



PC4 ANNUAL REPORT 2017/18



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PC4 DIRECTOR'S REPORT

On behalf of the PC4 Advisory and Scientific Committees I am pleased to present this year's Annual Report of our activities over the 2017/18 financial year.

PC4's mission is centred around improving the care and outcomes for people affected by cancer and to promote best practice in cancer care in the primary care setting.

Our strategic vision for 2017-2018 outlined four key areas to focus PC4 activity – clinical trial and protocol development, education & training, membership & communications and governance.

This Annual Report highlights the growth and development seen over the past year across our membership base, communications, support services and in our research portfolio. We have helped support 7 new concepts as well as 4 funding applications. 5 new studies opened to recruitment.

Our new Early Career Researcher Network has brought together an innovative group of researchers from diverse backgrounds. This network, led by Matthew Grant and Joel Rhee, promises to not only provide a responsive learning environment but also to act as a catalyst for new multi-disciplinary projects. We also saw a record number of applications for our Training Award which we see as a promising sign of growth in the

capacity of cancer in primary care research.

Our continued growth is an important feature of what we believe will be an ambitious and future reaching Strategic Plan (2018-21).

The year brought both new challenges and successes for PC4. We said goodbye to our National Manager Todd Mathews in June and welcomed his replacement Kristi Milley. We thank Todd for his commitment to PC4's mission and wish him the best in his future endeavours. Our biggest success was our 5th Scientific Symposium which has continued to grow into the flagship cancer in primary care research conference in Australia.

Thank you again, to the members of our Scientific and Advisory Committees for their continued commitment and dedication to bringing to life our vision of progressing the development of high-quality research concepts into successfully funded cancer in primary care trials. I look forward to an even more productive 2018/19 as we begin plans to celebrate PC4's 10th Anniversary.

A handwritten signature in black ink, appearing to read 'Jon Emery'.

Jon Emery,
Director PC4

PC4 IN A SNAP SHOT



4
Office staff

WHO WE ARE



635
Members



12
Advisory Committee



8
Joint Community
Advisory Group



25
Scientific Committee

RESEARCH HIGHLIGHTS 2017/18



25
Chief Investigators of
supported projects



21
Presentations
international/national



10
Publications



48
Highest Altmetric article
score

TOTAL CITATIONS & PUBLICATIONS 2010-2018



1,908
Citations

86
PC4 publications

142
PC4 presentations

IMPROVING RURAL CANCER OUTCOMES (IRCO)

Despite improving cancer survival rates, there are significantly more deaths due to lung, colorectal, breast and prostate cancer in regional Australia. This is in part due to later diagnosis. The IRCO trial was a factorial cluster-randomised controlled trial, led by PC4 Director Jon Emery. The intervention involved both a community-based symptom awareness campaign and general practice-based education. IRCO was the largest trial to date to test the effect of a community campaign or GP interventions on the timeliness of cancer diagnosis. The trial has now been extended and expanded to include a wider media campaign including a TV commercial.

Emery JD, Gray V, Walter FM, et al. The Improving Rural Cancer Outcomes (IRCO) Trial: a factorial cluster-randomised controlled trial of a complex intervention to reduce time to diagnosis in rural patients with cancer in Western Australia. *BJC* Sept 2017;117:1459-1469

REIMAGINING THE DIAGNOSTIC PATHWAY FOR GASTROINTESTINAL CANCER

This opinion piece in *Nature Reviews Gastroenterology & Hepatology* discussed the increasing demand for earlier, lower risk diagnostic tests for GI cancers. The article describes the novel diagnostic technologies and pathways which could be implemented in the primary care system. In this reimagined pathway, GI cancer diagnostic activity will shift to primary care, reducing the burden of referral to secondary care, and enabling specialists to focus on confirming diagnosis and planning treatment for patients.

Rubin G, Walter FM, Emery JD, de Wit N. Reimagining the diagnostic pathway for gastrointestinal cancer. *Nature Reviews Gastroenterology & Hepatology*. 2018; 15:181-188.

OUR TEAM

OFFICE TEAM



JON EMERY
DIRECTOR



KRISTI MILLEY
NATIONAL MANAGER



SOPHIE CHIMA
RESEARCH CO-ORDINATOR

NEW STAFF

Kara-Lynne started with PC4 late September, 2017. She comes from a design and marketing background and brings her graphic design, communications, social media and event management skills to our team.

She has experience in ecommunications and website design. Her skills have been put to use in designing the new brand style of the PC4 logo and PC4 internal and external communications. She's an integral part of our strategy of utilising and expanding our media channels to support our members and promote the findings of our supported studies.



KARA-LYNNE CUMMINGS
PROJECT OFFICER



“

I see primary care taking an ever increasing role in research as we further recognise the need to include it as a critical part of the multidisciplinary approach to the prevention and management of cancer. The projects coming through the various development arms of PC4, from early and mid-career researchers through to the more experienced is exciting and a testament to the value that PC4 provides in project development. With renewed funding support from Cancer Australia I look forward to working with my colleagues to make PC4 increasingly of value to patients, their families and also to our colleagues engaged in other cancer research areas.

NIK ZEPS
CHAIR ADVISORY COMMITTEE

PC4 COMMITTEES

ADVISORY COMMITTEE



NIK ZEPS - CHAIR



JON EMERY



GEOFF MITCHELL



MAX SHUBB



RAY CHAN



DANIELLE MAZZA



LEANNE MONTEROSSO



LYNDAL TREVENA



NIKKI DAVIS



DANIELLE MILLER



JOEL RHEE



PATSY YATES

PC4 WOULD ALSO LIKE TO THANK
THE FOLLOWING PEOPLE FOR THEIR
GENEROUS CONTRIBUTION:

DANIELLE MILLER BSC (HONS) MPH

Advisory Committee member until April, 2018



“

My favourite PC4 experience for 2017/18 was the Concept Development Workshop held in Sydney on 22nd November. The workshop provided an excellent opportunity to consider new ideas for advancing primary care research in cancer and to shape many of these ideas into high quality, fundable research proposals. The breakout discussions enabled new and experienced researchers to receive feedback from PC4 members who have a wide range of methodological and clinical expertise. These discussions were a great learning experience for many of us. I also enjoyed the 'Social Media' skills building session at the end of the day. I came away feeling much more confident about how to use social media to communicate about research.

PATSY YATES,
CO-CHAIR SCIENTIFIC COMMITTEE



“

There will be a greater level of data linkage and sharing, which will open up many opportunities for us to justify system change and future interventional studies/clinical trials in the primary care setting. In the mean time, I can also see other alternative models of care being proposed, which do not necessarily fully capitalize on the expertise we have in the primary care setting. We need to work smarter to make sure we do not miss any opportunities.

RAY CHAN,
CO-CHAIR SCIENTIFIC COMMITTEE

SCIENTIFIC COMMITTEE



RAY CHAN - CO-CHAIR



PATSY YATES - CO-CHAIR



CLAIRE JOHNSON



KRISTI MILLEY



NAOMI BYFELDT



JENNY HALL



HEINZ KESTERMANN



GEOFF MITCHELL



JON EMERY



ANNMARIE HOSIE



SHARON LICQURISH



LEANNE MONTEROSSO



MATT GRANT



MICHAEL JEFFORD



DANIELLE MAZZA



SONYA MURRAY



PANDORA PATTERSON



JOEL RHEE



MAX SHUBB



JENNIFER WALKER



MARIE PIROTTA



CLAUDIA RUTHERFORD



KYLIE VUONG



NIK ZEPS



NICOLE RANKIN



TANIA SHELBY-JAMES

PC4 WOULD ALSO LIKE TO THANK
THE FOLLOWING PEOPLE FOR THEIR
GENEROUS CONTRIBUTION:

HEINZ KESTERMANN

Scientific Committee member until December,
2017

EARLY CAREER RESEARCHER NETWORK (ECRN)



MATT GRANT - CO-CHAIR



EMILY DECK



TAI-RAE DOWNER



XIAOPING LIN



JOEL RHEE - CO-CHAIR



LAURA DECKX



GILLIAN GOULD



SIBEL SAYA



REBECCA BERGIN



JINFENG DING



EMILY HABGOOD



KYLIE VUONG



NATALIE BRADFORD

PC4 WOULD ALSO LIKE TO THANK THE FOLLOWING PEOPLE FOR THEIR GENEROUS CONTRIBUTION:

EMILY DECK

Scientific Committee member until November 2017

JOINT COMMUNITY ADVISORY GROUP (JCAG)



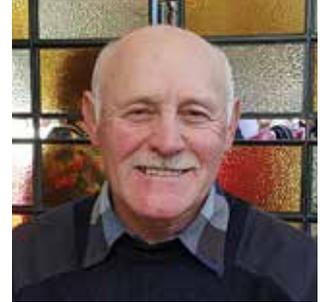
ELLE ACKLAND



GEORGE FISHMAN



JULIE MARKER



DON PIRO



NIKKI DAVIS



HEINZ KESTERMANN



CELIA PAVELIEFF

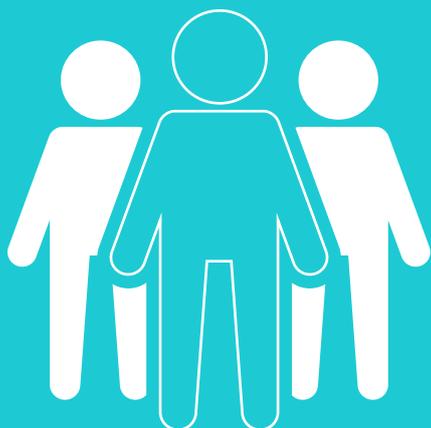


MAX SHUBB

PC4 WOULD ALSO LIKE TO THANK THE FOLLOWING PEOPLE FOR THEIR GENEROUS CONTRIBUTION TO JCAG:

HEINZ KESTERMANN

Scientific Committee member until December, 2017



635
MEMBERS



16.2%

SINCE LAST YEAR

MEMBERSHIP DISTRIBUTION



INTERNATIONAL MEMBERSHIP DISTRIBUTION



TOP 5 MEMBERSHIP BY DISCIPLINE



NURSING - 18%



GENERAL PRACTITIONERS - 14%



ONCOLOGISTS - 9.7%



RESEARCHER - 9%



CONSUMER - 8%

OUR MEMBERS

COMMUNICATIONS

As part of the ongoing evolution of PC4, this year saw the launch of our new logo. PC4 has grown and evolved over the past 9 years, and the logo needed to evolve with our journey. We have refreshed our brand identity to reflect who we are today and to symbolise our dynamic and evolving future. The 2018 Scientific Symposium was the first look of our updated brand identity, which includes a new logo, colours, and font. You'll see the new look anywhere we are out in public, including our website, LinkedIn and Twitter.

MEANING

The new logo represents the four-crucial links to PC4's vision. Linking researchers, consumers, our services and resources, as a framework for developing and cultivating research in cancer in primary care. Our research is so integrated with these elements that we believe they needed to be the key focus of the design. Thus, the interlocking rounded squares represent each aspect of PC4's focus. The warm greens used throughout the logo represent growth reflecting PC4's mission to evolve and nurture high quality research. The cross inside the rounded squares represents the Health symbol, identifying our place within the health industry. The layering in our logo highlights the transparency of PC4's nature and relationships.

THANK YOU

Our design objective was to better reflect our mission and the connection between our members. A small team developed the design to appear crisp, approachable, modern and connected. Collaboration is key to PC4 in the work that we do. The Advisory Committee and PC4 members were surveyed via our fortnightly Members Update, to record their favoured logo. The logo selected was a clear winner. We thank those that participated in these integral discussions as it has shaped our identity for the present and now the future.



31.05%

MEMBER UPDATE OPEN RATE

19.53% INDUSTRY AVERAGE - MAILCHIMP



409

FOLLOWERS ON TWITTER

UP 40% FROM 2017



24

FOLLOWERS ON LINKEDIN

NEW CHANNEL. JOINED SEP 2017





JOINT COMMUNITY ADVISORY GROUP

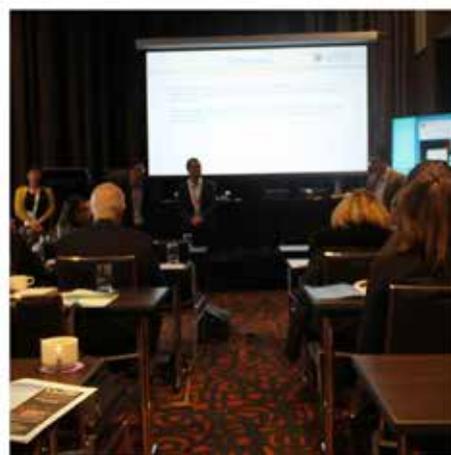
KEY ACTIVITIES

JCAG ACTIVITY

Engaging our consumers is vital to the development of high-quality research concepts. At PC4 we are very lucky to have a highly active and enthusiastic consumer group. An important part of our ongoing engagement with our consumers is continuing to develop and build their skills and understanding of clinical research. Each year we provide targeted workshops for our consumers, the theme of this year's JCAG workshop was pitching research to lay audiences and media engagement.

This year we also said goodbye to two JCAG members Heinz Kestermann and Elizabeth Kuczek. Both Heinz and Elizabeth have been valuable members of our consumer group and we would like to sincerely thank them for their years of service to PC4 and Psycho-oncology Co-operative Research Group [PoCoG].





PC4 SCIENTIFIC SYMPOSIUM

Our fifth Scientific Symposium in Sydney at the Novotel, Darling Harbour on 25th May. The Symposium highlighted PC4's objectives of nurturing research collaboration and developing new primary care research. It was a fruitful day, driving discussions around current research, pathways and new methodologies. The Symposium provided the prospect of engaging with professionals, and consumers to share ideas on increasing studies that focus on the role of primary care in cancer.

The day opened with plenary speaker Dr David Weller, who leads the Cancer and Primary Care Research International Network (Ca-PRI), and is a member of the National Cancer Research Institute Primary Care Clinical Studies Development Group. Dr Weller spoke about The International Cancer Benchmarking Partnership, which is a crucial collaborative implementation that pursues reasons for international survival differences.

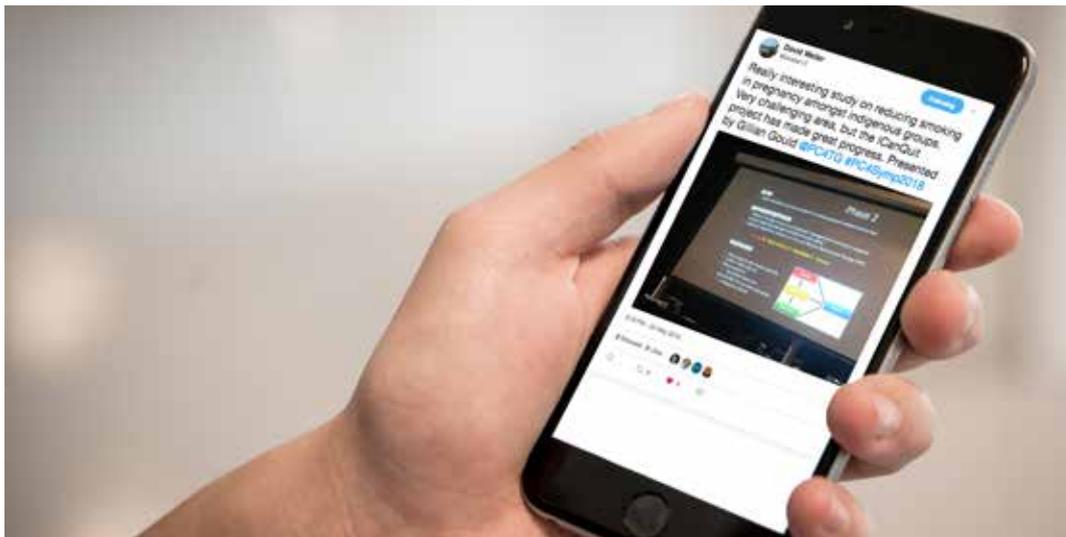
Prevention and diagnosis, survivorship and alternative trial design were the themes of the day. Consumer involvement is crucial to our activities

and half of our Joint Consumer Advisory Group shared their personal stories and perspectives on research collaboration.

Another highlight of the Symposium was the panel discussion on overdiagnosis in primary care. The panel included Sanchia Aranda, Anne Cust, Kirsten McCaffery, Jon Emery and consumer Geoff Pritchard.

Cancer Council Victoria's Rebecca Bergin won the best presentation on her project 'Concordance between Optimal Care Pathway recommendations in primary and secondary care for colorectal cancer patients in Victoria.' The best poster was awarded to Sibel Saya for 'Discrimination of the Australian Population into Colorectal Cancer Screening Categories Using RISK Prediction Models'.

Looking forward, we are now working with Ca-PRI to bring together our first joint meeting: Primary care and cancer in SE Asia: Emerging challenges which will be hosted in Singapore in 2019.



SYMPOSIUM FEEDBACK SURVEY RESULTS

"Great organisation & networking opportunities."

"Diversity of researcher topics & speakers - including consumers."

"The best part was hearing experts on primary care cancer talking about research priorities and the risks of overdiagnosis."

96%

THOUGHT IT WAS RELEVANT TO PRIMARY CARE

90%

VERY SATISFIED & SATISFIED WITH TIME ALLOCATION

100%

VERY SATISFIED/SATISFIED WITH THE ORGANISATION OF THE EVENT



TRAINING AWARDS

One of our key strategies is to continue the growth of cancer research in primary care. To grow primary care research, we offer financial support through a competitive Training Award to encourage new researchers to develop a research idea and carry it out a pilot study, support an arm to a bigger study or undertake a systematic review. Each year we have a high calibre of applications and we are proud to see each of our winners develop their skills, research portfolio and build the capacity for future primary care research.

This year we also trialled awarding a Travel Training Award to facilitate a member to visit an Australian based research group to develop a new collaboration or learn new skills. Overall, we distributed 5 awards.



LAURA DECKX

THE ROLE OF THE GP IN PSYCHOSOCIAL CARE FOR CANCER SURVIVORS: A SYSTEMATIC LITERATURE REVIEW.

Cancer patients face increasing levels of depression, fatigue, loneliness and distress, especially after cancer treatment has ended. As the transition from secondary to primary care is associated with increased psychological distress, it is valuable to understand how GPs can and do remedy these psychological challenges. This review will provide valuable insights into the effectiveness of GP-led psychosocial interventions in cancer patients, and inform the development of an intervention.



EMILY HABGOOD

AN EXPLORATORY TRIAL USING MOBILE TECHNOLOGY TO PROMOTE SELF-EXAMINATION OF SUSPICIOUS SKIN LESIONS IN PATIENTS AT INCREASED RISK OF MELANOMA

There is growing interest in the use of mobile technology to support skin self-monitoring and its effect on early diagnosis. This study will be the first in Australia to determine the feasibility and acceptability of using mobile technology to promote self-examination of suspicious skin lesions in patients at increased risk of melanoma.

CHOICE

The CHOICE project is among the first to describe community perceptions of palliative care and examine the acceptability of narrative communication as a public health intervention strategy to communicate information about palliative care. Results demonstrated significant opportunities remain to improve community understanding of palliative care, with 88% of participants reporting at least one misperception. A narrative approach to public health communication was shown to be widely acceptable, and significantly improved attitudes to engagement with palliative care.



JINFENG DING

ASSESSMENT OF GP-LED PALLIATIVE CARE IN WESTERN AUSTRALIA: A PILOT STUDY OF END-OF-LIFE CARE REGISTRY

Although 70% of palliative care occurs at the primary care level, we have very limited evidence on how and in what circumstances palliative patients are cared for by general practitioners. This mixed-methods study aims to test the implementation of an end-of-life care registry, which will examine the characteristics of palliative care patients, ascertain care received and determine how GPs can best be supported.



XIAOPING LIN

MANAGING CANCER SURVIVORS WITH COMORBIDITIES: PRACTICE AND VIEWS OF GENERAL PRACTITIONERS

Cancer survivors have multiple and complex physical and psychological needs and require ongoing follow-up care after treatment. As cancer survivorship increases and alongside the prevalence of comorbidities, it is important that the management of these patients in general practice is understood. This exploratory study aims to identify current practice and views of GPs when managing cancer survivors with comorbidities.



EARLY CAREER RESEARCH NETWORK

A new initiative of 2017 was the development of an Early Career Researcher Network (ECRN). This is particularly important in the niche field of primary care research, as support and development is limited. The key goals of the ECRN are to support and foster the growth of young researchers and aid their portfolio leading toward a successful and productive career.

Our first workshop, held in October, provided valuable tips and resources on how to engage with the media and to how to present your research across different media platforms. Building on the success of this workshop we hosted a second event in May 2018 focused on concept development and fundamental skills and approaches for writing ECR funding applications.

Providing a platform for our ECRs is also important, so this year's PC4 Scientific Symposium featured a rapid fire ECR session. This session featured two previous Training Award winners and two current members of the ECRN.



Winning this award enabled me to facilitate collaborations interstate. It was a wonderful opportunity for me and my career.

REBECCA BERGIN



Rebecca was the first recipient of our travel and education Training Award. Rebecca attended a 5-day course followed by 2-3 days visiting researchers/program managers at Cancer Council WA (CCWA) and the University of WA (UWA).

WORKSHOPS

We held a Concept Development Workshop in November that not only reviewed our Training Award winners' projects but also four additional concepts that covered:

- Implementation of world-class transition processes for cancer survivorship services, in community settings
- Extrapyramidal side-effects of drugs in a palliative care population
- A nurse-led intervention targeting wellness, self-management and empowerment in young people with cancer
- Economic benefits of GP integrated health care for geriatric cancer patients

Following this, in early 2018, our Peer Review Workshop also reviewed six projects that included:

- Genomic-based risk stratification of colorectal cancer in primary care
- Post-treatment shared-models of survivorship care
- Shared care of colorectal cancer survivors
- Pan-cancer risk prediction tool for general practice
- App to support healthy living for Indigenous pregnant women
- Enhancing preventive interventions in general practice with personalised cancer risk and hyper-targeted recommendations

We wish all our members luck with their NHMRC grant applications and hope they manage to score those elusive 7's.



“



The support I received through PC4 has really help propel my research forwards. The feedback and constructive suggestions I received after presenting a research idea at the 2017 Concept Development Workshop helped me to refine the project and I was successful in receiving external seed funding to start the first phase. Hearing about other peoples' research, discussing methodological approaches and the networking opportunities have been invaluable. PC4 have provided unrivalled opportunities for research mentorship and networking that I really believe will result in robust research that will improve outcomes for people who are affected by cancer.

NATALIE BRADFORD

RESEARCH SUMMARY

A emerging research priority is the increasing number of cancer patients with multimorbidity. PC4 is committed to developing new interventions that are aimed at improving the management of these patients in the primary care setting. To better contextualise research barriers and focus on what approaches we should take to tackle this issue PC4 held its inaugural Think Tank in October. This meeting brought together a multi-disciplinary group of clinicians, researchers and

consumers to discuss 'blue sky' ideas and targets. This meeting has now provided a solid foundation for our Cancer and Multimorbidity Working Group to develop a program of work. So watch this space in the future as we add new studies to our research portfolio.

Below is summary of our research activities over the last year.

2017/18

RESEARCH ACTIVITIES PROGRESS

4

STUDIES
OPENED TO
RECRUITMENT

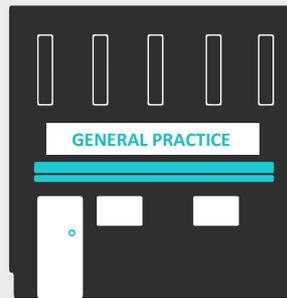
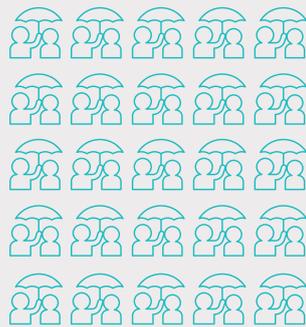


2,251

PATIENTS
RECRUITED

25

STUDIES
SUPPORTED
BY PC4



27

RECRUITMENT SITES



5

NHMRC FUNDING
APPLICATIONS SUBMITTED

SUPPORTED STUDIES ACROSS THE CONTINUUM



CHEST

Lung cancer has one of the lowest survival outcomes of any cancer, as over two-thirds of patients are diagnosed when curative treatment is no longer an option. The CHEST Australia trial is a large scale randomized control trial, which aims to promote earlier help-seeking behaviours in people at higher risk of lung cancer. The qualitative findings of this study identified that barriers to GP consultation were the stigmatization of smoking, guilt, fatalism and symptom normalisation. After participation in the trial, participants reported an understanding of when to take action about their symptoms. Keep an eye out for the results of the CHEST Australia trial in the coming months!

Murray SR, Kutzer Y, Habgood E, et al. Reducing barriers to consulting a General Practitioner in patients at increased risk of lung cancer: a qualitative evaluation of the CHEST Australia intervention. *Family Practice*, Volume 34, Issue 6, 16 November 2017, Pages 740–746.

SYSTEMATIC REVIEW OF GENERAL PRACTICE END-OF-LIFE SYMPTOM CONTROL

With an aging population, end of life care is a vital and growing role of general practitioners. Findings from this comprehensive systematic review identified that most GPs expressed confidence in identifying end of life care symptoms. Emotional support was the most important aspect, but many felt there were barriers to its provision. Success in managing end of life care is dependent on the experience of the practitioner, and exposure to end of life care from an early stage can improve both skill and confidence.

Mitchell GK, Senior HE, Johnson CL, et al. Systematic review of general practice end-of-life symptom control. *BMJ Supportive & Palliative Care*. 20 January 2018.

WHERE OUR PROJECTS ARE





SAVE THE DATE

4.4.2019

PC4 SCIENTIFIC SYMPOSIUM

VICTORIAN COMPREHENSIVE CANCER CENTRE, MELBOURNE



SHOWCASING PC4 SUPPORTED
RESEARCH AND THE BEST CANCER IN PRIMARY
CARE RESEARCH FROM AROUND AUSTRALIA.

PLENARY GUEST
PROFESSOR ROSS A LAWRENSEN
PROFESSOR OF POPULATION HEALTH, UNIVERSITY OF WAIKATO

PC4TG.COM.AU/SS2019

 @PC4TG

