This is a regular feature in Cancer Forum describing behavioural applications in cancer prevention.

New Results

- Centre for Behavioural Research in Cancer (CBRC), VIC
- Centre for Cancer Control Research (CCCR) and the Tobacco Control Research Evaluation Program (TCRE), SA

Southern Partner’s Smoking Cessation Project

TCRE was commissioned to evaluate the effectiveness of Phase II of the Southern Partner’s Smoking Cessation Project, which involved the Noarlunga Health Service (NHS) and the Repatriation General Hospital. The aim of this project was to consolidate gains made from Phase I and expand the project across all inpatient and outpatient areas in both hospitals. The evaluation revealed some very positive results, including: staff belief that smoking cessation intervention was part of their role; a decrease over time in perceived barriers to the provision of cessation intervention at NHS; an increase over time in staff confidence and practice of delivering cessation intervention, after receiving training; high patient satisfaction with the NHS smoking cessation intervention they received; and high NHS referral rate to the Quitline.

Progress in Tobacco Control in SA: 2003 Monitoring Results

A battery of questions was included in the 2003 South Australian Health Omnibus Survey (HOS) to monitor progress in tobacco control in South Australia. The aim of TCRE’s HOS questions is to monitor smoking prevalence and consumption, passive smoking exposure and population beliefs and attitudes on tobacco-related issues. Evaluation showed the following findings: high awareness from most people (including smokers) of smoking’s negative health effects; high levels of public concern about passive smoking; improvements in the rate of smoke-free homes; and a downward trend in smoking prevalence.

- Viertel Centre for Research in Cancer Control (VCRCC), Qld

How Common is Screening for Melanoma in Queensland?

Following a similar survey in 1998, we completed a large cross-sectional telephone interview survey throughout Queensland in 2003, in which participants were questioned about their past skin screening history, common melanoma risk factors, attitudes towards screening for skin cancer and sociodemographic characteristics. A total of 1559 randomly selected residents living in regional and urban communities in Queensland were included.

Close to 12 per cent of participants reported having had a whole-body skin examination by a doctor in the previous 12 months, similar to the proportion reported in our 1998 survey. There was no difference between men and women in the reported frequency of whole-body clinical skin examinations. A part-body clinical skin examination was reported by 55 per cent of all participants during the past 12 months and men and women over 50 years of age were more likely to report having received such an examination. Whole-body skin self-examination in the past 12 months was reported by 23 per cent of all participants and 65 per cent reported a having performed a part-body skin self-examination in that time. While men and women were equally likely to report skin self-examination, this was more common among younger participants.

These results demonstrate that skin screening remains common in Queensland, despite the lack of definitive evidence of benefit. Screening for melanoma in the general asymptomatic population is not currently recommended by The Cancer Council Australia.

Melanoma Diagnosis in Queensland

As part of a large case-control study of melanoma screening, we have interviewed, over the last four years, a total of 3772 recently-diagnosed melanoma patients in regard to how and by whom their melanoma was discovered. Most melanomas were first noticed by the patient (44 per cent), their partner (18.6 per cent) or another lay person (12.1 per cent). One quarter (25.3 per cent) were first detected by the patient’s doctor, of which close to 70 per cent were detected during a deliberate skin examination. Over 70 per cent of all melanomas first detected by a doctor were thin lesions (less than 0.75mm thick), compared with about half (49.3 per cent) of those lesions first detected by the patient or another lay person that were thin. The majority (85 per cent) of lesions first detected during a deliberate skin examination by a doctor were thin lesions, pointing to the potential but still unproven benefit of skin screening in terms of improved melanoma survival.

- Centre for Health Research and Psycho-oncology (CheRP), NSW

Direct-telemarketing of Smoking Cessation Strategies

Few smokers currently make use of available and effective cessation strategies, despite their expressed desire to quit and reported interest in cessation support. Smoking cessation strategies are usually offered in a passive manner, relying on the smoker to express a need for help. There are many barriers however, to the expression of this need. The use of direct-telemarketing has been identified as one proactive way of offering cessation strategies. Dr Chris Paul and others from CheRP and researchers from Hunter Population Health conducted a community survey to explore the views of current adult smokers regarding the acceptability, likely uptake and barriers to uptake of smoking cessation services offered by direct telephone marketing. One hundred and ninety-four people from the Hunter in NSW participated in a phone survey with 75 per cent reporting they would use vouchers for discount nicotine replacement therapy, 66.5 per cent would use a mailed self-help booklet, 57 per cent would take up the offer of regular mailings of personalised letters and self-help materials and 46 per cent would utilise a ‘we-call-you’ telephone counselling service. The two major barriers to uptake of services were preferring to quit without help and a belief that a particular service would not help the participant. The results
suggested strong support for the direct marketing of smoking cessation strategies and also the need for further research into the cost-effectiveness of such a strategy.

This research has been recently published: Paul CL, Wiggers J, Daly J, Green S, Walsh RA, Knight J, Girgis A. Direct telemarketing of smoking cessation interventions: will smokers take the call? Addiction 2004;99:907-913

**Smoking In Drug and Alcohol Agencies**

Smoking has a huge impact on the mortality and morbidity of the general population. This impact increases considerably among people with alcohol and other drug related problems, with smoking prevalence around 90 per cent and significantly more cigarettes smoked on a daily basis. Programs to encourage smoking cessation amongst this group of people needs to be a priority.

Dr Raoul Walsh and researchers from CHeRP undertook a cross sectional survey of all Australian drug and alcohol treatment agencies to assess their smoking cessation policies and practices and related staff attitudes. Barriers to smoking cessation interventions were also examined. The manager and a staff member at the agency were sent questionnaires, with around 60 per cent of the agencies completing the questionnaire.

Only approximately one quarter of agencies indicated that they have a smoking cessation intervention policy. In most cases, the only cessation intervention smokers receive involves the recording of their smoking status on the client file. Based on the staff's own assessment, about two thirds of clients of such agencies receive inadequate smoking advice. In summary, the survey showed that smoking cessation receives little attention from drug and alcohol agencies indicating, an urgent need for training and policy initiatives in this area.

**Centre for Behavioural Research in Cancer (CBRC), Vic**

*Experimental Study of Effects of Exposure of Youth at Risk for Smoking to Television Advertising for Nicotine Replacement Therapy and Zyban®*

Television advertising for nicotine replacement therapy (NRT) and Zyban® exposes the entire population, including adolescents, to persuasive messages about these smoking cessation products. There is a risk that adolescents exposed to the advertising might gain an unintended message that it is easy to quit smoking. This is of concern, since optimism about quitting is a major predictor of trial and progression to heavier smoking. In a study funded by an NHMRC project grant, Melanie Wakefield, Russell Durrant and Kim McLeod randomly allocated 492 youths aged 12-14 years to one of three viewing conditions, where they viewed either: a) four NRT ads; b) four Zyban® ads; or c) four ads promoting non-pharmacologic cessation services, such as telephone quitlines.

After viewing each ad twice, each completed a one page rating form. After all ads had been viewed, they were given a questionnaire which measured intentions to smoke in future, perceived addictiveness of smoking, perceived risks and benefits of smoking and perceived need for pharmaceutical products and services. Compared with the Quitline ads, youth were more likely to agree that the NRT and Zyban® ads made it seem easy to quit smoking (p<.001). However, there were no systematic differences between groups after all viewing was completed in perceived addictiveness of smoking, intentions to smoke or other outcomes. This study suggests that although ads for NRT and Zyban® may create ‘face value’ impressions that it is easier to quit, at least in an experimental context where different advertising exposure is equal for pharmaceutical and non-pharmacological quitting products/services, such appraisals do not undermine more enduring perceptions about smoking.

Field research taking into account the relatively high volume of pharmaceutical cessation product advertising is needed. This study is now in press in Health Communication.

**Breast Cancer Management in Victoria, 1999**

The results of our study examining the management of early breast cancer in Victoria pre (1995) and post (1999) the introduction of clinical practice guidelines have recently been published in the journal Cancer. The project involved studying the management of 1066 cases in 1995 and 1001 cases in 1999. Results suggest that the management of early breast cancer in Victoria changed in the direction expected if the national guidelines had been incorporated into the practice of surgeons treating breast cancer. While pathological staging of cases was similar in the two study years, there was an increase in the use of breast conservation therapy (BCT) from 54 per cent of cases in 1995 to 69 per cent in 1999. The proportion of cases treated by BCT receiving radiotherapy also increased from 59 per cent in 1995 to 80 per cent in 1999. In addition more women were being seen by medical oncologists in 1999 than 1995 and this was associated with more appropriate use of endocrine therapy for women.

CBRC has published nine research papers, which are available in PDF format at www.cancervic.org.au/cbrc

**Centre for Behavioural Research in Cancer Control (CBRCC), WA**

*Evaluation of Fresh Start Smoking Cessation Courses*

Fresh Start is a comprehensive quit smoking course which provides information, resources and support to smokers about quitting and staying stopped. The course consists of eight sessions of 1-1½ hours, held over four weeks. Since August 2002 The Cancer Council WA has provided 10 Fresh Start smoking cessation courses and has also sponsored eight independently facilitated courses in regional Western Australia to 107 smokers. Follow-up telephone interviews were conducted with participants 9-19 months after participation. A response rate of 83 per cent was achieved and a consent rate of 98 per cent. Responses were compared with pre-course and post-course questionnaires completed immediately prior to and after the courses. The Fresh Start course typically attracted long-term smokers. At the time of the follow-up survey, 83 per cent of respondents who completed the course had attempted to quit and 25 per cent were still not smoking. Of the 75 per cent of participants still smoking, tobacco consumption was lower than pre-course levels and a large majority of participants (85 per cent) still stated their intention to quit within the next six months. Participants thoroughly enjoyed the course, found it highly motivating and felt it had armed them with an excellent array of useful skills for quitting. Follow-up surveys are currently underway with health professionals who have attended brief intervention training courses provided by The Cancer Council WA.

**Research in the Pipeline**

- CCCR and TCRE (SA)

**Integrated Cancer Care**

A key strategy area of TCCSA concerns integrated cancer care. The CCCR is developing a survey of the needs and perceptions of people with cancer and their carers in relation to their hospital experience and the hospital-community interface. The survey will be in the form of a telephone questionnaire and the sample of people with cancer will be drawn from two major teaching hospitals in Adelaide. Selected patients from these hospitals will be asked to nominate their primary informal carer,
who will also be invited to participate. This survey will provide valuable baseline information prior to an intervention strategy in each of the hospitals, which is being developed in partnership with the institutions. Qualitative analysis of the perceptions and experience of general practitioners, in relation to integrated cancer care, is also being planned.

**Cancer Information Seeking: Patterns, Preferences and Needs of the South Australian Community.**

The Centre for Cancer Control Research is planning to undertake a study looking at cancer related information needs and current patterns of health information seeking among various client groups within the South Australian community. The aims of this study are to determine how people currently access information about cancer (or health more generally) how they would like to access such information in the future and to identify what specific information they currently find difficult to access. Study participants will include recent cancer patients selected from four large hospitals in metropolitan hospitals (two public and two private), their nominated informal carers and a sample of SA residents selected from the electronic white pages. The proposed method of data collection is via telephone interviews, with the possibility of focus groups to further explore specific issues or communication media. Results of this study will inform the development of new technologies to enhance communication and improve on current methods of providing information and support to the community. The study will commence early in 2005 subject to ethics approval.

**Evaluation of the Critics’ Choice Program**

TCRE is working with Quit SA to undertake a major evaluation of the Critics’ Choice tobacco education resource. Critics’ Choice is used in both primary and secondary schools across SA (and other states including WA, Vic, NSW), with the project’s aim to influence students’ attitudes, tobacco knowledge and intention to smoke. This is done by showing a video featuring Australian and international smoking prevention/cessation advertisements. Students then undertake critical literacy and voting exercises. Pre and post-test questionnaires are being used by TCRE with 74 of the schools, to ascertain the effectiveness of the resource. An evaluation report of the findings will be available by the end of this year.

**Surgical Outcomes for Smokers**

TCRE is working with Quit SA to investigate the risk of surgical complications for smokers, using data from the hospital coding system (ICD-10 codes). Project findings will be reported on by the end of this year.

**Smoke-free Pregnancy Project**

Quit SA is undertaking a Smoke-free Pregnancy Project, aiming to establish an effective and sustainable set of interventions to reduce the harm caused by smoking amongst pregnant women in South Australia. The project has involved the establishment of a Pregnancy Quitline, a media campaign and the training of antenatal staff at two major hospitals to deliver brief smoking cessation interventions with pregnant women who smoke. TCRE is evaluating the project and some results will be available in 2005.

**VCRCC (QLD)**

**Communicating Prostate Cancer Risk**

Both consumer advocates and research bodies believe that Australian men need to be fully informed about their own risk of prostate cancer before making a decision about whether to be tested. This decision often depends on a man’s own perception of his risk of prostate cancer and requires clear messages about absolute and relative risk. Most published estimates of risk of diagnosis and mortality are based on standard population-based lifetime risk estimates. For a number of reasons we believe that these can give misleading estimates of risk for individual men in their 50s, 60s and 70s who are facing that decision. If men facing this decision are going to be adequately informed about their risk of prostate cancer, then they and their general practitioners need to be aware of the many components of assessing an individual’s risk. This study investigates different ways of estimating and presenting the latest available estimates of risk for prostate cancer diagnosis and death among Australian men and highlights some potential difficulties when interpreting those risks.

**Lifestyle Interventions in Survivors of Childhood Cancers**

This pilot study is being conducted to determine the current problems with physical and psychosocial function being encountered by survivors of the main childhood cancers: acute lymphoblastic leukemia, CNS tumours and lymphomas, as well as the level of interest in health promotion programs for survivors and their families. This pilot project is being undertaken in conjunction with a larger study by Dr Wendy Demark-Wahnefried of Duke University, US.

Queensland study participants are past and present members of the Queensland Cancer Fund’s ‘Seize the Day’ support program and past and present members of CanTeen – the Australian Organisation for Young People Living with Cancer. Data collection will be completed in 2004.

**CheRP (NSW)**

**Community Views on Smoking**

Smoking has been identified as the single, most preventable cause of premature mortality in Australia. Three national surveys are currently conducted to examine selected smoking-related issues on a regular basis. However, these surveys do not cover a number of issues important for tobacco control, are conducted infrequently and are subject to long delays prior to the data being published. Australian tobacco control experts have highlighted the need for regular, frequent, high quality monitoring research into smoking behaviour. A need remains for a NSW vehicle which facilitates both ongoing tracking and detailed exploration of critical tobacco issues. Some of these issues include community attitudes toward environmental tobacco smoke-related issues, relapse issues among smokers, the use of pharmacotherapies in quitting and topical issues such as perceptions of recent campaign messages or proposed legislation.

Researchers at CheRP, in conjunction with The Cancer Council NSW, are conducting the first of a series of biennial surveys to track key indicators of attitudes and practices relevant to tobacco control policies and activities. The survey will include both core items for tracking over time and additional items which will be included periodically on the basis of need. Core items will include:

- prevalence and patterns of smoking behaviour for current smokers;
- reasons for and patterns of relapse during quit attempts for current smokers;
- smokers’ access to tobacco products and the influence of access on smoking and quitting behaviour;
- prevalence and patterns of pharmacotherapy use for current smokers and recent quitters;
- community views about and exposure to environmental tobacco smoke including smoking in cars, homes, bars, hotels and workplaces;
community perceptions of the need for government regulation of tobacco retailing;

- community perceptions of the tobacco industry.

A market research company will be contracted to administer the computer assisted telephone interview (CATI) to 3500 New South Wales residents aged 18 years and older, with the survey being conducted on a biennial basis. This survey, used to complement existing data sources, will allow a much more timely approach to tobacco control policy development and implementation in NSW.

CBRC (Vic)

Assessing the effects of healthy and unhealthy TV food advertising on children’s food-related attitudes and preferences: research to inform policy and practice.

TV food advertising targeted at children has attracted criticism for its potential role in promoting unhealthy dietary practices among Australian children. Content analyses indicate that "junk food" advertising is prevalent on Australian children’s television and that healthy eating is rarely promoted. There is heated debate between the health and advertising sectors as to the impact of such advertising on children and whether regulation of TV food advertising targeted at Australian children would be desirable. A team of researchers from the Cancer Council Victoria (Helen Dixon (PI), Melanie Wakefield and Vicki White) and the Centre for Physical Activity and Nutrition Research, Deakin University (David Crawford) has been awarded a grant from The Financial Markets Foundation for Children to conduct a research study assessing the impact of healthy and unhealthy TV food advertising on children’s food-related attitudes and preferences.

The study will systematically assess the impact of varying combinations of TV advertisements for unhealthy and healthy foods on children’s dietary knowledge, attitudes and intentions, in order to evaluate the potential of various regulatory approaches to children’s food advertising to contribute to promoting healthy eating among Australian children.

Participants will be 800 grade 5 and 6 students from primary schools in Melbourne. We are focusing on children in these years because poor dietary practices have been observed among children in this age group, children this age tend to influence household food purchasing practices and they are an important target market for food manufacturers. Each child in the study will be randomly assigned to watch a half hour TV program with different combination of healthy/unhealthy foods advertised within. Baseline and post-intervention multiple-choice questionnaires will assess food preferences, perceived social norms, barriers and benefits relating to diet, dietary knowledge and intentions.

The study will yield much-needed data on the relative impact of different models for regulating TV food advertising targeted at children on children’s food-related attitudes, beliefs and intentions. It is hoped the results will help to inform public health policy and practice concerning food advertising targeted at children and offer insights into how to advertise foods to children in an ethical and responsible manner that promotes healthy dietary practices among Australian children.

CBRCC (WA)

Childhood Obesity: Investigating the Influence of Television Food Advertising

Rob Donovan and Owen Carter have been awarded a two-year grant to investigate the influence of television food advertising on childhood obesity. A record number of Australian children are overweight or obese, leaving them susceptible to a range of serious psychosocial and short and long term health problems, including a range of cancers. The causes of obesity are both genetic and environmental, yet only environmental factors can account for the recent increased prevalence of overweight and obese children. The environmental factors likely to have contributed to increases in childhood obesity include: the marked increase in Australian children’s consumption of energy dense foods that are high in fats and sugars; and the decreased energy expenditure associated with the large amount of sedentary time Australian children spend watching television. Television is also thought to be interrelated to food consumption as television ads for such foods are ubiquitous in children’s programming timeslots. Younger children have been shown to be highly susceptible to television ads and are able to greatly influence the purchasing intentions of their parents for food. It is not until around the age of 12 years that a large majority of children are able to discern the persuasive intent of advertising.

Current advertising regulations within Australia do not appear capable of protecting children from junk food ads. A number of groups are advocating stricter controls of food advertising in Australia, yet much of the data to support such controls is not specifically related to food advertising, nor is it based on Australian samples of children. These weaknesses can be exploited by advertisers and manufacturers and as such it is both a public health and political imperative that advocates have Australian data to support stricter controls on food advertising.

We will be investigating the extent to which food advertising aimed at children breaches current advertising regulations over a four week period and through a series of experiments with 600 children aged 5 to 12 years, assess their verbal and non-verbal understanding of the persuasive intent of food advertising and the ability of food advertising to alter their food preferences.

Mental Health Promotion Intervention

Poor mental health is associated with higher levels of smoking, physical inactivity and poor diet – all risk factors for cancers. We have received funding from Healthway to develop a mental health promotion intervention in regional areas of Western Australia, aiming to evaluate the relative effectiveness of various approaches to mental health promotion campaigns as identified by the Healthway Mental Health Promotion Scoping Project (Donovan et al., 2003). Two approaches were identified, including: Individual focused campaigns which aim to reframe people’s perceptions of mental health as the absence of mental illness by emphasising that proactive steps can, and should, be taken to protect and strengthen individual mental health; and Authority focused campaigns, which focus on interactions between those in authority and those under their charge (ie. supervisors/workers; parents/children; teachers/students; coaches/trainees etc), where emphasis is placed upon replacing coercive, negative interaction styles with encouraging, positive styles under the overall message that “how you treat people under your care has significant implications for their mental health”. A cross-over study has been designed whereby three pairs of matched regional towns will receive either the individual or authority focused campaigns for one year, followed by the alternative the year after. Overall, the project will provide a blueprint for implementing a state-wide or national mental health campaign that will include lessons about appropriate campaign messages, sequences, target behaviours for target groups; partnerships with local groups and performance indicators.
News

**CCCR and TCRESA**

Linda Foreman has commenced working at TCCSA in the role of Group Executive, Research and Development. Linda has a background in general practice and has also worked at BreastScreen SA and with the Bowel Cancer Screening Pilot Program. Linda is completing the coursework component of her MPh.

Sophie Kriven has returned from overseas and re-joined TCRESA in June 2004. Sophie won the position vacated by Sinead Quinn, who has moved to Sydney.

Caroline Miller and Jacqueline Hickling attended the 7th Biannual Behavioural Research in Cancer Control Conference in June, presenting four posters. The topics were: Mounting Public Support for Smoke-free Hospitality Venues in South Australia; Smoking and Social Inequalities in South Australia; Community Perceptions about Tobacco Control Policy and the Tobacco Industry; and Quit Mass Media Campaign Comparisons: South Australia 2001-2003. Caroline also gave an oral presentation on: Tackling Social Inequalities by Reducing Passive Smoking.

**VCRR (QLD)**

Associate Professor Lin Fritschi PhD has been appointed to head the Cancer Epidemiology Unit within the Viertel Centre for Research in Cancer Control, commencing in early February 2005. Dr Fritschi is a cancer epidemiologist with a wealth of experience in research into occupational health-related morbidity and exposure to carcinogens.

The official launch of the newly released Clinical Practice Guidelines for the Prevention, Diagnosis and Management of Lung Cancer was held at the Queensland Cancer Fund on 9 September, attended by clinicians, practitioners and consumers. The new guidelines represent an important step forward in quality care for patients with lung cancer.

Researchers from the Viertel Centre for Research in Cancer Control presented papers at the recent Behavioural Research in Cancer Control Conference in Newcastle in June. The papers demonstrated the range of research taking place at the centre, including: 1) The Queensland Cancer Risk Study, a study of the cancer risk behaviours of 10,000 Queenslanders; 2) research on the prevalence and predictors of skin screening behaviour; 3) The Colorectal Cancer and Quality of Life Study, a prospective cohort study of outcomes and quality of life in survivors of colorectal cancer; 4) The Logan Healthy Living Study, a cluster randomised trial of a telephone and print delivered lifestyle intervention targeting cancer survivors recruited from general practice; and 5) The ProsCan Study, a large randomized trial of a telephone and print delivered psychosocial support and lifestyle intervention targeting men newly diagnosed with prostate cancer in Queensland.

**CheRP (NSW)**

CheRP recently hosted the 7th Behavioural Research in Cancer Control Conference from the 23rd-25th June. The conference was attended by 91 people from around Australia representing research, program and policy areas. Delegates found the two and a half day program very informative and provided great opportunities for developing new ideas and networking with others from the various centres represented. Two workshops were held on the first day of the conference: Behavioural Principles for cancer control and Applying behavioural research: Bridging the gap between research and practice. Over the remaining days, Associate Professor Afaf Girgis presented a plenary on Psycho-social support: luxury item or mainstream care? Professor Graham Giles presented the second plenary on Diet & cancer: Where’s the evidence? A number of papers were presented by delegates covering: cancer prevention - tobacco control, UVR, nutrition & physical activity and cancer risk; life after cancer – understanding and meeting survivors’ needs; and changing clinical practice. Copies of all presentations and photos are available at http://www.newcastle.edu.au/centre/cherp/conferences/brc/index.html

Congratulations to Clare Johnson, a PhD student with CheRP working in palliative care, who received the Pulse Education Prize ($3000) at the Hunter Medical Research Institute (HMRI) Awards Night held on the 9th September. This will contribute to her attendance at the 17th Multinational Association for Supportive Care in Cancer International Symposium in Geneva, 30 June-2 July 2005 and will also enable her to visit the office of Supportive and Palliative Care, Department of Health in the UK.

CheRP staff and affiliates received two further HMRI awards: Dr Jiong Li, A/Prof Afaf Girgis, Dr Chris Paul and Ms Allison Boyes received $10,000 funding for their study on the lifestyles and cancer surveillance practices of newly diagnosed cancer patients. Professor Jon Adams from the Centre for Clinical Epidemiology and Biostatistics, University of Newcastle, along with A/Prof Afaf Girgis and others, received a collaborative grant of $15,000, funded by the Lions Club of Adamstown and the Lions/Lionesses Club of Toronto, for research into the use of complementary and alternative medicine amongst prostate cancer patients.

A/Prof Afaf Girgis also received the Newcastle Conference Ambassador Program Appreciation Award in recognition of her contribution as a Newcastle Conference Ambassador 2001-2004 for bringing the Behavioural Research in Cancer Control conference to Newcastle. The award was presented by the University of Newcastle and Newcastle City Council.

CheRP has published a number of papers:


- Paul CL, Wiggers J, Daly JB, Green S, Walsh RA, Knight J, Girgis A. Direct telemarketing of smoking cessation interventions: will smokers take the call? Addiction, 2004;99:907-913


CheRP staff have presented at a number of conferences including:

- Afaf Girgis was invited to present in two workshops on Influencing Breast Cancer Research and Lymphoedema at Australia’s 2nd National Breast Cancer Conference for Women - Still Making a Difference, Melbourne Convention Centre, 27-29th August.


It is with much sadness that we announce that our dear colleague and friend, Professor Jill Cockburn, passed away on 13th October. Jill demonstrated exceptional courage during a long illness with breast cancer, through which she had the
support of her devoted husband Craig (known to her many cancer research colleagues), her loving family and a dedicated group of friends and colleagues.

Jill was an extraordinary person who achieved more in her 48 years than many would in a dozen lifetimes. She was made paraplegic by a viral infection as a young teenager, but never let this interfere with a stellar academic career and a life lived to the full. She had a long association with the University of Newcastle, graduating in 1981 with first class honours and the University Medal in Psychology, before graduating in 1986 as the first PhD student in the Discipline of Behavioural Science in Relation to Medicine of the then Faculty of Medicine, under the supervision of Professor Rob Sanson-Fisher. After completing a Master of Science in Public Health in London, Jill spent eight years as Senior Behavioural Scientist with the Anti-Cancer Council of Victoria (as it was known at that time). Jill returned to the University of Newcastle in 1996 and in 1999 she was appointed to the Chair in Behaviour Science in Relation to Medicine. Although Jill’s association with CHeRP has been for some time, in 1999 she accepted the honorary position of Senior Principal Research Fellow with CHeRP and has been an active and enthusiastic member of our team since that time.

Jill’s achievements as a behavioural scientist were exceptional and world class. She was also a gifted and committed teacher and an inspiring leader within her discipline. Jill gave generously of her time and her intellect and her standing within the cancer community was acknowledged in many ways. She was a committed supporter of the Cancer Council NSW, as a Board member from 1997 to 2001. Jill also participated on many advisory committees; she served on The Cancer Council Australia’s Medical and Scientific Committee for some years; and was on a number of key advisory groups to the NHMRC National Breast Cancer Centre, including the Advanced Cancer Working Party and the Psychosocial Working Group. In September 2002, Jill was awarded the Hunter Medical Research Institute Award for Outstanding Achievements in Cancer Research.

Jill’s death is a great personal loss to all of us who knew her well and to the academic world of behavioural science, cancer control and public health.

CBRC (Vic)

CBRC has welcomed Dr Colleen Doyle as the SunSmart Research and Evaluation Officer.

SunSmart Evaluation Studies No. 7 was released in June 2004. This volume evaluates how SunSmart influenced people’s sun-related attitudes and behaviours and their awareness of specific campaign messages. Population surveys are reported for summer 1999/2000 and 2000/01. Also included are reports monitoring structural change in local government and swimming pools across Victoria, as well as a study of sun protection behaviours among triathletes.

CBRC is delighted to announce that Sarah Durkin, Quit Research & Evaluation Manager, submitted and received her PhD from Melbourne University in 2004. Sarah’s research thesis examined factors that put some adolescent girls at greater risk of body image problems than others and identified placing a high value on thinness and frequently comparing oneself with others as particular risk factors. These findings aided the construction of new body image intervention messages addressing these risk factors. Adolescent girls evaluated these new messages along with a number of pre-existing intervention message themes. Based on these findings, Sarah developed and evaluated a prevention program that was successful in reducing girls’ body dissatisfaction, especially in vulnerable adolescent girls.

Visit our website www.cancervic.org.au/cbrc for information about current CBRC research projects, details of our latest publications and access to the CBRC Research Paper Series.

CBRCC (WA)

Five conference presentations were recently made by CBRCC staff at the inaugural Cancer Research Symposium held by The Cancer Council WA. Rob Donovan presented Changes in Beliefs about Cancer in WA 1964 to 2001; Geoffrey Jalleh presented Bowel Cancer versus Cardiovascular disease appeals in promoting physical activity; Narelle Weller presented Consumers’ awareness, use and evaluative perceptions of cancer guidelines; and Owen Carter presented Investigating better presentation methods of the UV Index and Facilitating greater health in employees: Healthy Business Project focus group results.