

Cancer Council Queensland's 31st Annual Oncology Nurses Group Conference

Friday, September 12 and Saturday, September 13, 2008
Jupiters Hotel and Casino Townsville

Lorraine Binnie, Secretary, Tablelands Oncology Nurses Group

Cancer Council Queensland Oncology Nurses Group 31st Annual Conference was this year held in Townsville. What a great venue! Jupiter's Casino did not disappoint and the weather was great, a nice change from the chilly Tablelands.

The conference maintained its high standard with dynamic presenters providing valuable and interesting presentations. The theme this year was "Looking after each other"; this was a pertinent topic for a variety of reasons. The presentations not only covered recruitment and retention of nurses but also physical, emotional and psychological care of ourselves as we fight the good fight day after day.

I particularly enjoyed the sessions by Anne Swinbourne Senior Lecturer Psychology Department James Cook University, Dr Jane Howard Medical Sex Therapist and Leisa Brown Nurse Educator Royal Brisbane and Women's Hospital.

Keynote speaker Dr Craig Hassed, Senior Lecturer Faculty of Medicine, Nursing and Health Sciences Monash University, Melbourne

reinforced the need to care for ourselves at all times not just waiting until we go on the long awaited holiday only to get sick once we get there!



Keynote presenter Dr
Craig Hassed MBBS,
FRACGP

The conference provided information and education which every nurse could use on a practical level. The trade displays were impressive and the representatives were incredibly helpful and generous with their information and latest developments. I have attended five annual Oncology Nurses Group conferences and would certainly recommend nurses of all levels to attend next year's conference in Brisbane.

Jennifer Fox, Member, Brisbane Oncology Nurses Group

My first Oncology Nurses Group Conference – what an experience. I wasn't too sure what to expect but I needn't have worried. To be surrounded by so many committed and passionate oncology and palliative care nurses was inspiring.

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Welcome to the Spring edition of the newsletter

This newsletter is a special edition, featuring reports from the recent Cancer Council Queensland 31st Annual Oncology Nurses Group Conference. The newsletter sub-committee hope members enjoy reading the conference reports, together with the photo's that truly capture the essence of the theme 'Looking after each other'.

In keeping a hand on the international stage, also included is an article by a Cancer Council Queensland Health Professionals Study and Travel Grant recipient and a report of the recent International Society of Nursing in Cancer Care 15th International Conference on Cancer Nursing.

On behalf of the newsletter sub-committee we thank members state-wide for valuable input and readership this year. We wish you all the joys of the season which is drawing near and look forward to your continued support in 2009.

Welcome

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The conference gave me a unique opportunity to gain an insight into the world of oncology nursing. It was perfectly timed as it served to reinforce my decision to work in the area of oncology and palliative care as a graduate nurse next year. It also gave me an opportunity to talk with experienced nurses about where I should undertake my graduate program.

The theme of the conference, 'Looking after each other', was a timely reminder to all of us that we are vulnerable and if we are to optimise our ability to care for others we should take time out to care for ourselves. The conference included a program of stimulating and often entertaining presentations, some of which challenged our existing behaviours and provided a framework in which to bring about changes in the way we deal with stress.

The social program gave us time to meet and talk with others who know only too well the challenges that are faced every day by those working in an area that requires not only specialised skills and

knowledge, but one that is emotionally demanding. The conference was a great opportunity to develop both personally and professionally and I look forward to next year's conference.



Allied Health Professionals forum



Townsville Oncology Nurses Group

Looking after each other



31st Annual Oncology Nurses Group Conference

By Caroline Humphreys, Secretary, Rockhampton Oncology Nurses Group

Conference workshop



Each year a group of nurses
Gather to the fray
They are not headed for the muster
It's all work – with a little play.

Cancer is their calling
Be it passion, post or learning
Minds are focused, feet are pacing
Thirst for knowledge is their yearning.

For 31 years they have been amassing
To improve a model of care
All are skilled but some brand new
But each, with a story to share.

Two days of workshops
Some simplistic - some complicated
Theories, techniques and information
Up to the minute - not outdated.

Some travel from the east
Others came via the west
Last year they headed way down south
Now Townsville has welcomed them as guests.

So you see there's much dedication
In being an oncology nurse
Take a bow you mighty bunch
And happy 31st.

Presenter Lee-Anne Pedersen



Robyn Fanning and Frank Hughes



Oncology Nurses Group Presidents

Conference delegates



Cancer Council Queensland Oncology Nurses Group 31st Annual Conference

Social dinner





**Picnic Bay Surf Life Savers Supporters Club
The Strand, Townsville
Friday September 12, 2008**



Cancer Council Queensland Health Professionals Study and Travel Grants 2008

A report of Cancer Council Queensland / Queensland Nurses Union Oncology Nursing Scholarship - Awarded to Joanne Kanakis, Bone Marrow Transplant Co-ordinator, Townsville Oncology Services to attend the European Bone Marrow Transplant Conference, Florence, Italy, March 30 – April 2, 2008.

Validated and educated would be to two words that would best describe how I felt at the end of the day on Wednesday, April 2, 2008. In the four days of the European Bone Marrow Transplant Conference I attended sessions on new drugs being developed to improve patient outcomes in graft-versus-host disease, on transplant survival statistics, on the changing roles of nurses within transplant, the history of bone marrow transplant and discussions on 'to transplant or not'. Along with my 5000 friends who also attended we were informed, challenged, enlightened and even confused but I came away with a renewed energy and enthusiasm for my craft. I realised that the service we provide in our tropical paradise called Townsville, although small in numbers, is comparative to institutions that provide transplant services on a much grander scale. I was also exposed to the new possibilities and potential for the future of transplant in North Queensland.

If every nurse could experience the magnitude of learning which was followed by the boost of enthusiasm that I was exposed to by attending this international conference on bone marrow transplantation, the profession of nursing would struggle less with the concerns of retention. So up front I want to say thank you to Cancer Council Queensland and the Queensland Nurses Union for this unbelievable experience and I can only hope that by sharing the experience others will feel some of my excitement.

The aim of the conference organising committee was to combine the conventional and continuously evolving aspects of transplant with the new challenges that we face. The integration of scientific meeting with the nurses, data managers and statisticians resulted in wide and varied choices and opportunities for development.

All sessions were presented in English with only the nursing sessions being simultaneously translated into Italian. Choosing which session to attend became an adventure in itself but I tried to be diverse so that I could experience as much as possible.

Sessions on Multiple Myeloma and the pursuit of optimum treatment was high on my list of must attend engagements. Multiple Myeloma represents a large number of patients receiving transplant within the Townsville Cancer Centre and these sessions reaffirmed that the treatment options that we provide as part of our service are in line with what is considered 'gold standard' throughout Europe.

The treatment of adolescents and the great debate of where they are treated – paediatrics or adults seems to be a hot topic all over Europe just as it is in Queensland. We were presented with data on survival statistics from both areas (adult and paediatrics) and had discussion on comparing this data and what variables should be considered. Although no clear path was identified, there was agreement on principles of caring for this group:

- The area/surroundings they are treated in should be age specific – i.e. for the adolescent group and not just be inclusive of either younger children or older adults.
- Transplants should be carried out by staff that are highly experienced in transplant irrespective of whether they are adult or paediatric physicians.
- And finally, clinical trials must be an integral part of the treatment of this group so that survival outcomes can be improved.

Interestingly though, I have been to educational sessions on adolescents in Australia and we are all having the same conversations, so this makes the world a smaller place as we are not that different.



Overall I left the conference feeling overwhelmed at how much more I need and want to learn about my chosen profession and speciality. However, at the same time I was ecstatic about how much I understood and knew about the topic so I am comfortable with 'where to' from here. The fact that every lecture, poster, display and conversation was about bone marrow transplants was exciting as until this conference, I had never been exposed to such a saturation of transplant professionals, information and expertise.

My interest in stem cell transplantation will only keep growing thanks to this experience and if anyone would like to ask anything about the conference please contact me as I would love to share my experience with anyone who is interested.

I hope you enjoyed reading about my experience and I would encourage all to apply for this scholarship so you too can experience the adventure.

A full copy of this report is available by request by emailing the Oncology Nurses Group at the address ong@cancerqld.org.au



Florence by night



Conference location - the conference was held behind the walls and the fountain was on the way in



Focus on the Rockhampton Oncology Nurses Group

The Rockhampton and Districts Oncology Nurses Group held a workshop on Saturday July 19, 2008. Twenty-two people attended and were very pleased with the program that was presented.

Liz Eakin and Kym Spathinos from the Research Department at the University of Queensland spoke on their research into the benefits and effects of exercise in breast cancer patients. Local Dietitian Jo McCormack spoke on healthy eating and nutrition – this gave a reminder to re-evaluate our diets. Leonie Young from the Kim Walters Choices Program spoke of survivorship and how to embrace it.

To break from the long period of time spent sitting down John Mackenzie provided a short lesson in Tai Chi and the benefits for those recovering from illness and for those who wish to introduce a more relaxed focus in their lives.

Our local Lymphoedema Therapist, Simmone Smith, spoke on lymphoedema and treatments. As nurses working with patients who experience lymphoedema this was a great session. We also watched the DVD on psychosocial issues affecting cancer patients in rural Australia.

Overall a lot was crammed into a short day but the results were very encouraging. During the course of the day the need for nurses who are very supportive from Gladstone and the outer areas of Rockhampton to be included in our meetings was highlighted. Hopefully in the future we can have a phone link-up. A new member was welcomed to the ranks, Diane Hinch and we hope Diane enjoys being part of the group.



The team minus a few

Presenters Kym Spathinos, Leonie Young and Liz Eakin

Brisbane happenings

The Brisbane Oncology Nurses Group together with the Allied Health Professionals Oncology Group have hosted various educational forums for health professionals throughout the year. In July and August, a course titled 'Future directions in cancer care' was conducted over three consecutive Thursday evenings, covering a range of topics including: genetics and cancer, biological and targeted therapies, clinical trials and innovative roles and models in cancer care: cancer care co-ordination and multidisciplinary teams.

In October an education evening focusing on brain tumours was held, with presenters including Neurosurgeon, Dr David Walker who presented about current research findings, new technology and therapies in the treatment of brain tumours. Bette-Anne Hine, Nurse Unit Manager and the multidisciplinary team from 8AS Neurosurgery Royal Brisbane and Women's Hospital presented about the multi-disciplinary approach in the care of brain tumour patients and their families.



Brain Tumour Forum Guest Presenter Bette-Anne Hine



Recognition for nurses caring for people with cancer – The Alf Kretschmar Award

The Alf Kretschmar Award – an essay competition for undergraduate nurses, assistants in nursing and enrolled nurses, is conducted by Cancer Council Queensland in memory of the late Alf Kretschmar, who was the first field officer with Cancer Council Queensland. Nurses who enter the competition submit their story about ‘Caring for the person with cancer – a positive nursing experience’. Nurses share powerful experiences of caring for people with cancer, people who become a great source of inspiration for those who care for them.

The 2008 first prize winner is Jennifer Fox, an undergraduate student at Queensland University of Technology. Jennifer’s story is published in this edition of the Oncology Nurses Group newsletter.

Other 2008 Alf Kretschmar Award prize winners are:

- 2nd Prize Julie Lovatt, Enrolled Nurse, Gold Coast Hospital
- Merit Prize Deborah Schultz, Enrolled Nurse, Toowoomba Health District
- Merit Prize Pamela McGill, Enrolled Nurse, Gatton Hospital
- Merit Prize Pauline Wilson, Enrolled Nurse, Eventide Nursing Home, Charters Towers - Undergraduate Student
- Merit Prize Dorothy Oates, Enrolled Nurse, Mater Hospital, Mackay

“Caring for the person with cancer – a positive nursing experience”

The Alf Kretschmar Award first prize winning essay by Jennifer Fox

“We must turn this negative into a positive”. My husband of 26 years said these simple, optimistic words on the day he was diagnosed with an aggressive melanoma and we were informed he had only months left to live. These words were an unexpected source of strength and guidance for me during his illness and continue to inspire me now, three years on from his death.

It all began so innocently. My husband had a mole checked by a skin specialist and was advised to have it removed immediately. Five days later, the pathology results were in. The prognosis was grim. We were dealing with a very aggressive form of melanoma. This was confirmed when, only a few weeks following the local excision, a sentinel node biopsy revealed metastasis to the lymph nodes. Within months, my husband had metastases in his liver, lungs and bones.

The realisation that my husband’s days were numbered hit me hard. I went from feeling numb, to oddly optimistic, riddled with guilt, and uncharacteristically aggressive. I have no doubt that my husband was experiencing similar turmoil, but we promised to be strong for one another, and for our children. We would make each day count and be thankful for everything we had. At one point my husband wrote in an email to his work colleagues, “I now have six tumours in my liver, and several in my lungs. The ones that were in my liver in January are now three to four times bigger. Apart from that, all is well.” I guess in some strange way everything was well. We came to appreciate the importance of every single day. We drew strength from each other and from those around us as we faced my husband’s inevitable death.

One of the most frightening things about facing cancer was the seemingly endless stream of unknowns, some of which could be answered by medical and nursing staff, most of which could not. Compounding this was the sense of helplessness that came with handing over the control of aspects of our lives to outsiders. However, with the help of a cancer support group and a team of palliative care nurses, we were equipped to deal with whatever came our way.



Presentation of The Alf Kretschmar Award at the 31st Annual Oncology Nurses Group Conference – Jennifer Fox and Rhonda Earel, General Manager Operations Company Secretary, Cancer Council Queensland



Presentation of The Alf Kretschmar Award at the 31st Annual Oncology Nurses Group Conference – Pamela McGill and Rhonda Earel, General Manager Operations Company Secretary, Cancer Council Queensland



The Alf Kretschmar Award first prize winning essay by Jennifer Fox *(continued)*

We were fortunate to be part of a cancer support group where we could talk with others facing situations like our own. We discussed decisions concerning treatment and maintaining the balance between quantity and quality of life. Although emotional and psychological anguish dominated discussions, there was an enormous amount of courage within the group. We drew strength from being around others who wanted to live, but who were preparing to face whatever life and death had in store for them.

As my husband's condition deteriorated, we had to make decisions about where he would spend the final days and weeks of his life – as a family we decided we wanted to care for him at home. We enlisted the help of palliative care nurses who visited daily, or more frequently as our needs dictated.

The physical care we provided under the guidance of the palliative care nurses enabled my husband to remain relatively comfortable in his final weeks of life. The nurses taught us about pain management. We came to understand that while pain may not be totally eliminated, the intensity could be reduced to such a level that it is comfortable for the patient to move and breathe. We talked about managing dyspnoea, nausea, constipation, and were prepared for the distressing episodes of confusion and disorientation my husband experienced as his disease progressed. Our concerns about side-effects and physical dependence on morphine were addressed. Through this education, we were able to maintain a sense of control in a situation that was so completely beyond our control.

As well as being skilled in pharmacological management of palliative care patients, the nurses were equipped to perform a variety of procedures in our home environment. Bladder catheterisation, insertion of intravenous lines, management of the syringe driver, removal of sutures and staples were but a few of the procedures our nurses were able to perform, day or night.

Not only did the palliative care nurses assist us in caring for my husband's physical needs, they went to great lengths to ensure the psychological and spiritual wellbeing of my husband, our family, and myself. We were encouraged to openly discuss our feelings relating to the inevitability of my husband's death. They told us that grief could manifest through denial, anger, bargaining, depression and finally acceptance.

We were worked through our emotions and expressed feelings of loss and sadness, while reflecting on the value of the life we had shared.

When my husband passed away, 11 short months after his diagnosis, I was devastated. I felt hopeless and helpless, wondering if there was any purpose to my life, feeling directionless and depressed. With ongoing contact with the palliative care nurses, our cancer patient support group and the support of family and friends, I worked through my grief. Eventually, I found meaning in our situation and a renewed sense of hope for the future.

As I reflected upon my family's journey with cancer, I was compelled to reassess my purpose in life. I had worked as an accountant in the area of small business taxation for 26 years. This role was rewarding, but only superficially. I could put a smile on the clients' faces by talking to them about healthy balance sheets and tax refunds, but now these seemed like trivial concerns. At the same time, I was continually struck by the privilege inherent in a palliative care nurses' role in the provision of care to those nearing the end of life. Palliative care nurses can make the final months, weeks and days of an individual's life bearable, and can provide essential support to the family and friends of the individual that can make traversing a seemingly insurmountable situation, entirely possible.

I wanted to be one of them and I knew that I could be one of them if I was determined.

So began my journey to becoming an oncology/palliative care nurse. I am now into the third and final year of my nursing degree – in five short months I will be a Registered Nurse. I have been fortunate to spend time in a palliative care setting in conjunction with my study. Again I have been inspired by the quality of nursing care and the difference it makes to patients and their families. My aim is to undertake a graduate program in oncology and palliative care as a further step towards becoming a competent, caring and compassionate nurse. I want to improve the quality of life of patients and their families as they are confronted with the challenges that come with a diagnosis of cancer.

Although the loss of my husband was difficult, and indeed at times unbearable, I have heeded his advice. I have turned this negative into a positive and am optimistic about the future, as I embark on a more satisfying and rewarding direction in my journey through life.



Report on International Conference on Cancer Nursing, Singapore, 2008

Sally Jones, Clinical Nurse Consultant, Cancer Care Services,
Royal Brisbane and Women's Hospital

The International Society of Nursing in Cancer Care conference this year was held at the Suntec International Convention and Exhibition Centre in Singapore. Singapore is a small tropical island nation, whose name comes from the Sanskrit word meaning Singa-pura or "City of Lions". The symbol of the country is the Merlion which is half fish-half lion in reference to Singapore's humble beginnings as a fishing village, its name and its current honour of being the "Lion" of all seaports – it is the largest in that its throughput is the greatest tonnage in the world. Over one quarter of the world's shipping containers, and half of the world's supply of crude oil pass through this port. Singapore is a very multicultural, multilingual, multireligious and multiethnic country, the population being made up of Chinese, Malays, Indian and Eurasian groups who live, work and worship in harmony in the most densely populated country in the world. It was a fitting place to hold a nursing conference whose theme was "Creating Partnerships, Championing Progress and Celebrating Practice".

The truly international flavour of this conference made it something momentous, and the opportunity to listen to and share practice advances, clinical experiences and nursing research was wonderful. There were 41 countries represented in presentations and posters, and the amazing work of cancer nurses working in extraordinary practice settings, in such diverse patient treatment and support environments was highlighted.

There was some work from Australian nurses on display in the posters, and in presentations throughout the conference, and we hope this marks the beginning of Australian nurses working with cancer patients feeling more confident in promoting all the nursing activity occurring around our evidence-based clinical work, associated patient support activities and work processes and service improvement on the international arena. The 16th International Conference on Cancer Nursing will be held in 2010 – location is yet to be determined.

Emerging themes of the conference were:

- ❖ The role of the Care Co-ordinator. This role was called by many names – Nurse Navigator, Pivot Nurse, Care Co-ordinator, Nurse Co-ordinator - but essentially performed the same role - to assist patients and their families to get into, through and out of cancer treatment centres in a timely, safe manner and that all parties involved in their care (including the patient and family) were informed, connected and supported. It is recognised that there are varying aspects of the role, and that there are differences in educational preparation of co-ordinators from site to site. Interestingly, there is some work underway in Utah, in the USA involving lay (non-nurse) navigators with some success.
- ❖ That cancer patient survivorship is becoming as equal a focus for nursing work as prevention, health promotion, diagnosis and treatments. Presenters spoke on topics such as patient resilience, self-efficacy and supportive management, particularly as interventions to address related issues are often be nurse-led.
- ❖ That as the burden of cancer increases globally with the aging population, a developing specialty is in geriatric oncology – balancing the right for older people with a cancer diagnosis to have more aggressive curative treatment with a patient's co-morbidities and challenges of aging body systems.



Mal Fraser and Sally Jones



Queensland Health Update

Queensland Statewide Cancer Treatment Services Plan 2008-2017

The Statewide Cancer Treatment Services Plan 2008-2017 will inform the development of safe and sustainable statewide cancer treatment services and assist the systematic implementation of the Queensland Cancer Control Strategic Directions¹. It proposes priority based short, medium and long-term strategies to enhance cancer treatment services across Queensland.

In cancer control, the health continuum includes, screening, early detection, treatment, palliative care and psychosocial and supportive care. While recognising the critical links with cancer prevention, screening, rehabilitation and the community sector, this plan focuses exclusively on cancer treatment services (and associated diagnostics) in both inpatient and ambulatory settings.

This plan draws on current patterns of service utilisation and available benchmarks to project estimated future requirements for hospital beds, day treatment and radiotherapy services.

This plan identifies a significant expansion of physical infrastructure as a key priority – an investment without which it will not be possible to successfully implement the plan. It also identifies as critical, recruitment, training, retention of the workforce, and other operational resourcing to match the growth in capacity.

In particular, the plan recognises the increasing complexity of cancer treatment, and a shortage of specialised knowledge and skills in the workforce. It highlights issues inherent in sustaining a skilled cancer treatment workforce incorporating medical, nursing, allied health and support staff for now and the future.

The Queensland Health Cancer Clinical Leadership Group and Cancer Control Team have prepared the plan in partnership with the Planning and Coordination Branch. Copies of the full plan are available by following the link:
http://www.health.qld.gov.au/publications/qh_plans/QS_cancer_plan_final.pdf

(excerpts taken directly from Exec. Summary, Queensland Statewide Cancer Treatment Services Plan 2008 -2017. Queensland Health, January 2008)

Queensland Paediatric Haematology Oncology Network (QPHON)

Update September 2008

Anita Cox, Clinical Co-ordinator, Queensland Paediatric Haematology/Oncology Network, Royal Children's Hospital, Brisbane, Queensland

Our Shared Care Educator, Linda Ewing, has been busy visiting our regional centres and making links with as many health care professionals as possible to establish the needs of the staff caring for patients outside of Queensland Children's Cancer Centre (QCCC). Linda will analyse the information she has gathered and address the education needs identified. Education activities will be devised for use by tertiary and regional staff and will hopefully include web-based packages, use of Queensland Health forums as well as more conventional resource packages.

Some planned activities for 2009 are: clinical placements for regional staff to QCCC, appropriate chemotherapy credentialing for regional staff, and an Adolescent and Young Adult (AYA) specific day.

The Regional Case Managers appointed since September 2007 will be meeting again in October to discuss their new roles and exchange ideas. Invitations to the workshop have been extended to another nurse from each of the regional centres to share the information and also any interested allied health practitioners.

Two of our project positions come to a close between now and the end of the year – one looking at provision of service for the non-malignant haematology patients throughout the state, the other looking at the issue of fertility preservation in AYA patients and trying to improve service provision and education for staff and patients.

If any of the above sounds interesting, please contact Anita Cox anita_cox@health.qld.gov.au or Linda Ewing 3636 9226 or 0438 174 848 (ansaphone).



Site surfer report: Website of the edition

All About CanNET Cancer Service Networks

Cancer Australia is tasked with providing national leadership in cancer control. It is Cancer Australia's role to help to bring together the many groups and organisations working in cancer control in Australia. Cancer Australia has developed the Cancer Service Networks National Demonstration Program (CanNET) to link regional and metropolitan cancer services into comprehensive cancer networks.

Access Cancer Australia website:

www.canceraustralia.gov.au

What is CanNET:

CanNET is a model of health care which will improve access to quality, clinically effective cancer services throughout Australia, particularly for specific population groups that may currently have poorer cancer outcomes - this includes the Aboriginal and Torres Strait Islander population and people living in rural and regional areas. CanNET involves the Australian, state and territory governments working collaboratively with consumers of cancer services as well as primary, secondary and tertiary health professionals to improve patient outcomes through better co-ordination of existing services.

It will develop processes and systems to effectively link health care providers in different regions and organisations into single cancer service networks, enabling them to work in a co-ordinated manner to deliver evidence based cancer care. It will improve outcomes by ensuring that care is focused on the needs of individuals affected by cancer. It will also mean that more people with cancer can receive best practice treatment and support closer to home. There are seven CanNET projects throughout Australia, one in each state and the Northern Territory. Together, these project groups have the potential to provide coverage for more than eight million Australians.

Access the CanNET website:

www.canceraustralia.gov.au/cannet-homepage
This website will provide you with information about all CanNet programs and projects being undertaken throughout Australia. Of particular interest is CanNET bulletins and reports; www.canceraustralia.gov.au/cannet-homepage/about-cannet/cannet-bulletins-and-reports - these are produced to inform the CanNET project teams and other interested stakeholders about CanNET objectives and useful resources. These include:

- The managed clinical networks model - February 2007.
- Needs based approach to cancer care - September 2007.
- Clinical leadership - a critical element of network development.
- Feb 2007 - First CanNET National Workshop Report.
- Sept 2007 - Second CanNET National Workshop Report.
- May 2008 - Third CanNET National Workshop Report.

The Cancer Learning website, www.cancerlearning.gov.au, is a continuing Professional Development hub, which is a one stop shop for cancer professionals and other interested parties to locate current and relevant cancer information. The site enables clinicians to do an online tutorial, participate in an online forum, or personalise a professional development plan.

CanNET Queensland:

The Queensland CanNET program is funded by the Australian Government through Cancer Australia, and developed in partnership with Queensland Cancer Control Analysis Team (QCCAT) and Queensland Health.

CanNET Queensland is working with clinicians and consumers to identify where the health service is falling short of consumer expectations and best cancer care practice. The program aims to improve outcomes and reduce disparities in outcomes for people affected by cancer.

The project emphasis is on multidisciplinary care, supporting primary care providers and improving consumer engagement, by bringing together diverse groups of individuals to form cancer care partnerships. QCCAT is providing project support to 12 working groups who are addressing local issues relevant to their cancer networks in Southern and Central Health Service Areas. These projects are well supported by lead clinicians who are engaged in project activities.

Access the CanNET Queensland Newsletter - to find out more about CanNET projects in Queensland. www.canceraustralia.gov.au/media/15413/cannet_qld_newsletter_no_1_september_2008.pdf



THE COUNTDOWN BEGINS!

15th UICC Reach to Recovery International Breast Cancer Support Conference

Breast cancer survivors from around the world have commenced the count down to May 2009, when they will converge in Brisbane for the 15th UICC Reach to Recovery International Breast Cancer Support Conference.

The preliminary program schedule was launched in late August, featuring an innovative and vibrant program of case studies, presentations and workshops.

The conference includes a long list of world-class keynote speakers, such as Dr Annette Stanton, Professor of Psychology and Psychiatry/Biobehavioral Sciences at the University of California, Los Angeles, senior research scientist at the UCLA Cousins Center for Psychoneuroimmunology, and a member of the Jonsson Comprehensive Cancer Center. Dr Stanton's research focuses on identifying factors that help and hinder individuals as they adjust to health-related adversity.

She is recognised as a pioneer in research into stress and coping and related conceptual models in individuals and couples confronting cancer, reproductive problems and other stressors.

Organising Committee Co-ordinator for the conference, Megan Dwyer, said health professionals would benefit from Dr Stanton's insights.

"Participants will have the chance to draw from Annette Stanton's professional experience to gain new understandings of breast cancer survivorship.

"Annette's opening session on survivorship will be followed by break out sessions and concurrent workshops into managing long-term effects of treatment, current issues in lymphoedema and breast cancer, topical issues and advances, and interventions to address survivorship."

In the area of psychosocial oncology, Dr Stanton's work encompasses both longitudinal research and randomised, controlled intervention trials to understand the influences of personality and contextual resources, cognitive appraisals, and coping processes on the quality of life and health in women diagnosed with breast cancer or at risk for the disease.

She received the Senior Investigator Award in 2002-2003 from the Health Psychology Division of the American Psychological Association, in recognition of her research contributions to health psychology.

Days two and three of the conference will address capacity building and peer support, with internationally credentialed speakers including the President of Reach to Recovery International, Ann Steyn.

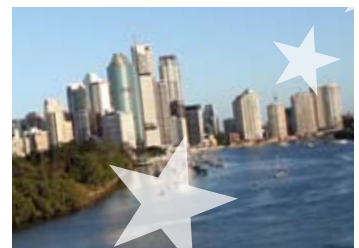
For more information and to view the conference program, go to: www.reachtotherecovery2009.org/.

EARLY BIRD REGISTRATION:

EARLY BIRD REGISTRATION CLOSES
FEBRUARY 12, 2009



15th UICC
Reach to Recovery
INTERNATIONAL BREAST CANCER
SUPPORT CONFERENCE





32nd Annual Oncology Nurses Group Conference

Cancer Council Queensland 32nd Annual Oncology Nurses Group Conference will be held Thursday, October 8 and Friday, October 9, 2009 at the Hilton Brisbane.

Mark your diaries now for this important event on the health professional calendar!

For information about:

- Registration form/call for abstracts and program.
- Trade opportunities.

Please contact:

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Membership renewal 2009

The annual renewal of Oncology Nurses Group membership will be mailed out to members early in the new year. Renewal of membership will provide benefits including:

- Eligibility for travel grants to attend the 32nd Annual Conference being held on Thursday, October 8 and Friday, October 9, 2009 at the Hilton Brisbane.
- Eligibility for the Oncology Nurses Group travel grant to attend the Cancer Nursing Society of Australia (CNSA) Winter Congress or the Clinical Oncological Society of Australia (COSA) Annual Scientific Meeting.
- Priority notification of health professionals grants.
- Priority notification of conferences, seminars, education programs and meetings.

Oncology Nurses Group newsletter contributor's guidelines

The Oncology Nurses Group newsletter is published quarterly as a benefit for members of the Oncology Nurses Group – nurses who care for people with cancer in Queensland. The editorial committee welcomes contributions from nurses about issues relating to cancer and palliative care.

Editorial deadlines for 2009:

Deadline for newsletter submission

January 26
June 1
September 28

Estimated distribution dates

March 23
July 27
November 23



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