World
Cancer Day
4 February

Cancer
Council
SA

United By Unique:

Stories, Research, and Action in Cancer.

CANCER COUNCIL SA RESEARCH SYMPOSIUM
2026 PROGRAM

Foreword.

Welcome to the Cancer Council SA's second annual Research Symposium. We are delighted to have you join us as we come together to advance cancer research and care in South Australia.

This symposium is grounded in the understanding that while cancer is a common and often confronting experience, no two cancer journeys are the same. The 2026 World Cancer Day theme **'United by Unique'** reminds us that, although cancer touches every community, each individual's experience is shaped by their behaviours, circumstances, culture, values, and life stage.

Behavioural research sits at the heart of this theme, recognising and responding to the diversity of human experience while uniting us in a common goal – improved prevention, care and survivorship.

Behavioural research impacts generations. It informs how we reduce risk, promote early detection, support people through treatment and enable survivors to live long, meaningful and fulfilling lives after cancer. It challenges us to look beyond the absence of disease and to focus on quality of life, equity and wellbeing.

Cancer Council SA is grateful to SAHMRI for generously hosting the Symposium and acknowledges the cross-institutional collaboration that has made this event possible.

By bringing together researchers, health professionals, community organisations and consumers from across South Australia, we are providing a platform to share research and exchange perspectives.

To our attendees and supporters, thank you for your participation today and we look forward to collaborating with you now and into the future.

Schedule.

Time	**Event**
9.00 – 9.30 am	Registration
9.30 – 10.00 am	Opening ceremony
Lived Experience keynotes	
10.00 – 10.15am	Karen van Gorp *Bringing Unique to the Table – The Importance of Lived Experience in Decision-Making*
10.15 – 10.30am	Sarah Bailey *With You All the Way: The Cancer Truths*
10.30 – 10.40am	Hanna Wilson *Rolling with the Punches*
10.40 – 10.55am	Eunice Aston *Aboriginal Cancer and Closing the Gap*
10.55 – 11.10am	Lived Experience keynote panel session
11.10 – 11.30am	Morning tea (20 mins)
Public Health Expert keynotes	
11.30 – 11.55am	Professor Katina D'Onise AM *What Value Can Public Health Approaches Bring to Cancer Prevention?*
Presentation Session: Long Talks	
11.55 – 12.10pm	Dr Emma Kemp *(L1) Managing Multimorbidity in Cancer: Consultation with Australian Consumers and Healthcare Professionals to Inform a Clinical Pathway*
12.10 – 12.25pm	Kate Neadley *(L2) Opening Pandora's Box: A Hospital-Based Health Navigator Intervention to Address the Unmet Social Needs of a Disadvantaged Population Living with Cancer*
12.25 – 12.40pm	Sally-Anne Boding *(L3) "Tell me how to make this easier for you..." Attitudes, Knowledge, and Inclusive Practices of Health Care Providers in Gynaecological Cancer Care for LGBTQ+ Peoples within Australia*
12.40 – 12.55pm	Alyssa Ebert *(L4) Navigating the Psychosocial Journey: A Meta-Ethnographic Review of Paediatric Cancer Patients' Experiences and Needs Across the Cancer Care Continuum*
1.00 – 1.40pm	Lunch break (40 mins)

Time	**Event**
1.40 – 1.55pm	Natalie Tuckey *(L5) Using Intervention Mapping to Adapt an Evidence-Based Mental Health Program for People with Multiple Myeloma and Smouldering Myeloma*
1.55 – 2.10pm	Dr Belinda Lunnay *(L6) Co-Designing Alcohol Policy: Deliberative Dialogues with Lived Experience Experts, the Media, Advocacy Groups, and Service Providers*
2.10 – 2.25pm	Dr Daniel Coro *(L7) Introducing Hat-Wearing into Secondary Schools: A Pilot Study*
Spotlight Session	
2.25 – 2.40pm	Dr Jennifer Baldock, Associate Professor Michelle Bellon, Dr Irene Belperio, Jala Burton, Tim Cahalan and Hannah Beinke *Inclusive Methods in Cancer Research*
2.40 – 3.00pm	Poster viewing (20 mins)
Presentation Session: Short Talks	
3.00 – 3.05pm	Dr Andi Agbejule *(S1) Exploring Cancer-Related Discrimination: A Scoping Review*
3.05 – 3.10pm	Dr Sneha Sethi *(S2) Striving for Racial Equity in Oral Cancer Research: A Case Study*
3.10 – 3.15pm	Melkalem Azanaw *(S3) Spatial Associations of Health and Behavioural Indicators with Colorectal Cancer Screening Participation*
3.15 – 3.20pm	Alicia Dallisson *(S4) A Novel Rapid Antigen Test for Colorectal Cancer Screening*
3.20 – 3.25pm	Nathan Harrison *(S5) "It doesn't tell me what to do, it informs me": Exploring Smoking Cessation Resources for Lung Cancer Screening in Australia*
3.25 – 3.30pm	Dr Jennifer Baldock *(S6) The Lived Experiences of Cancer Survivorship by People with Intellectual Disability: A Scoping Review*
3.30 – 3.35pm	Professor Lisa Beatty *(S7) Evaluating a Digital Psycho-Oncology Intervention (Finding My Way-Advanced) for Women with Metastatic Breast Cancer: Outcomes from a National Multisite RCT*
3.35 – 3.40pm	Dr Katia Ferrar *(S8) Virtual Reality Exercise and its Utility During Chemotherapy Infusion: Cancer Survivor and Infusion Suite Nurse Perspectives*
3.40 – 3.45pm	Dr Kamalesh Venugopal *(S9) Four Decades of Trends in Obesity-Related Cancer Among Young South Australians: Implications for Prevention and Early Detection*
3.45 – 3.50pm	Dr Ryan Calabro *(S10) Gaps in Awareness: South Australian Perceptions of Cancer Risk Factors*
3.50 – 4.00pm	Award ceremony and event closing
4.00 – 5.00pm	Networking session

Posters	
(P1)	Dr Daniel Coro *Financial Strain of People Impacted by a Cancer Diagnosis*
(P2)	Rebecca Scupham *Weight Stigma in Cancer Care: Findings from an Australian Survey of People with Cancer*
(P3)	Savannah Kaveberg *Measuring Cognitive Function in People Who Have Had Cancer Using the Oxford Digital Multiple Errands Task: A Pilot Study*
(P4)	Dr Juliana Christina *Preferences of People with Prostate Cancer Regarding Digital Supportive Care: A Systematic Review*
(P5)	Elysia Flavel *Improving Skin Cancer Detection in Primary Care*
(P6)	Dr Ryan Calabro *Food, Movement, Sleep, and Social Patterns Among People with Cancer and Their Carers in Supported Accommodation*
(P7)	Dr Huah Shin Ng *Mental Illness and Health Literacy in People with Cancer: The Australian National Health Survey Analysis*
(P8)	Dr Jennifer Baldock *Psychophysiological Measurement of Cognitive Processing During and After Cancer: A Systematic Review*
(P9)	Wudneh Belay *Health Related Quality of Life in Individuals at an Increased Risk for Colorectal Cancer*
(P10)	Dr Julia Morris *Cancer in Incarcerated South Australians*
(P11)	Natalie Tuckey *“At that point I knew I was on my own”: Identifying the Gaps in Supportive Care for People Living with Multiple Myeloma – An Exploratory Mixed Methods Study*
(P12)	Natalie Tuckey *Missed Opportunities to Promote Flourishing in Supportive Cancer Care: A Brief Examination of Multiple Myeloma*

Keynote Speakers.

Lived Experience.

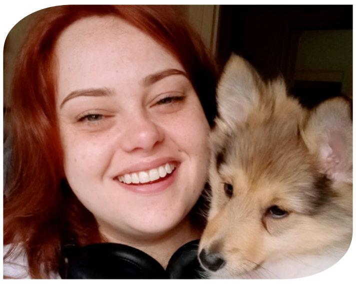
Bringing Unique to the Table – The Importance of Lived Experience in Decision Making

Karen van Gorp
Cancer Voices SA; Melanoma Patients Australia
Email: kmvangorp@outlook.com

Biography: Karen is an advocate, in her role as a Senior Policy Adviser with the South Australian Business Chamber and, because of several cancer diagnoses including a stage IV experience, for those whose lives have been impacted by Melanoma and Cancer. Karen's stage IV melanoma diagnosis in 2013, and a lack of treatment options, forced her to search for a clinical trial. For two years Karen flew from Adelaide to Melbourne, fortnightly, to participate in an immunotherapy trial. Within three months it was clear that Karen had responded well. The only survivor of her support group - she needed to be a voice for others. She now chairs the Melanoma Patients Australia (MPA) CAG, is Deputy Chair on the MPA Board, Chair of Cancer Voices SA and sits on the South Australian Comprehensive Cancer Network Advisory Board (SACCaN). She is currently involved in (too) many advocacy roles including AI in several studies, ACNNP Governance, consumer involvement in HTA and other national roles.

Lived Experience.

With You All the Way:
The Cancer Truths



Sarah Bailey
Radio Adelaide; Community Media Training Organisation
Email: Skclca@outlook.com

Biography: Born and raised between Adelaide and Port Lincoln, Sarah is a survivor of Chondrosarcoma of the pubic ramus from when she was just 19. Due to the rarity of the positioning, and age, this story of survival is a complex one that spans 10 years in 2026. Sarah is an ongoing volunteer broadcaster with Radio Adelaide and Course Coordinator for the CMTO's Audio Ability course; encouraging those with disabilities to explore community radio production. Today Sarah will be discussing the ugly truth of long term care as cancer patient, post cancer care, and some of the struggles patients are faced with.

Lived Experience.

Rolling with the Punches

Hanna Wilson
Advocate
Email: madamfly1@hotmail.com

Biography: Raised on a farm in Balaklava in South Australia's Mid North, Hanna grew up in a rural community surrounded by animals, family, and country life. She completed her schooling locally before moving to Adelaide in 2000 to live independently. Born with Spina Bifida, Hanna has navigated lifelong health challenges, which shaped her resilience and advocacy from a young age. She was actively involved in wheelchair sports, competing across Australia in swimming and track events, and representing Australia internationally at a swimming competition in Sheffield, England during her late teens. Her professional path has been diverse and people-focused, with studies in beauty therapy, early childhood education, call centre work, and personal training. She went on to work as a personal trainer supporting people with disabilities through individual and group programs, including work with the Spina Bifida Association, alongside extensive volunteer experience. In 2017, after noticing a breast lump that felt different, Hanna was diagnosed with early-stage, HER2-positive invasive ductal breast cancer. As a lived-experience keynote speaker, she shares her story to raise awareness and support World Cancer Day.

Lived Experience.

Aboriginal Cancer and Closing the Gap

Eunice Aston

Biography: Eunice is a Ngarrindjeri woman with extensive knowledge in Aboriginal Education, Community Health and Leadership. Eunice has worked in a range of representative positions in Aboriginal Health and providing knowledge on both state-wide and National advisory boards. Eunice is passionate about nation building and empowering first nations people. Eunice is open to sharing her cancer journey and how she now advocates for Aboriginal people to participate in cancer screenings. As a cancer ambassador and member of the Aboriginal Cancer Reference Group at Cancer Council SA, she hopes to provide firsthand knowledge back to the Aboriginal community to empower them to look after their health and help close the gap of life expectancy.

Keynote Speaker.

Public Health Expert.

What Value Can Public Health Approaches Bring to Cancer Prevention?

Professor Katina D’Onise AM
Katina D’Onise Consulting
Email: katina@katinadonise.com.au

This keynote covers the importance of focusing on system change, how to approach the challenging task of system change and how to support equity, using the case study of bowel screening and the Aboriginal community in SA.

Biography: Professor Katina D’Onise AM is a public health physician and epidemiologist with extensive experience and expertise in systems work and research translation within the government and Aboriginal controlled health settings. She has led legislative and policy reform for SA, including for the Termination of Pregnancy Act, and the SA Anti-racism Strategy. Her epidemiology work has focused on research translation and the build of data systems, including overseeing the SA Cancer Registry. Katina’s expertise was recognised in being awarded Member of the Order of Australia for services to public health through policy and legislative reform, and research translation in 2024.

Katina will cover the importance of focusing on system change, how she approaches the challenging task of system change and how to support equity, using the case study of bowel screening and the Aboriginal community in SA.

Presentation Session: Long Talks.

(L1) Managing Multimorbidity in Cancer: Consultation with Australian Consumers and Healthcare Professionals to Inform a Clinical Pathway

Dr Emma Kemp
Flinders University (Flinders Health and Medical
Research Institute, College of Medicine and Public Health)

Email: emma.kemp@flinders.edu.au

Biography: As the Cancer Council SA Flinders Foundation Senior Research Fellow in Cancer Support, Dr Emma Kemp has more than 12 years' experience conducting cancer survivorship and psycho-oncology research. Her focus is on the provision of resources and support to improve psychological and physical health outcomes, and engaging consumers and other stakeholders to inform implementation of evidence-based cancer care resources and pathways that are accessible, user-friendly, and relevant to consumer needs.

Her expertise includes qualitative consultation, co-design and evaluation of psycho-oncology and survivorship interventions, including topics of multimorbidity, information/support access for rural and/or socioeconomically disadvantaged survivors, implementation of digital health applications, and work after cancer.

Full Authors: Dr Emma Kemp[1], Ms Monique Bareham[1], Prof Sharon Lawn[1], Prof Richard L. Reed[1], Prof Lisa Beatty[1], Dr Katia Ferrar[1], Dr Rachel Damarell[1], Dr Jackie Roseleur[1], Prof Bogda Koczwara[1,2].

1. Flinders University
2. University of New South Wales

Abstract

Background: Multimorbidity (co-occurrence of two or more long-term conditions) impacts all stages of cancer care, increases prognosis uncertainty and care complexity, and is associated with adverse outcomes.

This study aimed to understand Australian stakeholder experiences and recommendations for a model of care to manage multimorbidity in people with a history of cancer. This study explored stakeholder experiences and recommendations for managing multimorbidity in people with a history of cancer.

Methods: Adult consumers with a history of cancer and multimorbidity or relevant caregiving experience (n = 30), and healthcare professionals (n = 26) participated in qualitative semi-structured focus groups or interviews. Reflexive thematic analysis was used to identify key themes and inform a prototype clinical pathway.

Results: Participants reported challenges including fragmented care due to siloed systems, poor communication, ineffective digital tools, difficulty navigating care, inadequate psychological screening, and limited follow-up in tertiary and primary care. They suggested a clinical pathway for multimorbidity in cancer should include a ‘go-to’ healthcare professional/team providing whole-person care from diagnosis throughout survivorship. It must address pre-existing and emerging conditions, including psychological morbidity, with ongoing assessment, screening, and sustained connection to non-cancer specialists. Ongoing care should include guidance on late effects and consumer advice on symptoms and go-to contacts. Resources needed include specialist nursing coordination, psycho-oncology support, improved primary care access, tailored digital health tools, and chronic disease management plan adjustments.

Conclusion: Multimorbidity management in cancer requires integrated survivorship care, interdisciplinary collaboration, and sustained navigation. Further implementation-focused research, policy reform, and resourcing are essential.

(L2) Opening Pandora's Box: A Hospital-Based Health Navigator Intervention to Address the Unmet Social Needs of a Disadvantaged Population Living with Cancer

Kate Neadley
Adelaide University
Email: kate.neadley@adelaide.edu.au

Biography: Kate is a final year PhD student at Adelaide University based at the Lyell McEwin Hospital in Adelaide's northern suburbs. Kate's primary research interest is developing and evaluating interventions to improve health equity, particularly for marginalised and migrant/refugee populations. Her PhD comprised two grant-funded pilot studies of Health Navigator interventions to address the health-related social needs (e.g. housing and financial insecurity) of populations living with cancer and caregivers of children presenting to the Lyell McEwin Hospital. Her ultimate research aim is to develop and implement holistic interventions that bridge the gap between health and community services, improving health for all.

Full Authors: Kate Neadley[1], Joanne Koch[1], Faye Gough[1], Annabel Smith[2], Christopher Hocking[1,2], Lily Chan[3], Mark Boyd[1,2], Cheryl Shoubridge[1].

1. School of Biomedicine, Adelaide University, South Australia, Australia
2. Lyell McEwin Hospital, Northern Adelaide Local Health Network, South Australia, Australia
3. School of Public Health, Adelaide University, South Australia, Australia

Abstract

Background: Health Navigator (HN) interventions are designed to address patients' health-related social needs (e.g. financial insecurity). Evidence suggests HN interventions may improve the wellbeing of populations living with cancer. However, research in hospital settings is limited.

Aim: To explore the feasibility and acceptability of a hospital-based HN intervention to address the social needs of a disadvantaged population living with cancer.

Methods: Participants were ≥18 years and presented to the Northern Adelaide Cancer Centre. Participants who reported social needs and requested assistance were linked to the HN. The HN assisted participants to co-develop a referral plan to appropriate services and provided advocacy over a six-month follow-up period. Participants who did not request assistance were not referred to the HN. Primary outcomes were intervention feasibility and acceptability. Feasibility was defined using process measures, e.g. intervention uptake and completion. Acceptability was explored using focus groups (n=11 participants, n=2 caregivers and n=2 oncologists) and thematic analysis. Secondary outcomes included pre/post intervention changes in social needs and other patient-reported measures (e.g. Coping with Cancer Ability).

Results: All participants who reported social needs requested assistance from the HN (100%, n=55/55). The prevalence of all needs reduced following intervention, with the greatest reductions reported in support needs (↓62%). Participants, carers and clinicians reported the intervention to be highly acceptable but cited service availability as a key limitation.

Conclusions: Participants and clinicians report the intervention is acceptable and reduced social needs. Larger scale implementation studies are required to determine intervention feasibility in the context of limited service provision.

(L3) "Tell me how to make this easier for you"... Attitudes, Knowledge, and Inclusive Practices of Health Care Providers in Gynaecological Cancer Care for LGBTQ+ Peoples within Australia

Sally-Anne Boding
Adelaide University

Email: sally-anne.boding@mymail.unisa.edu.au

Biography: Sally-Anne is a PhD candidate within The School of Psychology at Adelaide University. Her research explores the language of 'survivorship' and the experiences of inclusion among individuals following frontline treatment for ovarian cancer, with a focus on survivorship programs. She also examines the experiences of inclusion and exclusion within cervical cancer screening services for sexual and gender-diverse individuals, along with healthcare providers' confidence and preparedness in delivering inclusive gynaecological cancer care for sexual and gender diverse people. Sally-Anne aims to improve services and foster equitable, inclusive healthcare environments that acknowledge and support the diverse needs of all that experience cancer.

Full Authors: Sally-Anne Boding[1], Professor Amanda Hutchinson[1], Dr Steph Webb[1], Dr Tamara Butler[2], Hayley Russell[3].

1. Adelaide University
2. Australian National University
3. Ovarian Cancer Australia

Abstract

Objective: While there is a growing acknowledgement of the importance of healthcare providers (HCPs) building knowledge and providing equitable care within cancer broadly, there is little knowledge within gynaecological cancer care specifically for LGBTQ+ populations, particularly within Australia. The aim of this study was to understand the level of knowledge, attitudes, and inclusivity practices within healthcare settings when treating LGBTQ+ populations within gynaecological cancer care.

Methods: This study was a mixed methods design and recruited Australian health care professionals treating LGBTQ+ populations within gynaecological cancer care. Twenty-one surveys were completed related to domains of knowledge, inclusivity, and attitudes regarding LGBTQ+ peoples, with 11 participants completing short answer responses resulting in one theme and one subtheme.

Results: HCPs reported and demonstrated high levels of knowledge, positive attitudes, and inclusive practices for LGBTQ+ peoples within various healthcare professions. However, concerns around using offensive language, needing more specific training, particularly regarding changes to self-identity in trans men and impacts of hormone therapy on cancer treatments, are needed as well as resources for carers.

Conclusion: HCPs are seeking more education and institutional assistance in order to support LGBTQ+ populations within gynaecological cancer care. Systemic training, policy reform, and resources are essential to enable HCPs to provide equitable, knowledgeable, and affirming care to best support all LGBTQ+ peoples in all aspects of gynaecological cancer care.

(L4) Navigating the Psychosocial Journey: A Meta-Ethnographic Review of Paediatric Cancer Patients' Experiences and Needs Across the Cancer Care Continuum

Alyssa Ebert
Flinders University
Email: eber0051@flinders.edu.au

Biography: Alyssa is a radiation therapist, working clinically at the Royal Adelaide Hospital with paediatric cancer patients. Her PhD work looks into co-designing a psychosocial prehabilitation intervention for children undergoing cancer treatment.

Full Authors: Alyssa Ebert[1], Carolyn Ee[1], Andi Agbejule[1], Micheal Osborn[3], Thomas Binns[3], Catherine Paterson[1,3].

1. Flinders University, College of Nursing and Health Sciences, Caring Futures Institute, Adelaide, Australia
2. NICM Health Research Institute, Western Sydney University, Sydney, Australia
3. Central Adelaide Local Health Network, Adelaide, Australia

Abstract

Background: Survival rates for childhood cancers have improved, significant psychosocial burden persists during diagnosis, treatment and into survivorship. There is limited understanding of how children's psychosocial needs evolve throughout the cancer care continuum. This meta-ethnographic review synthesised qualitative evidence on the psychosocial needs and experiences of paediatric cancer patients' (0-19 years) and developed an explanatory model describing how needs change over time.

Methods: A meta-ethnography was conducted following Noblit and Hare and has been reported according to eMERGe guidelines. A systematic search (January 2009–June 2025) identified 32 eligible qualitative studies. Qualitative data were categorised into first-order (i.e. participant verbatim) and second-order constructs (i.e. authors interpretations) and then compared to generate higher-level (third-order) interpretations.

Results: Psychosocial needs and experiences were categorised into six domains: 1) family, 2) peer relationships, 3) psychosocial care, 4) emotions, 5) control, and 6) information. Different psychosocial needs, expressed through newly generated theory, became more prominent at different points in the cancer continuum, from children being emotionally protected by caregivers at diagnosis, to children seeking to participate in their daily care during treatment, to regaining ownership and autonomy in their lives throughout survivorship. Key challenges included relationship loss at diagnosis, procedural anxiety, loss of autonomy during treatment, and lack of co-ordination support in survivorship, marked by fragmented psychosocial support and unmet informational needs.

Conclusion: Study findings identify the period immediately after diagnosis as a critical window for early psychosocial pre and/or rehabilitation to support the need for coordinated developmentally attuned psychosocial pathways across paediatric oncology services.

(L5) Using Intervention Mapping to Adapt an Evidence-Based Mental Health Program for People with Multiple Myeloma and Smouldering Myeloma

Natalie Tuckey
Adelaide University
Email: natalie.tuckey@adelaide.edu.au

Biography: Natalie Tuckey is a registered psychologist and PhD student conducting research that explores the psychological challenges of living with multiple myeloma, a life-limiting blood cancer. Her work focuses on developing tailored mental health and wellbeing interventions to support individuals across the disease trajectory. With a background in health psychology, she aims to improve quality of life by addressing the emotional and psychological needs of this under-served population.

Full Authors: Natalie Tuckey[1,2], Matthew Iasiello[2,3], Melissa Cantley[4,5], Joep van Agteren[3,6], Hayley Beer[7], Daniel B. Fassnacht[8], Imogen Ramsey[9], Laura C Edney[10], Rayan Saleh Moussa[11], Luke Grundy[12], Mark Ryan[13], Co-Seniors: Kathina Ali[8], Hannah R Wardill[1,2].

1. Supportive Oncology Research Group, Precision Cancer Medicine Theme, SAHMRI, South Australia, Australia
2. School of Biomedicine, Faculty of Health and Medical Sciences, The University of Adelaide, South Australia, Australia
3. Be Well Co, New South Wales, Australia
4. Precision Cancer Medicine Theme, SAHMRI, South Australia, Australia.
5. Myeloma Research Laboratory, School of Biomedicine, Faculty of Health and Medical Sciences, University of Adelaide, South Australia, Australia.
6. School of Public Health, Faculty of Health and Medical Sciences, University of Adelaide, South Australia, Australia.
7. Myeloma Australia, New South Wales, Australia.
8. School of Health, University of the Sunshine Coast, Queensland, Australia.
9. Caring Future Institute, Flinders University, Adelaide, Australia
10. Flinders Health and Medical Research Institute, Flinders University, Victoria, Australia
11. Centre for Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT), Faculty of Health, University of Technology Sydney, Sydney, New South Wales, Australia
12. NeuroUrology Research Group, Flinders Health and Medical Research Institute, College of Medicine and Public Health, Flinders University, Adelaide, Australia
13. Consumer Advocate

Abstract

People with multiple myeloma (MM) and smouldering myeloma (SMM) experience high rates of psychological distress and low quality of life, yet resources to promote mental health and wellbeing remain limited. This gap is exacerbated by the limited number of resources co-designed with individuals with lived experience. Hence, in partnership with lived experience experts and national advocacy organisation, Myeloma Australia, we aimed to adapt an existing, evidence-based mental health program to meet the nuanced and often psychological unmet needs of this vulnerable patient population. Twenty people aged 38-72 with MM (n=16) or SMM (n=4), and Myeloma Australia nurses (n=4), formed the lived experience panel and completed the Be Well Plan – a 5-week, group-based, online mental health and wellbeing program delivered by a trained facilitator. Empowerment, mental wellbeing, anxiety and depression were assessed before and after the intervention. The Double-Diamond co-design methodology was used to identify and implement adaptations regarding, content, structure and delivery. The unadapted Be Well Plan demonstrated encouraging feasibility and acceptability, with significant and substantial improvements in mental wellbeing ($\eta p^2 = .243$) and empowerment ($\eta p^2 = .246$). No significant changes were reported in anxiety and depression, providing a clear rationale for adaptations and contextualisation for MM and SMM. Qualitative thematic analysis of post-program feedback highlighted key areas for adaptation including the need for slower pacing, simplification of content and myeloma-specific examples; all of which informed program refinements within the Intervention Mapping framework, resulting in a new program – the myWELL Plan. Rigorous and intentional inclusion of people with lived experience enabled the development of a more tailored mental health program, contextualised for the complex and highly nuanced needs of people with MM and SM. The myWELL Plan is now operational and ready for evaluation in a national RCT.

(L6) Co-Designing Alcohol Policy: Deliberative Dialogues with Lived Experience Experts, the Media, Advocacy Groups, and Service Providers

Dr Belinda Lunnay
PHEHF, Torrens University Australia
Email: belinda.lunnay@torrens.edu.au

Biography: Dr Belinda Lunnay is A/Professor at the Research Centre for Public Health, Equity and Human Flourishing at Torrens University Australia. Her research critically engages with the influence of neoliberalism, biopolitics, and late capitalism on health decision-making, and she challenges dominant health promotion paradigms that emphasise individual responsibility. Dr Lunnay's work contributes to understanding how intersecting social, political, and commercial determinants of health create structural barriers to health equity. Her research is situated in contexts of everyday living, with a strong emphasis on community engagement, and she co-designs strategies for research translation into policy and practice. Through her scholarship, Dr Lunnay aims to inform more equitable and socially responsive health promotion approaches across a range of health areas. Her particular research interest is in women's health and interpreting the symbolic and social meanings of consumption behaviours to inform approaches to chronic disease prevention.

Full Authors: Belinda Lunnay[1], Ian Olver[2], Carlene Wilson[3], Megan Warin[4], Paul R Ward[1].

1. Torrens University Australia
2. University of Notre Dame
3. Flinders University
4. Adelaide University

Abstract

Introduction: This presentation outlines a process and outcomes for co-designing alcohol policy for breast cancer prevention with women (community members) based on options deliberated with the media, NGOs, health promotion agency representatives, advocacy groups and service providers. It also provides details about a research translation partnership with the Cancer Council SA to action the recommendations from the deliberative dialogues.

Method: We undertook deliberative dialogues (July 2023–July 2024) using Experience-Based Co-Design to investigate women's 'asks' for systems-level changes that might increase knowledge about alcohol-breast cancer risk, and support alcohol reduction, and then devise policy options with stakeholders. We recruited 15 Australian women (aged 40-65 years self-reported light/medium/heavy drinking, different social classes with no breast cancer history) who remained engaged through 5 focus groups and informed the content for deliberation and development of policy with stakeholders (n=3 groups of 10-12 stakeholders; 2 hours/dialogue group).

Findings: Our process identified areas for policy responsive to structures that contribute to misinformation/misperceptions about alcohol-breast cancer risk (i.e. regulating commercial practices). It indicated areas for improving women's trust in risk messaging, involving them in priority-setting for improving transparency in policy development. Deliberative dialogues with stakeholders supported guidelines for communication about alcohol-breast cancer risk that spotlight determinants (not individual behaviours).

Discussion: Co-design led by lived experience experts has high potential to inform suitable service delivery, community practice and communication delivered through the media, focused on reducing preventable alcohol-related breast cancers. Our process for co-designing policy aligns with the National Preventive Health Strategy and the SA Cancer Plan.

(L7) Introducing Hat-Wearing into Secondary Schools: A Pilot Study

Dr Daniel Coro
Cancer Council SA
Email: dcoro@cancersa.org.au

Biography: Daniel is a researcher in Cancer Council South Australia's Behavioural Research Evaluation Unit. He completed his PhD in Psychology in 2022 at the University of South Australia, exploring the relationship between diet and cognitive function in adult survivors of cancer.

His current projects include qualitative work on cancer-prevention behaviours in the LGBTIQA+ community, a mixed-method study on cancer-related financial strain, a pilot program testing hat-wearing and developing a sun-protection toolkit for secondary schools, and co-designing a pre-habilitative digital supportive care resource for people with prostate cancer. His broader research interests include psycho-oncology and engagement in behaviours that reduce cancer risk.

Full Authors: Daniel Coro[1], Mollie van Rhoda[1], Macy Kotro[1], Ryan Calabro[1], Diem Tran[1].
1. Cancer Council SA

Abstract

Background & Aim: Sun-protective hats are one of five key endorsed sun safety behaviours. South Australian government secondary schools have limited guidance and no mandatory hat policy. This study aims to pilot a hat-wearing intervention for Year 7 and 8 students in two schools, using student leadership to develop a self-guided toolkit promoting sun protection behaviours.

Methods: The hat-wearing intervention will be implemented in Terms 1 and 4, 2026. This abstract reports baseline survey data from Year 7-10 students, parents/guardians and teachers, alongside peer-leadership group involvement. Surveys will be repeated post-intervention with focus groups (Term 4, 2026).

Results: To date, 241 people (45% students, 41% parents/guardians, 14% teachers) completed the baseline survey.

While most students agreed they should be mindful of skin cancer (86%) and endorsed sun protection (69%), only 38% regularly practiced it, with hat-wearing being the least reported sun protection behaviour used when outside for 15 minutes or more in spring/summer (14%).

Overall, 64% believed student hat-wearing should increase, however only 44% of students agreed. Key barriers for hat-wearing reported by students were forgetting hats (90%) and discomfort (74%).

Initial peer-leadership sessions (n=10 students) highlighted peer-to-peer education, media/poster distribution, accessible hat storage, incentives (e.g. house points), and personalised school hats as strategies to support engagement.

Conclusion: Students recognise skin cancer risks and sun safety but less frequently practice protective behaviours. Peer-led initiatives, supported by ongoing engagement, will guide interventions and toolkit development to overcome barriers and support sun protection implementation in secondary schools.

Spotlight Session.

Inclusive Methods in Cancer Research

Dr Jennifer Baldock
Associate Professor Michelle Bellon
Dr Irene Belperio
Jala Burton
Tim Cahalan
Hannah Beinke

Email: jbaldock@cancersa.org.au

We are a team of researchers who use inclusive methods to explore cancer survivorship with and for people with intellectual disability and the people who support them. Our current work is funded by the Medical Research Future Fund and is titled "Co-producing Cancer Survivorship Resources with and for People with Intellectual Disability".

In this session, we will talk about:

- What inclusive research is
- How we do it
- Challenges and how we solve them
- Tips on how to do inclusive research well.

Dr Jennifer Baldock[1,2], Associate Professor Michelle Bellon[3], Dr Irene Belperio[3], Jala Burton[3], Tim Cahalan[3] & Hannah Beinke[3].

1. Cancer Council SA
2. Flinders University (College of Medicine and Public Health)
3. Flinders University (College of Nursing and Health Science)

Presentation Session: Short Talks.

(S1) Exploring Cancer-Related Discrimination: A Scoping Review

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Biography: Dr Andi Agbejule is a researcher in the field of cancer survivorship care. She has a particular interest in cancer-related fatigue, self-management support, improving the lives of those affected by cancer through lifestyle adjustments and behaviour change, and equity in cancer care. Specifically, understanding and addressing the barriers that prevent people from receiving fair and timely support. Her current role is as a Research Fellow within the Cancer Survivorship Program at the Caring Futures Institute of Flinders University and is a scientist at the South Australian Health and Medical Research Institute's Health Policy Centre.

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Abstract

Purpose: This scoping review examines the available evidence on cancer-related discrimination.

Methods: Cancer-related discrimination was defined as direct and recurring experiences of enacted stigma, behaviours, or unfair treatment based on an individual's cancer history, current diagnosis, or perceived risk. A systematic search of PubMed, EMBASE, Web of Science, the Cochrane CENTRAL, and PsycINFO identified peer-reviewed original research published before December 13, 2024. Two independent reviewers screened studies, and data were narratively synthesised using the Health Stigma and Discrimination Framework (i.e., discrimination drivers and system-level facilitators; discrimination experiences; impacts).

Results: A total of 156 studies met the inclusion criteria, comprising 70 cross-sectional studies, six systematic reviews, 62 qualitative papers, 13 mixed-methods studies, two scoping reviews, one longitudinal study, and two experimental studies. Reported experiences of cancer-related discrimination were categorised into the following contexts: 1) familial and social, 2) hiring and workplace, 3) insurance and welfare, and 4) healthcare. Discrimination drivers included misconceptions that cancer is contagious, employer concerns about productivity and costs, rigid welfare policies, and diminished empathy for perceived 'self-inflicted' cancers. Experiences ranged from social ostracization and bullying, to workplace dismissals, job rejections, and barriers to insurance or financial support. In healthcare contexts, provider blame, judgment and strained patient-clinician interactions were reported. Impacts of discrimination included self-isolation, concealment of diagnosis, internalised stigma, psychological distress, financial burdens, and delayed treatment-seeking.

Conclusion: Cancer-related discrimination may arise from cultural, institutional, and structural mechanisms, with significant impacts on quality of life and health. Policy and institutional reforms along with public education are needed to address these challenges.

(S2) Striving for Racial Equity in Oral Cancer Research: A Case Study

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Biography: Sneha Sethi is a postdoctoral Researcher at the Indigenous Oral Health Unit at the University of Adelaide. She has a keen interest in oral and oropharyngeal cancers and is currently leading the Human Papillomavirus and Oropharyngeal cancer in Indigenous Australians cohort study. Sneha is passionate about cancer disparities and oral health inequities in the Australian as well as global Indigenous Health context.

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Abstract

Background: Racism imposes a hinderance towards achieving equity in healthcare by pervasing on an individual, community, societal and institutional level.. Diversity in clinical research is essential to achieve favourable outcomes and mitigate inequities in disease impact and burden. Methodologies are described and proposed by scholars to achieve this equity in research grounded in decolonising frameworks and indigenist knowledges. Cancer is the highest contributing cause to mortality in the world with an inequitably higher impact on First Nations Peoples. Research specific to First Nations Peoples, following principles of Indigenous research, is critical to warrant advocacy and delivery of measures with relevant translatable outcomes and benefits.

Aim: The following paper presents a case study of a longitudinal cohort project assessing oral human papillomavirus-associated oral cancer in First Nations peoples of South Australia.

Methodologies: It discusses different decolonising methodologies and its application and relevance in a clinical research project.

Results: It proposes eight principles to abide by whilst striving for equity in research and diffusing the power differential.

Conclusion: Health equity mandates establishing guidelines which addresses systemic barriers, rigid structures and increased burden of disease to create opportunities for each participant to be as healthy as possible. The HPV-OPC project is one of the most successful longitudinal cohort studies in the world with a focus on oral HPV infections and oral cancers among a First Nations community. Steps have been taken from the early planning stages to the final delivery of outcomes ensuring benefit to community, sustainable approaches, cultural safety, community leadership, anti-racism and effective screening of oral cancers. These eight guidelines can be adapted into clinical research projects with First Nations Peoples to achieve equitable outcomes.

(S3) Spatial Associations of Health and Behavioural Indicators with Colorectal Cancer Screening Participation

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Biography: Melkalem Azanaw is a PhD student at Flinders University. His PhD project focuses on geospatial analysis of colorectal cancer prevention activities and practices. Dr. Molla Wassie and Associate Professor Erin Symonds currently supervise him.

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Abstract

Background: Colorectal cancer (CRC) remains a major public health concern in Australia. Despite the availability of a biennial faecal immunochemical test (FIT) through the national screening program, participation rates vary markedly across geographic areas. Previous research has often overlooked spatial heterogeneity in health indicators, limiting the effectiveness of place-based interventions. This study examined area-level health and behavioural factors associated with CRC screening participation across Australia.

Methods: We analysed national data from 404 local government areas (LGAs), including indicators such as current smoking, excessive alcohol consumption, adequate fruit intake, obesity, and other health determinants. Aggregated CRC screening participation rates were sourced from the Public Health Information Development Unit (December 2024 release). Spatial autocorrelation (Global Moran's I) assessed clustering, while multiscale geographically weighted regression identified spatially varying associations between screening participation and health and behavioural indicators. The golden gradient-based optimisation algorithm determined variable-specific bandwidths.

Results: CRC screening participation exhibited significant spatial clustering across LGAs (Global Moran's I = 0.4954; p = 0.01). Indicators such as psychological distress, physical inactivity and speaking only English at home had global associations with CRC screening. In contrast, obesity, current smoking, excessive alcohol consumption, adequate fruit intake, comorbidity, private health insurance, and poor self-rated health showed localised effects. Adequate fruit intake and comorbidity were consistently positively associated with participation, while poor self-rated health, current smoking, excessive alcohol consumption and obesity were generally linked to lower participation.

Conclusion: Incorporating spatially varying health and behavioural indicators into public health planning can support targeted interventions and improve CRC screening participation.

(S4) A Novel Rapid Antigen Test for Colorectal Cancer Screening

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Biography: Alicia Dallisson is a PhD candidate in the Bowel Health Services team at Flinders University. Alicia is interested in finding novel, simplified methods to increase screening participation and improve current standard-of-care to reduce the incidence and mortality of colorectal cancer.

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Abstract

Background and aims: Colorectal cancer (CRC) screening using the faecal immunochemical test (FIT) reduces CRC incidence and mortality. However, effectiveness is limited due to suboptimal participation rates, with barriers including faecal aversion and lack of test familiarity. A user-friendly approach is needed to increase participation. WaterFIT uses a rapid antigen test (RAT) cassette to analyse toilet bowl water after a bowel motion. The aim was to determine the diagnostic performance of WaterFIT for advanced neoplasia (CRC and advanced pre-cancerous lesions) compared to FIT.

Methods: Individuals scheduled for colonoscopy were invited to complete both WaterFIT and FIT before their procedure. FITs were returned by post for laboratory haemoglobin (Hb) analysis, while the WaterFIT result developed on the RAT cassette, with a photo submitted online. Colonoscopy outcomes were assessed. Diagnostic accuracy measures for advanced neoplasia were calculated for WaterFIT and FIT at comparable positivity thresholds (≥2 µg Hb/g faeces).

Results: 105 patients completed WaterFIT, FIT and colonoscopy, with 35.2% (n=37/105) positivity with WaterFIT and 36.2% (n=38/105) positivity with FIT. Advanced neoplasia was diagnosed in 8.6% of individuals (including 1 CRC). The sensitivity of WaterFIT for advanced neoplasia was 88.9% (n=8/9) compared to 55.6% (n=5/9) for FIT. The CRC was detected by both tests. The negative predictive value was 98.5% for WaterFIT and 94.0% for FIT. There were no significant differences between the performance of WaterFIT and FIT (p>0.05).

Conclusion: WaterFIT has equivalent diagnostic accuracy to FIT in detecting advanced neoplasia and hence has potential to reduce CRC incidence and mortality.

(S5) “It doesn’t tell me what to do, it informs me”: Exploring Smoking Cessation Resources for Lung Cancer Screening in Australia

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Biography: Nathan Harrison is a Research Fellow on the Substance Use Research and Evaluation (SURE) Program at NCETA, Flinders University. He has qualifications in psychology and education, and is finalising an implementation science PhD on smoking cessation and lung cancer screening. He is experienced in tobacco control, alcohol policy, and research translation, especially in cancer risk reduction.

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Abstract

Background: Lung cancer screening (LCS) presents unique opportunities to support a high-risk population with smoking cessation information and support.

Aim: To inform appropriate health promotion resources, this study explored perceptions of smoking cessation messaging characteristics.

Method: Think-aloud interviews were conducted with participants meeting Australia's National LCS Program eligibility criteria (including >30 pack-year smoking history), immediately prior to Program commencement. Participants verbally narrated responses to exemplars of international, LCS-specific, smoking cessation information, selected following a systematic audit of existing resources. Codebook thematic analysis was used to interpret transcripts and structure reporting against key Extended Parallel Process Model constructs (Acceptability, Threat, Efficacy, and Fear).

Results: Participants (N=34; 71% smoking daily) were broadly supportive of cessation information disseminated in LCS but recommended concise resources with locally-relevant language and design. Personalisation and directness in messaging were suggested to convey susceptibility to and severity of potential smoking-related harms, but with non-judgemental tone empathetic to individual's long smoking histories. To strengthen beliefs about response/self-efficacy, participants emphasised that resources should incorporate age-targeted risk information and encourage quit attempts with the support of realistic behavioural strategies and available services. Supportive information that encouraged self-reflection, rather than telling people 'what to do', had the potential to counter potential self-exemption and message rejection.

Conclusion: Findings highlight the importance of direct, empathetic, and efficacy-enhancing cessation messaging in LCS. Existing resources require extensive modification to achieve relevance. Co-designed resources have the potential to support cessation and screening uptake, and minimise stigma, particularly when tailored to the preferences of individuals eligible for LCS.

(S6) The Lived Experiences of Cancer Survivorship by People with Intellectual Disability: A Scoping Review

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Biography: Dr Jennifer Baldock is a researcher with a multidisciplinary background spanning cognitive science, cancer, and health equity. She was awarded a PhD in Cognitive Science/Audiology from Flinders University in 2022, where she investigated cognitive effort during listening tasks. Dr Baldock is currently a researcher in the Behavioural Research and Evaluation Unit at Cancer Council SA, and she holds adjunct positions with Flinders University and the University of South Australia. Dr Baldock's current research focuses on cancer-related cognitive impairment, cancer screening and survivorship, and health equity. She is a Chief Investigator on a Medical Research Future Fund (MRFF) Survivorship project co-producing cancer support resources with and for people with intellectual disability. She has a strong commitment to inclusive research methodologies and works collaboratively with researchers with lived experience of disability to ensure research is meaningful and impactful.

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Abstract

Objectives: People with intellectual disability experience persistent barriers to accessing and receiving appropriate cancer care, leading to poorer cancer-related outcomes than the general population. This scoping review aimed to identify and examine peer-reviewed research exploring the cancer survivorship experiences of people with intellectual disability from their perspectives following their own cancer diagnosis.

Procedures: A scoping review was conducted in September 2024 following the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines. A comprehensive search identified 1,239 studies, of which eight met the eligibility criteria and were included in the final review.

Sample and setting: Of the eight studies included, all were conducted in the UK between 2007 and 2016. Across these studies, a total of 20 participants with intellectual disability were represented, including 12 women and eight men, with a mean age of 53.6 years (range: 34–76). All studies used qualitative methods.

Results: Three themes were constructed in the synthesis: 1) Include me, 2) My real feelings, and 3) Having the right help. These themes highlight the emotional, communication, and support needs as voiced by people with intellectual disability during cancer survivorship. However, experiences, needs and preferences outside the UK remain unexplored.

Conclusion: This is the first review to summarise research on the cancer survivorship experiences of people with intellectual disability from their own perspectives. A larger, international evidence base is urgently needed to inform equitable cancer care systems and address the needs of people with intellectual disability.

(S7) Evaluating a Digital Psycho-Oncology Intervention (Finding My Way – Advanced) for Women with Metastatic Breast Cancer: Outcomes from a National Multisite RCT

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Biography: Lisa Beatty is a Professor in Clinical Psychology at Flinders University, and a visiting Consulting Clinical Psychologist in Medical Oncology at Southern Adelaide Local Health Network. For the last 20 years, she has worked as a researcher and clinician in psycho-oncology and specialises in digital interventions for cancer-related mental health and supportive care. Her flagship program of work, Finding My Way—an online program to help support people self-manage commonly arising psychosocial concerns—is now freely available to the cancer community, and has been adapted to other cancer populations and countries.

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9. Cancer Council SA
10. Southern Adelaide Local Health Network
11. Maccarthur Cancer Centre, Campbelltown
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13. Swinburne Univeristy
14. Canberra Hospital and ANU
15. University of Newcastle

Abstract

Objective: Finding My Way – Advanced (FMW-A) is a co-designed six-module self-guided online CBT program for women with metastatic breast cancer (MBC). This study evaluated program engagement and efficacy in improving quality of life (QOL) and distress.

Methods: A national multisite randomised controlled trial recruited eligible women with MBC (aged 18+ years, life expectancy of 6+ months, internet access, and sufficient English). Participants were recruited via direct clinician approach (61.8%) across 10 sites, or self-referral (38.2%). Participants were randomised to intervention (FMW-A) or control (Breast Cancer Network Australia's 'My Journey' online). Measures of QOL (primary outcome), general distress (DASS21), cancer-specific distress (PSS-SR), fear of progression (FoPQ), and unmet needs (SCNS) were assessed at baseline, post-intervention, and 3- and 6-month follow-up.

Results: 280 women consented (54.8% consent rate; 139 intervention, 141 control). Participants (Age M±SD=58.4±11.6), were diagnosed an average of 2.9 years prior (39% with de novo MBC), and exhibited significant baseline burden: many exceeded clinical thresholds for impaired mental-QOL (48%) and physical-QOL (55%); cancer-related distress (43.3%), fear of progression (51%), and depression, anxiety and/or stress (37.7%). Program engagement was moderate (Mean=3.03 modules accessed; 4.75 logins; 30/112 pages accessed). Full intention-to-treat analyses found FMW-A did not demonstrate superior benefits over My Journey for any outcome, however significant within-group improvements in Fear of Progression, Unmet Needs and select QOL domains were found for both programs.

Conclusion: Despite experiencing QOL and distress burden, participants showed only modest program engagement. Both FMW-A and My Journey are effective in improving Fear of Progression and Unmet Needs.

(S8) Virtual Reality Exercise and its Utility During Chemotherapy Infusion: Cancer Survivor and Infusion Suite Nurse Perspectives

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Biography: Dr Katia Ferrar is the Flinders Foundation and Cancer Council SA Senior Research Fellow in Cancer Wellness. She is a musculoskeletal physiotherapist with more than 20 years' clinical experience and more than 10 years' research expertise in the field of chronic health conditions and physical activity for wellbeing. Her research projects respond to community need and are driven by stakeholder and end user involvement. Dr Ferrar is currently leading projects focused on virtual reality exercise during chemotherapy infusion, supportive care navigation for people diagnosed with pancreatic and biliary cancer, and allostatic load among women diagnosed with breast cancer.

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Abstract

Background: Physical activity is an effective strategy in reducing the detrimental effects of cancer and treatment and improving survivors' health and wellbeing. Unfortunately, physical activity levels often decline during chemotherapy. Infusion appointments present an opportunity to provide supportive care. Virtual Reality (VR) exercise during chemotherapy infusion offers a novel way to encourage physical activity and enhance the treatment experience. This approach has not been previously studied.

Aim: The aim of this body of work was to explore the preferences and perceptions of VR exercise during infusion and its potential clinical utility among 1) adults diagnosed with cancer who had experienced chemotherapy as part of their cancer management, and 2) infusion suite nurses.

Methods: Study 1 involved people diagnosed with cancer (n=8) who had completed chemotherapy. Study 2 included people diagnosed with cancer undergoing chemotherapy (n=5) and infusion nurses (n=3). Participants trialled seated VR pedal exercise and provided feedback via focus groups or interviews on therapeutic potential, preferences (e.g., virtual environment), equipment setup, and barriers. Transcripts data were analysed using qualitative content analysis.

Results: Participants reported enjoyment and potential therapeutic benefits such as distraction and reduced anxiety. Preferred VR features included hyper-real animation and natural environments. Nurses highlighted risks to cannulas from arm movement, chair safety, and the need for portable equipment.

Conclusion: To our knowledge, this is the first body of work to explore VR exercise during infusion. These insights will inform the development of tailored VR exercise experiences for use during chemotherapy infusion.

(S9) Four Decades of Trends in Obesity-Related Cancer Among Young South Australians: Implications for Prevention and Early Detection

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Biography: Dr Kamalesh is a Principal Statistician at the Epidemiology and Research division, Preventive Health SA. He has previously worked as a Senior Research Fellow at the Deakin University and the University of Sydney in Australia and the Otago University in New Zealand. He is a Trained Statistician and enjoys using his quantitative skills in the realm of public health. His interests include data analysis, data mining, cancer epidemiology and statistical modelling. He has published several research papers in international journals and has also led some industry projects.

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Abstract

Background: There is strong epidemiological evidence that obesity is linked to an increased risk of multiple cancers, including colorectal, kidney, pancreatic, liver, thyroid, multiple myeloma, and several female reproductive cancers. Recent emerging global evidence suggests that obesity-related cancer rates are increasing among younger adult populations. However, there is currently limited research examining the prevalence and trends of obesity-related cancer (ORC) among young South Australian adults.

Aim: To examine 40-year trends in obesity-related cancer incidence among South Australians aged 20–49 years.

Methods: Data were drawn from the South Australian Cancer Registry (SACR). Population-based cancer incidence data (SACR, 1982–2021) were analysed for 12 previously identified obesity-related cancer types. Trends were evaluated for all obesity-related cancers combined and for site-specific obesity-related cancer types for 5-year periods using age-specific rates per 100,000 population and linear regression for trend significance.

Results: All obesity-related cancers combined increased significantly from 43.0 to 79.1 per 100,000 between 1982–86 and 2017–21 ($p<0.0001$).

Strong upward trends were observed for colorectal, kidney, pancreatic, thyroid, uterine corpus, breast cancer, multiple myeloma, and liver cancers, with the steepest increases in thyroid (from 3.1 to 10.0 per 100,000) and colorectal cancer (from 8.7 to 15.9).

Females exhibited consistently higher ORC rates than males, driven by breast, uterine, thyroid and ovarian cancers.

Conclusion: Over the past 40 years, obesity-related cancers have increased significantly, almost doubling during this observation period among South Australians under 50. These data mirror international trends linking early-life obesity with early-onset cancer risk. The sustained upward trajectory warrants future public health efforts to target cancer prevention among young South Australians.

Implications for Prevention: These findings reinforce the need for primordial prevention achieved through legislative and policy actions addressing obesogenic food and physical activity environments, and mass-media campaigns emphasising the risks of obesity in young adults.

(S10) Gaps in Awareness: South Australian Perceptions of Cancer Risk Factors

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Biography: Ryan was awarded a PhD in Psychology from Flinders University in 2022. He completed his PhD on food consumption behaviour, specifically investigating soft drink consumption and choices from vending machines. Since joining Cancer Council SA in 2022, Ryan has worked on projects focussed on the unmet supportive cancer care needs for those living in South Australia, determinants of vaping behaviour and perceptions, and population health surveys. Ryan is also an Adjunct Associate Lecturer at Flinders University with the college of Education, Psychology and Social Work, having supervised several honours students' projects around soft drink and water messaging, and cancer risk perceptions in relation to modifiable behaviours.

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1. Flinders University
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Abstract

Background: Cancer remains a leading cause of disease burden in Australia, with many cases linked to preventable lifestyle factors. Improving public understanding of modifiable cancer risks supports informed decision-making and protective behaviours. Tracking changes in these perceptions over time helps identify knowledge gaps and priority groups for targeted prevention efforts.

Aim: This study examined South Australians' perceptions of modifiable cancer risk factors from 2018–2022 and identified groups with lower awareness.

Methods: Data were obtained from the telephone-based South Australian Population Health Survey Module System (n=3,002 in 2022), sampling residents aged 15+. Participants rated the perceived importance of factors (smoking, alcohol, diet, sun exposure, immunisation) in cancer risk on a 5-point scale. Trend and regression analyses explored changes over time and sociodemographic predictors.

Results: Risk perceptions remained relatively stable across 2018-2022, with some minor downward trends. Perceptions of cancer risk from smoking and sun exposure were consistently high, while perceptions for drinking alcohol and being unimmunised against viral infections were lowest. For alcohol, lower perceived cancer risk was significantly associated with older age, male sex, lower education, and higher drinking frequency ($p<.05$). For being unimmunised, lower perceived risk was associated with younger age and speaking English as a primary language ($p<.001$).

Conclusion: Significant gaps persist in the South Australian public's understanding of key cancer risk factors, particularly concerning alcohol consumption and lack of immunisation. Despite established scientific evidence, these factors are not perceived as high-risk by a substantial portion of the population, which may undermine preventative health efforts.

Posters.

(P1) Financial Strain of People Impacted by a Cancer Diagnosis

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Biography: Daniel is a researcher in Cancer Council South Australia's Behavioural Research Evaluation Unit. He completed his PhD in Psychology in 2022 at the University of South Australia, exploring the relationship between diet and cognitive function in adult survivors of cancer. His current projects include qualitative work on cancer-prevention behaviours in the LGBTIQA+ community, a mixed-method study on cancer-related financial strain, a pilot program testing hat-wearing and developing a sun-protection toolkit for secondary schools and co-designing a pre-habilitative digital supportive care resource for people with prostate cancer. His broader research interests include psycho-oncology and engagement in behaviours that reduce cancer risk.

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1. Cancer Council SA
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Abstract

Aim: Cancer places substantial financial burden on people with cancer (PWC) and their caregivers, a pressure likely intensified by the current cost-of-living crisis. This study examines the prevalence and experiences of cancer-related financial strain among South Australians, reporting survey results from a mixed-method study.

Methods: An online panel recruited 312 South Australians affected by cancer in the past five years (n=105 PWC; n=207 caregivers). Participants reported current and pre-diagnosis financial circumstances retrospectively, including cost-related sacrifices, awareness of treatment expenses, and use of support resources.

Results: A third of PWC (34%) reported marked financial strain post-diagnosis, increasing from 26% pre-diagnosis. Almost half of PWC (46%) reported feeling unprepared for the financial burden of cancer, and 38% indicated limited-to-no discussions of direct costs with healthcare providers pre-treatment. Forty percent received increased financial support from others post-diagnosis; notably, 15% reported not receiving any financial help, despite requiring it. For PWC, financial strain was most commonly reported to substantially impact physical (51%) and mental wellbeing (46%) domains. Among PWC experiencing greater financial strain, reduced spending on leisure activities (58%), food (44%), and transport (42%) was most often reported. Early discussions with healthcare providers emerged as the most identified way to reduce financial strain (53% PWC, 35% caregivers), followed by pre-treatment access to financial planners/counsellors (38% PWC, 27% caregivers).

Conclusion: Financial strain is a common and significant consequence of cancer for patients and caregivers, affecting wellbeing and practical daily living. Early cost discussions with healthcare providers and financial planning support may help mitigate this burden.

(P2) Weight Stigma in Cancer Care: Findings from an Australian Survey of People with Cancer

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Biography: Rebecca is a researcher and an Accredited Practicing Dietitian, working at Cancer Council SA since 2017. She has been involved in program evaluation and research support to improve the quality and effectiveness of Cancer Council SA prevention and support programs. She is passionate about cancer survivorship, improving nutritional outcomes and promoting equity of access in healthcare. This underpins her interest in the impact of weight stigma throughout the cancer care continuum.

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Abstract

Objective: Weight stigma is prevalent in health care. Despite this, few studies have explored weight stigma in relation to cancer care. This study provides preliminary data on the frequency and types of weight stigma experienced by people with cancer in Australia.

Methods: People who had a cancer diagnosis in the past 10 years (n=150) completed an online survey to assess weight stigmatising experiences in cancer care. Experiences of weight stigma were assessed using an adapted version of the Stigmatising Situations in Healthcare measure. Descriptive, and multivariate analyses were conducted.

Results: More than half (n=79, 53%) of respondents reported experiencing weight stigma during their cancer care, including negative character judgements, accessibility issues, discrimination, unsolicited diet advice, and diagnostic overshadowing. The proportion of participants reporting at least one stigmatising experience ranged from 32% with a healthy BMI, to 70% among those whose weight was categorised as obese. Higher BMI, internalised weight bias, and healthcare avoidance were each independently associated with increased reports of weight stigma during cancer care. Participants who reported avoiding or delaying healthcare were more likely to report experiences of stigma. Higher ratings of physician empathy were associated with fewer reported experiences of weight stigma.

Conclusion: As the first Australian quantitative investigation of experiences of weight stigma during cancer care, preliminary results reveal people with cancer may face a range of weight stigmatising experiences during their cancer care. Experiences of weight stigma increased with higher internalised weight bias and avoidance and/or delaying of health care utilisation.

(P3) Measuring Cognitive Function in People Who Have Had Cancer Using the Oxford Digital Multiple Errands Task: A Pilot Study

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Biography: Savannah Kaveberg is a recent Bachelor of Psychology (Honours) graduate from the University of South Australia. Her honours thesis focused on cancer-related cognitive impairment (CRCI), which is often reported subjectively by people who have had cancer but is not always detected by traditional objective tests. Her project examined whether the culturally adapted Oxford Digital Multiple Errands Test (OxMET-AU) could capture these subtle cognitive difficulties. She investigated relationships between OxMET-AU performance, traditional neuropsychological tests, and subjective reports of cognitive difficulties. Savannah is interested in psycho-oncology, psychosocial wellbeing, and improving cognitive assessment practices in cancer care.

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1. University of South Australia
2. Cancer Council SA
3. University of Oxford

Abstract

Background: Cancer-related cognitive impairment (CRCI) is commonly reported among people who have had cancer, interfering with everyday functioning. This reflects an issue in CRCI research where subjective reports of cognitive difficulties are often not reflected in neuropsychological test performance, leaving people feeling dismissed. The Oxford Digital Multiple Errands Test (OxMET) offers a novel approach to measuring cognition in contexts that reflect real-world demands but has not yet been studied in a cancer population.

Aim: The pilot study explored the use of a culturally adapted Australian version of the OxMET (OxMET-AU) to measure cognition in people who have had cancer.

Methods: 20 adults with a history of non-metastatic cancer completed neuropsychological tests, subjective reports from the Functional Assessment of Cancer Therapy-Cognition (FACT-Cog), and the OxMET-AU. We hypothesised that OxMET-AU performance would positively correlate with FACT-Cog and neuropsychological test scores, that neuropsychological test scores would positively correlate with FACT-Cog scores, and that OxMET-AU performance would show stronger correlations with FACT-Cog scores than neuropsychological test scores.

Results: Findings indicated that OxMET-AU performance aligned more closely with neuropsychological test scores than subjective FACT-Cog complaints, which reflected difficulties not captured by either measure. However, participants found the OxMET-AU acceptable and feasible.

Conclusion: The discrepancy between OxMET-AU performance and subjective complaints may reflect differences in the constructs they measure, as well as statistical power limitations. Overall, the findings may support the value of a multimethod approach to measuring CRCI and suggest the OxMET-AU warrants further research in larger, diverse samples, to clarify these relationships.

(P4) Preferences of People with Prostate Cancer Regarding Digital Supportive Care: A Systematic Review

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Biography: Juliana Christina is a Research Fellow within the Cancer Survivorship Program, with a strong research focus on supportive care for people affected by cancer. Her work spans integrative oncology, cancer prehabilitation, and the use of digital health technologies to enhance wellbeing, symptom management, and self-management across the cancer continuum. She is committed to co-design, consumer voice, and developing evidence-based models of care that improve survivorship experiences and long-term outcomes. Through interdisciplinary collaboration and innovation, Juliana aims to advance personalised, accessible, and holistic approaches to cancer care that better support individuals during treatment, recovery, and beyond.

Full Authors: Juliana Christina[1], Daniel Coro[1,2], Julia Morris[2], Murray Turner[3], Amanda Robertson[2], Nicolas Perrotta[1], Mark Godfrey, Catherine Paterson[1].

1. Flinders University
2. Cancer Council SA
3. University of Canberra

Abstract

Background: Prostate cancer is associated with persistent unmet supportive care needs, particularly in psychological wellbeing, sexual health, continence management, and access to reliable information. Digital health interventions offer opportunities to address these gaps and improve patient engagement; however, preferences for digital supportive care among people with prostate cancer have not been comprehensively synthesised.

Aim: To identify and synthesise evidence on the preferences of people with prostate cancer regarding the design and delivery of digital supportive care.

Methods: A systematic search of six databases was conducted, with screening procedures following PRISMA guidelines. Four reviewers independently extracted data, and methodological quality was appraised using the Mixed Methods Appraisal Tool (MMAT). A narrative and thematic synthesis approach was used to integrate findings across study designs.

Results: Of 5,184 records screened, studies were included. Data analysis is ongoing; however, preliminary findings of preferences for digital supportive care clustered across four domains: delivery mode, content, engagement, and barriers/enablers. Participants valued flexible, multi-modal digital formats including web-based platforms, mobile apps, telehealth, and telephone support. Older adults showed particular preference for telephone-based care. High-priority content included personalised education, decision support, symptom self-management (continence, fatigue, sexual health), structured exercise guidance, and psychosocial support. Engagement was enhanced by intuitive interfaces, tailored content, and clinician endorsement. Digital literacy challenges and emotional burden were key barriers. Supportive onboarding and clear guidance facilitated uptake.

Conclusion: People with prostate cancer show preference for flexible, personalised digital supportive care. Addressing barriers of digital literacy and emotional burden are essential to improve engagement and outcomes.

(P5) Improving Skin Cancer Detection in Primary Care

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Biography: Elysia has more than seven years' experience in projects that help South Australians reduce their risk of preventable cancers. Specialising in skin cancer prevention and early detection, a key focus is supporting outdoor workplaces meet their WHS obligations through strategies that address UV overexposure. She has contributed to the governance of mass media campaigns, developed prevention and early detection resources, and supported the dermoscopy grants program for South Australian GPs. Her experience also includes working with internal behavioural researchers and an external market research company, contributing to survey design, refining evaluation measures, and supporting analyses that strengthen campaign and program evaluation.

Full Authors: Elysia Flavel, Prevention Programs Lead[1]; Sara Zangari, Researcher[1]; Rebecca Scupham, Researcher[1].
1. Cancer Council SA

Abstract

Background: Skin cancer is a major public health issue in South Australia, with higher incidence in rural and regional areas and limited access to specialist care. General Practitioners (GPs) play a critical role in prevention, early detection, and timely diagnosis – yet limited access to dermatoscopes and training can limit capability.

Aim: To improve skin cancer early detection in South Australia by increasing GP access to dermatoscopes and practical dermoscopy training, particularly in rural and regional areas.

Methods: Since 2021, the Cancer Council SA Dermoscopy Grant Program has provided dermatoscopes and training to eligible GPs across South Australia. Applicants were required to complete practical dermoscopy training with the Australasian College of Dermatologists, funded by Preventive Health SA, and an RACGP module on skin cancer prevention. Priority was given to rural or regional practitioners and those without existing dermatoscope access. Post-award evaluation assessed frequency of dermatoscope use, changes in diagnostic confidence, and impacts on clinical practice.

Results: Across six rounds, 235 dermatoscopes were distributed statewide, with almost half awarded to regional GPs. Evaluation findings show most recipients now use their dermatoscope daily or weekly for skin checks, excisions, and referrals. GPs reported increased diagnostic confidence, earlier identification of suspicious lesions, and improved patient care, reflecting the integration of routine dermoscopy into general practice.

Conclusion: Equipping GPs with dermatoscopes and targeted training enhances diagnostic accuracy, supports earlier detection, and improves care for high-risk, underserved populations. Continued investment and opportunities for follow-up training may further increase the long-term impact of dermoscopy in primary care.

(P6) Food, Movement, Sleep and Social Patterns Among People with Cancer and Their Carers in Supported Accommodation

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Biography: Ryan was awarded a PhD in Psychology from Flinders University in 2022. He completed his PhD on food consumption behaviour, specifically investigating soft drink consumption and choices from vending machines. Since joining Cancer Council SA in 2022, Ryan has worked on projects focussed on the unmet supportive cancer care needs for those living in South Australia, determinants of vaping behaviour and perceptions, and population health surveys. Ryan is also an Adjunct Associate Lecturer at Flinders University with the college of Education, Psychology and Social Work, having supervised several honours students' projects around soft drink and water messaging, and cancer risk perceptions in relation to modifiable behaviours.

Full Authors: Ryan Calabro[1], Daniel Coro[1], Ben Singh[2], Celia Ellks[1], Carol Maher[2].

1. Cancer Council SA
2. Adelaide University

Abstract

Aim: Greenhill Lodge provides supportive accommodation for regional people with cancer (PWC) and their caregivers. This study conducted a broad, preliminary exploration of guests' food, movement, sleep, and social experiences and needs during their stays.

Methods: An accommodation exit survey recruited 131 participants (n=105 PWC; n=26 caregivers) over 10 months. Participants completed a retrospective survey on lifestyle areas during their stay. Telephone interviews were conducted with 11 participants (n=10 PWC; n=1 caregiver) for deeper insights.

Results: Participants were on average 64 years old (SD=10), predominantly female (55% PWC; 77% caregivers). Breast (23%) and prostate (22%) cancers were most common, with 75% of PWC undergoing treatment. Average stay was 12-15 nights. Few participants reported barriers to accessing food (<5%). Guests mainly sourced food from the on-site restaurant/café (79-81%) or prepared meals using in-room/shared kitchens (69-81%). About half reported reduced physical activity during stays (46-47%). Most PWC believed exercise was safe and beneficial (>70%), with interest in personalised programs (70%), yoga (47%) and walking groups (47%). Most reported sleep quality was similar to home, with room comfort supporting good sleep; however, 23-26% experienced poorer sleep, largely from environmental and treatment-related factors. Interest in social opportunities was high, especially for event outings (70%-77%). Interviews highlighted positive community atmosphere, particularly supported by staff. People experiencing social disconnect often relied on externally initiated connections, and linkage with existing services.

Conclusion: Guests reported high overall satisfaction. Structured exercise, social opportunities, and alternate signposting to existing services may further support guests during stays.

(P7) Mental Illness and Health Literacy in People with Cancer: The Australian National Health Survey Analysis

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Biography: Dr. Huah Shin Ng is a Cancer Council SA Early Career Fellow at Flinders University, and a Senior Pharmacist at SA Pharmacy, SA Health. Huah Shin's research focuses on cancer survivorship epidemiology. She leverages her clinical knowledge and skills as a pharmacist and her national and international research collaborations to access complex health data to: (1) understand the burden of multiple chronic diseases in cancer survivors; and (2) generate actionable, evidence-based information to guide clinical cancer care.

Full Authors: Huah Shin Ng, PhD[1,2]; Cartier Dods, BPsych(Hons)[3]; Jason Dimian, BPysch(Hons)[3]; Richard Woodman, PhD[1]; Lisa Beatty, PhD[3].

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3. Flinders University Institute for Mental Health and Wellbeing, College of Education, Psychology and Social Work, Flinders University, Adelaide, South Australia, Australia.

Abstract

Purpose: To examine factors associated with mental illness (MI) in people with and without cancer, and the associations between cancer, MI and health literacy (HL).

Methods: This cross-sectional study was conducted using data from the Australian National Health Survey 2017-2018 and HL Survey. All participants aged ≥25 years were categorised into four groups based on self-reported cancer and MI. Multivariable logistic regressions were performed to examine characteristics associated with MI, with stratification by cancer status. General linear models were used to assess the association between nine individual HL domain scores and cancer and MI.

Results: About 30% of people with cancer (n=690/2276) and 27% of those without cancer (n=3483/12920) reported having a MI. Several characteristics were associated with higher odds of MI in both cancer and non-cancer groups: female gender, younger age, obesity, currently smoking, residing in a major city, lower socioeconomic status, having more comorbidities and being physically less active. For most of these characteristics, the associated risk was higher in people with cancer. MI was negatively associated with seven individual HL domain scores, whilst having cancer was negatively associated with only one domain.

Conclusion: Risk factors for MI appeared to be similar in persons with and without cancer, but the associated relative risks are higher in those with cancer. HL is negatively associated with both MI and cancer, with stronger associations for MI. Improving HL in those with MI and cancer has the potential to improve modifiable risk factors and outcomes of this population.

(P8) Psychophysiological Measurement of Cognitive Processing During and After Cancer: A Systematic Review

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Biography: Dr Jennifer Baldock is a researcher with a multidisciplinary background spanning cognitive science, cancer, and health equity. She was awarded a PhD in Cognitive Science/Audiology from Flinders University in 2022, where she investigated cognitive effort during listening tasks. Dr Baldock is currently a researcher in the Behavioural Research and Evaluation Unit at Cancer Council SA, and she holds adjunct positions with Flinders University and the University of South Australia. Dr Baldock's current research focuses on cancer-related cognitive impairment, cancer screening and survivorship, and health equity. She is a Chief Investigator on a Medical Research Future Fund (MRFF) Survivorship project co-producing cancer support resources with and for people with intellectual disability. She has a strong commitment to inclusive research methodologies and works collaboratively with researchers with lived experience of disability to ensure research is meaningful and impactful.

Full Authors: Jennifer Baldock[1,2,3], Daniel Coro[1,2], Tobias Loetscher[3], Savannah Kaveberg[1,3], Amanda Hutchinson[3].

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Abstract

Background: Cancer-related cognitive impairment (CRCI) is a common, distressing, and often persistent consequence of cancer and its treatment. Traditional assessments, such as neuropsychological testing, often fail to capture the everyday cognitive difficulties reported by people with a history of cancer. Psychophysiological measures can detect subtle variations in cognitive processing that may not be reflected in behavioural performance.

Aims: This systematic review synthesises studies using psychophysiological measures to assess cognitive processing during active task performance in individuals during and after cancer.

Methods: Searches of four databases were conducted, and manual reference checking and snowballing were used to identify additional studies. Inclusion criteria were studies published between January 2000 and July 2025 that used one or more common psychophysiological measures to assess cognitive processing during cognitive tasks in people with a cancer diagnosis. Study quality was assessed using the Joanna Briggs Institute Critical Appraisal Tools. Findings were synthesised narratively.

Results: Sixty-six studies met inclusion criteria. Functional MRI and electroencephalography were the most frequently used psychophysiological methods. Many studies reported findings that diverged from behavioural outcomes, demonstrating the sensitivity of psychophysiological measures in detecting cognitive changes in the absence of performance deficits. The review also highlighted underexplored methods that may offer additional insights into cognitive changes associated with cancer.

Conclusion: Expanding the use of psychophysiological approaches could improve understanding of CRCI and guide the development of effective prevention, management, and rehabilitation strategies. Such advancements have potential to enhance supportive care and quality of life for individuals affected by CRCI.

(P9) Health Related Quality of Life in Individuals at an Increased Risk for Colorectal Cancer

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Biography: Wudneh Belay is a second year PhD student at Flinders University, College of Medicine and Public Health. His study is funded by Flinders International Postgraduate Research Scholarship. His research project focuses on the Economics of Colorectal Cancer Surveillance - An Australian Perspective, with an emphasis on patient-reported outcome measures, health-related quality of life, resource evaluation, and effectiveness and cost-effectiveness of colorectal cancer surveillance models of care at the Flinders Centre for Innovation in Cancer. He is supervised by Dr Norma Bulamu Associate Professor Billingsley Kaambwa and Associate Professor Erin Symonds.

Full Authors: Wudneh Belay[1], Erin L. Symonds[1,2], Molla M. Wassie[1], Muktar Ahmed[1], Billingsley Kaambwa[1], Norma B. Bulamu[1].

1. Flinders University, College of Medicine and Public Health, Flinders Health and Medical Research Institute, Adelaide, South Australia, Australia
2. Gastroenterology Department, Flinders Medical Centre, Southern Adelaide Local Health Network, Bedford Park, South Australia, Australia

Abstract

Background: Individuals at elevated risk for colorectal cancer (CRC) such as those with a prior history of CRC or polypectomy, genetic predisposition or a significant family history of CRC, undergo regular colonoscopy. The invasiveness of the colonoscopy procedure, along with regular healthcare system encounters, affect health related quality of life (HRQoL). However, there are no studies that have assessed HRQoL in this population in the Australian setting.

Aims: The study aimed to assess HRQoL and predictors.

Methods: This was a cross-sectional analysis of HRQoL data from a survey in the Southern Co-Operative Program for the Prevention of Colorectal Cancer (SCOOP), South Australia. HRQoL was assessed using the EQ-5D-5L (0-1) and EQ-VAS (0-100), with higher values indicating better HRQoL. EQ-5D-5L utility scores were obtained using an Australian general population algorithm. Multivariable regression analysis was used to identify the predictors.

Results: 1916 individuals responded to the survey and were included in the analysis. The mean age was 65.4 (SD=10.19), and 51.6% were female. The mean EQ-5D-5L utility score was 0.81 (SD=0.20) and EQ-VAS score was 77.47 (SD=16.01). Lower HRQoL was associated with being female, separated marital status, unemployed, lower household income, higher body mass index, smoking, family history of CRC, and previous history of adenoma.

Conclusion: Participants reported good HRQoL which were comparable to the general Australian population values of 0.86 (SD= 0.19), and 73.2 (SD=21.7) for the utility score and VAS, respectively. Addressing modifiable predictors is important to improve HRQoL.

(P10) Cancer in Incarcerated South Australians

Dr Julia Morris
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Biography: Julia is an early career researcher and holds a PhD in Psychology and Masters of Public Health. She began working in the Behavioural Research and Evaluation Unit in 2018, became Senior Researcher in 2022, and Research Manager in 2024. Prior to joining Cancer Council SA, she worked in university and government research institutes. In 2020, she was awarded a Clinical Oncology Society of Australia Survivorship Research Fellowship. Her research interests include data linkage, health equity and survivorship.

Full Authors: Dr Julia Morris[1], Prof Stuart Kinner[2], Dr Fiona Kouyoumdjian[3], A/Prof Amanda Hutchinson[4], Dr Lucas Calais Ferreira[5], A/Prof Kim Morey[6], Lindsay Peace[2], Malcolm Aston[1], Dr Jennifer Baldock[1].

1. Cancer Council SA
2. Curtin University
3. McMaster University
4. University of South Australia
5. University of Melbourne
6. Wardliparringa, SAHMRI

Abstract

Australians who experience incarceration are at risk of profound health inequity. They often experience ongoing social exclusion and marginalisation that impede engagement with primary and preventive healthcare. Compounding this is excess exposure to carcinogens that are introduced due to disproportionate risky health behaviours in the context of entrenched social and structural disadvantage. It follows that justice-involved Australians are likely at increased risk of cancer incidence and mortality, co-morbidities, and encounter barriers to treatment access. However, there is a lack of Australian evidence about cancer-related outcomes among this population to inform appropriate and accessible health and support services.

This study aims to document cancer incidence, prevalence and mortality among South Australians who experience incarceration. We will use data linkage to establish a retrospective cohort, using SA-NT DataLink to combine data from SA Correctional Services, SA Cancer Registry, and the SA Death Register. This project seeks to generate critical insights to inform policy changes and improve cancer diagnosis, treatment, and survival rates for justice-involved people. Among the cohort, focus will also be placed on cancer-related health outcomes of Aboriginal and Torres Strait Islander individuals, who are over-represented in the prison population and may face additional health inequities. Overall findings are expected to contribute to better service provision and policy development, not only in South Australia but across other Australian jurisdictions, with the potential to improve quality of life for people at the intersection of cancer and incarceration.

(P11) “At that point I knew I was on my own”: Identifying the Gaps in Supportive Care for People Living with Multiple Myeloma – An Exploratory Mixed Methods Study

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Biography: Natalie Tuckey is a registered psychologist and PhD student conducting research that explores the psychological challenges of living with multiple myeloma, a life-limiting blood cancer. Her work focuses on developing tailored mental health and wellbeing interventions to support individuals across the disease trajectory. With a background in health psychology, she aims to improve quality of life by addressing the emotional and psychological needs of this under-served population.

Full Authors: Natalie Tuckey, Matthew Iasiello, Amanda Hutchinson, Imogen Ramsey, Kathina Ali, Melissa Cantley, Hannah Wardill.

Abstract

The supportive care needs of people living with the incurable cancer - multiple myeloma - and its precursor - smouldering myeloma - are unique and evolving reflecting the adoption of new life-prolonging therapies, which have drastically extended survivorship. We aimed to understand the modern needs of this unique population, identify the gaps in supportive care and barriers to accessing psychological support, with the goal of using this information to better understand how supportive care frameworks can be best optimised to enhance the quality of life of people with myeloma. Qualitative thematic analysis of semi-structured interviews identified key themes, which then informed a subsequent national survey. A comprehensive panel of validated measures were used to assess quality of life (MYPOS), mental wellbeing (SWEMWBS, PTGI), psychological distress (GAD-7 and PHQ-9), service usage, and satisfaction with service quality, aligned to the Supportive Care Framework for Cancer Care. Interviews with twenty-five people with myeloma (n =21) and smouldering myeloma (n=4) identified communication breakdowns, inconsistent information and navigating services were common themes, with many participants describing loneliness, uncertainty and feeling responsible for coordinating their own care. Survey data, obtained from 192 respondents (myeloma n=159, smouldering n=33), reinforced these findings. Participants were predominantly aged 60-75 (70%), female (71%), from a Caucasian/European descent (97%) and living in metropolitan Australia (67%). Respondents met the criteria for clinically significant anxiety (17%) and depression (20%), with 33% reporting infrequent conversations about their prognosis, despite 68% reporting it was very or extremely important. Key barriers to person-centred support included pressures on healthcare professionals, fragmented systems, and insufficient navigation assistance. Supportive care for people with multiple myeloma and smouldering myeloma remains inconsistent and poorly integrated into routine medical practice possibly due to the dominant focus on treatment efficacy and survival. Hence, strategies that assist patients navigate care pathways and access existing supports in a timely manner are required. Equally important is educating clinicians to recognise when patients are ready to discuss prognosis and palliative support, ensuring these conversations occur sensitively and strengthen person-centred care.

(P12) Missed Opportunities to Promote Flourishing in Supportive Cancer Care: A Brief Examination of Multiple Myeloma

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Biography: Natalie Tuckey is a registered psychologist and PhD student conducting research that explores the psychological challenges of living with multiple myeloma, a life-limiting blood cancer. Her work focuses on developing tailored mental health and wellbeing interventions to support individuals across the disease trajectory. With a background in health psychology, she aims to improve quality of life by addressing the emotional and psychological needs of this under-served population.

Full Authors: Natalie Tuckey, Hannah Wardill, Xavier Symons, Melissa Cantley, Kathina Ali, Hayley Beer, Gregory B Crawford, Angelina Yong, Matthew Iasiello.

Abstract

Recent theoretical and empirical advancements in well-being science can have meaningful implications for supportive cancer care when considering existential issues faced by people with incurable or life-limiting cancer diagnoses. We propose the possibility that certain elements of flourishing, such as meaning and purpose, deep personal relationships, and virtue, can be uniquely realised when life is ending. Using exploratory data from a study focussed on identifying the unmet needs of patients living with the blood cancer multiple myeloma, we thematically analysed interviews with patients and clinicians to explore the possibility of flourishing at the end of life. Smouldering myeloma and multiple myeloma patients (n=25) reported personal growth following their diagnosis through acceptance, meaning-making, and connection. At the same time, they reported a sense of loneliness and a desire to discuss prognosis and death in addition to focusing on treatment. On the contrary, clinicians (n=10) were hesitant to discuss death, balancing hope in treatments with preparation for dying. We argue that the hesitation to discuss death thwarts the opportunity to flourish during supportive care, and that existing solutions such as dignity therapy, meaning-centred psychotherapy, and multidisciplinary support could close this gap without diminishing hope in treatments.

Acknowledgments.

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We also recognise the efforts of the organising committee and thank colleagues from SAHMRI, Flinders University, Adelaide University, and Cancer Council SA for their continued support.

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