



Every step guided by research.



Viertel Cancer  
Research Centre

**2024 – 2025 REPORT**



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*Cancer Council Queensland acknowledges the Traditional Custodians of Country throughout Queensland and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past, present and emerging.*

# Our Mission

To lead Queenslanders in a partnership against cancer.

# Our Strategy

Navigating cancer together.

We are here to support all Queenslanders impacted by cancer. Our aim is to reduce cancer risk, increase early detection, improve treatment, and enhance quality of life for Queenslanders affected by a cancer diagnosis.

# Our Values

Our mission will be achieved by high performing people who live our values:

Responsible, Inclusive, Collaborative and Equitable

# Our Priorities



# Cancer in Queensland

More than  
**309,000**  
Queenslanders are alive today after a cancer diagnosis in the last 30 years.

**35,325**  
Queenslanders were diagnosed with cancer in 2022.

Queensland's 5-year relative survival for cancer has increased from  
**53% to 74%**  
in the past 40 years.

**1 in 2**  
Queenslanders will be diagnosed with some form of cancer **by the age of 85.**

**10,363**  
Queenslanders died of cancer in 2022.

**1 in 3**  
**cancers can be prevented** by making healthy lifestyle choices.

The **five most common cancers** in Queensland are prostate, melanoma, breast, colorectal and lung cancer.

Based on current trends and predicted population changes, approximately  
**39,084**  
Queenslanders are expected to be diagnosed with cancer in the year 2027.

Data source: Queensland Cancer Register, 2024 Cancer Council Queensland Data extract, 1982-2022 (latest data available at time of publishing)



# Message from the CEO

## Matt Gardiner

CHIEF EXECUTIVE OFFICER  
CANCER COUNCIL QUEENSLAND

Research is a fundamental pillar of Cancer Council Queensland’s mission, driving our efforts to prevent cancer, improve early detection, and improve outcomes for all Queenslanders affected by cancer.

I’m pleased to share in this report the significant contributions our Viertel Cancer Research Centre has made over the past financial year, leading and supporting research across six critical areas:

- **Cancer prevention and early detection**
- **Cancer survivorship**
- **Understanding cancer disparities**
- **Childhood cancer**
- **Cancer economics, and**
- **Improving communication about cancer**

Their work in these areas reflects our core organisational beliefs: that equity and context matter just as much as discovery, that science is strongest when it listens, learns, and responds to the lived experiences of those most affected, and that the most impactful research not only advances knowledge but rigorously challenges how, and for whom, that knowledge is produced.

To the researchers who have conducted this work over the past financial year, thank you. Through your dedication, you are not only advancing scientific understanding but also forging a more inclusive, responsive, and equitable future for the 33,000 Queenslanders diagnosed with cancer each year.

None of this work is possible without collaboration. We extend our sincere thanks to the Sylvia and Charles Viertel Charitable Foundation and its Trustees for their enduring patronage, and to our research partners across the country, enabling research that delivers not only new knowledge, but also new hope.

We are also deeply grateful to those who have generously shared their time, experiences and insights to inform this work. Research is strongest when it is done with communities, not about them, and a more equitable future for cancer research depends not only on discovering new answers, but on asking more informed questions - questions grounded in the lived realities, contexts and needs of all Queenslanders. Your contributions have been invaluable.

Importantly, the insights gained through this research are not the end of the story - they are a starting point for action. We are committed to using this knowledge to continuously improve our initiatives, services, and system of care, ensuring that what we learn through research translates into meaningful change in the lives of those we serve.

There remains much to be done. Research must persist in challenging the social and structural determinants that shape cancer outcomes.

As we look to the future, our purpose is clear: to conduct research that empowers communities, informs policy, improves systems, and ultimately reduces the burden of cancer for all.



# Message from the Director of Research

## Professor Sandi Hayes

DIRECTOR OF RESEARCH  
CANCER COUNCIL QUEENSLAND

I am proud to share the achievements of our research team over the past financial year, as detailed in this report. Our work continues to be driven by a commitment to reducing the burden of cancer for all Queenslanders through evidence-based innovation, collaboration, and impact.

This year, the Viertel Cancer Research Centre has led and supported research across six priority areas: cancer prevention and early detection, survivorship, understanding disparities, childhood cancer, economics, and communication. Each of these areas reflects our strategic focus on equity, relevance, and translation – ensuring that our research not only advances knowledge but delivers real-world improvements in care, policy, and outcomes.

### Among our highlights:

- We welcomed two outstanding leaders to our senior research team:
  - **Professor Louisa Collins**, a leading health economist, now heads our Cancer Prevention and Survivorship stream. Her expertise is helping to shape research that addresses both individual and system-level factors influencing cancer outcomes.
  - **Professor Natalie Bradford**, appointed as Group Lead for Childhood Cancer, brings extensive experience as both a researcher and children’s cancer and palliative care nurse. Her leadership in this area is strengthening our focus on improving outcomes for children and families affected by cancer.

- **We actively conducted over 40 research projects** across our six priority areas, driving progress in cancer prevention, survivorship and equity.
- We were leaders or collaborators on **24 grants or consultancies that were awarded or transferred to Cancer Council Queensland** (following the appointment of new researchers to our team) during 2024-2025, totalling \$5.2M.
- The **Australian Cancer Atlas** was awarded the Geospatial Excellence Award for Technical Excellence and the JK Barrie Award for Overall Excellence by The Geospatial Council of Australia, the peak national body for the geospatial industry.
- We strengthened **partnerships** with academic institutions, health services, and community organisations to ensure our research is collaborative, inclusive, and impactful.

These achievements are the result of tireless work by our researchers, the generosity of our supporters, and the invaluable contributions of those who share their lived experiences to shape our research. I extend my deepest thanks to all involved.

As we look ahead, our focus remains clear: to conduct research that empowers communities, informs systems, and drives meaningful change in cancer outcomes across Queensland.

# Charles Viertel

1902 – 1992

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

In 2004, the Foundation made a significant and ongoing commitment to Cancer Council Queensland in support of the Viertel Cancer Research Centre.

Cancer Council Queensland gratefully acknowledges the generous support of the Sylvia and Charles Viertel Charitable Foundation and the Foundation Trustees.



## Who we are

Through excellence in research and community partnerships, Cancer Council Queensland’s Viertel Cancer Research Centre discovers, generates and communicates knowledge and solutions that drive equitable improvements in cancer outcomes.

We are also Queensland’s leading not-for-profit organisation that funds cancer research undertaken by researchers based at Queensland Universities, hospitals and Research Institutes.

Our vision is a future where every Queenslanders is empowered to reduce their risk of cancer, people affected by cancer are supported and cancer is no longer feared.

### Our Strategy

To lead and support:

- 1. Synergistic partnerships that enable research excellence in cancer.
- 2. Stewardship of cancer research to improve health equitably.
- 3. Advancements in services and policy for cancer prevention, early detection, and survivorship.

### Our Values

Excellence, equity, stewardship, and synergy



# Contributing to the global cancer research effort

2004 – June 2025

832

Scientific publications with a total citation count over **54,431**

97%

of publications involve national and international collaboration

(Source: SciVal, July 2025)

131

publications in the **top 10%** most cited publications worldwide (field-weighted)

1 July 2024 – 30 June 2025

24

grants and consultancies awarded/collaborated on

100

presentations at national and international conferences

49

scientific articles published on our research findings (84% in top-ranked journals)

Supporting

26

postgraduate students completing their honours, Masters, and PhD theses and

14

undergraduate students (placement or internship)

# Research Highlights 2024-2025

We welcomed two new senior research leaders:

**Professor Louisa Collins** as Research Lead for Cancer Prevention and Survivorship (November 2024)

**Professor Natalie Bradford** as Group Lead, Childhood Cancer (January 2025)

Expanded our research priority areas to include cancer economics, led by Professor Louisa Collins and Dr Dan Lindsay.

**The Australian Cancer Atlas won multiple national awards, including:**

Technical Excellence Award and JK Barrie Award for Overall Excellence from the Geospatial Council of Australia  
QUT Vice-Chancellor Award for Research and Innovation Excellence

**Developed an innovative open-source R package** designed to support cancer registries and resource-limited organisations in building simple, interactive dashboards for sharing population-level cancer data. This tool enhances data accessibility and transparency, enabling more informed decision-making in cancer control and public health.

**Completed data collection for the ECHO trial**, the first trial world-wide adequately powered to assess the relationship between exercise during chemotherapy and survival in ovarian cancer. Data analysis is underway, with results to be presented at international conferences from November 2025. If the trial shows survival benefits, the results will support integrating exercise therapy into standard cancer care.

Findings from our consumer co-design and behavioural research informed the development of a national reminder SMS now sent to all participants in the **National Bowel Cancer Screening Program**.

# Our partners & collaborators



## International

- Danish Cancer Society, Denmark
- Danish Cancer Society National Cancer Survivorship and Late Effects Research Centre, Denmark
- Duke-NUS Medical School, Singapore
- International Agency for Research on Cancer, France
- Karolinska Institutet, Sweden
- Lund University, Sweden
- Mahidol University, Thailand
- Netherlands Comprehensive Cancer Organisation (IKNL), Netherlands
- Radboud University Medical Centre, Netherlands
- Rigshospitalet, Denmark
- St. Jude Children's Research Hospital, United States of America
- University of Auckland, New Zealand
- University of Lisbon, Portugal
- University of North Carolina, United States of America
- University of Otago, New Zealand

## National

- Australasian Association of Cancer Registries
- Australia New Zealand Gynaecological Oncology Group
- Australian Capital Territory Cancer Registry
- Australian Institute of Health and Welfare (Data Integration Services Centre)
- Australian Skin and Skin Cancer Research Centre
- Brainchild
- BreastScreen Victoria
- Bowel Cancer Screening Alliance
- Cancer Australia
- Cancer Council Australia
- Cancer Council Federation
- Cancer Institute of New South Wales
- Canteen
- Centre for Victorian Data Linkage
- Clinical Oncology Society of Australia
- Curtin University, Perth
- Daffodil Centre (Cancer Council NSW and the University of Sydney)
- Data Linkage Services, Western Australian Department of Health
- Deakin University, Geelong
- Flinders University, Adelaide
- GenesisCare
- Heart Foundation
- John Hunter Hospital, Newcastle
- Lung Foundation
- Monash Children's Hospital, Melbourne
- Monash University, Melbourne
- Movember
- Murdoch University, Perth
- New South Wales Cancer Registry
- Northern Territory Cancer Registry
- Perth Children's Hospital, Perth
- Peter MacCallum Cancer Centre, Melbourne
- Population Health Research Network
- Psycho-oncology Co-operative Research Group
- Prostate Cancer Foundation of Australia
- Redkite
- Royal Children's Hospital, Melbourne
- Royal Flying Doctor Service of Australia
- Royal Hobart Hospital, Hobart
- SA-NT Datalink
- South Australian Cancer Registry
- Sydney Children's Hospital, Sydney
- Swinburne University of Technology, Melbourne
- Tasmanian Cancer Registry
- Tasmanian Data Linkage Unit, University of Tasmania, Hobart
- The Centre for Health Record Linkage (CHeReL), Sydney
- The Children's Hospital at Westmead, Westmead
- The Kids Cancer Project
- The University of Sydney, NHMRC Clinical Trials Centre, Sydney
- The University of Western Australia, Perth
- University of Melbourne, Melbourne
- Victorian Cancer Registry
- Western Australian Cancer Registry
- Women's and Children's Hospital, Adelaide

## Queensland

- Cancer Alliance Queensland
- Children's Brain Cancer Centre
- Coastal Cancer Care
- Griffith University
- Institute for Urban Indigenous Health
- James Cook University
- Mater Children's Hospital, Brisbane
- Mater Hospital & Mater Medical Centre
- Metro North Hospital and Health Service
- Metro South Hospital and Health Service
- Princess Alexandra Hospital
- QIMR Berghofer Medical Research Institute
- Queensland Cancer Register
- Queensland Centre for Gynaecological Cancer Research
- Queensland Children's Hospital
- Queensland Health
- Queensland University of Technology
- Queensland Youth Cancer Service
- Royal Brisbane and Women's Hospital
- Skin Cancer Prevention Queensland
- Statistical Services Branch, Queensland Health
- Queensland Translational Research Institute
- The University of Queensland
- The University of Queensland Centre for Clinical Research
- University of Southern Queensland
- University of Sunshine Coast
- Wishlist

# Our priority research areas



## CANCER PREVENTION & EARLY DETECTION

Up to 40% of cancers are preventable through healthy lifestyle changes, but behaviour change is complex and shaped by social, cultural, and environmental factors.

Cancer screening remains one of the most effective tools for early detection and reducing cancer-related deaths. However, participation in national programs remains low – especially among priority populations, including those living in rural and remote areas.

Our research addresses these disparities by developing culturally appropriate, community-driven solutions that promote equitable access.

Ultimately our goal is to:

- Prevent cancer,
- Detect cancer early,
- Reduce disease burden, and
- Keep people out of hospitals and off waiting lists.

### Flagship Projects

- **Increasing participation in the National Bowel Cancer Screening Program** (page 14)
- The content and psychometric properties of measures assessing cancer screening-related anticipatory anxiety
- Melanoma Screening Trial 25-year Follow-Up (MST25)
- Sun safe behaviour in Australia over time: A review and meta-analysis



## CANCER SURVIVORSHIP

A cancer diagnosis can impact every aspect of life, including physical, emotional, social, and financial wellbeing.

Our research aims to understand the experiences and support needs of those impacted by cancer, including people diagnosed with cancer and their families. We identify service gaps, then work with communities and service providers to design and evaluate supportive care services to improve health outcomes.

### Flagship Projects

- **Rural transition of care** (page 16)
- **MEAL program (Making it Easy to Access a meal on arrival at the Lodge)** (page 18)
- Exercise during Chemotherapy for Ovarian cancer trial (ECHO)
- Travelling for treatment
- Understanding experiences and identifying needs of Queenslanders affected by cancer (UNIQUE)
- Optimising Care



## UNDERSTANDING CANCER DISPARITIES

While overall cancer outcomes have improved, these gains have not been experienced equally across all communities. Cancer Council Queensland is committed to identifying and addressing disparities in cancer outcomes through targeted research and data-driven initiatives.

Our research aims to investigate geographic and social determinants that influence cancer risk and survival, map and analyse variations in cancer outcomes that are unwarranted or preventable, generate evidence to inform targeted and effective interventions, and support initiatives that promote equity in cancer care delivery.

We lead efforts to translate data into action by:

- Providing insights to inform local and national cancer policy.
- Supporting data-driven planning for health services and resource allocation.
- Advocating for equitable access to cancer prevention, diagnosis, and treatment—for all Australians.

### Flagship Projects

- **Australian Cancer Atlas** (page 20)
- **Understanding and addressing prostate cancer disparities in rural and remote communities** (page 22)
- Cancer epidemiology cohorts



## CHILDHOOD CANCER

Cancer Council Queensland's research into childhood cancer is centred on maintaining and expanding the Australian Childhood Cancer Registry (ACCR), a national databank with over 22,000 records of every child diagnosed with cancer in Australia since 1983. The ACCR enables population-based research and long-term follow-up studies essential for improving outcomes for children affected by cancer.

Our research explores the long-term health impacts of childhood cancer, addresses key gaps in survivorship, and generates locally relevant evidence through analysis of ACCR data. Through these efforts we aim to:

- Advance clinical knowledge using population-level data.
- Inform service delivery and care models tailored to the needs of childhood cancer survivors.
- Guide policy to improve long-term health outcomes.
- Support families by identifying key resource needs.

### Flagship Projects

- **Australian Childhood Cancer Registry** (page 24)
- Late effects of childhood cancer (LACE)



## CANCER ECONOMICS

Cancer economics focuses on identifying cost-saving, efficient, and equitable approaches to cancer care. It builds the evidence base for investment in prevention, early detection, survivorship services, models of care, and targeted interventions.

Cancer places a significant financial burden on patients, families, workplaces, and health systems. Our research aims to:

- Understand the economic impact of cancer.
- Evaluate which interventions provide the best value for money.

Embedded across other research priority areas, our health economics work contributes by:

- Informing service delivery.
- Guiding effective allocation of resources.

### Flagship Projects

- **Roadmap Options for Melanoma Screening in Australia (Melanoma-ROSA)** (page 26)
- Labour productivity costs of cancer-related premature mortality in Australia
- Occupational skin cancer risk in Queensland



## INFORM & COMMUNICATE

Cancer Council Queensland is a primary source of information about cancer, including statistical information such as cancer diagnosis and survival rates; information about cancer risk behaviours, prevention, and screening; and information about support when needed.

To ensure this information is impactful, it must be communicated in ways that are clear, accessible, and easily understood. The growing use of advanced data analytics, digital storytelling, and visualisation techniques offers powerful tools for engaging diverse audiences and supporting a range of communication goals.

Cancer Council Queensland plays a critical role in transforming complex cancer data into meaningful insights and actions through the following key contributions:

- Use advanced analytics to identify trends and generate insights into cancer outcomes.
- Present complex data through engaging digital storytelling and visualisation.
- Support evidence-based decisions for individuals, communities, and health systems.
- Tailor communication to reduce disparities and reach priority populations.
- Promote public awareness and policy advocacy to improve cancer outcomes.

### Flagship Projects

- **Communicating cancer burden through visual explainers** (page 28)
- Communicating cancer statistics using online tools



## Increasing participation in the National Bowel Cancer Screening Program

### Why is this project important?

If we can increase participation in the National Bowel Cancer Screening Program from 40 to 60%, over 80,000 deaths from bowel cancer in the next 20 years would be prevented. This research shows how we can turn that vision into reality.

### What has been achieved in 2024-2025?

**Two key initiatives were delivered to enhance participation in the National Bowel Cancer Screening Program:**

- Through the SMARTERscreen trial, we delivered 5,350 GP endorsement SMS messages to Australians receiving the National Bowel Cancer Screening Program kit to encourage more people aged 50-60 to take part in bowel cancer screening. Data collection for the trial is now complete across the 60 general practices involved.
- Our team led the design of a new invitation letter for the National Bowel Cancer Screening Program. Co-designed with consumers, the Bowel Cancer Screening Alliance and the National Bowel Cancer Screening Program, the letter uses behavioural science strategies to address common barriers and better motivate Australians to screen – bringing real-world insights into national prevention efforts.

### What is next

Following the success of our co-design work, we are now focused on adapting screening communications to better meet the needs of rural communities, people with culturally and linguistically diverse (CALD) backgrounds, and people living with disability. Our next phase of work aims to ensure that future communications are more inclusive and effective for all Australians.



“My second bowel cancer test probably saved my life”

## MURRAY'S STORY

Murray is a 53-year-old teacher and keen runner from Queensland's Sunshine Coast. When he turned 50, he completed the bowel cancer screening test he received in the mail, and it came back clear.

Two years later, another kit arrived – something he hadn't expected.

“I was a bit unsure why I got another one and then I realised they come every two years. It took me a while to do. I'm not sure why I didn't do it straight away. A few weeks later I got an email to say that I needed to come in for a colonoscopy”

“I went in for the colonoscopy. The preparation was a bit ordinary, but the actual procedure is nothing. You have a little half hour sleep.”

Murray immediately sensed the atmosphere in the room was different after his procedure. Murray was asked to step into a private room, where his wife was waiting. His doctor told him that they'd found a large mass, and it needed to be dealt with quickly.

Murray was diagnosed with bowel cancer and underwent 25 days of continuous chemotherapy and radiotherapy. His original treatment plan was to then excise the tumour, but his treatment was so successful he did not need surgery.

Murray now encourages everyone he knows to get tested.

“I've spoken to a lot of people and I would say that I've got some friends who feel 'guilty' out there. There's about a dozen that have said “I got my test at 50 but I haven't done it yet”

“Do your tests. Do your screenings. It's an easy procedure, and it's not invasive. My second test probably saved my life.”

**Research shows only 40% of eligible Australians participate in the National Bowel Cancer Screening Program. Participation is slightly higher amongst women than in men.**

**At Cancer Council Queensland, our ongoing research into bowel cancer screening aims to uncover the reasons why people delay or avoid testing, and to develop strategies that improve participation – so more Queenslanders like Murray can access timely treatment.**



## Rural transition of care

Improving the delivery of survivorship care information to rural cancer survivors and their families

*Funded by the Sylvia and Charles Viertel Charitable Foundation in memory of Daniel Raumer*

### Why is this project important?

Quality survivorship care is key to sustaining the health and wellbeing of rural cancer survivors as they transition from specialist treatment in a city centre to primary and community care back home. This includes the delivery of information that enables survivors and their families to monitor for cancer recurrence and secondary cancers, manage physical side-effects, and engage in healthy lifestyle behaviours. In our previous research, we identified that many rural cancer survivors in Queensland report substantial gaps in the information they need to manage their long-term health and wellbeing after finishing cancer treatment.

### What have we learned?

From interviews with 31 healthcare professionals, we identified key barriers and facilitators to improving the delivery of survivorship care information to rural cancer survivors and their families at the transition of care. These facilitators included the strong evidence base for the benefit of survivorship care information and support after a cancer diagnosis, and recognition from healthcare professionals that current systems for providing this care are not working and change is needed. Barriers included the lack of a central directory for referring rural cancer survivors to relevant support, limited options for local support in rural areas, and limited funding in specialist centres and hospitals for post-treatment care.

### What has been achieved in 2024-2025?

In 2024–2025, we completed the Rural transition of care study, culminating in the development of guiding principles to improve survivorship care information delivery for rural cancer survivors and their families. These principles focus on tailoring care to rural contexts, integrating support into existing healthcare workflows, strengthening collaboration across care settings, leveraging community partnerships and infrastructure, streamlining referral pathways, enhancing provider and survivor knowledge, and involving family carers in survivorship planning.

### What is next?

This study resulted in practical, evidence-based recommendations for improving the delivery of survivorship care information to rural cancer survivors and their families.

These recommendations can be used to:

- Develop new systems for providing survivorship care to rural cancer survivors and their families, and
- Inform new policy initiatives, such as the Optimal Care Pathway for people with cancer living in rural and remote areas.





## MEAL program

(Making it Easy to Access a meal on arrival at the Lodge)

### Why is this project important?

Interviews with rural cancer patients and carers staying at our accommodation lodges revealed barriers to accessing affordable, healthy meals. The identified barriers included limited nearby grocery options, reliance on fast food, delivery costs, and fatigue affecting meal preparation.

To address these issues, we piloted the MEAL program at our Brisbane lodge. Over eight weeks, guests received one free, high-protein meal from a fresh food vending machine, with additional meals available for purchase at \$12.70 each. Pre- and post-installation surveys supported a Social Return on Investment (SROI) analysis to evaluate the program's impact.

### What have we learned?

We identified that prior to the MEAL program guests spent on average:

- 60 minutes preparing and/or acquiring their meal on arrival,
- \$15 per person for the meal, and
- \$10 per person in meal-related travel or delivery costs.

Pilot survey responses showed guests appreciated time and cost savings, along with better access to healthier, high-protein meals. Pre- and post-program surveys also indicated greater meal satisfaction, enjoyment, and improved nutritional quality.

For every dollar invested in the MEAL program, an estimated \$3.06 of social value was generated for lodge guests due to the time and money saved, and access to a healthier, higher protein meal.

### What has been achieved in 2024-2025?

Building on the success of the pilot, Cancer Council Queensland continued funding the MEAL program and expanded its offerings to include breakfast, high-protein snacks, and drinks. This was in response to guest feedback. From December 2024 to June 2025:

- 716 free meals or snacks were provided to guests on arrival at the Brisbane lodge.
- 547 additional items – including meals, snacks, and drinks have been purchased by guests during their stay.
- The MEAL program saved guests an average of \$25 per meal on arrival and \$12.30 per additional meal purchased.
- Over seven months, this resulted in nearly \$20,000 in combined savings for rural cancer patients and their carers staying at the Brisbane lodge.

### What is next?

We are looking at expanding the MEAL program to our other accommodation lodges across Queensland. We are also seeking funding for this program from donors and corporate companies who would like to support rural cancer patients and their families.

### Here's what our lodge guests have said about the MEAL program:

"Felt very privileged and cared for so far away from home. Thank you for this wonderful service."

"It was very comforting after arriving at the lodge late, with no transport and no idea where I am, a free meal felt like some love. Thank you so much."

"Relieves some stress knowing a meal is available. It's also a nice treat being able to have a choice."

"It made eating easy and less of a chore after long days at the hospital."

"The call to 13 11 20 was a turning point."

## KODI'S STORY

At Kodi's university graduation, everyone around her was celebrating – talking excitedly about travel, careers, and what the future might hold.

But for Kodi, who was only 21 years old, the moment felt very different.

"It was a struggle," Kodi says. "I felt like I couldn't make plans because I didn't know what was going to happen."

She had recently found a lump in her neck – about the size of a golf ball. An ultrasound came back inconclusive, so her doctor ordered a biopsy. The results confirmed it was cancerous, and Kodi was diagnosed with papillary thyroid cancer.

As part of her treatment, Kodi underwent radioactive iodine therapy. The treatment meant her body fluids became temporarily radioactive, requiring her to stay alone in a hospital room for several days.

"When staff came to bring you food they'd knock, and I would have to stand in the farthest corner of the room, while they rush in and rush out. I wasn't able to touch my dog for weeks."

Throughout her treatment, Kodi reached out to the Cancer Council Queensland 13 11 20 Information and Support line.

"Even though I had people in my life who were able to support me through the hard times, it got to a point where I wanted to speak to someone so I wasn't burdening my friends and family."

"I'm a positive person, but it was hard – and Cancer Council Queensland really helped me stay optimistic" she says.

"That call to Cancer Council Queensland's 13 11 20 line was a turning point. It helped me hold onto hope that I'd go into remission – and I'm so grateful to say I'm there now."

Cancer Council Queensland's survivorship research is focused on understanding the lived experience of people impacted by cancer, identifying unmet needs, and ensuring supportive care services are grounded in evidence and delivered when they're needed most.

Kodi's experience is a powerful reminder of why this research matters – and how translating those insights into tailored support can have a lasting impact on wellbeing, well after treatment ends.



## Australian Cancer Atlas

### Why is this project important?

If we are to improve cancer-related health equitably and reduce widening health disparities, we must first understand what the impact of cancer is and where this impact is greatest. The Australian Cancer Atlas provides a unique platform to enable this.

### What has been achieved in 2024-2025?

This year, our work advanced spatial cancer research, recognition, and methodology through the following achievements:

- The Australian Cancer Atlas received national awards from the Geospatial Council of Australia for Technical Excellence and the JK Barrie Award for Highest Achievement, along with the QUT Vice-Chancellor Award for Research and Innovation Excellence.
- We've developed a new method to measure how cancer impacts life expectancy and the chance of dying from cancer across small areas in Australia, using flexible Bayesian models and simulated data – providing practical tools and code to uncover and understand local variations in cancer survival.

- Spatial analyses of linked screening, cancer registry, and hospital data identified minimal evidence of spatial variation in breast cancer outcomes across Queensland, suggesting that current detection and management practices may serve as a benchmark for reducing geographic disparities in other cancer types.

### What is next?

Looking ahead, our work will continue to deepen understanding of spatial cancer patterns and expand the impact of the Australian Cancer Atlas through the following initiatives:

- Continue to update and expand the range of measures included in the Australian Cancer Atlas.
- Publish a series of peer-reviewed papers to interpret the reasons behind the observed spatial patterns.
- Continue to develop and apply new statistical methods to dig deeper into the characteristics of the spatial patterns.
- Develop international collaborations with the goal of investigating how the characteristics and extent of spatial patterns vary between countries.





## Understanding and addressing prostate cancer disparities in rural and remote communities

### Why is this project important?

This project will address the critical issue of prostate cancer disparities in rural and remote communities, aiming to improve outcomes for men who live in areas with lower survival rates. By uncovering the key factors behind these inequities, the project will provide insights that healthcare services, policymakers, and organisations including the Royal Flying Doctor Service, QUT, Daffodil Centre, and Cancer Council Queensland can use to develop targeted and effective solutions. For this reason, the findings of this project have the potential to help reduce health inequalities, improve access to care, and ensure that men in rural areas receive the same quality of treatment as urban patients.

### What has been achieved in 2024-2025?

Initial progress has been made toward the study, marked by the following milestones:

- Funding to conduct the study was obtained from Movember.
- Full ethics approval has been obtained from the University of Queensland Human Research Ethics Committee.

- Machine learning methods have been applied to the results for prostate cancer survival from the Australian Cancer Atlas, in addition to information about the population characteristics and availability of health services in each area.

### What is next?

Next steps will focus on deepening understanding of geographic disparities in prostate cancer outcomes through the following activities:

- Further analyses to study the ecological associations between geographical patterns in prostate-specific antigen (PSA) testing, prostate cancer diagnosis rates, treatment, and survival rates.
- Social media mining, online surveys, and qualitative interviews will identify factors underlying these disparities by exploring the lived experiences of men diagnosed with prostate cancer and their families, including information about their screening experiences, treatment challenges, and navigation of the healthcare system.



## GRAHAM'S STORY

Graham has lived in Mount Isa for more than fifty years. He had no idea he may have prostate cancer until he had a routine blood test.

"It came back showing I had an elevated PSA level of 7.8, which is generally watch and wait. I kept harping on about it, and a few months later my PSA level had reached 9.6."

"I said this is not good, as I had a friend that was going through the same process"

Graham's persistence may have saved his life.

"I was very, very lucky that I kept going back to the doctor"

Graham initially found it difficult to get a referral to see a specialist. "It took me around three months to get a referral to Townsville. It's tricky, they've got to find people over on the coast because you can't get anyone here."

"I had to go back and forth to Townsville for MRIs, and then a biopsy... at that point in time, the doctors were worried. It had spread to a couple of my lymph nodes and they were worried it had spread to my pelvis"

Graham and his wife already owned a unit in Townsville, which helped ease the financial burden of travelling for treatment, but the need to relocate to access medical care still gave Graham pause.

"My wife and I had to relocate to Townsville for 8 weeks. I said to the doctor, I've got a business to run, he said, 'Well, the alternative if you don't go is horrendous'"

Graham knows rural men who have lost their lives to prostate cancer.

"I've just recently lost a very good friend through stage 4 prostate cancer just because it was a slow process for him to get treated."

Every year, around 5,500 Queensland men are diagnosed with prostate cancer. Research shows that men like Graham in rural areas face worse outcomes than those in major cities, with lower screening rates, later diagnoses, and higher mortality rates.

Through data analysis and interviews with rural men, our project Understanding and addressing prostate cancer disparities in rural and remote communities, explores why these disparities exist and that knowledge can be used to guide solutions to improve care and outcomes for men outside of urban areas.

## Australian Childhood Cancer Registry

### Why is this project important?

Collection of a population-based, nationally consistent childhood cancer clinical dataset is essential for national reporting, international benchmarking, and clinical epidemiologic research. The Australian Childhood Cancer Registry (ACCR), held by Cancer Council Queensland, provides current, accurate and accessible information about incidence, mortality, and survival – information that is vital for addressing the future needs of children diagnosed with cancer.

### What has been achieved in 2024–2025?

The following reflects progress in leadership, data development, and contributions to national and international research initiatives:

- Professor Natalie Bradford, Group Lead for Childhood Cancer, appointed to a joint position with Queensland University of Technology to guide ACCR's future direction.
- Published invited commentary on the long-term surgical consequences of childhood cancer in *Lancet Oncology*, a leading oncology journal with a strong global reputation among researchers and clinicians.

- Contributed to the international benchmarking of stage at diagnosis for six childhood solid tumours (the BENCHISTA project) published in *Lancet Child Adolescent Health*, a top-ranked journal known for high-quality research and its impact on global child health policy and clinical practice.
- Submitted report titled “Strengthening Childhood Cancer Data in Australia” to Cancer Australia under a federal government Services Contract.
- Updated National Childhood Cancer Indicators (NCCIs) for cancer stage and survival for 2011–2020.

### What is next?

Next steps for the ACCR include updating staging and prognostic indicators for children's cancer for the latest available data (2021–22) for all eligible children.

We will explore the feasibility of ascertaining new cancer cases with less time lag from cancer registries. We will investigate the potential of expanding data collection to include treatment information up to 5 years post diagnosis.

#### Childhood cancer research team

From L to R: Prof. Natalie Bradford, Anne Currell, Prof. Peter Baade, Laura Newey, Leisa O'Neill



## Late effects of childhood cancer

### National data linkage project

The valuable data held by the ACCR is being used in a national data linkage project aimed at examining the long-term effects of childhood cancer.

This project will enable comprehensive assessment of a wide range of outcomes following childhood cancer, including physical and mental health conditions, health service use and associated costs, pharmaceutical use, fertility, and educational achievements.

Due to the sensitive nature of health data and the involvement of multiple stakeholders, the project has required navigating complex ethic approvals processes across various jurisdictions and data custodians.

Once data linkage is complete, analysis of these important national data will commence, with the ultimate goal of improving the lives of those impacted by childhood cancer.

This project is being conducted in collaboration with researchers from the University of Sydney and The University of Queensland.

### Australian Childhood Cancer Registry

#### Cancer data

- Cancer type
- Treatment
- Follow up
- Second cancers
- Mortality

#### Demographics

- Age
- Sex
- Indigenous status
- Rurality

### Other datasets

- Medicare Benefits Schedule
- Pharmaceutical Benefits Scheme
- Hospital admissions
- Mental health
- Fertility
- Education
- Cancer screening
- Other health conditions





## Roadmap options for Melanoma Screening in Australia

### Why is this project important?

Cancer screening is one of the most effective ways to improve early detection of cancer and reduce cancer deaths. The evidence created from this project will inform the Australian Government's plans to consider an Australian-first targeted skin cancer screening program.

### What has been achieved in 2024-2025?

**Key milestones were achieved in advancing skin cancer screening and research in Australia:**

- Launch of the Roadmap for a National Targeted Skin Cancer Screening Program held at the Melanoma Institute Australia in March 2025.
- Creation of workstreams for research for the Roadmap (several Cancer Council Queensland researchers are members of the workstreams).
- Ethics and data linkage requests submitted for 25-year follow up data from the Melanoma Screening Trial.

### What is next

To support the evaluation of the cost-effectiveness of a proposed risk assessment and screening intervention for skin cancer, a microsimulation model is being developed, drawing on data from the Melanoma Screening Trial and other Cancer Council Queensland datasets.

## TERRI'S STORY

When Terri first noticed a changing mole on her thigh, she booked a check-up with her GP.

She was 35 at the time, juggling life as a young mum with three children, and living in Charters Towers in Central Queensland. Her initial diagnosis of stage 3 melanoma would turn her family's world upside down.

Over the years that followed, Terri went through more than 10 surgeries. Her family felt incredibly supported by their network in Mount Isa, and her openness about her diagnosis brought the community together – they organised a nightly “meal train”, supported the family emotionally and financially, and offered hands-on help.

The local cancer care unit with its dedicated nurses helped Terri continue her treatment close to home, and telehealth brought some appointments within reach. But major appointments – including scans and oncology consults – still meant flying nearly 2,000km to Brisbane.

Her sister, Kara, remembers it all vividly.

“She would have a subsidy for flights. But then there's accommodation, food, taxis, and then later on, costs like wheelchair hire... that was all a huge financial burden for them.”

“Because she was so sick, Terri became unable to work as well, so they were just relying on her husband's wage. Often he couldn't take time off because they still had a mortgage to pay, and the bills don't stop. Managing that was really tricky.”

“We've had to seek out support for the kids privately. That is another financial burden, but it has to be done.”

Terri passed away in 2024 after living with cancer for eight years, but her legacy lives on – not only in her three children, but in the countless people who were moved by her story to make time to book in for a skin screening.

**Terri's story illustrates the financial impact cancer can have on Queensland families, and the importance of investing in skin cancer prevention programs.**

**At Cancer Council Queensland, our cancer economics research aims to identify cost-saving, efficient, and equitable approaches to cancer care, and build the evidence base for investment into prevention, early detection and survivorship services, models of care and interventions.**

“Because she was so sick, Terri became unable to work”



## Communicating cancer burden through visual explainers

### Why is this project important?

Understanding and addressing the patterns of cancer disparity identified by the Australian Cancer Atlas is critical for improving cancer outcomes across Australia.

Visual explainers link population statistics to real stories of cancer patients, caregivers, and healthcare professionals, to better communicate how cancer impacts individuals in the community.

By doing so, they are designed to enhance awareness, support evidence-based decision-making, and ultimately contribute to improved cancer outcomes across Australia.

### What has been achieved in 2024-2025?

The following initiatives were undertaken to enhance public engagement with cancer data and digital storytelling:

- Developed two visual explainers: 'What is the Australian Cancer Atlas' and 'Data Smoothing'.
- Established a systematic 7-step process of content-creation and content peer-review where clinicians, statisticians, cancer patients, and members of the public evaluate the relevance, accuracy, and ease of understanding of the script and visuals of the explainers.

- Conducted focus group workshops with 14 cancer experts from organisations such as the Doherty Institute, the Liver Foundation, and WA Kirkbride Melanoma Advisory Service to create content for visual explainers on the topics of melanoma and liver cancer.
- Collaborated with HDR scholars from the University of Queensland Global Change Scholars Program to conduct research and identify strategies for enhancing audience engagement with digital stories.

### What is next?

To support ongoing cancer research and public engagement, a series of initiatives are underway focusing on visual communication, design evaluation, and audience analytics.

- Visual explainers illustrating spatial patterns for melanoma, liver cancer, and leukaemia are currently being prepared for publication.
- Research papers will follow the release of these explainers, detailing the design process and presenting findings from content evaluations.
- Audience engagement will be assessed using user analytics from the published explainers to better understand preferences and inform strategies to enhance future readership and impact.



### Shining a light on cancer disparities

By making cancer statistics more accessible through different modes of communication, we can help to inform policies, reduce disparities, and ultimately improve outcomes for Queenslanders affected by cancer.

Recent media coverage of statistics from the Australian Cancer Atlas 2.0 is a leading example of this work in action.

Developed in partnership with QUT, the Australian Cancer Atlas 2.0 is a freely available, online resource for all Australians. The Atlas uses vibrant, interactive maps to help users explore how cancer affects communities, area by area.

The Australian Cancer Atlas 2.0 has become a trusted source of evidence across Australia. Its statistics have been used to inform Senate Committee Inquiries, shape public health policy, and support targeted awareness and advocacy campaigns. Importantly, it highlights where inequity exists, such as lower survival rates in regional and remote areas or reduced screening rates in specific populations – enabling more tailored, place-based responses.

Our researchers recently contributed Australian Cancer Atlas statistics to an interactive Brisbane Times news article to fulfil our mandate of ensuring cancer research is translated into accessible, real-world insights that inform and empower the community. In this instance, the journalist combined results from the Australian Cancer Atlas 2.0 with lived experience, showcasing the story of skin cancer survivor Randy Collins, alongside an interactive choropleth map of melanoma incidence in Brisbane.

By putting resources into this opportunity and other forms of storytelling this year, we've helped to turn complex data into compelling, human-centred narratives that resonate with the public, and prompt action. By grounding public discussion in evidence and amplifying the perspectives of in-house subject matter experts, this media coverage demonstrates the power of research-informed communication.

**It reflects the intent behind our Inform and Communicate priority: to ensure every Queenslanders – no matter where they live – has access to accurate information about cancer.**

# Our Team

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Director of Research

### Professor Peter Baade

Research Lead  
Cancer Epidemiology

### Professor Louisa Collins

Research Lead  
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- Christopher Lam (Biostatistics) | The University of Queensland
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- Emily Mitchell | Queensland University of Technology
- Lauren Muggeridge
- Markus Williams (Medicine) | University of Sydney

## Appendix A: Publications

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Yarosh RA, Nichols HB, Wang Q, Hirschey R, Kent EE, Carey LA, Hayes SC, Ogunleye AA, Troester MA, Butler EN. *Patient-reported persistent lymphedema and peripheral neuropathy among long-term breast cancer survivors in the Carolina Breast Cancer Study*. Cancer. 2024; 131(1):e35650. doi: 10.1002/cncr.35650

Youlden DR, Baade PD, Gottardo NG, Moore AS, Valery PC, Pole JD. *Population-level 5-year event-free survival for children with cancer in Australia*. Pediatric Blood & Cancer. 2024; 71(10):e31195.

Young K, Cashion C, Ekberg S, Hassall T, Bradford N. *Disparities in Quality of Life and Family Functioning 24 Months After Diagnosis of a Childhood Brain Tumour: A Longitudinal Cohort Study*. Pediatric Blood & Cancer. 2025; 72(8):e31769. doi: 10.1002/pbc.31769

## Appendix B: Books, Book Chapters, and other publications

### INVITED BOOK CHAPTERS

Baade P. Cancer in Oceania. In A Jemal, H Sung, K Kelly, I Soerjomataram, F Bray (Eds.). *The Cancer Atlas Fourth Edition*. American Cancer Society Inc, 2025: 72-73.

Whiteman D, Collins L, Neale R. Ultraviolet Radiation. In A Jemal, H Sung, K Kelly, I Soerjomataram, F Bray (Eds.). *The Cancer Atlas Fourth Edition*. American Cancer Society Inc, 2025: 28-29.

## Appendix C: Grants

### GRANTS AWARDED 2024 – 2025

Bradford N, Trost S, Walker R, Tweedy S, Clanchy K, Hill J, Smith S, Collins L, Duff J, Marquart-Wilson L, McCarthy A, Spence R, Young K, Ross S. *APAP-YCS: a Co-designed adaption of the Adapted Physical Activity Program to promote lifestyle physical activity among young cancer survivors*. 2024 MRFF Survivorship Care and Collaborative Research Prioritisation. 2025-2029. \$1,983,854.

Collins L, Baade P. *MST-25: Pilot Melanoma Screening Trial – 25 year follow up study examined through national data linkage and advanced statistical analyses*. Melanoma Institute Australia - Roadmap for a National Targeted Skin Cancer Screening Program. 2025-2029. \$66,386.

Collins L, Canfell K, Baade P. *Workstream 4 is to understand what the cost-effectiveness is of a proposed national skin cancer screening program*. Melanoma Institute Australia - Roadmap for a National Targeted Skin Cancer Screening Program. 2025-2028. \$300,000.

Collins L, Jongenelis M, Watt K, Larcombe A, Lindsay D, Lal A, Mitrou F, Marshall H. *Evaluating health economic and equity consequences of government regulations of e-cigarette use (E4 study)*. NHMRC 2024 Partnership Projects PRC3. August 2025-August 2027. \$232,887.

Gardiner F, Baade P, Smith D, Mengersen K, Cameron J, Nayak R, Goodwin B, Dunn J, Smith B, Frydenberg M. *Understanding and Addressing Prostate Cancer Disparities in Rural and Remote Communities: A Multi-faceted Approach (UNDERSTAND-RARC)*. Movember Prostate Cancer Health Equity Program. 2025-2026. \$295,000.

Garvey G, Howard K, Baade P, Butler T, Aitken J, Lawler S, Spurling G, Diaz A. *Achieving Equity in Cancer Screening for First Nations Peoples*. NHMRC 2023 Synergy Grants. 2024-2029. \$5,000,000.

Garvey G, Roder D, Diaz A, Baade P, Walpole E, Griffiths K, Howard K, Cossio D, Gall A. *A First Nations Cancer Cohort Study (CanCo)*. NHMRC 2022 Clinical Trials and Cohort Studies. 2024-2028. \$3,431,484.

Hayes S. *Preventing cancer-related lymphoedema and its associated burden*. NHMRC 2025 Investigator Grants. 2026–2030. \$2,000,000.

McCarthy A, Eakin E, Gordon L, Hayes S, Marquart-Wilson L, Anderson D, Viller S. *The Enhancing Women’s Recovery after Cancer Treatment Program (RECENTRE): A values-based implementation and evaluation*. NHMRC Partnership Project PRC3. 2024–2028. Total: \$2,919,622. Cancer Council Queensland: \$93,257.

McCarthy A, Young L, Hayes S, Hubbard G, Eakin E, Obermair A, Marquart-Wilston L, Gomersail S, Gordon J, Porter-Steele J. *Moving without fear when living with stoma: A consumer-led physical activity study*. MRFF Preventive and Public Health Research Initiative – 2023 Consumer Led Research Grant (Stream 1). 2024–2027. \$523,310.

## GRANTS TRANSFERRED TO CANCER COUNCIL QUEENSLAND 2024-2025

Adams L, Emery J, Jeffrey G, Thompson A, Strasser S, Crawford D, Collins L, Reid C, Wallace M, Chondros P. *The IC3 trial: Identifying cirrhosis and liver cancer in primary care*. Improving Diagnosis in Cancers with Low Survival Rates 2020. June 2021–May 2025. \$3,192,950.55.

Beesley V, Neale R, Turner M, Yates P, Wyld D, Chan R, Collins L. *PRoCESS: Pancreatic cancer Relatives Counselling and Education Support Service trial*. Assessing the effect of nurse-led counselling, compared with information alone, on participant-reported outcomes and use of medical services. MRFF Clinical Trials Activity – Rare Cancers, Rare Diseases and Unmet Need Initiative 2019. 2020–2025. \$801,229.

Chan R, Emery J, Yates P, Dunn J, Hart N, Koczwara B, Collins L, Jefford M, Vela I, Jones L. *A hybrid, implementation-effectiveness trial of a nurse-enabled, shared-care model between primary and acute care for prostate cancer survivors (The MOSES Trial)*. MRFF 2020 Primary Health Care Research. 2021–2025. \$1,625,286.65.

Merollini K, Wright H, Davis C, Rune K, Rose G, Johnston E, Ayre S, Hale H, Memess A, Surace J, McKay M, Hughes W. *Financial toxicity in regional & rural cancer survivors: Co-design of a holistic support program and implementation strategy (FINHOPE)*. LAUNCH (internal UniSC funding). January 2025–December 2025. \$30,000.

Obermair A, Baxter E, Vollenhoven B, Hayes S, McCarthy A, Mileschkin L, Janda M, Robledo K, Tuffaha H, GebSKI V. *Centre of Research Excellence to Improve the QuALity of SurVival in Gynaecological Cancer PatiEnts (ALIVE WELL)*. NHMRC Centre of Research Excellence. 2025–2030. \$3,000,000.

Obermair A, Janda M, Hayes S, Graves N, Mileschkin L, GebSKI V, Antill Y, Baxter E, Lin MY, Robledo K. *ENDO3: A Phase III Randomised Controlled Clinical Trial Comparing Disease-Free Survival of Patients with or without Lymph Node Dissection in clinical stage I Endometrial Cancer (ANZGOG*

Janda M, Cust A, Soyer HP, Gillespie N, Collins L. Roadmap Options for Melanoma Screening in Australia. NHMRC Synergy Grant. 2022–2026. \$5,000,000.

Khosrotehrani K, Mar V, Campbell S, Collins L, Webster A, Chong A. *The SiroSkin study: A multi-centre randomised double-blind placebo-controlled trial of 1% topical sirolimus in the chemoprevention of facial squamous cell carcinomas in solid organ transplant recipients*. MRFF 2021 Rare Cancers, Rare Diseases and Unmet Need. 2022–2027. \$2,486,489.

Lindsay D. *Research into the lived experiences of Australian South Sea Islander people, including levels of disadvantage*. State of Queensland (Research Subcontractor Agreement). 2024–2025. \$8,368.

Mileschkin B, Ugalde A, Tothill R, Quinn S, Wong H-I, Prall O, Mitchell C, Wickramasinghe N, Fedele C, Collins L (AI). *Solving Unknown Primary canCER Earlier Diagnosis (SUPER-ED): A stepped wedge cluster randomised controlled trial implementing a new model of care to support earlier diagnosis*. 2020 MRFF – EPCDRI. 2021–2025. \$2,366,198.

trial #1911/2020). NHMRC Clinical Trials and Cohort Studies Grant. 2024–2027. \$3,450,573.

Pole J, Merolli K, Robertson E, Baade P, Bradford N, Nassar N. *Life and health After Childhood cancer (LACE) a national linkage project*. Medical Research Future Fund – National Critical Research Infrastructure Initiative. 2024–2029. \$3,000,000.

Porter-Steele J, McCarthy A, Hayes S, Hubbard G, Eakin E, Marquart-Wilson L, Kelly M, Obermair A, Young L, McGrory K, Chiu V, Boytar A, Gomersall S, Cavallucci D. *Feasibility testing of telehealth-delivered eExercise Therapy for Ostomates Treated for cancer (FOXTROT)*. Wesley Research Institute Grant. 2024–2025. \$150,000.

Pattison DA, Wootton E, Francis R, Amjadeen M, Campbell L, McLeod D, Donovan P, Wong C, Pelecanos A, Collins L. *PARA-PET: a randomised trial of [18F]fluorocholine PET/CT vs conventional imaging for primary hyperparathyroidism*. Queensland Health – Queensland Technology Future Fund. 2025–2027. \$244,246.

Reeves M, Hayes S, Boyle F, Collins L, Morris M, McCarthy N, Chatfield M. *Optimising Care: Phase III trial in women with metastatic breast cancer to improve quality of life via exercise and diet*. MRFF 2021 Rare Cancers Rare Diseases and Unmet Need. 2022–2027. \$2,044,955.

Webb P, Cohen P, Jordan S, Collins L, Spilsbury K, Codde J, Powell A, Grant P, Steer C, Stewart C. *Ovarian cancer: investigating Variation in care and survival, Aetiology and Risk factors to Improve outcomes in Australia via National data linkage. The OVARIAN study*. Medical Research Future Fund (MRFF) – Emerging Priorities and Consumer Driven Research Initiative – 2019 Ovarian Cancer Research Grant Opportunity. 2020–2025. \$2,707,035.

## GRANTS UNDERWAY 2024 – 2025

Aitken JF, Youlden D, Baade P. *Continuing activities on data for the Australian Childhood Cancer Registry*. CA Services Contract. November 2023–June 2025. \$384,176.

Baade P, Retell J, Goodwin B, Hayes S. *Environmental scan and assessment of the current status of the national cancer data ecosystem*. CA Services Contract. April 2024–August 2024. \$75,000.

Jenkins M, Emery J, Hocking J, Goodwin B, McIntosh J, Chondros P, Wilson C, Macrae F, Lew J, Chang S. *SMARTERscreen: A randomised controlled trial of patient SMS messaging in general practice to increase participation in the National Bowel Cancer Screening Program*. NHMRC TCR – Participation in Cancer Screening Programs Grant. 2022–2025. \$1,595,839.

Johnston L, Goodwin B, Bourdaniotis X, Fung H, Emery J, Chan R, Begin R, Crawford-Williams F. *Development of the Rural Transition of Care Guidelines*. Sylvia and Charles Viertel Charitable Foundation in honour of Daniel Raumer. April 2022–April 2024. \$120,000.

Jenkins M, Wilson C, Emery J, Jiang J, Chang S, Macrae F, Baxter N, Goodwin B, Feletto E. *Tackling Australia’s low screening participation to prevent bowel cancer morbidity and deaths (BestBowel)*. NHMRC Synergy Grant. 2022–2026. \$5,000,000.

# Appendix D: Awards

## Geospatial Excellence 2024 Awards Queensland – Technical Excellence Award

Awarded to Australian Cancer Atlas 2.0 – Cancer Council Queensland and QUT, September 2024.



## Best of the Best Oral Presentation Award – Epidemiology

Awarded to Prof Peter Baade for best of the best oral presentation on *Understanding how the impact of cancer varies by geographic location: Insights from the new Australian Cancer Atlas 2.0* at COSA ASM 2024 Conference, Gold Coast, November 2024.

## Best of the Best Oral Presentation Award – Equity

Awarded to Alyssa Taglieri-Sclocchi for best of the best oral presentation on *‘Rural cancer survivors’ perceived delays in seeking medical attention, diagnosis, and treatment: A qualitative study* at COSA ASM 2024 Conference, Gold Coast, November 2024.

## Best Presentation

Awarded to Dr Elizabeth Johnston for best presentation award for the “*Health Systems, Policies, and Equity in Cancer*” session at the AEA Cancer Council ECR Cancer Epidemiology Conference, November 2024.





**Best Presentation**

Awarded to Katelyn Collins for best presentation award for the “*Cancer Risk Factors, Prevention, and Screening*” session at the AEA Cancer Council ECR Cancer Epidemiology Conference, November 2024.

**Best Presentation**

Awarded to Dr Kou Kou for best presentation award for the “*Research Methods, Modelling, and Markers in Cancer Epidemiology*” session at the AEA Cancer Council ECR Cancer Epidemiology Conference, November 2024.

**QUT Vice-Chancellor Award for Excellence – Research and Innovation Excellence**

Awarded to Prof Peter Baade for Research and Innovation Excellence.

**QUT Vice-Chancellor Award for Excellence – Research and Innovation Excellence**

Awarded to Dr Jess Cameron for Research and Innovation Excellence, December 2024.

**QUT Vice-Chancellor Award for Excellence – Research and Innovation Excellence**

Awarded to Dr Paramita Dasgupta for Research and Innovation Excellence, December 2024.

**QUT Vice-Chancellor Award for Excellence – Research and Innovation Excellence**

Awarded to Australian Cancer Atlas 2.0. for Research and Innovation Excellence, December 2024.

**2024/25 Geospatial Excellence Awards (Oceania Winner) – Technical Excellence Award**

Awarded to Australian Cancer Atlas 2.0 – Cancer Council Queensland and Queensland University of Technology, April 2025.

**2024/25 Geospatial Excellence Awards (Oceania Winner) – J.K. Barrie Award – Overall Excellence**

Awarded to Australian Cancer Atlas 2.0 – Cancer Council Queensland and Queensland University of Technology, April 2025.

**The Courier Mail – Brisbane’s Top Young Gun**

Nominee Katelyn Collins recognised for her impactful research shaping the future of Queensland. May 2025.

**QUT Faculty of Science Executive Dean’s Commendation for Outstanding Doctoral Thesis for 2024**

Awarded to Dr Jamie Hogg (PhD student). Thesis title: *Enhancing Bayesian Small Area Level Methods with Applications in Health*.

Executive Dean Commendations are awarded to outstanding PhD candidates who make significant contributions to knowledge and demonstrate excellence in their higher degree by research. The award recognises the top 5% of PhD theses across the faculty, June 2025.



**Appendix E: Presentations**

**EVENT REPRESENTATIONS**

Bradford N. Childhood Cancer Round Table. Hosted by Cancer Australia. Representative. June 2025, Canberra.

Collins L. Conquering Skin Cancer Movie. Representative. November 2024, Brisbane.

Hayes S. ANZGOG Annual Meeting 2025. Representative. March 2025, Canberra.

Hayes S. 2025 COSA Survivorship Conference. Representative. March 2025, Melbourne.

Johnston EA. PC4 EMCR Cancer in Primary Care Workshop. Invited Attendee. May 2025, Melbourne.

Wanjau M. AEA Cancer Council ECR Cancer Epidemiology Conference. Representative. November 2024, Sydney.

Wanjau M. Australian Health Economics Society, Health Equity SIG Webinar. Attendee. February 2025, Virtual.

**PRESENTATIONS**

Ayre S. *Community co-design of a population-based cancer research study to inform service delivery*. Abstract Presentation. 13th Health Services Research Conference (HSRAANZ), December 2024, Brisbane.

Ayre S. *Data sharing in cancer research: A qualitative study exploring community members*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Ayre S. *Dietary quality and intake of cancer caregivers: A systematic review of quantitative studies and recommendations for future research*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Ayre S. *Effectiveness of group nutrition education and cooking programs for people affected by cancer*. Abstract Presentation. Dietitians Australia Conference, August 2024, Brisbane.

Ayre S. *Time from diagnosis to treatment: Are rural cancer patients receiving optimal care in Australia?* Poster. Cancer Survivorship 2025 COSA, March 2025, Melbourne.

Ayre S. *Trajectories of supportive care needs for people who travel to receive cancer treatment: A longitudinal study in Australia*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Ayre S. *Unmet financial needs and support seeking among rural Queensland cancer survivors*. Invited Speaker. COSA FinTox Webinar, May 2025, Virtual.

Ayre S, Bourdaniotis X. *Co-designing a statewide cancer survivorship study*. Invited Speaker. Queensland Collaborative for Cancer Survivorship Symposium, July 2024, Brisbane.

Ayre S, Bourdaniotis X. *Guiding Principles from The Rural Transition of Care Project*. Invited Speaker. Queensland Collaborative for Cancer Survivorship Mid-Year Seminar 2025, May 2025, Brisbane.

Baade P. Australian Cancer Atlas. Invited Speaker. Australasian Association of Cancer Registries AGM, August 2024, Melbourne.

Baade P. Australian Cancer Atlas 2.0: *Enabling insights into the role location has on the impact of cancer*. Invited Speaker. 2024 Chinese Congress of Holistic Integrative Oncology, November 2024, Xi’an, China.

Baade P. Australian Cancer Atlas 2.0: *Providing unique insights into how the impact of cancer varies by location*. Abstract Presentation. NAACCR 2025 Annual Conference, June 2025, Hartford, Connecticut, USA.

Baade P. Australian Cancer Atlas 2.0: *Understanding how the impact of cancer varies by location*. Abstract Presentation. International Association of Cancer Registries Annual General Meeting, November 2024, Beijing, China.

Baade P. Australian Cancer Atlas 2.0: *Uniquely informing provision of optimal placement of cancer-related services*. Abstract Presentation. 13th Health Services Research Conference (HSRAANZ), December 2024, Brisbane.

Baade P. Australian Childhood Cancer Registry – *distribution of prognostic indicators*. Invited Speaker. Cancer Australia Cancer Data Forum, April 2025, Virtual.

Baade P. *Geospatial patterns of cancer across Australia*. Abstract Presentation. 2024 Queensland Geospatial Conference, September 2024, Brisbane.

Baade P. *Understanding how the impact of cancer varies by geographic location: Insights from the new Australian Cancer Atlas 2.0*. Abstract Presentation. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Baade P, Cameron J. Australian Cancer Atlas. Invited Speaker. QIMR Epidemiology Seminar Series, August 2024, Brisbane.

Baade P. *Using cancer registry data to generate unique insights - Australian Childhood Cancer Registry and Australian Cancer Atlas*. Invited Speaker. Victorian Cancer Registry Staff Forum, April 2025, Virtual.

Baker B. *Do behavioural supportive care interventions improve survival following cancer diagnosis? A protocol for a living systematic review and network meta-analysis*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.



Baker B. *Highlighting evidence amongst misinformation: dietitian insights from delivering a diet and exercise intervention for women with metastatic breast cancer*. Oral Presentation. Queensland Collaborative for Cancer Survivorship Mid-Year Seminar, May 2025, Brisbane.

Bourdaniotis X. *Co-design of a Peer Support Group Program for Women Affected by Cancer*. Invited Speaker. Cancer Council Queensland Statewide Women's Project External Reference Group Meeting, June 2025, Brisbane.

Bourdaniotis X. *Co-designing survivorship care for Queenslanders: A new peer support program for improving social connection and health outcomes for women impacted by cancer*. Invited Speaker. Brisbane Cancer Conference, November 2024, Brisbane.

Bourdaniotis X. *Data sharing in cancer research: a qualitative study exploring community members' preferences*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Bourdaniotis X. *Evaluation of Cancer Council Queensland's Cancer Counselling Service*. Invited Speaker. Cancer Council Queensland Out Loud, November 2024, Brisbane.

Bourdaniotis X. *Evaluation of a community-based cancer counselling service for people affected by cancer: A mixed methods study*. Poster. Cancer Survivorship 2025 COSA, March 2025, Melbourne.

Bourdaniotis X. *How should we design study invitation materials for cancer survivorship research? Findings from a consumer consultation study*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Bourdaniotis X. *Practical guidance for preparing and conducting hybrid focus groups and online interviews with consumers for cancer research*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Bourdaniotis X. *Practical guidance for preparing and conducting hybrid focus groups and online interviews with consumers for cancer research*. Abstract Presentation. 13th Health Services Research Conference (HSRAANZ), December 2024, Brisbane.

Cameron J. *Australian Cancer Atlas 2.0. Invited Speaker*. Cancer Council Victoria Cancer Epidemiology Division Research Meeting, December 2024, Virtual.

Cameron J. *Geographic patterns in population rates of hospital treatment for prostate cancer from the Australian Cancer Atlas digital research platform*. Abstract Presentation. 13th Health Services Research Conference (HSRAANZ), December 2024, Brisbane.

Cameron J. *Spatiotemporal survival modelling in Australia using cancer registry data*. Poster. International Association for Cancer Registries Scientific Conference, November 2024, Beijing, China.

Collins K. *Consumer perspectives on optimising mailed letters in the National Bowel Cancer Screening Program*. Invited Speaker. Public Health Association of Australia – Screening Conference, March 2025, Sydney.

Collins K. *"I'm not the one with cancer but it's affecting me just as much": A qualitative study of rural cancer caregivers' experiences accessing support for their own health and wellbeing*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Collins K. *The impact of redesigned advance notification letters on intention to screen for bowel cancer*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Collins K. *The psychological mechanisms of a redesigned invitation letter to increase bowel cancer screening intention*. Invited Speaker. International Cancer Screening Network Conference, June 2025, Aarhus, Denmark.

Collins K. *Rural caregivers' support seeking for their own health and wellbeing*. Invited Speaker. Queensland Collaborative for Cancer Survivorship Symposium, July 2024, Brisbane.

Collins K. *"Your whole life is turned upside down": A reflexive thematic analysis identifying recommendations for qualitative interviews with cancer caregivers*. Poster. Cancer Survivorship 2025 COSA, March 2025, Melbourne.

Collins L. *Applying health economic research to drive change for cost-effective cancer prevention interventions*. Invited Speaker. Flinders Medical Research Institute – Cancer Impact Seminar Series, June 2025, Adelaide.

Collins L. *Economic evaluation of a telehealth psychological support intervention for people with primary brain tumour: the Tele-MAST randomised control trial*. Abstract Presentation. Cancer Survivorship Conference 2025 COSA, March 2025, Melbourne.

Collins L. *Overview of research at Cancer Council Queensland*. Invited Speaker. Australia's Biggest Morning Tea at Parliament House. May 2025, Brisbane.

Collins L. *Overview of Cancer Council Queensland services and research*. Invited Speaker. Australia's Biggest Morning Tea at Australian Catholic University, May 2025, Brisbane.

Collins L. *Preventing what is preventable; the economic case for skin cancer prevention*. Invited Plenary. 2025 McCallum Lecture (UQ), March 2025, Brisbane.

Collins L. Session Chair. Preventive Health Conference 2025, April 2025, Canberra.

Collins L. *Trial-based cost-utility analysis of PROMISE: Patient Reported Outcome Measures in cancer care, a hybrid effectiveness-Implementation trial to optimise Symptom control and health service Experience*. Abstract Presentation. 13th Health Services Research Conference (HSRAANZ), December 2024, Brisbane.

Finnane A. *Towards estimating the prevalence of lymphoedema in Australia*. Invited Speaker. Australasian Lymphology Association Symposium 2025, May 2025, Fremantle.

Gildea G. *Barriers to prescribing and completing exercise during first-line treatment for ovarian cancer - The ECHO trial*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Goodwin B. *A UNIQUE study to Understand the experiences and Identify the needs of Queenslanders affected by cancer*. Invited Speaker. Brisbane Cancer Conference – QCCS Survivorship Session, November 2024, Brisbane.

Goodwin B. *Co-designing intervention to trial in the National Bowel Cancer Screening Program*. Invited Speaker. Bowel Cancer Screening Alliance (bi-yearly meeting), October 2024, Melbourne.

Goodwin B. *Improving the Rural Cancer Care Experience*. Invited Speaker. University Cancer Case Competition for Young Australian's Cancer Initiative, July 2024, Virtual.

Hayes S. *Advancing Cancer Survivorship Research and Care*. Invited Panel Member. QUT Real Health Panel Series, June 2025, Brisbane.

Hayes S. *Are our exercise oncology guidelines fit-for-purpose for women with recurrent ovarian cancer? Results from a mixed methods exercise trial (the ECHO-R trial)*. Abstract Presentation. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Hayes S. *Are our exercise oncology guidelines fit for purpose: Learnings from an exercise trial involving women with recurrent ovarian cancer*. Invited Speaker. International Society Exercise Oncology (ISEO) Webinar, May 2025, Virtual.

Hayes S. *Evaluating the clinical utility of circulating cell-free DNA in endometrial cancer: A systematic scoping review*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Hayes S. *Exercise during chemotherapy for women with recurrent ovarian cancer: Results from the ECHO-R Trial*. Poster. Moving Beyond 2025, April 2025, Lisbon, Portugal.

Hayes S. *Exploring lower-limb symptoms and its relationship with lymphoedema, quality of life, anxiety and depression up to 2 years following gynaecological cancer*. Invited Speaker. Brisbane Cancer Conference, November 2024, Brisbane.

Hayes S. *"My difficult, unsolved clinical cases"*. Invited Speaker. 21st European Angiology Days, International Vascular Medicine, Academic Yearly Conference, November 2024, Virtual.

Huang Y. *Bayesian spatial survival model to estimate the loss of life expectancy for cancer patients in Australia*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Hundal J, Mansfield S, Hayes S, Ghazanfar R, Comander A. *Integrating lifestyle medicine into Cancer Survivorship: Global models and outcomes*. Oral rapid e-poster presentation. MASCC/ISOO 2025 Annual Meeting, June 2025, Virtual.

Johnston E. *Consumer perspectives on data sharing in cancer research*. Poster. 13th Health Services Research Conference (HSRAANZ), December 2024, Brisbane.

Johnston E. *"I'm not the one with cancer but it's affecting me just as much": A qualitative study of rural caregivers' support seeking for their own health and wellbeing*. Poster. Cancer Survivorship 2025 COSA, March 2025, Melbourne.

Johnston E. *The MEAL Project - Making it Easy to Access a meal on arrival at the Lodge*. Poster. Dietitians Australia Conference, August 2024, Brisbane.

Johnston E. *MEAL project*. Invited Speaker. Cancer Council Queensland Out Loud 2024, November 2024, Brisbane.

Johnston E. *Practical strategies for promoting nutrition in practice*. Invited Speaker. COSA Annual Scientific Meeting, November 2024, Gold Coast.

Johnston E. *Practical strategies for starting a conversation about fear of cancer recurrence: Findings from direct observation of gynae-oncology outpatient consultations*. Abstract Presentation. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Johnston E. *Reducing the burden on rural cancer patients and their families travelling for treatment: a social return on investment analysis of the MEAL project*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Johnston E. *A social return on investment analysis of a free meal program to support rural cancer patients and caregivers travelling for treatment*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Johnston E. *Supporting the health and wellbeing of rural cancer survivors and their caregivers*. Invited Speaker. PAH Annual Symposium, August 2024, Brisbane.

Kou K. *The current situation of liver and pancreatic cancer among the Asian population*. Invited Speaker. Chinese Anti-Cancer Association Australia (CACA Australia) Public education event, October 2024, Virtual.

Kou K. *Generation of machine-learning derived social vulnerability index to determine the burden of breast cancer*. Abstract Presentation. 2024 IACR Scientific Conference, November 2024, Beijing, China.

Kou K. *Generation of machine-learning derived social vulnerability index to determine the spatial burden of lung cancer*. Abstract Presentation. 13th Health Services Research Conference (HSRAANZ), December 2024, Brisbane.

Kou K. *Impact of treatment intervals on survival for women diagnosed with early breast cancer in Australia: a population-based cohort study*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Lindsay D. *Cost-effectiveness Analysis of 3D Total Body Photography*. Oral Presentation. UQ ACEMID Journal Club, UQ Centre for Health Service Research, May 2025, Brisbane.

Lindsay D. *Cost-Effectiveness Analysis of 3D Total-Body Photography for People at High Risk of Melanoma*. Invited Speaker. The Australian Skin and Skin Cancer Research Centre Seminar Series, June 2025, Brisbane.

Lindsay D. *Cost-effectiveness of AI in Melanoma Screening*. Invited Speaker. ACRF ACEMID Researcher Workshop, Translational Research Institute, February 2025, Brisbane.

Lindsay D. *Cost-utility analysis of a treatment decision aid (Navigate) for men living with prostate cancer*. Poster. COSA Cancer Survivorship 2025 Conference, March 2025, Melbourne.

Lindsay D. *Health economics of primary and secondary prevention for skin cancer in Australia and New Zealand*. Invited Speaker. Australasian Skin Cancer Congress, May 2025, Gold Coast.

McDonald E. *Evaluating the utility of cell-free DNA in endometrial cancer: A systematic scoping review*. Poster. Thomas Ashworth CTC and Liquid Biopsy Symposium, October 2024, Sydney.

Muhammad H. *Visual explainers as a tool to communicate the impact of cancer in Australia*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Muhammad H. *Visual explainers as a tool to communicate cancer's impact in Australia*. Abstract Presentation. 13th Health Services Research Conference (HSRAANZ), December 2024, Brisbane.

Murawski B. *Development of an evidence-based, community-centric digital cancer prevention and screening participation program*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Perry N. *Investigating consumer perspectives on Short Message Service reminders aimed at increasing participation in the National Bowel Cancer Screening Program*. Abstract Presentation. 4th ECR Cancer Epidemiology Conference, November 2024, Sydney.

Plinsinga M. *The effect of a telephone-delivered exercise intervention on pain and pain-related health outcomes in women with recurrent ovarian cancer*. Poster. IASP 2024 World Congress on Pain, August 2024, Amsterdam, Netherlands.

Plinsinga M. *Evaluating the addition of exercise or compression therapy to best-practice usual breast cancer care to prevent lymphoedema (the ACHIEVE trial): a protocol for a Phase III, multi-state, randomised controlled trial*. Poster. COSA Cancer Survivorship 2025 Conference, March 2025, Melbourne.

Plinsinga M. *The impact of lymphoedema on physical and psychological wellbeing, quality of life and survival post-gynaecological cancer*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Plinsinga M. *Incidence and risk factors of cancer-related lymphoedema: a living systematic review with meta-analysis*. Poster. COSA Cancer Survivorship 2025 Conference, March 2025, Melbourne.

Reul-Hirche H. *Upper-body function predicts breast cancer-related lymphoedema: Results from a prospective, population-based cohort study*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Spence R. *Breakfast Symposium: Nutrition and exercise innovations: a spotlight on implementation initiatives enhancing cancer care and outcomes*. Session Co-Chair. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Spence R. *Development of an endometrial cancer survivorship checklist: Umbrella review and expert input*. Poster. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Spence R. *The difference between safety and exercise tolerability: insights from an exercise and ovarian cancer trial*. Poster. COSA Cancer Survivorship 2025 Conference, March 2025, Melbourne.

Spence, R. *It's about more than just safety: the "why" and "how" of adverse event reporting in behavioural interventions*. Invited Speaker. Queensland Collaborative for Cancer Survivorship mid-year seminar, May 2025, Brisbane.

Spence R. *Optimal exercise prescription in Breast & Ovarian Cancers: Maximising benefit and adherence, while minimising harm*. Invited Speaker. Exercise and Sports Science Australia, 2025 Innovation & Practice Forum, May 2025, Hobart.

Spence R. *Safety, feasibility and effect of exercise for women receiving chemotherapy for recurrent ovarian cancer: Results from the ECHO-R trial*. Abstract Presentation. Brisbane Cancer Conference, November 2024, Brisbane.

Taglieri-Sclocchi A. *Rural cancer survivors' perceived delays in seeking medical attention, diagnosis, and treatment: A qualitative study*. Abstract Presentation. 2024 COSA Annual Scientific Meeting, November 2024, Gold Coast.

Wanjau M. *Accelerometer-measured physical activity and life expectancy: A modelling study*. Abstract Presentation. 10th International Society for Physical Activity and Health Congress, October 2024, Paris, France.

Wanjau M. *Active Transport Health Model: Factoring health benefits of physical activity into decision making on transport projects*. Abstract Presentation. 10th International Society for Physical Activity and Health Congress, October 2024, Paris, France.

Wanjau M. *Economics of Obesity SIG: Research to Policy*. Session Chair. International Health Economics Association, Economics of Obesity SIG Webinar, November 2024, Virtual.

Wanjau M. *ISPAH-JPAH Early Career Social: Learnings from the Bill Kohl Peer Review Academy*. Invited Plenary. International Society for Physical Activity and Health (ISPAH) – Journal of Physical Activity and Health (JPAH), May 2025, Virtual.

Wanjau M. *Public Health Association of Australia (PHAA) and Australian Health Promotion Association (AHPA) Student and Early career Webinar*. Session Moderator. September 2024, Virtual.

Wanjau M. *Women in Public Health event*. Invited Panel Member. February 2025, Brisbane.

# Appendix F: Professional and community activities

## EXPERT ADVISORY COMMITTEES, SCIENTIFIC PANELS AND WORKING GROUP MEMBERSHIPS

### National

- Australasian Association of Cancer Registries
- Australian Government, Medical Services Advisory Committee member
- Australian Government, Medical Services Advisory Committee Evaluation Subcommittee (ESC) member
- Australian Institute of Health and Welfare Cancer Monitoring Advisory Group
- Australia New Zealand Gynaecological Oncology Group – Research Advisory Committee member
- Australia New Zealand Gynaecological Oncology Group – Chair, EDEN Survivorship Group
- Cancer Australia Expert Control Panel – Supportive Care in Cancer
- Cancer Council Australia Cancer Navigation Service Project
- Cancer Nurses Society Australia, Professorial
- COSA Financial Toxicity Working Group
- COSA Malnutrition and Sarcopenia Group and Implementation Toolkit Steering Group
- COSA Pre-conference workshop – PAN CANCER: Building sector wide PRM integration
- Dietitians Australia Oncology Interest Group Leadership Committee

### CONFERENCE ORGANISING COMMITTEES

- Australasian Epidemiology Association and Cancer Council Early Career Researcher (ECR) Cancer Epidemiology Conference Organising Committee

- ENCORE Advisory Group member
- Equitable Cancer Outcomes across Rural and Remote Australia (ECORRA) Group, Trial Advisory Committee
- Exercise and Sports Science Australia, Research Advisory Group member
- National Targeted Skin Cancer Screening Roadmap, Expert Advisory Committee
- National Targeted Skin Cancer Screening Roadmap – Work Stream 4 (Data collection, linkage and register),
- QIMR Berghofer Medical Research Institute, Appointments and Promotions Committee
- Queensland Collaborative for Cancer Survivorship, Executive Committee
- Queensland Cooperative Oncology Group, Management Committee
- Queensland Health, Queensland Cancer Control Safety and Quality Partnership
- Queensland University of Technology, Faculty of Health Advisory Committee
- Skin Cancer Prevention Queensland, Co-Chair
- Sunshine Coast Cancer Care Collaborative
- University Cancer Case Competition – Judge

- University of Southern Queensland, Research Committee, USQ/Cancer Council Queensland Joint Research Program
- Victorian Cancer Registry Strategic Advisory Group

### International

- Benchmarking International Childhood Cancer Survival by Toronto Stage (BENCHISTA) Collaborative Project, Project Working Group
- Global Burden of Disease Collaborator Network, Institute for Health Metrics and Evaluation, University of Washington
- International Association of Cancer Registries, President and Chair of Board
- International Consensus Panel, Paediatric Cancer Staging for Population Registries
- International Society of Lymphology, Executive Committee member
- International Society of Pediatric Oncology (SIOP), Scientific Committee
- Multinational Society of Supportive Care in Cancer (MASCC), Pediatric Sub Group

- International Society of Pediatric Oncology (SIOP), Scientific Committee

## PROFESSIONAL MEMBERSHIPS

- Australasian Epidemiological Association
- Australia New Zealand Gynaecological Oncology Group
- Australasian Lymphology Association
- Australian Health Economics Society
- Australian Health Practitioner Regulation Agency
- Australian New Zealand Children's Haematology Oncology Group (ANZCHOG)
- Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group
- Cancer Nurses Society Australia (CNSA)
- Clinical Oncology Society of Australia (COSA)

## REVIEWS AND EDITORIAL ACTIVITIES

### Editorial boards and panels

- Health Economics Review
- Seminars on Oncology

### Reviews for journals

- Applied Health Economics and Health Policy
- Archives of Public Health
- Asia-Pacific Journal of Oncology Nursing
- Australian Journal of Primary Health
- Australian and New Zealand Journal of Public Health
- BMC Cancer
- BMC Complementary Medicine
- BMC Public Health
- BMJ Oncology
- BMJ Open
- British Journal of Cancer
- British Journal of Dermatology
- Cancer Causes and Control
- Cancer Control
- Cancer Epidemiology
- Cancer Epidemiology Biomarkers & Prevention
- Cancer Medicine

- Cooperative Trials Group for Neuro-Oncology (COGNO)
- Dietitians Australia
- Exercise and Sports Science Australia
- Health Services Research Association Australia New Zealand (HSRAANZ)
- International Association for the Study of Pain
- International Health Economics Association
- International Society for Bayesian Analysis
- International Society of Exercise Oncology
- International Society of Lymphology

- Cancer Science
- Expert Review of Pharmacoeconomics & Outcomes Research
- Frontiers in Oncology
- Health Economics Review
- Health and Place
- International Journal of Cancer
- JBI Evidence Synthesis
- Journal of Behavioural Medicine
- Journal of Cancer Survivorship
- Journal of Medical Economics
- Journal of the National Cancer Institute
- Journal of Physical Activity and Health
- Lancet Oncology
- Lymphology
- Medical Journal of Australia
- Medicine and Science in Sports and Exercise
- Melanoma Management
- Nature Cities
- Patient Education & Counseling
- Pediatric Blood and Cancer
- PLOS Medicine

- International Society of Pediatric Oncology (SIOP)
- Multinational Society of Supportive Care in Cancer (MASCC)
- Psycho-oncology Cooperative Research Group (PoCoG)
- Public Health Association of Australia
- Queensland Epidemiology Group
- Social Ventures Australia
- Statistical Society of Australia
- VCCC Alliance Leadership Academy

- PLOS One
- Psycho-Oncology
- Revista Panamericana de Salud Publica/ Pan American Journal of Public Health
- Scientific Reports
- Supportive Care in Cancer
- The Lancet
- The Lancet Oncology
- The Lancet Regional Health – Western Pacific

### Reviews for funding bodies

- Cancer Council Australia Cancer Navigation Service Project
- Exercise and Sports Science Australia grants
- Exercise and Sports Science PhD Awards
- Medical Research Future Fund (MRFF)
- National Health and Medical Research Council
- The Victorian Cancer Agency

### Examined theses

- The University of Queensland
- Griffith University
- Yale University





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