confidence and attitudes and perceived skills in the psychosocial care of cancer patients.
26th Annual Oncology Nurses Conference, Townsville, August 2003.

Dewar A, Steginga S, Dunn J, McCarthy A, Yates P, Beadle G.

Delivering cancer nursing education to regional, rural and remote area nurses in Queensland.

Cancer Nursing Society of Australia Winter Congress, Sydney, July 2003.

Dewar A, Steginga S, Dunn J, McCarthy A, Yates P, Beadle G.

Intensive nursing education programs: Impact on knowledge, confidence and attitudes and perceived skills in psychosocial care of cancer patients.

Cancer Nursing Society of Australia Winter Congress, Sydney July 2003.

Dunn J

Supportive Care for Cancer Patients - a Role for NGO's.

Asia Pacific Congress of Medicine, Kuala Lumpur, September 2003.

Dunn J

Plenary lecture, "Guidelines for training volunteers", UICC Breast Cancer Support Service 12th Reach to Recovery International Conference, Portugal, May 2003.

Dunn J

Chair, Plenary session "Science and the Future", UICC Breast Cancer Support Service 12th Reach to Recovery International Conference, Portugal, May 2003.

Dunn J.

Plenary lecture, "Peer support in cancer", 37th Malaysia-Singapore Congress of Medicine, Kuala Lumpur, September, 2003.

Dunn J.

"Role of not-for-profit organisations", 37th Malaysia-Singapore Congress of Medicine, Kuala Lumpur, September, 2003.

Dunn J.

"Volunteerism and mobilising communities", 37th Malaysia-Singapore Congress of Medicine, Kuala Lumpur, September, 2003.

Dunn J.

Workshop: Training the Trainers - Developing a Support System for Cancer, 37th Malaysia-Singapore Congress of Medicine, Kuala Lumpur, September, 2003.

Dunn J, Halford WK, Scott JL.

"The Queensland Cancer Fund-Griffith University Cancer Support Centre: disseminating evidence-based education and support to cancer sufferers and their families," 6th World Congress of Psycho-Oncology, Banff, Alberta, Canada, April, 2003.

Greenbank S, Dunn J, Aitken JE, Lowe R, Youl P, Turner P.

Smoking in Queensland Restaurants - Have Bans Affected Patronage?
"Trends & Options" Winter School in The Sun Conference, Brisbane, July 2003.

Greenbank S, Dunn J, Aitken JE, Lowe R, Youl P, Turner P.

Smoking in Queensland Restaurants - Have Bans Affected Patronage?
"Essentials, Differentials & Potentials in Health" 35th Public Health Association of Australia Annual Conference, Brisbane September 2003.

Janda M, Stanton W, Hughes K, Del Mar C, Clavarino A, Aitken J, Tong S, Short L, Leggett B, Newman B.

Intention to screen for colorectal cancer with a faecal occult blood test amongst residents of a rural Queensland Community.

ASBHM conference, Brisbane, February 2003.



Janda M, Aitken JF, Youl P, Elwood M, Ring I, Firman D, Lowe J.

Provision of Melanoma Screening Clinics and Participation in Melanoma Screening within a Randomised Community Based Melanoma Screening Trial.
European Society of Skin Cancer Prevention, 3rd EUROSkin Conference, Stockholm, Sweden, September 2003.

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

Colorectal Cancer: Diagnostic Delay, Patient Satisfaction and Quality of Life.
"Essentials, Differentials & Potentials in Health" 35th Public Health Association of Australia Annual Conference, Brisbane 2003.

Steginga S

A Prospective Study of the use of Alternative Therapies by Men with Localised Prostate Cancer.
Urological Society of Australasia, Annual Scientific Meeting, Queenstown, New Zealand, March 2003.

Steginga S

Predictors of Psychological Adjustment after Treatment for Localised Prostate Cancer.
Urological Society of Australasia, Annual Scientific Meeting, Queenstown, New Zealand, March 2003.

Steginga S

How patients make decisions: the role of lay beliefs.
Australian Prostate Cancer Collaboration Annual Conference and NCCI Symposium on Prostate Cancer Screening in General Practice, Melbourne, August 2003.

Steginga S

Report on the Phase 2 National Peer Support in Prostate Cancer Study.
Australian Prostate Cancer Collaboration Annual Conference and NCCI Symposium on Prostate Cancer Screening in General Practice, Melbourne, August 2003.

Steginga S

Sociodemographic and Quality of Life Characteristics of Prostate Cancer Support Group Participants in Australia and Predictors of Perceived Support.
4th National Prostate Cancer Symposium, Melbourne, August 2003.

Steginga S

Psychological Adjustment after Treatment for Localised Prostate Cancer.
The Fifth Urological Nursing Day of the Queensland Urological Nurses Society, Brisbane, August 2003.

Youl P, Janda M, Elwood M, Ring I, Firman D, Lowe J, Aitken J.

Prevalence of whole-body skin examinations by General Practitioners and skin self-examinations for skin cancer in Queensland.
"Essentials, Differentials & Potentials in Health" 35th Public Health Association of Australia Annual Conference, Brisbane, September 2003.

OTHER CONFERENCES

"Promoting Health and Preventing Disease: From the Gene to the Globe" Australasian Society for Health & Behavioural Medicine Conference, Brisbane, February 2003.

Clinical Oncological Society of Australia Annual Scientific Meeting, Perth, November 2003.

COMMITTEE MEMBERSHIPS

The Cancer Council Australia

Patient Support Committee, Suzanne Steginga.

Australian Cancer Network Working Party for the development of Clinical Practice Guidelines for the Management of Advanced Prostate Cancer, Suzanne Steginga.

National Health & Medical Research Council

Steering Committee for the Development of Psychosocial Clinical Practice Guidelines for Cancer Patients, National Health and Medical Research Council, Suzanne Steginga.

International Union Against Cancer

Asia Pacific Cancer Society Training Grants Program, Chairman, Jeff Dunn.

International Conferences Advisory Working Group, Jeff Dunn

Capacity Building Materials Advisory Working Group, Jeff Dunn

Capacity Building Oversight Working Group, Jeff Dunn

Queensland Health

Queensland Cancer Registry Advisory Committee, Joanne Aitken

Queensland Cancer Registry Joint Management Committee, Joanne Aitken

Queensland Skin Cancer Prevention Strategic Plan, Research and Evaluation Implementation Group, Joanne Aitken

Skin Cancer Research Working Group, Joanne Aitken, Pip Youl

Strengthening Support for Women with Breast Cancer Advisory Committee, Suzanne Steginga, Margaret Hegarty

Other Committee memberships

Australasian Association of Cancer Registries, Executive Committee, Joanne Aitken, Di Skilton, Julie Bourke

Commissioning Team, Qld Cooperative Oncology Group, Joanne Aitken

Interim Executive, Queensland Cooperative Oncology Group, Joanne Aitken

Scientific Sub-Committee, Royal Brisbane Hospital Research Ethics Committee, Joanne Aitken

Australian Paediatric Cancer Registry Advisory Committee, Joanne Aitken

QCF-Griffith University Collaborative Centre for Psychosocial Oncology, Chairman, Board of Management, Jeff Dunn

QCF-Griffith University Cancer Support Centre, Chair, Management, Suzanne Steginga

Anton Breinl Centre Consultative Committee, Anton Breinl Centre for Public Health and Tropical Medicine, Jeff Dunn

Australasian Prostate Cancer Collaboration and the Prostate Cancer Foundation of Australia, Jeff Dunn

Brisbane Prostate Cancer Research Network, Suzanne Steginga

National Executive and of the Education Subcommittee of the Australian Prostate Cancer Collaboration, Suzanne Steginga

National Breast Cancer Centre Project Team for Review of the Unmet Needs of Younger Women with Breast Cancer, Suzanne Steginga

National Reference Group for Caring Communities Project, Commonwealth Department of Health and Aging, Palliative Care Australia, Suzanne Steginga

OTHER PROFESSIONAL MEMBERSHIPS

Australian and New Zealand Journal of Public Health, Joanne Aitken, Pip Youl
Society for Epidemiologic Research, Joanne Aitken
Australasian Epidemiological Association, Joanne Aitken, Pip Youl

REVIEWS AND EDITORIAL ACTIVITIES

Editorial Panel

Psycho-Oncology, Jeff Dunn

Reviews for Journals

Medical Journal of Australia, Joanne Aitken, Peter Baade
American Journal of Epidemiology, Joanne Aitken
Australian and New Zealand Journal of Public Health, Joanne Aitken, Peter Baade
Journal of Medical Screening, Joanne Aitken
The American Journal of Human Genetics, Joanne Aitken
Preventive Medicine, Suzanne Steginga
Health Psychology, Suzanne Steginga
Psycho-Oncology, Suzanne Steginga, Jeff Dunn
Cancer, Monika Janda
Cancer Detection and Prevention, Monika Janda
Journal of Oncology Management, Monika Janda
BMC Cancer, Monika Janda
International Journal of Gynecological Cancer, Monika Janda
British Journal of Sports Medicine, Brigid Lynch
Health Education Research, Brigid Lynch

Reviews for funding bodies

National Health and Medical Research Council, Joanne Aitken, Suzanne Steginga
The Cancer Council Victoria, Joanne Aitken
Cure Cancer Australia Foundation, Joanne Aitken
The Leo and Jenny Leukaemia and Cancer Foundation, Joanne Aitken

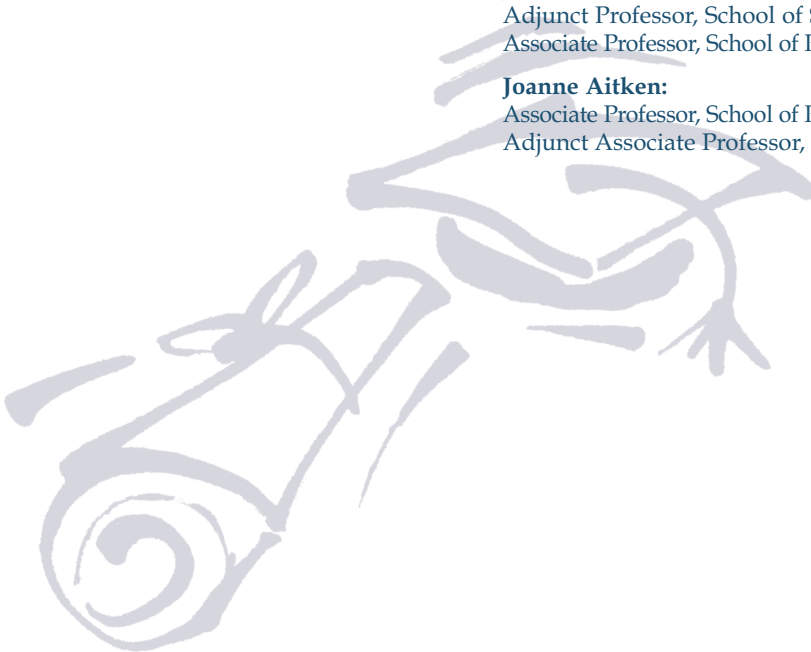
ACADEMIC APPOINTMENTS

Jeff Dunn:

Adjunct Professor, School of Social Science, Univ. of Qld.
Associate Professor, School of Population Health, Univ. of Qld.

Joanne Aitken:

Associate Professor, School of Population Health, Univ. of Qld.
Adjunct Associate Professor, School of Public Health, QUT.



Vanessa Beesley

Queensland University of Technology PhD student

Supervisors: Diana Battistutta (QUT), Liz Eakin, Joanne Aitken, Jeff Dunn

Topic: The experience of gynaecological cancer survivors: Supportive care needs and use.

Brigid Lynch

University of Queensland PhD student

Supervisor: Neville Owen (Univ. of Qld), Joanne Aitken, Jeff Dunn

Topic: Physical activity during the treatment and rehabilitation phases of colorectal cancer: impact on quality of life

Machelle Rinaldis

University of Queensland PhD student

2002 John Earnshaw Scholar

Supervisor: Ken Pakenham (Univ. of Qld), Joanne Aitken, Jeff Dunn

Topic: Investigating the coping process in adjustment to a diagnosis of colorectal cancer: a longitudinal study.



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CHARLES WANSTALL APEX LODGE

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