

34th Annual Oncology Nurses Group Conference

The impact of cancer

Thursday, April 7 and Friday, April 8, 2011

Hotel Novotel Brisbane



50
YEARS OF
HOPE

FOR A CANCER FREE FUTURE

Oncology Nurses Group

Cancer Council Queensland

Supporting health professionals who care for people with cancer

In 2011, **Cancer Council Queensland** is celebrating its 50th Anniversary and 50 years of supporting health professionals who are committed to caring for Queenslanders affected by cancer, a milestone achievement in which we can share.

Over the past 50 years, Cancer Council Queensland has proudly promoted the important role that nurses and allied health professionals play in caring for cancer patients. When the organisation was formed, in 1961, cancer incidence was increasing and health professionals were facing new and often unfamiliar responsibilities in the discharge of their duties.

The Oncology Nurses Group and Allied Health Professionals Oncology Group has championed Cancer Council Queensland's cause and expanded our reach to provide specialised care for the growing number of Queenslanders affected by cancer. This year will mark our 34th Annual conference on a theme that still resonates strongly today, 'The Impact of Cancer'. Cancer Council Queensland is the proud sponsor of the 34th Annual Oncology Nurses Group Conference. For more information, visit the Cancer Council Queensland stand at the trade exhibition or our website at www.cancerqld.org.au.

We thank the trade representatives who are providing exhibitions of their products and services at the conference.

Cancer Council Queensland Education Programs for Health Professionals

Cancer Care Education Program

The Cancer Care Education Program is offered in Brisbane and Townsville. The 3 – 4 day program is free of charge to health professionals in Queensland. Scholarships are available for some courses.

The Oncology Nurses Group

Now celebrating its 34th year, the Oncology Nurses Groups provide a range of support for nurses who care for people with cancer in Queensland. Cancer Council Queensland assists the Oncology Nurses Group with travel grants, the Oncology Nurses Group newsletter and website, regional group seminars and the annual state-wide conference.

The Allied Health Professionals Oncology Group

The Allied Health Professionals Oncology Group (AHPOG) is a special interest group which operates throughout Queensland. AHPOG aims to support allied health professionals caring for people with cancer by providing opportunities for continuing education.

Cancer Council Helpline

Nurses and allied health professionals can access information about cancer and support services for patients and families by calling the Cancer Council Helpline on 13 11 20, from anywhere in the state, between 8am and 6pm, Monday to Friday.

Cancer Council Queensland Scholarship and Travel Grants

Winners of the 2011 Scholarships and Travel Grants:

Cancer Council Queensland/Queensland Nurses Union Oncology Nursing Scholarship for Non-Metropolitan Nurses

Denise Reghenzani, Registered Nurse, Community Palliative Care, Gordonvale Hospital

Cancer Council Queensland/Queensland Nurses Union Oncology Nursing Scholarship for Metropolitan Nurses

Kate Beardmore, Registered Nurse, Queensland Children's Cancer Centre, Royal Children's Hospital

Kimberley White, Registered Nurse, Queensland Children's Cancer Centre, Royal Children's Hospital, Brisbane

Jane Roach, Nurse Educator, Mater Haematology and Oncology, Mater Private Hospital

The ESA International Cancer Scholarship for Overseas Study/Travel Metropolitan

Melanie Boon, Genetic Counsellor,
Genetic Health Queensland

Mitchell Stark, Senior Research
Assistant, Oncogenomics Laboratory
Queensland Institute of Medical
Research

Alice Grigg, Radiation Therapist,
Cancer Care Services,
Royal Brisbane and Women's Hospital

Lynette Baucia, Pharmacist,
Australian Defence Force and Tobacco
Treatment Specialist

The DB Duncan Training Fellowship in Clinical &/or Research Aspects of Cancer Non-Metropolitan

Catherine Richter, Radiation Therapist,
Radiation Oncology Queensland,
Toowoomba

Michelle Pflugradt,
Occupational Therapist, Toowoomba
Health Service

The DB Duncan Training Fellowship in Clinical &/or Research Aspects of Cancer Metropolitan

Robyn Scheer,
Occupational Therapist, Clinical
Specialist Lymphoedema Services,
Royal Brisbane and Women's Hospital

The George Healy Cancer Education Study/Travel Award

Robyn McMillan,
Occupational Therapist, Gladstone
Health Service

Alisha Chand
Occupational Therapist Palliative Care
Centre, Townsville Health Service
District

Katherine O'Shea
Occupational Therapist Palliative Care
Service,
Gold Coast Health Service

The Alf Kretschmar Award 2011

The Alf Kretschmar Award honours Cancer Council Queensland's first Field Officer, Mr Alf Kretschmar, who reached people in Queensland cities and remote outback towns with his anti-cancer education campaigns for 12 years. The essay competition involves enrolled nurses and assistants-in-nursing in Queensland. The 2011 Alf Kretschmar Awards will be presented at this 34th Annual Conference of the Oncology Nurses Group.

1st Prize

Georgina Bailey,
The Gold Coast Hospital,
Southport

2nd Prize

Debbie Nicol,
Isis Medical Centre,
Childers

Merit Prize

Annette Leishman,
Prescare Community Care,
Hervey Bay

Merit Prize

Dorothy Oates,
Mater Misericordiae Hospital,
Mackay

Merit Prize

Lilly Masters,
RNS Agency,
Noosaville

Merit Prize

Denise Wilson,
Mackay Base Hospital,
Mackay



FOR A CANCER FREE FUTURE



Welcome!

Leisa Brown, President Brisbane Oncology Nurses Group and host group for the 2011 conference

Dear Colleagues,

On behalf of the 2011 Conference Organising Committee, I am thrilled to welcome you to our 34th Annual Oncology Nurses Group Conference.

December 2010 and the weeks that followed into the New Year were challenging for an astronomical number of people including some of our Oncology Nurses Group Membership. The devastating floods followed by Cyclone Yasi saw people having to find strength and resilience that they had not had to find before, in order to face each day. I had very close friends who lost their home and most of their personal possessions in the Brisbane floods. Whilst assisting them to remove their belongings from their house, I was totally amazed by the community spirit I witnessed. Total strangers came into the house with food, drinks and offers of help and people came from all walks of life to offer assistance.

When writing this welcome, I realised that our conference theme embodied the spirit of the Queensland people during that dreadful and challenging time – *supported, interconnected and enlightened*. These three words not only emulate what I personally experienced during the floods but I believe these words embody what the Queensland Oncology Nurses Group stands for and it has helped us to create one of the most exciting and diverse conference programs.

We have several highly acclaimed invited speakers who promise to share their extensive knowledge and expertise with us. Our Key Note Address: “Cancer, Crisis, Chaos – the psychosocial implications of cancer on the family” is being

delivered by Liz Crowe. Liz Crowe is a very experienced social worker who has specialised in grief, loss, bereavement and trauma with children and families since 1995. She has written several publications for the Queensland government on working with children, couples and families impacted by loss, grief, chronic sorrow trauma and bereavement.

Once again we have a high calibre of papers and posters for our conference. The concurrent sessions, planned plenaries and workshops will provide delegates with information related to current clinical issues, research being conducted, innovative therapeutic approaches and the impact of cancer not only on the patient but also on their loved ones and all those who care for them throughout their disease trajectory.

On behalf of the Oncology Nurses Group, recognition must be given to Lisa Brand and Anne-Marie Dewar for their tireless efforts and professionalism in assisting the conference organising committee to give you this memorable conference. I would also like to extend appreciation to Novotel Brisbane and Cancer Council Queensland for their support.

In closing, the Oncology Nurses Group Annual Conference is renowned for the sharing of knowledge, friendship and laughter. I wish you a conference to remember where we can celebrate our achievements and continue to work together as a team to provide optimal outcomes in cancer care. May you all be energised for life by your spirit, the spirit of a people who can achieve anything together.

Leisa



For your information

Conference Venue
Hotel Novotel Brisbane
200 Creek Street
Brisbane QLD 4000
P: (07) 3309 3373

Conference office

On arrival, please register at the conference registration desk.

Conference presenters

A preparation room for speakers is provided for your convenience. Please ask staff at the registration desk for directions.

Trade Exhibition

An exhibition of the latest developments in cancer care and treatment will be available at the conference. Delegates will also have the opportunity to meet with trade representatives in the dining room during the lunch breaks.

Conference Abstracts and Poster Exhibition

The conference will feature a poster exhibition and four concurrent sessions for presentation of cancer care topics from conference delegates about research or clinical projects. See your program for further information.

Messages

A message board will be located at the conference registration desk for your convenience.

Letter of Attendance

A letter of conference attendance will be provided, on request, for professional development purposes. To request your letter of conference attendance email ong@cancerqld.org.au following the conference.

Notice

Every effort has been made to present the information contained in this brochure as accurately possible. The conference organising committee reserves the right to change the program.

Making the most of this conference

The conference organising committee invite you to take up the challenge and maximise the benefit of attending this conference. Here are some tips to make the most of the conference:

- Talk to each other, share your knowledge and network
- Wear your name badge. This identifies you as a conference delegate, gives you entry to the conference sessions and makes it easier to meet new colleagues
- Visit the trade and poster exhibition and learn about new innovations
- Check the message board located near the registration desk
- Cancer Council Queensland volunteers will staff the registration desk during the conference. The volunteers will be happy to help you
- Take the opportunity to join the Oncology Nurses Group or Allied Health Professionals Group. Membership is \$30 (including GST). Staff at the registration desk will be happy to accept your application
- Complete your evaluation form and help us to develop the program for the 35th Annual Conference

Note: Please switch off all mobile phones and pagers, or leave your phones and pagers at the registration desk. Volunteers will be available to take messages.

About the Oncology Nurses Group

The first meeting of the Oncology Nurses Group was held in February 1977 in Brisbane and was an innovative step in Australia. Since then, the group, supported by Cancer Council Queensland, has been supporting nurses, wherever they care for people with cancer.

The aims of the Oncology Nurses Group are to:

- Provide education about cancer, treatment and care
- Improve communication among nurses caring for people with cancer providing avenues for nurses to exchange ideas and information and offer support to colleagues
- Improve the care of people with cancer and their families

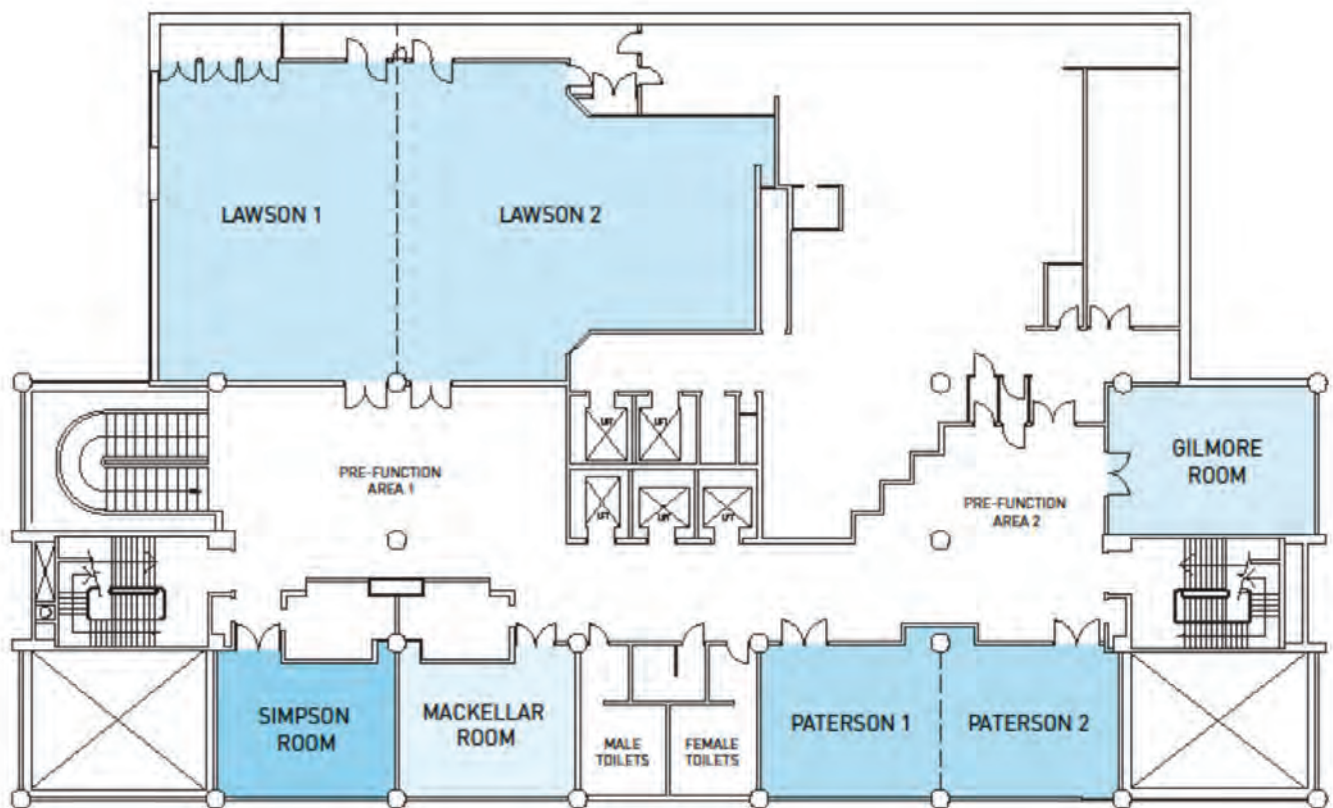
About the Allied Health Professionals Oncology Group

The Allied Health Professionals Oncology Group (AHPOG) aims to provide health professionals in cancer control from cancer care and public health backgrounds with an opportunity for continuing education and eligibility for grant application.

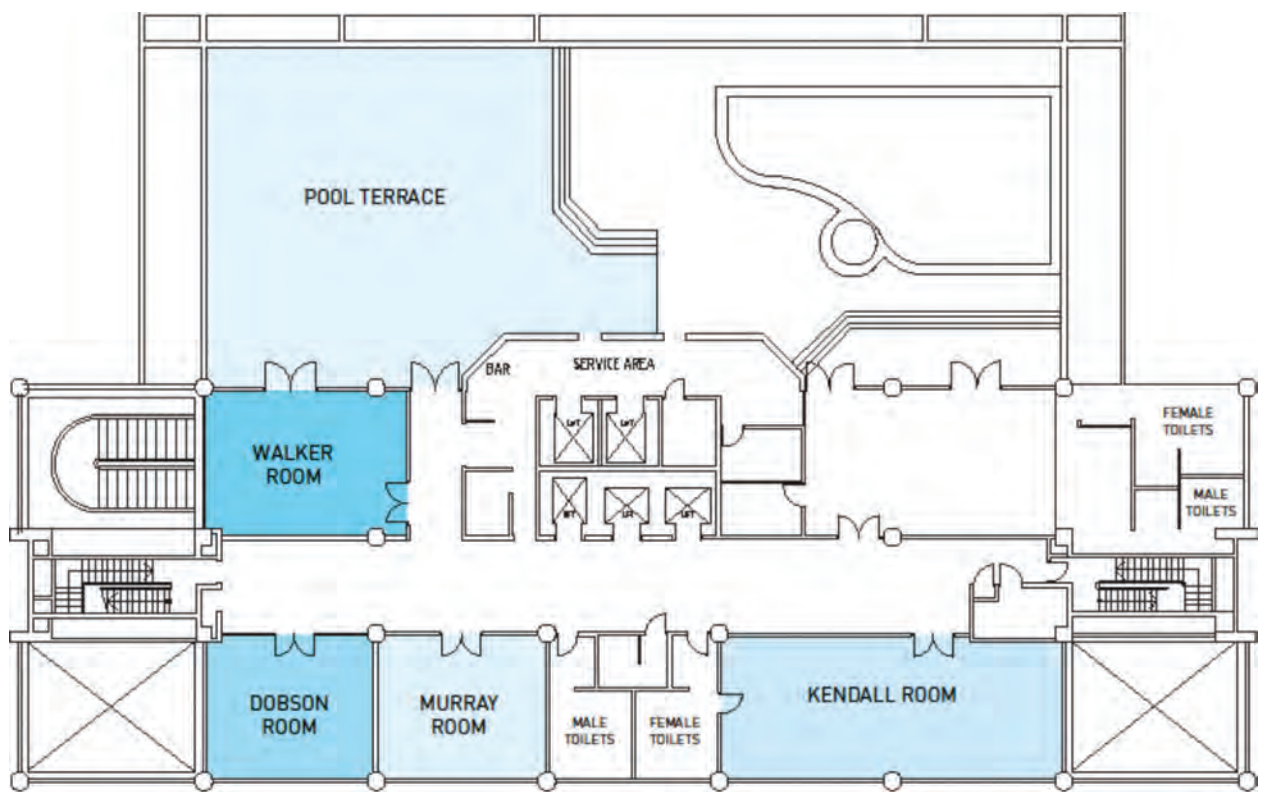
AHPOG has a mandate to improve the care of people with cancer in Queensland through the support of Allied Health Professionals in cancer control.

For further information about membership and activities in your region, visit Cancer Council Queensland's website at: www.cancerqld.org.au and follow the health professional prompts

Hotel Novotel floor plan



Level one Novotel



Level two Novotel

Program

Day One: Thursday, April 7, 2011

8.00am Registration

8.30am Lawson Ballroom

Chair: Leisa Brown
President
Brisbane Oncology Nurses Group

Welcome to country

Welcome to delegates

Official opening
Professor Jeff Dunn
Chief Executive Officer
Cancer Council Queensland

8.45am

Opening plenary Keynote presentation Cancer, Crisis, Chaos – the psychosocial implications of cancer on the family

Paper 1

Ms Liz Crowe (BSW)
Statewide Paediatric Workforce
Development Officer
Qld Children's Cancer Centre

9.30am Morning Tea

10.00am Concurrent sessions of delegate submitted papers (see table opposite for session details)

Each paper 20 minutes in duration.
Four sessions running concurrently.
Sessions will be coordinated to allow
delegates to move between papers.

12.00md Lunch

12.45pm Lawson Ballroom

Chair: Di Webb
President
Ingham Oncology Nurses Group

State-wide meeting of the Oncology Nurses Group

Presentation of Alf Kretchmar Awards

12.45pm Gilmore Room

Facilitator: Anne-Marie Dewar
Professional Liaison
Cancer Council Queensland

State-wide meeting of the Allied Health Professionals Oncology Group

2.15pm Afternoon tea

2.45pm Plenary Lawson Ballroom

Chair: Sally Jones
Brisbane Oncology Nurses Group

Palliative Care in Acute Haematology and Transplant Settings Paper 2

Ms Cecelia Boyd Orford RN
PHD Student,
Queensland University
of Technology

3.30pm Plenary Lawson Ballroom Delirium Across the Cancer Trajectory Paper 3

Mr Michael Collins
Palliative Care Advanced
Nurse Practitioner Candidate
Peter MacCallum Cancer Centre
Melbourne

4.15pm Close of Day One

Social gathering

Details to be announced

Concurrent Sessions

Concurrent Session 1. Supportive Cancer Care Lawson Ballroom Chair: Sue Hall President Sunshine Coast ONG	Concurrent Session 2. Enlightened Cancer Care Patterson Room Chair: Suzanne McCorkell AHPOG Brisbane	Concurrent Session 3. Workforce Issues in Cancer Care Gilmore Room Chair: Hildegard Reul-Hirche AHPOG Brisbane	Concurrent Session 4. Interconnected Cancer Care Kendall Room Chair: Tanya Trevena AHPOG Emerald
10.00am Paper 18 Samantha Clutton Mindfulness groups for men with advanced prostate cancer	10.00am Paper 22 Diana Moore Introducing art therapy as a psychosocial support service in the haematology/oncology setting	10.00am Paper 26 Mark Lynch Staff Supervision in Palliative Care	10.00am Paper 30 Debbie Farrell, Suzanne Oakley Developing a guide to clinical skills achievements aligned with TPNEP nursing modules
10.30am Paper 19 Brenda Goldie A common journey of unmet needs?	10.30am Paper 23 Maggie Leung Music Therapy Services in Paediatric Oncology	10.30am Paper 27 Ron Middleton The impact of cancer and nursing role change at the Royal Brisbane and Women's Hospital	10.30am Paper 31 Sarah Deacon, Rebecca Capper A head and neck cancer patient's journey through the Townsville Hospital's Cancer Centre
11.00am Paper 20 Rachel Costa Associations between Posttraumatic Growth and Adjustment Outcomes in Thyroid Cancer	11.00am Paper 24 Ann Framp Effects of hereditary diffuse gastric cancer and implications for nurses	11.00am Paper 28 Barbara Page Make data your ally in clinical practice	11.00am Paper 32 Kay Hoberg Diverse access to a Medical Oncologist, 'The Bundaberg Experience'
11.30am Paper 21 Bernice Kelly Overcoming challenges in supporting health and wellbeing for cancer survivors	11.30am Paper 25 Janine Devey, Claire Masula, Danica Tardiani, Elena Moody Decoding the young adult's cancer experience	11.30am Paper 29 Diana Moore Improving medication safety by introducing a cytotoxic therapy timeout checklist	11.30am Paper 33 Pauline Burge Assessing mouthcares at the front door

Program

Day Two: Friday, April 8, 2011

8.00am Registration

9.00am Plenary A Patterson Room

Chair: Helen Skippen
President
Bundaberg Oncology Nurses Group

Silent but deadly: Brain tumours in focus

Paper 4

Dr David Walker
Neurosurgeon
BrizBrain & Spine

9.00am Plenary B Lawson Ballroom

Chair: Alana Fraser
Allied Health Professional
Oncology Group Brisbane

The Journey of a Head and Neck Cancer Patient

Paper 5

Allied Health Team
Head and Neck Cancer
Princess Alexandra Hospital

10.00am Morning Tea

10.30am Invited papers Concurrent sessions

(see table opposite
for session details)

12.30pm Lunch

1.15pm Lawson Ballroom

Chair: Marion Strong
President
Toowoomba Oncology Nurses Group

Plenary Cancer and Lifestyle

Paper 16

Professor Debra Anderson
Queensland University of Technology

2.00pm Closing Plenary

Chair: Leisa Brown
President Brisbane
Oncology Nurses Group

Dealing with Jerks in the Workplace: Surviving challenging staff

Paper 17

Ms Catriona Booker RN
Assistant Nursing Director,
Education Coordination
Royal Brisbane & Women's Hospital

2.45pm Conference closure and vote of thanks

Announcement of the 35th Annual Oncology Nurses Group Conference

3.00pm End Day Two

Concurrent Sessions

Concurrent Session A	Concurrent Session B	Concurrent Session C	Concurrent Session D
<p>Lawson Ballroom Interconnected – Children Adolescents and Young Adults with Cancer</p>	<p>Gilmore Room Enlightened – The Cancer Care Professional</p>	<p>Paterson Room Supported – An Interrupted Life. The Psycho-social Impact of Cancer</p>	<p>Kendall Room Workshop Compensable cancer, total & permanent disability, superannuation & insurance</p>
<p>Chair: Decima Jones Brisbane ONG</p>	<p>Chair: Glenys Stallan Brisbane ONG</p>	<p>Chair: Debbie Farrell President Gold Coast ONG</p>	<p>Chair: Myles Sweedman Brisbane ONG</p>
<p>10.30am Paper 6 Mr Danny Youlden Biostatistician VCRCC</p>	<p>10.30am Paper 9 Dr Pauline Rose RN NUM Radiation Oncology Mater Centre, Princess Alexandra Hospital</p>	<p>10.30am Paper 12 Mr Peter McLaughlin & Mr David Robertson</p>	<p>10.30am Paper 15 Mr Trent Johnson Associate Maurice Blackburn</p>
<p>Incidence and Mortality</p>	<p>Journey from Clinician to PhD</p>	<p>The patient's view: A lived experience</p>	<p>Workshop</p>
<p>11.10am Paper 7 Professor Ross Pinkerton Qld Children's Cancer Centre</p>	<p>11.10am Paper 10 Ms Kylie Ash RN Queensland University of Technology</p>	<p>11.10am Paper 13 Mr Michael Bishop RN Cancer Care Co-ordinator Royal Brisbane & Women's Hospital</p>	
<p>An overview of diseases and treatment</p>	<p>The use of internet to achieve education outcomes</p>	<p>The cancer impact from a Nursing perspective</p>	
<p>11.50am Paper 8 Dr Warren de Ambrosis Queensland Fertility Group</p>	<p>11.50am Paper 11 Mr Shane Evans Health Industry Specialist Minter Ellison Brisbane</p>	<p>11.50am Paper 14 Ms Denise Gray Senior Psychologist Fraser Coast – Wide Bay Cancer Care Team</p>	
<p>Fertility concerns for adolescents and young adults with cancer</p>	<p>Cancer Professionals and the Law</p>	<p>The cancer impact from an Allied Health perspective</p>	

Invited Presentations

Paper 1

Cancer, Crisis, Chaos – the psychosocial implications of cancer on the family.

Ms Liz Crowe BSW

Statewide Paediatric Workforce Development Officer Queensland Children's Cancer Centre

Curriculum Vitae

Liz Crowe is a very experienced social worker who has specialised in paediatrics particularly grief, loss, bereavement and trauma with children and families since 1995. She has written several publications for the Queensland government on working with children, couples and families impacted by loss, grief, chronic sorrow trauma and bereavement. She regularly presents nationally and internationally on these topics. Liz currently works at both the Mater and the Royal Children's Hospital in Brisbane

Objectives

A diagnosis of cancer impacts the social, emotional, psychological, spiritual and economic world of the patient and their family – a challenge to all health professionals' psycho-social skills! This presentation will use a case study of a young parent with cancer to demonstrate how cancer

infiltrates people's lives and how individual responses to loss, grief and crisis will vary according to gender, age, personality, beliefs and supports. The talk will particularly highlight the issues of loss and grief for children and make suggestions as to how to involve children in their parent's cancer experience. The talk will also examine the dynamics between couples and how gender and roles can be severely challenged by a health crisis. As a result of all of these compounding factors health care professionals are often confronted by high levels of distress and despair from families in the course of their work. Being able to recognise the many and varied forms of 'normal' grief as well as knowing when to refer elsewhere can offer assurance to both the family and health professionals. Through the use of a case study, humour and reality health professionals will receive practical strategies on how to support the whole family throughout the cancer experience including children of all ages.

Paper 2

Palliative Care in Acute Haematology and Transplant Settings

Ms Cecelia Boyd Orford RN

PhD student, Queensland University of Technology

Curriculum Vitae

Ms Boyd started her career in the haematology oncology and transplant area in 1987 where she worked in the new and exciting Haematology Oncology Bone Marrow Transplant unit at the Royal Brisbane Hospital. Since then, Cecelia has specialised in the area and worked in a variety of settings including adult, children's both inpatient and day units in Australia and the UK. She completed a Masters of Public Health at Queensland University in 1998. Ms Boyd was privileged to hold the first position of Clinical Lecturer for Palliative Care, Haematology, Oncology and Bone Marrow Transplantation between the Australian Catholic University and Mater Health Services. In 2002 she commenced a PhD at Queensland University of Technology on an NHMRC PhD Scholarship. Currently Ms Boyd's main role is that of a full time student, and she also works casually at Royal Brisbane and Women's Hospital and teaches at Queensland University of Technology as a tutor to undergraduates. Her passion is providing excellence of care for patients and families. For many years she has

been convinced that we need to improve how we provide care based on patient's needs differently to what we do on care plans, paths and protocols. Ms Boyd's PhD topic is palliative care in high intensity transplant settings.

Objectives

This paper will examine the experiences of the person and the adequacy of current models of care for the person awaiting transplantation and identify service care needs. More specifically the objectives are to

- describe the physical, spiritual and psychological and social needs for people during the time of waiting for a transplant and how these change over time;
- identify predictors of physical and psychological wellbeing using the variables of patient demographics, personal and professional resources, length of time on the waiting list and transplant type; and
- explore the experiences of people waiting for a transplant within the health care service system.

Paper 3

Delirium Across the Cancer Trajectory

Mr Michael Collins RN

Palliative Care Nurse Practitioner
Candidate Peter MacCallum Cancer
Institute Melbourne

Curriculum Vitae

Michael graduated in 1988 and has worked in Palliative Care/ Oncology for 17 years and has undertaken Graduate Certificate in Mental Health Nursing 1991, Graduate Diploma in Oncology Nursing 1999 & Masters of Nursing Leadership in 2003. Michael has broad experience in community, inpatient, hospital consultancy palliative care and acute oncology in both Victoria and South Australia and was a board member of Palliative Care Victoria between 2006 to 2009. Michael was appointed Palliative Care Nurse Consultant at Peter MacCallum in July 2006. In 2010 was appointed palliative care nurse practitioner candidate and currently works within the palliative care rapid response team.

Objectives

Delirium is a frequent complication of advanced cancer and may go

unrecognised in acute healthcare settings. Delirium makes assessment of pain and other symptoms difficult and can cause significant distress for patients, families and health care providers. A key consideration for the management of delirium is the reversibility of the underlying cause and the patient's prognostic outlook. If reversible, patients may have opportunity for good quality of life and be able to communicate with their families. The presentation will describe the clinical presentation of delirium; outline the physiology of delirium for the person with advanced cancer, and other potential contributing conditions; describe a process for assessment including assessment tools; discuss methods for management of delirium, including non-pharmacological measures and demonstrate an awareness of the psychosocial impact of delirium for the patient and family.

Paper 4

Silent but deadly: Brain tumours in focus

Dr David Walker

Neurosurgeon BrizBrain and Spine

Curriculum Vitae

Dr David Walker is a neurosurgeon, specialising in surgical treatment of conditions of the brain and spine. He has been associated with BrizBrain and Spine since its foundation in 2005. Dr Walker completed his undergraduate medical training at the University of Queensland. He then studied for a doctorate PhD at the Queensland Institute of Medical Research on the Molecular Genetics of Astrocytomas (brain tumours) before undertaking advanced neurosurgical training at the Royal Brisbane Hospital and Royal Melbourne Hospital. Dr Walker was Neuro-Oncology Fellow at the prestigious Brigham and Women's Hospital in Boston, USA and was also appointed a position at Harvard University during this time. In the United States he underwent advanced neurosurgical training in the management of brain and pituitary tumours. Since returning to Brisbane in 2001, Dr Walker has developed a special clinical interest in all aspects of neuro-oncology (brain

tumours), especially surgery for low grade gliomas. He remains active in research, both at the clinical and basic science level through his links with the Queensland Institute of Medical Research and the BrizBrain & Spine Research Foundation. He continues to advance his skills in all areas of neurosurgery and spinal surgery.

Objectives

Cancer of the central nervous system (CNS) includes primary and metastatic tumours of the brain and spinal cord. While there is a high ratio of primary tumours in children, adult tumours represent a small number of diagnosed cancer patients. Despite this low incidence, brain tumours continue to produce rapid deterioration, debilitation and higher mortality than most primary cancers. This paper will present the challenges in diagnosis and treatment of brain tumours, and new clinical trials involving combination therapies under investigation in the hope of relieving symptoms and increasing survival.

Invited Presentations

Paper 5

The Journey of a Head and Neck Cancer Patient

Curriculum Vitae

Allied Health Team Head and Neck Cancer Princess Alexandra Hospital

Jodie Nixon is the team leader clinician for cancer services occupational therapy at Princess Alexandra Hospital. She has worked in cancer services across the continuum, but her main focus over the last 4 years has been with cancer patients undergoing radiation treatment. She has an active interest in managing claustrophobia and the stressors associated with radiation treatment through a psycho social focus. She was the recipient for the 2009 Robert Bourne Travel Grant to review the management of head and neck lymphoedema.

Bena Cartmill is a clinically advanced speech pathologist at the Princess Alexandra Hospital in Brisbane and has been working with head and neck cancer patients for 7 years. Bena has been involved in the development of speech pathology services across two sites of Radiation Oncology at the PA. She is currently completing her PhD examining long term swallowing outcomes in head and neck cancer patients receiving non-surgical treatment regimens. She has presented many workshops, teleconferences and lectures across Queensland and also at national and international conferences.

Amanda Purcell is the team leader clinician of the lymphoedema service at the Princess Alexandra Hospital. She has worked across both cancer and lymphoedema fields and has completed her PhD examining cancer-related fatigue in patients undergoing radiotherapy. She is currently working with Jodie Nixon to develop an objective measurement tool for Head and Neck lymphoedema.

Siong Pang has been a clinical dietitian at the Princess Alexandra Hospital for the past five years and has gained experience in a variety of areas. His interest however, has always been head and neck cancer patients and has worked extensively with them in both the surgical and radiotherapy areas.

Kelly Foote is a lymphoedema trained Physiotherapist working at the Princess Alexandra Hospital in Brisbane. Kelly has worked in cancer care in Australia and the UK since 2005 and was involved in establishing the oncology physiotherapy outpatients and radiation oncology outpatient services for the PAH and Mater sites. Kelly has a special interest in the management of shoulder dysfunction and lymphoedema associated with head and neck cancer treatment. She has presented at state-wide cancer care workshops and conferences and has been involved in research looking at lymphoedema in the head and neck patient cohort.

Kim Anderson is a social worker located within the Radiation Oncology Unit at the Princess Alexandra Hospital. Kim joined the unit in January 2010 after returning from many years abroad in the UK. Kim works predominately with patients undergoing radiation and chemotherapy but also covers the Ear, Nose and Throat and Plastics surgical ward. Kim is passionate about multi-disciplinary working; clinical education of social work students and the imperative and positive role social work intervention can play in supporting radiation patients through their treatment journey.

Objectives

The presentation will explore the journey of a head and neck cancer patient: it will review the disruption of life, the management of ongoing side effects and the input of allied health to support a head and neck cancer patient through their journey. The patient has been having therapeutic input for over 3 years now, and has recently recommenced active medical treatment. The case presentation will include input from occupational therapy, speech pathology, dietetics, physiotherapy, lymphoedema service and social work. In addition the patient will give his input regarding the disruption to life and the psycho social focus that makes our input into patient care necessary.

Paper 6

Interconnected – Children Adolescents and Young Adults with Cancer Incidence and Mortality

Mr Danny Youlden

Biostatistician Viertel Centre for Research in Cancer Control Cancer Council Queensland

Curriculum Vitae

Danny Youlden has been with Cancer Council Queensland since June 2005. His primary role is to analyse population-based cancer data, as well as contributing biostatistical support for other research programs within the Viertel Centre for Research in Cancer Control. He has been the lead author on several reports examining the descriptive epidemiology of cancer in Queensland as well as childhood cancer throughout Australia. Prior to joining Cancer Council Queensland, Danny spent 15 years working as a statistician for Queensland Health and the Australian Bureau of Statistics.

Objectives

More than 600 children aged 0–14 years old are diagnosed with cancer each year in Australia. Despite recent advances in therapy, cancer remains one of the leading causes of death within this age group. This paper will present childhood cancer incidence and population-based survival estimates, by diagnostic group, sex, age at diagnosis, and tumour stage (where available). Changes in survival over time will be discussed along with international comparisons.

Paper 7

Interconnected – Children Adolescents and Young Adults with Cancer An overview of diseases and treatment

Professor Ross Pinkerton

MB, MD, FRCPI, FRCPCH, FRACP

Queensland Children's Cancer Centre

Curriculum Vitae

Professor Pinkerton is the Director of Oncology at the Children's Cancer Centre Royal Children's Hospital. He holds the position of Chair of the Queensland Paediatric Haematology Oncology Network and Chair of the State-wide Child and Youth Clinical Network. Professor Pinkerton's area of expertise includes paediatric and adolescent oncology, children's cancer research, services planning for children with cancer and planning of child and youth services.

Objectives

Types of cancer occurring in children and adolescents differ from those occurring in adults. For both children and older adolescents, the specific etiology of the most common cancers is unknown and diagnosis can be difficult because initial symptoms can be similar to common health problems in these populations. Management of cancer in children and adolescents differs from that in adults because of physiologic, psychological and social differences in these populations. This paper will discuss cancer types, causes, diagnosis and treatment for childhood and adolescent cancers.

Invited Presentations

Paper 8

Interconnected – Children Adolescents and Young Adults with Cancer Fertility concerns for adolescents and young adults

Dr Warren de Ambrosis

Senior Infertility Specialist
Queensland Fertility Group

Curriculum Vitae

Warren trained in obstetrics and gynaecology, taking a special interest in infertility treatment. Having been involved in IVF since the earliest Australian treatments were performed more than 25 years ago, Warren has since ceased to practice obstetrics and operative gynaecology in order to concentrate on infertility management and office gynaecology. A founding director of Queensland Fertility Group, Warren has had particular success in treating older women wishing to become pregnant, and is also popular among same sex couples. Warren's word-of-mouth referral rates and his ongoing relationships with his patients testify to the effectiveness of his

down-to-earth, relaxed approach and his adaptability to suit patient needs. Warren turns a difficult situation into as positive an experience as possible, exploring every option for achieving pregnancy.

Objectives

The occurrence of infertility for children, adolescents and young adults with cancer is dependent on a range of factors, including the type and dosage of cytotoxic agents used for treatment. The risks of infertility need to be assessed and discussed prior to therapy as well as options such as egg harvesting and sperm storage. This paper will present contemporary approaches to infertility.

Paper 9

Enlightened – The Cancer Care Professional Journey from Clinician to PhD

Dr Pauline Rose RN

Nurse Unit Manager
Radiation Oncology Mater Centre,
Princess Alexandra Hospital, Brisbane

Curriculum Vitae

Pauline's oncology experience commenced in 1982 in Clinical Haematology in Sydney, and in 1985 commenced at the Queensland Radium Institute, delivering chemotherapy from 1988 to 1991. From 1990 Pauline has been the Nurse Unit Manager at the Radiation Oncology Mater Centre in Brisbane. Pauline completed her Master of Nursing (Oncology) in 1998, and graduated with a PhD in 2010, both from QUT. Pauline is a member of the Oncology Nurses' Group, Brisbane, and the Cancer Nursing Society of Australia (CNSA), and is current Chair of the Radiation Oncology Special Interest Group in CNSA. She is currently serving on the Education Committee for CNSA, and has participates in the Radiation Oncology Nurses group for EviQ, participating in the nursing workshops to provide information materials for patients and health professionals. Pauline was a co-contributing author of the Radiotherapy Foundation Module for EdCaN, a national cancer education website for nurses. Pauline has presented at international nursing conferences, and regularly at national and local conferences. She has published

several articles in peer-reviewed journals. Pauline participated in an online learning program in radiotherapy for the European Oncology Nurses Society in 2010, providing a Power Point presentation with voice over on 'Changing Practice'. She lectures at the Queensland University of Technology in Brisbane for the undergraduate radiation therapy program, and presents at nursing education programs for the Cancer Council Queensland. Pauline was the recipient of a Queensland Nursing Council Novice Researcher Grant in 2004, and was the recipient of the Robert Bourne Travelling Scholarship in 2009.

Objectives

All health professionals working in cancer care have a mandate for professional development and continuing education, to ensure competence for practice, to contribute to the development of the profession, but most importantly to provide the best possible care for people with cancer. This paper will present the challenging, but ultimately worthwhile journey of a nurse from clinician to PhD and how this journey has contributed to the body of work in cancer care.

Paper 10

Enlightened – The Cancer Care Professional Use of the Internet to achieve education outcomes

Ms Kylie Ash RN

Queensland University of Technology

Curriculum Vitae

Kylie Ash is a Nurse Educator at Queensland University of Technology. For the last five years she has been involved in the development and implementation of the National Cancer Nursing Education Project (EdCaN). Kylie completed a Masters in Cancer Nursing in 2008.

Objectives

Rapidly changing treatment developments and the increased survival of patients have brought about the need for health professionals in cancer care to expand their knowledge and repertoire of interventions using a range of education tools. The use of internet sites are a convenient and efficient way to achieve educational outcomes, and are specially relevant for health professionals living in regional, rural and remote areas of Queensland. This paper will examine the suite of cancer care learning materials and tools available via internet for health professionals across the state

Paper 11

Enlightened – The Cancer Care Professional Cancer Professionals and the Law

Mr Shane Evans

Health Industry Specialist
Minter Ellison Brisbane

Curriculum Vitae

Shane Evans is a health industry specialist, with his practice dedicated to servicing the claims, advisory, and commercial needs of his health clients in Queensland and nationally. Shane's clients include public and private hospitals, government health departments, individual health care professionals, international and local insurers, pathology and radiology providers, aged care facilities, health professional registration boards and industry bodies.

Objectives

Health professionals in cancer care have major concerns about the ethics of care. They are involved with issues of truth telling, patient autonomy, self-determination, informed consent and quality of life. The care relationship between consumer and health professional is reliant on confidentiality, but the realities of cancer diagnosis and treatment mean that the health professional is confronted with issues of confidentiality and disclosure on a daily basis.

This paper will address the factors that impact on confidentiality between the consumer and health professional in cancer care.

Invited Presentations

Paper 12

**Supported –
An Interrupted Life.
The Psycho-social
Impact of Cancer
The patient's view:
A lived experience**

**Mr Peter McLaughlin
& Mr David Robertson**

Objectives Vitae

The diagnosis of cancer disrupts a person's life. People with cancer are confronted with an array of emotions that can seem overwhelming. A cancer diagnosis can mean changes to lifestyle, relationships, and plans for the future. These papers will present the lived experience of the cancer diagnosis and ways of coping with cancer day to day.

Paper 13

**Supported – An
Interrupted Life.
The Psycho-social
Impact of Cancer
The cancer impact from
a nursing perspective**

Mr Michael Bishop ^{RN}

Cancer Care Co-ordinator
Breast and Colo-rectal
Royal Brisbane and Women's Hospital

Curriculum Vitae

Michael Bishop has been working as a Cancer Care Nurse for 11 years. This work has occurred within both the in-patient and out-patient setting. Michael currently works as a Cancer Care Coordinator at the Royal Brisbane and Women's Hospital in the area of Breast and Colorectal Cancer. In addition to his current work at the Royal Brisbane and Women's Hospital, Michael has also had the opportunity to work at the Peter MacCallum Hospital in Victoria and the Royal Free Hospital in London.

Objectives

This paper will discuss the cancer care co-ordinators role in supporting the person with bowel and breast cancer through their cancer journey. Case histories will be used to demonstrate how this role makes a difference to the way people cope and helps to reduce the impact of cancer.

Paper 14

Supported – An Interrupted Life. The Psycho-social Impact of Cancer The cancer impact from an allied health perspective

Ms Denise Gray

Psychologist Fraser Coast Wide Bay
Cancer Care Team

Curriculum Vitae

Denise has worked as a Clinical Psychologist for ten years in Adult and Child and Youth Mental Health, prior to commencing in Cancer Care when the Allied Health Cancer Care Team was formed in 2008. She has worked overseas, training business executives in stress management techniques and has interests in Mind/Body medicine, mindfulness, and hypnotic techniques. Within her role in Cancer Care, she aims to promote good immune function in cancer patients through teaching various stress management techniques. Professional memberships include the Australian Psychological Society and the Australian Society of Hypnosis. Denise brings personal experience to cancer care, having travelled the cancer journey with her husband before his passing in 2010. Along with her clinical experience, she brings life experience from her time as a full time mother of eight, and even now delights in being around her family. Her 23rd grandchild is due as this conference is being held.

Objectives

Successfully reducing the impact of cancer involves the work of a range of health professionals in public and private sector and NGO's, and in hospital and community settings. This paper will present the impact of cancer from an Allied Health Professional viewpoint, including a case history demonstrating a model of support that can be adapted to any health setting.

Paper 15

Workshop Compensable cancer, total and permanent disability, superannuation and insurance

Mr Trent Johnson

Associate Maurice Blackburn Brisbane

Curriculum Vitae

Trent Johnson is a Lawyer in Maurice Blackburn's Queensland dust and occupational exposure practice. Trent represents many people affected by asbestos related illnesses as well as acid, dust, UV and chemical exposures. Trent has represented injured people for in excess of seven years and his clients commonly suffer from terminal and life threatening illnesses. Prior to working as a Lawyer, Trent was employed as a Registered Nurse in an Emergency Department on Brisbane's north side.

Objectives

- Define and discuss superannuation, death and disability benefits
- Discuss the importance of, and process for early access to superannuation for people with cancer
- Define 'Total and Permanent Disability' and the implications for people with cancer
- Discuss the process of a 'Terminal Illness Claim'
- Describe the difference between a Binding Nomination and a Nominated Beneficiary
- Outline the barriers to obtaining travel insurance for people with a pre-existing condition such as cancer and ways to overcome these barriers
- List 'compensable' cancers and factors that may impact an individual's claim

Invited Presentations

Paper 16

Cancer and Lifestyle

Professor Debra Anderson

Professor in Nursing: The Queensland University of Technology

Curriculum Vitae

Professor Anderson has over twenty years' experience in nursing practice, education, research and management. She has nursing and educational qualifications including a Masters in Nursing and a PhD in Social and Preventive Medicine. Professor Anderson is the Director of Research of the School of Nursing and Midwifery and a member of the Institute of Biomedical Innovation, Queensland University of Technology. Professor Anderson was based as a nurse scholar in Geneva at the World Health Organisation in 2009. She worked with the Chief Nursing Scientist and the Strategic Directions for Nursing and Midwifery (SDNM) 2010-2015 working party on the SDNM. Professor Anderson presented the updated SDNM to the WHO 12th Global Advisory Group for Nursing and Midwifery Development in 2009 at the WHO headquarters in Geneva, Switzerland and at the WHO Collaborating Centres for Nursing and Midwifery Conference on Primary Health Care in Brazil, 2010. Professor Anderson's research focuses on understanding the basis and effects

of risk behaviours in midlife and older women and the interventions to change them, focusing on wellness and healthy behaviours. Her research aims to promote healthy behaviour change in women with chronic disease including women with diabetes and breast cancer survivors including physical activity, dietary intake, stress management, and smoking cessation; and to develop and test interventions that promote these behaviours. Professor Anderson received an Australian Academy of Science, Japanese Society for the Promotion of Science Invitational Research Fellowship, and has been invited by Harvard University twice to discuss findings from her research.

Objectives

At the conclusion of this session, participants will be able to:

1. discuss evidence-based research and apply findings to the care of patients in the area of Cancer and Lifestyle Issues
2. incorporate knowledge gained into nursing practice and education of patients and their families

Paper 17

Dealing with Jerks in the Workplace: Surviving challenging staff

Ms Catriona Booker RN

Assistant Nursing Director,
Education Coordination,
Workforce Development & Education
Unit,
Royal Brisbane & Women's Hospital,
Visiting Fellow Queensland University of
Technology

Curriculum Vitae

In her current role, Catriona assists in the management and coordination of strategies to support education services and clinical practice standards for nursing and midwifery. Catriona provides mentorship & consultative education support to colleagues internal & external to the facility. With a clinical background in midwifery and mental health, Catriona actively participates on several Queensland Health committees and professional bodies. Catriona's particular professional interests include leadership, succession management and mentoring.

Objectives

A great deal of a line manager's productive time is absorbed as a result of challenging behaviours and attitudes of a small proportion of difficult staff. Historically this group tend to have been subliminally 'given permission' to exhibit unprofessional and unsociable conduct particularly when line managers perceive they are unable to successfully modify behaviours. Throughout the presentation workplace examples and strategies to address difficult staff will be discussed in context. In order to successfully manage

difficult staff a raft of skills, structured supports and executive endorsed systems and processes should be available to support a culture of non-tolerance of challenging staff behaviours. The principles of performance appraisal and development form the foundation and provide a formal mechanism for the identification to gauge ongoing progress. A pivotal component comprises interaction on a one to one basis with the 'difficult staff' member. This strategy has been recognised as providing positive results opposed to just ticking the box of an education program such as 'Conflict Management'. Experience indicates strategies such as education programs in isolation provide little impact on behavioural change. While some success can be claimed through individual consultation, many challenging staff are tolerated and managers continue to take no action. This is often the case when they are difficult to replace or demonstrate some talent. However smart organisations weed out these people at recruitment or through performance appraisal and development. A multifaceted approach with a strong focus on the individual is critical, however one size does not fit all.

Delegate submitted papers

Paper 18

Mindfulness Groups for Men with Advanced Prostate Cancer: Feasibility and Effectiveness

Presenting author: Samantha Clutton

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2. Cancer Council Queensland,
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Purpose

Men diagnosed with advanced prostate cancer experience higher psychological distress and greater unmet supportive care needs than men with localised disease. A mindfulness-based cognitive therapy group intervention was trialled for acceptability and effectiveness in this patient group.

Methods

Nineteen men were initially recruited to three groups and twelve completed final assessments. Outcomes assessed included anxiety, depression, cancer-related distress, prostate cancer specific QOL, and mindfulness skills at baseline, immediately post and three months post-intervention. Satisfaction measures and in-depth interviews were undertaken post intervention to describe men's personal experiences of the groups.

Results

Significant improvements were observed for anxiety ($p=.027$), avoidance ($p=.032$) and mindfulness skills ($p=.019$), with a trend for a reduction in fear of cancer recurrence ($p=.062$). Effect sizes were small to moderate. A shared group identity, acceptance of and learning from other group members were key aspects of the group context that contributed to acceptance of progressive disease.

Conclusions

Mindfulness-based group interventions appear to have utility in this patient group and show promise for reducing anxiety, avoidance and fear of cancer recurrence. Peer learning appeared to be helpful in generating acceptance of advancing disease.

Paper 19

A common journey of unmet needs?

Presenting author: Brenda Goldie

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The purpose of this presentation is to explore the cancer journey of a patient outside the usual oncology treatment areas. It will explore what healthcare needs patients have that may or may not be met when they are at home dealing with the consequences of their cancer diagnosis. Interactions with community health agencies, cancer support organisations, family and friends and with various media (i.e. Internet, newspapers, journals and social media etc.) all represent parts of the cancer patient's journey. This presentation will review recent research in the area of psychosocial and practical support for cancer sufferers and explore if patients' needs are being met in these vital areas. Contemporary issues in cancer care such as chronic disease management, survivorship

and cultural differences will also be explored in the context of psychosocial and practical support research findings. Questions addressed in the presentation will include:

- Are the care options prescribed in the literature being delivered to patients equably across the community and who is delivering this care?
- Could this care be better delivered by different groups?
- What are our patients telling us about these issues?

This presentation will lead to more questions than answers and will hopefully provide a framework for discussion amongst delegates.

Paper 20

Associations between Posttraumatic Growth and Adjustment Outcomes in Thyroid Cancer

Presenting author: Dr Rachel Costa

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Assisting authors:
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Few studies have examined psychological adjustment in thyroid cancer (TC) patients and no published studies have investigated posttraumatic growth (PTG) in this population. This study examined relations between PTG and adjustment in TC using an expanded conceptualisation of adjustment that incorporated higher order cognitive and motivational states and health behaviour changes, and a PTG measure that accounted for positive and negative changes. Partner ratings of patient's PTG and health behaviour changes were examined as sources of external validity for these constructs. A total of 154 TC patients and 32 partners completed questionnaires. Findings supported the prediction that PTG would be

associated with greater positive affect and positive health behaviour change, and better outcomes on the higher order cognitive and motivational states of adjustment. After controlling for demographics and cancer stress, PTG evidenced associations with greater positive affect, wisdom, spiritual wellbeing and lifestyle changes. Results suggest that PTG is related to health behaviour change that is corroborated by significant others and is strongly related to the existentially oriented adjustment outcomes. Longitudinal studies should explore whether these associations persist over time.

Paper 21

Overcoming challenges in supporting health and wellbeing for cancer survivors

Presenting Author: Bernice Kelly

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A/Prof Anna Hawkes¹, A/Prof Ken Pakenham², Ms Susan Bell¹, Ms Bernice Kelly¹, Ms Tania Patrao¹

1. Viertel Centre for Research in Cancer Control, Cancer Council Queensland, Brisbane, Australia.
2. Cancer Prevention Research Centre, University of Queensland, Brisbane, Australia.

Purpose

Improvements in lifestyle factors (physical activity, diet, overweight, smoking, alcohol) can significantly enhance quality of life and survival for colorectal cancer (CRC) survivors, however the majority of survivors do not make voluntary lifestyle improvements post-diagnosis. We are currently conducting a randomised controlled trial of a novel lifestyle intervention to improve lifestyle factors and quality of life for 430 recently-diagnosed CRC survivors ('CanChange'). CanChange is telephone-delivered by 'health coaches' (study trained health professionals). We will present the experience of health coaches in successfully delivering the intervention.

Patients and Methods

Intervention participants (n=215) receive 11 x 30 minute telephone health coaching sessions over a 6 month period. The intervention has a focus on lifestyle factors and includes mindfulness and acceptance based strategies to

support adjustment to cancer and promote lifestyle improvements. Data is collected at baseline, post-intervention and at 12 months to investigate the effect of the intervention in comparison with the control condition.

Results/progress

Participants have completed the intervention and data collection will be completed in April 2011. The intervention was highly acceptable, with study participants reporting a high level of satisfaction. Participants' commented positively on the rapport with their health coach as well as the support they received in both their recovery and in "keeping their lifestyle on track". Two case studies will be presented to demonstrate the challenges in health coaching cancer survivors to improve their lifestyle.

Conclusion

Health coaching is a valuable method for improving lifestyle factors and overall quality of life for CRC survivors.

Delegate submitted papers

Paper 22

Introducing Art Therapy as a Psychosocial Support Service in the Haematology / Oncology Setting

Presenting Author: Diana Moore

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2. The University of Queensland

The psychosocial support of cancer patients is an emerging concern. A diagnosis of cancer and the subsequent treatment process can result in a person experiencing a sense of isolation from family, friends and work colleagues, producing feelings of fear, hopelessness and even anxiety and depression. We explored art therapy as a support service that would provide cancer patients with an avenue to creatively integrate the physical, emotional and spiritual care during their cancer experience.

An eight week art therapy project was conducted April – June 2010. Participants of the group completed the Depression Anxiety and Stress Scale (DASS) questionnaire pre and post the project. Twelve people expressed an interest however weekly attendance ranged from 4 to 6 people due to unexpected illness, and scheduling of treatment / appointments. Weekly

sessions were planned, however these changed to reflect the goals of the group. The group sessions included creating a group banner, creating a self box, and completing an art canvas to leave on the unit.

Results demonstrated high levels of anxiety and depression on the DASS questionnaire in 2 participants which were reduced at post testing. The group banner and individual painted canvas were presented to be displayed on the unit. This project overwhelmingly supports the need for patients to have a safe place that they can regularly meet with others to creatively express their feelings and ideas which supports their social and emotional needs. The plan is to implement a weekly art therapy class in 2011.

Paper 23

Music Therapy Services in Paediatric Oncology: A National Clinical Practice Review

Presenting author: Maggie Leung

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Royal Children's Hospital

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Assisting authors: Belinda Ayres

Music therapy is the systematic use of music in addressing the physical, emotional, cognitive and social needs of individuals within a therapeutic relationship (Australian Music Therapy Association Inc, 2010). Literature supports that music therapy in paediatric oncology can assist in adjusting to illness, decreasing anxiety levels and pain perception, and enhancing motivation in allied health therapy treatment (Robb & Ebberts, 2003). The first paediatric music therapy program was developed in 1991 at the Royal Children's Hospital (Melbourne), funded and supported by the University of Melbourne. Currently there are 428 music therapists throughout Australia, and 21 music therapists practicing within a tertiary paediatric setting. The purpose of this presentation is to

demonstrate the role of music therapy within the multidisciplinary team of the Queensland Children Cancer Centre at the Royal Children's Hospital (Brisbane). A review of music therapy clinical practice has been undertaken and resulted in the implementation of increased clinical service modules. This presentation will: 1. outline the current evidence-based literature in relating to music therapy in paediatric oncology; 2. report on the Australian music therapy services across all paediatric oncology sites via a national survey data collection; 3. present the outcome of the implementation of change in practice at Royal Children's Hospital (Brisbane) music therapy services; and 4. discuss future directions in music therapy clinical practice. (References provided)

Paper 24

Effects of Hereditary Diffuse Gastric Cancer and Implications for Nurses

Presenting author: Ann Framp

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Hereditary diffuse gastric cancer (HDGC) is an aggressive form of stomach cancer, first discovered in 1995. The mutated gene is inherited in an autosomal dominant manner and accounts for 1-3% of gastric cancer worldwide. Once the person is diagnosed as having the responsible mutation, they have a 75 – 80% chance of developing the cancer by the age of 80, with the average age of onset being 37 years. People who are predisposed to HDGC have to meet many physical and psychological challenges relating to the disease.

There has been little nursing research and minimal guidance for clinical nursing practice for those with HDGC. The presentation will include information about the disease, including preliminary knowledge of the physical and psychological effects relating to the disease. A review of the literature regarding similar genetically inherited cancers and associated implications will be explained to provide nurses with understanding of care requirements for those predisposed to HDGC.

Paper 25

Decoding The Young Adult's Cancer Experience

Presenting authors: Janine Deevy; Claire Masula; Danica Tardiani; Elena Moody. Adolescent and Young Adult Team, Cancer Care Services

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Horror, fear, disbelief and sadness are common reactions of friends and colleagues when we explain that we work with Adolescents and Young Adults who have cancer. "How sad!", "Wow, I hate that age group!", "Glad it's you not me" or "I just don't know how to talk with them" are common statements. Is it any wonder that there is a cloud of mystery surrounding this age group when you consider the world of text. Take the above examples, letters are missing from words and pictures and symbols are used to describe emotions or actions. Communication, largely takes place over the World Wide Web, and social networks are the way to stay in touch with society. As a team of specialist Young Adult Cancer Care Workers

(i.e. Social Worker, Psychologist, Occupational Therapist and Cancer Care Coordinator) it is our aim to raise awareness of the needs of this age group, provide education and support for our colleagues and dispel some of the more commonly held beliefs and myths regarding the behaviours and habits of young people. A combination of case scenarios, individual patient stories and information based on evidence and research will be utilised in order to highlight the work that we do on a daily basis at the Royal Brisbane and Women's Hospital. Our aim is to provide practical strategies and tools to assist health professionals and family members communicate and interact with the young patient.

Delegate submitted papers

Paper 26

Staff Supervision in Palliative Care

Presenting author: Mark Lynch

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Allied health, particularly social work have always had compulsory supervision as it is considered to be a worthwhile investment for ensuring effective service delivery and the wellbeing and retention of staff. Palliative care teams have begun to explore regular team supervision as an important part of providing a good working environment that delivers exemplary care. Immediate benefits of investing in regular supervision are the development of an interdisciplinary team approach, collaborative team practice, effective communication and

development of conflict resolution processes. Supervision also addresses compassion fatigue at a team and individual level, as well as providing debriefs for distressing and challenging cases. The introduction of supervision in cancer care reflects the World Health Organisation's recognition of the importance for all in providing interprofessional learning environments. This presentation will provide an over view of how supervision can be incorporated into a busy team and answers questions on the relevance of supervision for teams in cancer care.

Paper 27

The Impact of Cancer and Nursing Role Change at the Royal Brisbane and Women's Hospital

Presenting author: Ronald Middleton

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Assisting authors:
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Over the years, the impact of cancer has been demonstrated in many ways with patients, diseases, treatments, supports and staff caring for these patients and families affected by cancer. One of the biggest impacts over the last decade has been the evolving specialised nursing roles to meet the care of the cancer patient. There has been a number speciality and advanced practice roles developed. At the Royal Brisbane and Women's Hospital (RBWH), we have seen a significant increase in cancer patients being referred and treated. This has impacted on inpatient and outpatient bed utilisation. Our inpatient bed capacity has been exceeding 130%; with the impact that demand for services has seen a number of patients being cared for in non-Cancer Care beds which has effected patient

treatments and patient flow in and out of Cancer Care Services (CCS). To meet this pressure and concerns from nursing staff; a role review has been initiated by the Nursing Director, so that all cancer patients outside of CCS have a daily nursing review to assist with optimising care and treatment and assist with prioritising admission into CCS in collaboration with medical, nursing and Allied Health staff members. As the role further evolves and develops, we expect to build stronger clinical relationships with all service areas of the hospital. The impacted of cancer can be seen in many ways; this is one way that nursing has endeavoured to meet the challenge of our patients and hopefully lessen some of the impacts in their cancer journey.

Paper 28

Make Data Your Ally in Clinical Practise

Presenting author: Barbara Page

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Background

Data collection is an important component of health care. Data aids in health service planning and quality assurance. Although the importance of data collection is appreciated it can also become an extra burden on clinicians with an already high workload. There are many cancer databases in existence; enterprise applications e.g. CHARM, professional body specific databases and departmental/individually developed databases. Many databases are available to select individuals and facilities and usually have limited capability to share information and data analysis outcomes. Queensland Cancer Control Analysis Team have developed a web based data collection and meeting tool called Queensland Oncology Online (QOOL) which has the potential to free up the constraints of current databases and be available to all health professionals involved in the care of a patient with cancer.

Objective

To demonstrate how QOOL can become a health professional's ally in clinical practise by having real time, up to date patient information on hand, access to multidisciplinary meetings, cancer care coordination and the potential to increase a clinicians' knowledge base of specific cancers and their treatments.

Conclusion

Queensland Oncology Online is able to be used in several ways. It provides the means to collect tumour specific data, has a multidisciplinary meeting component and is a useful communication tool for cancer care coordination. Data sourced from QOOL is analysed through the Oncology Analysis System which provides health professionals with a means to analyse their own cancer population.

Paper 29

Improving medication safety by introducing a cytotoxic therapy time out procedure checklist

Presenting author: Diana Moore

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Assisting authors:
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1. Mater Health Services, South Brisbane,
2. Haematology and Oncology Clinics of Australia

Prevention of errors is a critical goal of health care professionals in all treatment settings – especially oncology. For chemotherapy, particularly high dose therapy and stem cell transplant, the margin for error is small and the potential for harm significant. The ability to successfully treat oncology patients has resulted in multiple courses being given over a prolonged period in a variety of settings changing the disease trajectory. We report a patient with myeloma whose stem cells were collected and a tandem transplant completed in 2003. Following disease progression the patient was admitted and received high dose chemotherapy in 2009, however no stem cells were left for reinfusion. Part of the analysis involved reviewing administration of chemotherapy resulting in a more rigorous process being applied to the administration

of anti-cancer drugs. A time out checklist has been implemented to ensure all steps in the checking process are completed before any drugs are administered. The checklist commenced in May 2010 and an audit was conducted in February 2011. The worksheets for one week were retained and an audit of patient records completed to check compliance of the new process. The audit revealed 101 anti-cancer drugs were administered on 54 separate episodes. The checklist was utilised 100% of the time with 15 out of 16 steps accurately completed. The accuracy for one step was only 55% identifying further clarification is required. The potential for harm has been acknowledged by staff and the strategies implemented have been overwhelmingly accepted leading to improved medication safety.

Delegate submitted papers

Paper 30

Developing a Guide to Clinical Skills Achievements aligned with TPNEP Cancer Nursing Modules within Gold Coast Health Service District Cancer Services

Presenting authors:
Debbie Farrell;
Suzanne Oakley

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Objective

To develop a Graduate Rotational Program in Gold Coast Health Service District (GCHSD) within the sphere of cancer care that would encompass the ambulatory setting (Haematology Oncology Day Unit) and the Inpatient Unit (Ward 9A). This program would be structured to enable the graduate nurses, their preceptors and facilitators a guide that support the new cancer nurse to chemotherapy competency within the first 16 weeks. Presentation: This graduate program would expand on the original "HOP to IT" program commenced in 2009. The previous "HOP to IT" Graduates experienced cancer care across the ambulatory day care setting, the acute inpatient haematology/oncology unit and the palliative/terminal care phase of the patient's journey. Changes to the program were required due to the relocation of the Palliative Care Unit from Southport to Robina, and the establishment of Clinical Facilitators within the two clinical areas at Southport providing support to the Clinical Nurse Educator, as well as feedback from the previous

two rotations and a request from the Nurse Unit Managers who were requesting increased skill mix for their establishments. Expansion of the Cancer Services within the GCHSD have been developed in preparation for the opening of the new Gold Coast University Hospital in 2012 to meet increased demand and in line with the state wide Cancer Plan. Workforce planning has also highlighted the need for an increase in nursing staff skilled in Cancer Care. Our presentation will include where GCHSD Cancer Services Graduate rotation "HOP to IT" began and the discussions undertaken with the key stakeholders that have underpinned the development of this twenty four (24) week program that has been introduced in 2011.

Conclusion

"Growing our own" remains the philosophy within GCHSD and especially Cancer Services. Enabling our graduates to become chemotherapy competent gives them a greater scope of practice and a deeper sense of providing a holistic approach to the cancer patient.

Paper 31

A Head & Neck Cancer Patient's Journey Through The Townsville Cancer Centre

Presenting authors:
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Sarah Deacon

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The cancer care journey can be a daunting experience for all patients, and many patients face additional hurdles that may further impact on this journey. This is especially true of many patients attending The Townsville Hospital Cancer Centre. Townsville Health Service District itself encompasses a large geographic area and also services adjoining health service districts, being the only tertiary centre providing radiotherapy in the north. The high population of patients from rural or remote areas, along with a high Indigenous population, presents many challenges to providing patient care. This presentation will discuss the role of the multidisciplinary team operating at The Townsville Hospital Cancer Centre and demonstrate the way in which all disciplines involved in this team communicate and work

together. A case study format has been chosen to illustrate a specific rural Indigenous patient's journey through the Townsville Hospital Cancer Centre, showing how each of the disciplines was involved in this patient's care. Specific patient assessment tools that have been created at The Townsville Hospital Cancer Centre will be discussed, as well as the clinics and meetings that operate within the centre. Initiatives in liaison with other health districts and the development of telehealth procedures for patient follow up will also be presented. It is anticipated that this presentation will not only provide insight into some of the barriers experienced by rural and Indigenous patients, but will also demonstrate the effectiveness of an integrated team approach to patient care.

Paper 32

Diverse access to a Medical Oncologist ‘The Bundaberg Experience’

Presenting author: Kay Hoberg

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The Royal Brisbane and Women’s Hospital medical staff visit Bundaberg regularly, and are responsible for all medical oncology patients at this site, including consulting with patients, prescribing and supervising chemotherapy, as well as, responding to numerous daily emails and phone calls for these patients. Currently, the outreach clinics are at capacity with no sustainable capability to increase local cancer services due to lack of funding, specialist staff willing to travel and clinic space. Telehealth packages have been designed to assist in providing support to continue services. The Medical Review Clinic project was funded to provide safe, appropriate and continuing care to patients of Queensland Health currently

receiving active cancer treatment in Bundaberg. These oncology reviews are conducted prior to successive rounds of cytotoxic chemotherapy using video conferencing technology. The patients are initially seen face to face at either the Royal Brisbane and Women’s Hospital or the Bundaberg Hospital outpatients departments. The first treatment round is undertaken in Brisbane with successive treatments provided locally in Bundaberg. The review clinics are conducted weekly, with up to six patients seen during a two hour video conferencing session. With the video conferencing capability patients are reviewed between successive treatment rounds by a Medical Oncologist who supports the local health professionals.

Paper 33

Assessing Mouth Cares at the Front Door.

Presenting author: Pauline Burge

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Mouth cares in cancer patients is an important aspect of care that requires identification of commonly occurring conditions and timely treatment of oral conditions to prevent future problems and complications. This is important prior to, during and after a patient undergoes chemotherapy or radiotherapy treatment.

Improving the mouth condition of our patients was identified as an area for improvement within the rehabilitation unit. Oral conditions were historically recognised by nursing and speech pathology staff but there was no formal means of assessing a patients mouth condition or guidelines as to treatment for the condition. We are in the process of implementing a new framework for assessment of each patients mouth condition on admission to the

rehabilitation unit to prevent delayed care resulting in other complications and increased length of stay.

The project has involved the multidisciplinary team, and particularly the support of the nursing staff in the unit. Current procedures/guidelines for oral assessment was found to be lacking within the hospital. There was no WUG’s providing procedures for oral care. The MCAT assessment tool was chosen as the mouth care assessment and WUG adapted for the RDH Rehabilitation Unit.

The aim of the project is to assess our patients mouth condition on admission to allow timely prevention and treatment strategies to be put in action, thus reducing the impact of the condition on the patients functioning.

Poster Presentations

Poster 1

Management of Lymphoedema

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Secondary lymphoedema can occur in malignant disease as a consequence of obstruction of normal lymphatic flow. This obstruction may be caused by surgical excision of lymph nodes, infiltrative carcinoma, pressure from large tumours, scarring from surgery, chemotherapy and as result of tissue damage from radiation. Lymphatic obstruction then manifests as a chronic high protein swelling which left untreated can result in an enlarged, heavy, and visually abnormal limb. The affected limb can also be painful and have reduced function as well as being predisposed to cellulitis. The majority of secondary lymphoedema cases treated at HOCA Chermshire Lymphoedema Clinic are as a consequence of breast and gynaecological cancers, metastatic melanomas and prostate cancer. Oncology nurses are in an excellent position to recognise patients in their care who are developing

lymphoedema. Any complaints of swelling, discomfort or heaviness of a limb should be reported to the treating doctor. Otherwise the patient can be referred to a lymphoedema clinic (public or private) or lymphoedema qualified physiotherapist. But how is lymphoedema managed? The majority of the patients undergoing the Lymphoedema Treatment Program at the HOCA Lymphoedema Clinic are managed with Complex Decongestive Therapy. The intensity of treatment is individually tailored for the patient according to the severity of their lymphoedema. The overall aims are to reduce limb size and educate the patient and carers in self-management strategies. Our poster will highlight the various treatment components of Complex Decongestive Therapy as used at the HOCA Lymphoedema Clinic based at HOCA Chermshire.

Poster 2

Embracing the intranet to improve clinical communication

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The intranet is not new to governments or large corporations, however to date they are not being utilised to their full potential. Historically the intranet was used to share historical information, annual reports or general reports; Cancer Services Central is aiming to expand functionality of the intranet, to benefit staff providing direct clinical care in cancer services linking metropolitan and regional facilities. Cancer Services Central intranet was developed in 2007 when it was highlighted as a major priority for linking clinicians within and between facilities, Queensland and nationally. The benefits and scope of the matrix has seen clinical staff requesting the inclusion of additional information so the matrix can evolve further as a functional resource for clinical staff. At the time emphasis was on multidisciplinary teams and where clinical services were provided. Multidisciplinary teams have and are

being encouraged to work across facilities to improve patient treatment outcomes and listing multidisciplinary meetings and contact details on the intranet assisted staff outside of metropolitan facilities to link in and become part of a networked cancer service. Clinical services often change in regional facilities compared to the metropolitan services and identifying and sharing the knowledge helps to give clinicians an understanding of other facilities and improve patient flows across a large geographical area. Keeping intranets functioning are time consuming and difficult, however the benefits for our courageous aim are immense. Creating an avenue for better communication and linking of services via the intranet will in the future be heavily relied upon with facilities reaching physical capacity and growing patient loads.

Poster 3

“Development of a Centralised Referral Centre – Challenges and Triumphs”

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Background

Cancer Care Services (CCS) at the Royal Brisbane and Women’s Hospital (RBWH) is the largest cancer care provider in Queensland. The facility manages Radiation Oncology, Medical Oncology and Haematology. As the service continues to expand, the previous pathways that brought referrals to CCS were inefficient. This became apparent with a move to a new building in 2003, merging all specialities into one location resulting in shared resources. At this time, little review of processes was undertaken. In the years after and with the increase of activity in the one location, the inefficiency of separate processes for the three specialities was compounded. Implementing change proved to be necessary, but challenges were faced and continue to be faced.

Aim

To improve the capacity and patient flow into CCS, through streamlining the management of new referrals into one location.

Method

Between October 2006 and April 2007, Queensland Health (QH) conducted a review of specialist outpatient services.

As a result, CCS investigated the entry of new oncology related referrals into the service line.

Results

A report was published in June of 2007 by QH that gave recommendations to streamline a new approach to policies and procedure pertaining to specialist outpatient services within the state. It made reference to a proposed project to streamline the entry and administrative processing of referrals into the ambulatory cancer care setting. Around this time, an investigation conducted by CCS discovered up to 53 different entry points of new referrals into the facility. This was causing continued delays in referral processing with a lack of standardisation, which in turn was causing issues. Changes were then implemented.

Discussion

To date, entry points of new referrals have dropped to 4, with the development of a centralised referral centre managed by both administrative and clinical professionals. This has resulted in a timelier processing and professional approach to cancer care referrals.

Poster 4

Profiling Cancer Services – What does it show?

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Background

In 2009 Cancer Services Central (CSC) developed a survey to assist in service profiling of the Health Service Districts (HSD) across central area for 2008/2009. The survey provided information on treatment centres delivering chemotherapy or haematological services to cancer patients.

Purpose/Aim

It was anticipated that the survey would capture the characteristics of each ambulatory chemotherapy/haematology unit, summarise the activities undertaken by the unit and inform a more strategic development of cancer services within the Health Service Districts.

Conclusion

Since the completion of the surveys, CSC has been collating the data to create a service profile of the Health Service Districts (HSD) across central area. Through this process we have been able to identify some key area across the sites, for example; standardised data not available; number of chairs allocated; disparity of work load. Data collection, comparison and collation enables planning prioritisation of monies and submissions. The accuracy and detail of information is variable, therefore the validity of the data makes comparison difficult. The 2008/2009 Service Profile has identified the variances in data collection and created a review mechanism which will improve the results for 2009/2010.

Oncology Nurses Group Conference Travel Grant Winners

Each year, Cancer Council Queensland provides travel grants to support health professionals to attend the annual Oncology Nurses Group conference.

The winners of the 2011 travel grants are:

Oncology Nurses Group Grants

Simone Jiggins-Anderson	Innisfail Health Service
Paula Pianta	The Townsville Hospital
Jennifer Hallett	Central Highlands Emerald
Melitta O'Donohoe	Central West Longreach
Lynn Steenhuis	Bundaberg Base Hospital
Jodie Meissner	St Vincent's Hospital Toowoomba
Fiona Fuller	Hervey Bay Hospital
Caroline Howells	The Tweed Hospital

Allied Health Professional Grants

Tanya Trevena	Central Highlands Emerald
Nancy Young	Mackay Base Hospital

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**Announcing the 35th Annual
Oncology Nurses Group Conference
www.cancerqld.org.au/ong**

Brain Cancer Action Week Forum

Cancer Council Queensland's Brain Tumour Support Service will hold a one day forum for brain cancer patients', their families, friends and health professionals on Thursday, May 12, 2011. The free Brain Tumour Support and Education Forum is being held as part of Brain Cancer Action Week (May 8-15, 2011).

Cancer Council Queensland's Brain Tumour Forum will include presentations by a variety of health professionals with expertise in the treatment of brain tumours. Topics will include latest research and clinical trials, diagnosis and treatment, as well as rehabilitation and support services for patients and their carers'. The Forum will include concurrent adult & paediatric brain tumour programs to cater for the specific information and support needs of families affected by brain cancer.

Date: Thursday, May 12

Time: 8.30am – 4.00pm

Venue: Cancer Council Queensland
553 Gregory Terrace,
Fortitude Valley, Brisbane

RSVP: Register online at www.cancerqld.org.au,
phone the Cancer Council Helpline on phone: 13 11 20
or email: judithwhitehead@cancerqld.org.au

Bookings are essential. Seating is limited for the paediatric program. The program and further information is available on Cancer Council Queensland's website at www.cancerqld.org.au



Brain Cancer Action.
Ideas. Research. Hope.

Notes

Program information is correct at the time of publication; however the organisers reserve the right to alter the program if and as is deemed necessary. Cancer Council Queensland and/or its agents have the right for any reason beyond their control to alter or to cancel, without prior notice, the conference or any of the arrangements, time tables, plans or other items relating directly or indirectly to the Oncology Nurses Group conference program. Cancer Council Queensland and/or its agents shall not be liable for any loss, damage, expenditure or inconvenience caused as a result of such alteration or cancellation.

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