AUSTRALIAN BEHAVIOURAL RESEARCH IN CANCER

Centre for Health Research and Psycho-oncology (CheRP), New South Wales

Sun protection and vitamin D deficiency: Are the messages getting mixed?

Vitamin D is produced endogenously following UV irradiation of precursors in the skin. Vitamin D deficiency and insufficiency have been implicated in a range of conditions including bone and skeletal diseases and the development of breast, prostate and colon cancers. If such links are confirmed, achieving vitamin D adequacy at a population-level could be an important disease prevention measure. However, it is important that the right balance is struck between recommending the public gets enough sun for vitamin D, but not too much as to cause skin cancers. CheRP is embarking on two studies which will examine behavioural aspects of vitamin D deficiency.

Together with the Australian Sun and Health Research Laboratory in Queensland and the University of Sydney, School of Public Health, CheRP is conducting a large cross-sectional survey of the community’s understanding of vitamin D deficiency and the effect on protective behaviours. At four study sites in Australia (Townsville, Brisbane, Canberra, Hobart), a cohort of 1000 adults will be asked about their knowledge, attitudes and behaviours in relation to sun protection and vitamin D deficiency.

In the second study, over 500 GPs in New South Wales (NSW) will be asked to complete an online survey of their knowledge, attitudes and self-reported practices with regards to vitamin D deficiency diagnosis and management and sun protection advice.

It is intended this research will inform the development of suitable strategies for the general public and GPs for communicating balance for safe sun exposure.

Cancer survivors’ preferences for lifestyle interventions

There are approximately 300,000 cancer survivors in Australia. These survivors are at increased risk for secondary cancers and for developing other chronic diseases. Reasons for this increased risk may be genetic, treatment-related, or related to behavioural risk factors (smoking, physical inactivity, poor diet, being overweight). However, little is known about Australian cancer survivors’ interest in pursuing healthier lifestyle behaviours, nor their preferences for the delivery of related intervention programs.

We conducted telephone interviews with 114 survivors of breast, colorectal and prostate cancers selected via the Cancer Survival Study, a longitudinal study of cancer survivors recruited through the NSW and Victorian cancer registries. The interviews assessed: survivors’ current lifestyle-related behaviours (diet, physical activity, smoking); receipt of provider advice regarding lifestyle changes since their diagnosis; and preferences for the content, timing and delivery mode (face-to-face, telephone, mailed, computer, DVD) of lifestyle interventions.

In general, survivors were not meeting lifestyle recommendations. Only a third of survivors recalled being advised to make lifestyle changes in relation to their cancer diagnosis. There was a high level of interest in lifestyle programs. Participants suggested programs be offered at diagnosis and upon completion of treatment. The most popular delivery mode was written materials and the least popular was telephone delivered. Males tended to prefer programs delivered by DVD and the internet, whilst females indicated a preference for individual face-to-face counselling.

These results will help inform future health promotion efforts to deliver health behaviour interventions to the growing number of Australian cancer survivors.

Behavioural Research and Evaluation Unit (BREU), South Australia

In addition to other ongoing evaluations and research run by the Behavioural Research and Evaluation Unit (BREU) in South Australia, results were recently reported for several key studies.

Pack and advertising displays at point-of-sale

BREU recently published a study of 2026 South Australian adults highlighting that 63% of the community approved of a hypothetical total ban on cigarette displays at the point of purchase, with over three-quarters believing this should happen in the next 12 months. Results also showed that a further 24% believed that cigarette displays should be restricted and 82% would approve of a ban on displays in stores that sell confectionary. Only 7% of adult smokers reported making their decision about the brand of cigarettes to buy at the point of purchase and 90% made their decision before they even entered the shop.

The results strengthen arguments that cigarette displays are not necessary to maintain brand loyalty or to encourage brand switching of established smokers. Instead, the results make arguments more credible that...
cigarette displays normalise and promote smoking among young people and may also promote unplanned purchase or increased consumption among less frequent or former smokers.

Smoke-free cars legislation

On 31 May 2007, South Australia (SA) was the first jurisdiction in Australia to implement legislation banning smoking in cars when children under the age of 16 years are present. Two random representative telephone surveys were conducted with the SA community including a pre-legislation survey of 1975 adults and a post-legislation survey of 1877 adults. Community support was high pre-legislation and further increased post-legislation. The majority of smokers reported it would make no difference to their consumption. An added benefit was that a small but significant minority indicated that it may encourage them to smoke fewer cigarettes overall or to quit altogether. Overall, the law appeared popular with the SA community and hopefully these findings will encourage other jurisdictions to adopt similar legislation.

Progress against the SA Tobacco Control Strategy

In June 2008, BREU released the annual report Progress against the South Australian Tobacco Control Strategy 2005-2010, including data reported from a statewide, face-to-face survey of 2398 South Australians. This report shows tracking of key indicators in tobacco control in SA over time. Smoking prevalence among adults aged 15+ years was found to be 21% in 2007 and was not significantly different than 2006. There were some increases in the community’s awareness that active smoking causes illness and/or damage to one’s health with 96% believing in negative effects. However, there was no significant change in the community’s belief about the negative effects of passive smoking. Support for smoke-free bars and gaming venues increased and there was a decrease in the amount of people exposed to passive smoke in the two weeks preceding the survey. The report also details exposure in indoor workplaces, homes and cars, smoking prevalence of young people, people with a mental illness and Aboriginal people. These key indicators will be reported again by BREU in 2009.

Centre for Behavioural Research in Cancer (CBRC) Victoria

UICC global survey of cancer-related beliefs and behaviours

In 2007, the International Union Against Cancer (UICC) developed a population survey about cancer-related beliefs and behaviours, using a standard set of survey methods and comparable questions that could be administered in all member countries. The overall aims of the project are to enhance the collection and comparability of population survey data on knowledge, attitudes and behaviours relevant to cancer risk across UICC member countries, and to develop the capacity in cancer control organisations to understand and use such survey data in order to develop population-based cancer control programs and policies, and to evaluate their impact. To date, the survey has been conducted in 29 countries, with a further 12 countries presently in the field. The survey is generously supported by the Roy Morgan Research company and their Gallup International affiliates, and guided by a Technical Advisory Group.

The survey includes questions on risk factor behaviours (tobacco use, sun protection, alcohol use, physical activity, body mass index), participation in cancer screening, and perceptions about risk factors for cancer, cancer curability and treatment issues. Survey administration has been either face-to-face or via telephone, depending upon each country’s communication infrastructure and the practices of each Gallup research affiliate. Details and data from the survey can be found on www.cancervic.org.au/uicc.

The PROSPECT Program (Patient Responses: An Ongoing Survey of People Experiencing Cancer Treatment)

The PROSPECT Program aims to develop a statewide system for monitoring the experiences of Victorian cancer patients. This will be done through regular cross-sectional surveys of cancer patients recruited through the Victorian Cancer Registry. Development work undertaken for the program has comprised two phases. The first involved the development of a new survey to assess continuity of care and patient experiences at key phases of the disease trajectory, such as diagnosis and treatment planning. Item generation was informed by recommendations for psychosocial care from the Psychosocial Guidelines for the Care of Adults with Cancer and other practice guidelines. Critical feedback on the relevance and comprehensiveness of the items was obtained from two consumer discussion groups, 11 consumer reviewers, nine experts in cancer care and the Cancer Voices Executive Committee. Minor changes were made to items following qualitative feedback.

The second phase, currently underway, involves pilot testing the new survey and comparing the acceptability and feasibility of two data collection methods. Four hundred people who are within six months of diagnosis, English speaking and aged 18 or older will participate. Participants are recruited from the Victorian Cancer Registry and randomly assigned to complete the survey by postal questionnaire or telephone interview. In addition to the newly developed measure of patient experience, measures of quality of life and distress are included.

Centre for Behavioural Research in Cancer Control (CBRCC), Western Australia

National Bowel Cancer Screening Program

CBRCC in conjunction with Cancer Council WA conducted two cross-sectional, computer-assisted telephone surveys of Western Australian adults aged 55–74 years in April 2007 (n=505) and June 2008 (n=500) to assess awareness of and participation in the Federal Government’s National Bowel Cancer Screening Program (NBCSP), which was launched in January 2007. In the first phase of the program, the eligible population comprised individuals turning either 55 or 65 years-old...
CanChange is an evidence-based novel telephone-delivered psychosocial and lifestyle intervention for colorectal cancer survivors that aims to: improve psychological, physical, social and vocational functioning; reduce demands on the health system; and potentially reduce cancer recurrence and extend survival. A large scale randomised control trial is currently underway funded by Cancer Australia (2008-2010). We will recruit n=300 recently diagnosed colorectal cancer survivors from the Queensland Cancer Registry during 2008-2009. If successful, the program will be immediately translatable into cancer care practice utilising existing telehealth lines in Australia (Cancer Council Helpline) and internationally, or using trained nurses in acute clinical settings.

**ProsCan - Prostate Cancer Supportive Care and Patient Outcomes Project**

ProsCan is a large scale longitudinal study investigating the pathways to care and psychosocial and physical outcomes of men diagnosed with prostate cancer in Queensland. In addition, men with localised prostate cancer are invited to participate in a randomised control trial of a decision support and psycho-education intervention, designed to support men from the time of diagnosis through the early phase of rehabilitation. Recruitment was completed in August 2007, with over 1000 men participating in the longitudinal study and over 700 men participating in the RCT. The project is now in the early stages of data analysis. Information gained from this study will assist clinicians and patients when making decisions about treatment options and will provide information to guide the future planning of service delivery for men with prostate cancer.

**HELP Study - Psychological distress screening by a Cancer Helpline**

Consecutive cancer patients and carers who contacted the Cancer Council Helpline from September-December 2006 (n=341) were invited to participate in a study investigating psychological distress screening. Up to one-third of people affected by cancer experience psychological distress, however screening rarely occurs in routine clinical practice. This study investigated the feasibility of cancer helpline operators screening callers for their level of distress using a brief screening tool (Distress Thermometer, DT). Most callers were moderately-severely distressed (63%). The DT (11-point scale 0-10) had good overall accuracy (area under the curve=0.72) with a cut-off of 4 yielding optimal sensitivity and specificity in detecting general psychosocial morbidity. Our data suggest it is feasible for a community-based cancer helpline to screen callers for distress using the DT.

**Melanoma Survivor Study**

Queensland has the highest rates of melanoma in the world, yet little is known about the psychosocial outcomes patients and their families experience following a melanoma diagnosis, particularly for long-term survivors. The *Melanoma Survivor Study* aims to contact approximately 3000 melanoma survivors whose original diagnosis was between 2000-2003. The project aims to investigate clinical surveillance issues, as well as psychosocial and clinical supportive care needs of long-term melanoma survivors. Information gained from this study will guide the development of educational materials for clinicians, along with supportive care programs to address the longer term supportive care needs of melanoma patients and their families.