World Cancer Day
4 February

Cancer Council SA

Uniting Against Cancer:
Fostering Statewide Collaboration in Cancer Research.

CANCER COUNCIL SA RESEARCH SYMPOSIUM 2025 PROGRAM

Welcome.

We are delighted to have you join us today as we come together to advance cancer research and care in South Australia.

Thank you for coming. Your presence here underscores the collective commitment we share in the fight against cancer. We extend our gratitude to Flinders University for generously providing the venue, and acknowledge the cross-institutional collaboration that has been instrumental in organising this symposium.

Why we are here. This event aims to unite individuals in the cancer research field, health professionals, and community organisations across South Australia. It provides a platform to share research projects, to network, and to foster valuable collaborations. Additionally, it aligns with the theme of World Cancer Day 2025, which focuses on highlighting the unique experiences of those impacted by cancer and the importance of sharing their individual stories.

What we hope to achieve. By bringing together diverse stakeholders, we aim to strengthen existing relationships and forge new connections among cancer research institutions, community organisations, and consumers throughout South Australia. Our goal is to enhance collaboration and foster a supportive network dedicated to advancing cancer research and care.

Thank you once again for your participation today.

We look forward to a productive and inspiring symposium.

Schedule.

Time	Event
9:00 - 9:30 am	Registration
9:30 - 9:40 am	Event opening/Acknowledgement of country
Keynote Speakers	
9.40 - 9.55 am	(1) Upstream determinants of cancer, equity and social justice – *Prof Fran Baum*
9.55 - 10.10 am	(2) Aboriginal health equity – *A/Prof Odette Pearson*
10.10 - 10.25 am	(3) Patient advocacy and consumer involvement in cancer research – *Monique Bareham*
10.25 - 10.40 am	(4) Sharing cancer stories and the importance of acknowledging unique patient experiences – *Kellie Finlayson & Sophie Edwards*
10.40 - 10.55 am	Keynote Speaker Panel Session
10.55 - 11.15 am	Short break (20 mins)
Session 1: Long Talks	
11.15 - 11.30 am	(1) Culturally responsive support for Aboriginal and Torres Strait Islander young people impacted by cancer: Evaluating Canteen's cultural retreat program – *Dr Jasmine Micklem*
11.30 - 11.45 am	(2) Beyond cancer: 'Chemobrain' and support challenges for young adult childhood cancer survivors – *Ines Semendric*
11.45 - 12.00 pm	(3) Using a level-of-processing framework to experimentally test a food guide designed to discourage ultra-processed food consumption – *Dr Jo Dono*
12.00 - 12.15 pm	(4) Barriers and facilitators to cancer screening uptake in people from diverse cultures – healthcare providers perspectives – healthcare providers perspectives – *Dr Sana Ishaque*
12.15 - 12.30 pm	(5) Survival estimates for individuals with Multiple Primary Cancers (MPC): A pioneering analysis using queensland cancer data – *Aarti Gulyani*
12.30 - 12.45 pm	(6) Improving emotional wellbeing during cancer treatment with bibliotherapy: A pilot study – *Elizabeth Wells*
12.45 - 1.00 pm	(7) ' … But I live in hope …' How the term 'survivor' impact's identity and feelings of inclusivity in survivorship services following ovarian cancer treatment – *Sally-Anne Boding*
1.00 - 1.40 pm	Lunch break (40 mins)

Time	Event
Session 2: Short Talks	
1.40 - 2.55 pm	(1) Text-based smoking cessation resources for use in lung cancer screening: Rapid review and evaluation of messaging characteristics – *Nathan Harrison* (2) Colorectal cancer screening participation and outcomes in an Australian cohort aged 40-49 years – *A/Prof Erin Symonds* (3) Investigating consumer acceptability of a novel colorectal cancer screening test – *Alicia Dallisson* (4) Barriers and facilitators to cancer screening uptake in people from diverse cultures – healthcare providers perspectives – *Mulugeta Melku Gobezie* (5) Talk isn't cheap: Exploring the role miscommunication plays in healthcare experiences after a colorectal cancer diagnosis – *Maddison Dix* (6) Preparing for allograft: Feasibility of a multidisciplinary prehabilitation intervention in AML/MDS patients – *Sam Bushaway* (7) Patterns of medication use following breast cancer diagnosis: an Australian population-based study – *Prof Bogda Koczwara* (8) Lymphoedema Navigation Online (LeaN On) Program: Bridging self-management gaps for breast cancer survivors – *Monique Bareham* (9) Social proximity to cancer and lifestyle behaviours – *Dr Daniel Coro* (10) Unmet supportive cancer care needs in South Australia – *Dr Ryan Calabro* (11) An examination of how online e-cigarette retailers changed over time: Insights during a changing regulatory environment – *Samuel Ziesing* (12) Myeloma Australia and Myeloma Research Laboratory: Insights from laboratory tours by the myeloma community – *Jo Gardiner* (13) Parental attitudes and perceptions on supplying alcohol to adolescents: Insights from an australian cross-sectional survey – *Prof Jacqueline Bowden*
2.55 - 3.00 pm	Award ceremony/Presentation session closing
3.00 - 3.10pm	Short break (10 mins)
Workshop Session	
3.10 - 3.55 pm	Workshop session - Enhancing collaboration in SA cancer research
3.55 - 4.00 pm	Workshop wrap up

Keynote Speakers.

(1) Upstream determinants of cancer, equity and social justice

Professor Fran Baum

The University of Adelaide

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Biography: Professor Fran Baum AO is a public health social scientist with a special interest in creating and advocating for healthy, equitable and sustainable societies. She is Director of Stretton Health Equity, Stretton Institute, University of Adelaide and an NHMRC Investigator Fellow. From 2009-2021 she was a Matthew Flinders Distinguished Professor and Director of the Southgate Institute for Health, Society and Equity at Flinders University.

She received an Officer of the Order of Australia (AO) for her public health service. She is a Fellow of the Academy of the Social Sciences in Australia, the Australian Academy of Health and Medical Sciences and of the Australian Health Promotion Association. She is a past National President and Life Member of the Public Health Association of Australia. She is the immediate past co-Chair of the Global Steering Council of the People's Health Movement – a global network of health activist (www.phmovement.org) and a member of the PHM Advisory Council.

She is a Cancer Council SA board member and the current chair of the Cancer Council SA Cancer Research Committee. She is the author of over 400 publications including these books: The New Public Health (2016, Oxford University Press) and Governing for Health (2019 Oxford University Press) and co-editor of the Oxford Textbook of Global Public Health (2021).

Keynote Speakers.

(2) Aboriginal health equity

Associate Professor Odette Pearson

South Australian Health and Medical Research Institute,
Wardliparingga Aboriginal Health Equity

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Biography: Prof Odette Pearson, is a Kuku Yalanji/Torres Strait Islander woman, Co-Leading the Wardliparingga Aboriginal Health Equity Theme at SAHMRI and holds the title of Adjunct Professor with the School of Medicine at the University of Adelaide. Prof Pearson research experience is in 1) primary health care workforce and systems and their linkages with health and social services 2) conceptual development of Aboriginal specific well-being frameworks and indicators, and 3) using social and epidemiological research to develop policy for prevention and health management. With strong community and cross sector engagement her research activity focuses on how to achieve equity through improvements in health and social system responses to better meet the needs of Aboriginal and Torres Strait Islander people.

Keynote Speakers.

(3) Patient advocacy and consumer involvement in cancer research

Monique Bareham

Leading Australian Lymphoedema Patient Advocate

Email: lymphadvocate@gmail.com

Biography: As a dedicated Patient Advocate, Monique Bareham fosters community engagement through advocacy, peer support, and collaboration with academic, clinical, and industry professionals. Monique serves on several advisory boards, including the Flinders Health & Medical Research Institute's Consumer Advisory Board and the South Australia Health Lymphoedema Compression Garment Advisory Group. Her advocacy efforts have significantly improved lymphoedema services and promoted equitable care across South Australia.

In addition to general improvements in lymphoedema care delivery, her advocacy milestone includes establishing the first SA Lymphoedema Compression Garment Subsidy Scheme, benefiting approximately 2,500 South Australians affected by lymphoedema. Recognised for her impactful contributions, Monique has received numerous accolades, including the 2022 Australian of the Year – South Australian Local Hero and the Joy Noble Medal.

Keynote Speakers.

(4) Sharing cancer stories and the importance of acknowledging unique patient experiences

Kellie Finlayson & Sophie Edwards

Jodi Lee Foundation Ambassadors

Email: kellie.gardner12@gmail.com / sophvedwards@gmail.com

Biography: Join Kellie Finlayson and Sophie Edwards as they bring their unique blend of authenticity, resilience, and a touch of humour to the symposium.

Kellie, a passionate advocate for health and resilience, brings her personal journey navigating stage 4 colorectal cancer and life's unexpected challenges. Her story is one of courage and determination, inspiring others to face their own battles with strength and hope.

Sophie, a stage 3 colorectal cancer survivor, brings her deep understanding of mental well-being and personal growth. Her insights into overcoming adversity and fostering resilience provide valuable lessons for all. Sophie's experiences and perspectives make her a relatable and empowering voice.

Together, Kellie and Sophie host a podcast called 'Sh!t Talkers' that tackles a wide range of topics, from health struggles and personal growth to relationships and life updates. They share expert advice and their own unfiltered perspectives, creating an engaging and impactful experience for t he audience. The podcast features candid discussions, heartfelt moments, and plenty of sh!t-talking as they navigate life's highs and lows.

Session 1: Long Talks.

(1) Culturally responsive support for Aboriginal and Torres Strait Islander young people impacted by cancer: Evaluating Canteen's cultural retreat program

Dr Jasmine Micklem

Canteen

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Biography: Dr. Jasmine Micklem (PhD, BBiotech (Hons)) is a Senior Research and Evaluation Officer at Canteen Australia. With over two decades of experience in monitoring, researching and evaluating cancer care in South Australia, Jasmine has particular interest in working with stakeholders to co-design services that enhance the safety, accessibility, and effectiveness of cancer care. Jasmine is committed to Reconciliation and at Canteen leads efforts in monitoring, evaluating and learning around culturally responsive practices with Aboriginal and/or Torres Strait Islander young people impacted by cancer, their kin and communities.

Co-Authors: Dr Jen Cohen, Brett Greinke, Sasha Ritson, Keren McKenna, Sally Andrews

Background: Canteen offers psychosocial and supportive care to adolescents and young adults (AYA) impacted by cancer, addressing the unique challenges they face. Our overnight programs empower young people to find hope, build communities, and thrive. However, for many Aboriginal and/or Torres Strait Islander people, acculturative stress can be a barrier to accessing such services.

Aim: Our Culturally Responsive Framework aims to ensure we deliver culturally safe, person-centred care in secure environments. As part of implementing this framework, we collaborate with Aboriginal Elders and Traditional Custodians to create and deliver on-Country Cultural Retreat Programs for Aboriginal and Torres Strait Islander AYA impacted by cancer. This paper evaluates the first five programs.

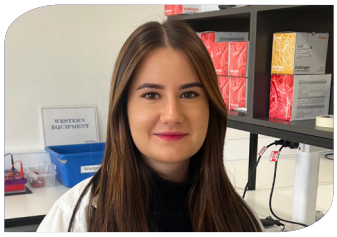
Methods: A total of 31 AYA attended the program and were invited to complete an anonymous survey to assess program quality and benefits. Responses were analysed using discrete choice questions and thematic analysis.

Results: Of the respondents (58% of participants), all reported high satisfaction. The program offered immersive cultural experiences, promoting connection with Aboriginal culture, people, and Country. It supported AYA wellbeing by providing respite, peer connections, and culture-based healing, while strengthening pride in identity. Participants agreed the program was culturally appropriate, safe, and met their needs.

Conclusion: Canteen's goal is for no young person impacted by cancer to feel isolated or misunderstood. This program, the first specifically focused on the wellbeing of Aboriginal and/or Torres Strait Islander AYA impacted by cancer, addresses social and emotional needs, fostering stronger, more resilient communities.

Session 1: Long Talks.

(2) Beyond Cancer: 'Chemobrain' and support challenges for young adult childhood cancer survivors



Ines Semendric

School of Biomedicine, The University of Adelaide

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Biography: Ines is a PhD candidate at the University of Adelaide investigating cancer-related cognitive impairment (CRCI) in childhood cancer survivors. Her research aims to characterize the presentation and prevalence of CRCI, shed light on unique challenges faced by this population, and explore patient and clinician experiences to inform person-centered care strategies. With a diverse background in pre-clinical, clinical, and translational research supported by cross-disciplinary collaborations spanning biomedicine, psychology, and public health, Ines is committed to bridging the gap between research and practice to enhance outcomes and quality of life for children impacted by CRCI.

Co-Authors: Ines Semendrić[1,2], Danielle Pollock [3], Kate Obst [4], Alexandra L. Whittaker [2], Lyndsey E. Collins-Praino [1].

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3.Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, The University of Adelaide, Adelaide, SA, Australia
4.School of Psychology, The University of Adelaide, Adelaide, SA, Australia

Background: Cancer-related cognitive impairment, or 'chemobrain,' is associated with declines in diverse cognitive functions, including memory, learning, and executive function, following cancer and its treatment(s). This can have short- and/or long-term impacts on multiple areas, including education, independence, and quality of life. However, everyday impacts on childhood cancer survivors are relatively understudied and there are no universal guidelines for diagnosis/management. Exploring lived experiences is critical to understand what supports are needed, and when, to improve outcomes.

Aims: Explore experiences of 'chemobrain', with a focus on; [1] impact of symptoms on daily life, [2] if/how concerns are managed, and [3] adequacy of existing supportive care and potential areas for improvement.

Methods: Young adult childhood cancer survivors, aged 18-25, participated in a 1:1 semi-structured interview via Zoom. Interviews were transcribed by hand and reflexive thematic analysis was employed to identify emergent themes.

Results: Preliminary findings indicate that support is often self-initiated and contingent on individual circumstances, such as proactive family and supportive educators. Survivors reported feeling they had "*fallen through the cracks*," due to inadequate support during critical transition periods, such as school reintegration or transitioning out of the paediatric system. Additionally, there was a notable absence of awareness and monitoring of cognitive function despite symptoms persisting into adulthood, leading to reduced confidence in seeking help from healthcare providers.

Conclusions: Childhood cancer survivors face unique disruption during critical stages of development, leading to poorer outcomes. Implementing early cross-disciplinary support has the potential to alleviate, or prevent, this, promoting improved quality of life.

Session 1: Long Talks.

(3) Using a level-of-processing framework to experimentally test a food guide designed to discourage ultra-processed food consumption

Dr Jo Dono

South Australian Health and Medical Research Institute (SAHMRI)

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Biography: Dr Jo Dono is a Deputy Director at SAHMRI's Health Policy Centre and a Beat Cancer Project Early Career Research Fellow. With a background in psychology and public health, she specialises in population approaches to preventive health behaviour change. She was recently awarded funding to investigate the potential of re-framing unhealthy foods and drinks as ultra-processed to convey dietary risk. Previously, she led the development of multiple studies investigating warning labels on sugar-sweetened beverages. She also currently manages the tobacco control research and evaluation program, overseeing population monitoring, social marketing campaign evaluation and policy evaluation projects.

Co-Authors: Paula Moynihan, Kerry Ettridge, Caroline Miller

1.University of Adelaide, South Australia, Australia

2.South Australian Health and Medical Research Institute (SAHMRI), South Australia, Australia

Background: Overconsumption of ultra-processed foods is a major barrier to healthier eating. A level-of-processing approach that discourages ultra-processed food consumption represents a potential paradigm shift in communicating dietary risk to consumers and guiding dietary behaviour. This study experimentally compared a level-of-processing approach with a conventional dietary guidelines approach on a range of outcomes to assess communication effectiveness.

Methods: A nationally representative online survey of 1,505 Australian adults (18+ years) was conducted in September 2022. Following randomisation to food guide condition (level-of-processing vs Australian Dietary Guidelines (ADG)), participants responded to questions relating to the food guide's persuasiveness and effectiveness at guiding dietary behaviour. Participants' general dietary pattern was also ascertained. Differences between conditions and dietary pattern groups were compared using chi-square tests and adjusted logistic regression (AOR) analyses.

Results: The level-of-processing approach outperformed the ADG on a range of metrics, indicating participants found it easier to use (AOR=2.22, p<.001) and were more discouraged from consuming ultra-processed/discretionary products (AOR=2.08, p<.001). The results were most pronounced for those with an unhealthy dietary pattern, with higher agreement for the level-of-processing approach compared to the conventional dietary guidelines on most measures of perceived effectiveness.

Conclusions: It is imperative that dietary guidelines are revised to ensure that they improve consumer understanding of dietary risk. A level-of-processing approach provided simplified messaging for the most at-risk consumers and was more likely than ADG to discourage consumption of ultra-processed/discretionary foods. The level-of-processing approach provides a useful framework for policy action to improve consumer understanding and, in turn, diet quality.

Session 1: Long Talks.

(4) Barriers and facilitators to cancer screening uptake in people from diverse cultures – healthcare providers perspectives

Dr Sana Ishaque

Flinders University

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Biography: I am an Early Career Researcher with expertise in qualitative research and co-design methods. I have co-designed an educational intervention for Aboriginal Health Workers/Practitioners to managing diabetes in their clients and a mobile application for South Australia based Aboriginal and/or Torres Strait Islander women to promote healthy behaviour choices. My current, ongoing project aims to co-design resources and strategies to improve cancer screening uptake in three largest culturally and linguistically diverse population groups in South Australia.

Co-Authors: Ola Ela, Joshua Trigg, Erin Symonds, Anthony Venning, Tamara Shipley, Jennifer Baldock, Anna Dowling, Helena Kyriazopoulos, Billie Bonevski

Background: In Australia, population-based cancer screening programs are offered to detect cervical, breast and bowel cancers. Participation in these programs is not optimal, and data shows lower rates among culturally and linguistically diverse (CALD) populations.

Aim: The aim of this study was to explore barriers and enablers to cancer screening among three main CALD populations in South Australia; Chinese, Arabic and Vietnamese from healthcare providers perspective.

Methods: Three focus groups were held with the support of the local community organisations to include health professionals that service the three target CALD language groups. Qualitative data was inductively analysed.

Results: Thirty-two participants were included in the focus groups. Identified barriers included procedure and positive cancer screening results related anxiety; being unaware of the Australian public healthcare system that covers the costs of the screening tests and subsequent treatment is free if required; not understanding the purpose of screening test and benefits of early detection/ prevention; faith-based issues and fatalistic beliefs; and attitude of only seeking healthcare when unwell. Some of the perceived enablers to cancer screening programs included having a trusted health professional; having medical literacy and/or having the indications of screening explained; public information promoting benefits; and having a personal or family history of cancer.

Conclusions: This study initiates the co-design of resources and strategies to improve cancer screening uptake in CALD populations and has resulted in the establishment of working collaboration with the community organisation and further research has been designed to include CALD community members in the co-design process.

Session 1: Long Talks.

(5) Survival estimates for individuals with multiple primary cancers (MPC): A pioneering analysis using Queensland cancer data

Aarti Gulyani

Flinders University

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Biography: Aarti Gulyani is a Senior Biostatistician leading the Biostatistics Unit at the Caring Futures Institute and the College of Nursing and Health Sciences, Flinders University. With a strong background in health data analytics, she provides statistical consultancy and supports researchers through complex data analyses. She is also pursuing her PhD, with research centred on estimating the survival of individuals with multiple cancers and predicting the prevalence of individuals with metastatic cancer using registry-based cancer data. Her interests include advanced data programming using STATA and statistical modelling techniques, such as flexible parametric survival models and mixture cure models.

Co-Authors: A/Prof Murthy Mittinty[1] and Nicolas Hart [2]

1. Flinders University, South Australia, Australia
2.University of Technology Sydney, New South Wales, Australia

Background: The Australian Cancer Database records only first occurrence of distinct primary cancers. There are individuals diagnosed with more than one primary cancer over their lifespan. Relative Survival (RS) is currently reported for single primary cancers. Survival estimates for individuals with MPC are non-existential.

Aim: Estimating RS and risk of death for individuals with MPC and comparing with single primary cancer.

Method: Queensland cancer data spanning the period from 1982 to 2020 was sourced from Australian Institute of Health and Welfare. Mortality data for Australian population by single age, gender and single year was extracted from Australian Bureau of Statistics. RS estimates for one, five and 10 years, along with hazard ratios (HR) were calculated.

Results: A total of 637,361 individuals were reported, with 73,889 (12%) diagnosed with more than one primary cancer. The overall RS for different MPC was notable higher at 1, 5 and 10-year (98%, 90%, 79%) compared to single cancers (80%, 65%, 61%) and risk of death was significantly lower [HR:0.68;95%CI 0.67,0.69] adjusted for age, gender and period. Individuals diagnosed with Lung cancer who later developed another primary cancer (e.g. prostate or colon) showed better 5-year survival estimates (RS=65%) compared to those with lung only cancer (RS=14%). However, individuals with melanoma or prostate cancer plus another primary cancers showed 12% and 10% higher risk of death compared to single melanoma or prostate cancer.

Conclusion: Patients with MPC exhibit better survival overall compared to single cancers. Detecting cancers early, at a treatable stage could be reason for better survival estimates.

Session 1: Long Talks.

(6) Improving emotional wellbeing during cancer treatment with bibliotherapy: A pilot study

Elizabeth Wells

University of South Australia

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Biography: Elizabeth Wells is near the end of her PhD and is dedicated to improving the emotional wellbeing of people undergoing cancer treatment or in palliative care. During her decade working in public libraries in central Victoria, she noticed a frequent correlation between undergoing cancer treatment and losing the focus necessary to read for pleasure at a time when the therapeutic benefits could be particularly helpful. Her PhD project has been exploring how reading aloud to adult cancer patients undergoing treatment might influence emotional wellbeing and she recently commenced work on a project to co-design a program for children with cancer.

Background: Reading is known to improve wellbeing and bibliotherapy, or reading for therapy, can help with many mild to moderate mental health conditions, although little research exists for people undergoing cancer treatment. Fiction, in particular, could offer distraction and escapism from the distress of diagnosis and treatment, but cancer-related cognitive impairment can make reading difficult or impossible. This innovative psychosocial program utilised listening and social connection to restore or introduce the health benefits of reading to this population and was developed from the researcher's own experience as a librarian and cancer survivor, and the experiences of her family and community.

Aim: To explore the role of a read-aloud program as a mode of bibliotherapy aimed at improving the emotional wellbeing of cancer patients undergoing treatment.

Methods: With a person-centred focus, the intervention was one-on-one weekly for six weeks, with book selection tailored to each participant. Outcome measures were standard wellbeing measures, Depression, Anxiety and Stress Scale (DASS-21) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) assessed pre/post-intervention and qualitative interviews with participants and family members.

Results: The participant group reported statistically significant decreased stress, anxiety and depression scores and increased wellbeing. Key themes from 53 interviews were relaxation, mood lift, decreased pain and nausea and increased self-efficacy, in addition to carer respite and comfort.

Conclusion: Participants reported the read-aloud program led to improvements in mood and experiences of pleasure. Future directions for the program could include implementation via out-patient and community integrative oncology services, inpatient oncology settings and palliative settings.

Session 1: Long Talks.

(7) ‘ … But I live in hope …’ How the term ‘survivor’ impact’s identity and feelings of inclusivity in survivorship services following ovarian cancer treatment

Sally-Anne Boding

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Biography: Sally-Anne Boding is a PhD candidate at the University of South Australia within psychology. Her research focuses on the language of “survivor” and the sense of inclusion experienced within survivorship programs following ovarian cancer. Her work further examines the accessibility and inclusivity of gynaecological cancer care for sexual and gender-diverse individuals, spanning the entire cancer continuum. Additionally, Sally-Anne investigates healthcare providers’ confidence and preparedness in treating sexual and gender-diverse patients. Her work aims to improve service delivery, ensuring that the needs of all individuals are met in an inclusive and equitable manner throughout their cancer care journey.

Co-Authors: Prof Amanda Hutchinson[1], Dr Tamara Butler[2], Dr Steph Webb [1], Hayley Russell [3]

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2. Australian National University, Australian Capital Territory, Australia
3. Ovarian Cancer Australia, Australia

This research investigates how individuals with ovarian cancer interpret and identify with the term ‘survivor,’ and whether this impacts their uptake of survivorship services, as well as their feelings of inclusion post-treatment within the Australian healthcare context. Semi-structured interviews were conducted with 18 participants (aged 40-72, M = 57). Using a social identity theory and social constructionist lens, data were analysed through reflexive thematic analysis. Two primary themes emerged: 1) ‘But I live in hope’: How social constructs of the term ‘survivor’ impact its meaning and inclusion into self-identity, and 2) ‘Forgotten or excluded: The realities of care after treatment,’ with the subtheme ‘Advocacy and growth: Subversion from exclusion.’ Participants largely rejected the ‘survivor’ identity due to its associations with an unachievable finality, compounded by the lack of routinely offered support services after treatment. In response to this exclusion, participants created their own support and advocacy groups, redefining their identities beyond the ‘survivor’ narrative, fostering connection, purpose, and psychological well-being. The findings suggest that post-treatment support services, including social prescribing, should be routinely offered in Australia, alongside long-term programs within ovarian cancer care that mirror those for other chronic conditions. Moreover, cancer-related terminology should be informed by individuals’ lived experiences, allowing for more personalised approaches that acknowledge diverse needs and empower individuals to move forward with life.

Session 2: Short Talks.

(1) Text-based smoking cessation resources for use in lung cancer screening: rapid review and evaluation of messaging characteristics

Nathan Harrison

Flinders Health and Medical Research Institute, College of Medicine and Public Health, Flinders University

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Biography: Nathan Harrison (he/him) is an early-career health behavioural scientist, and public health and implementation science student. Based on Kaurna Country (Adelaide), his PhD studies at Flinders University focus on lung cancer screening, smoking, and stigma.

Nathan brings a broad range of applied research experience, particularly related to cancer risk reduction and substance (including tobacco and e-cigarette) use. Nathan worked for five years at Flinders University's National Centre for Education and Training on Addiction, and has held behavioural science research roles in academic and industry settings, including as Behavioural Scientist at the South Australian Health and Medical Research Institute's Health Policy Centre.

Co-Authors: A/Prof Nicole M Rankin, Prof Christine Paul, Prof Jacqueline A Bowden, Dr Ashleigh Guillaumier, Ms Georga Sallows, Ms Katie McFadden, A/Prof Henry M Marshall, Ms Paige Preston, Mrs Terri Byrne, Dr Oliver Black, Dr Tony Daly, Prof Billie Bonevski

Background: Lung cancer screening (LCS) presents a unique 'window' to offer smoking cessation support to higher-risk individuals, and even minimal interventions (e.g., brief information) increase quit rates. Australian research has consistently recognised local resource adaptation as a LCS implementation priority, which needs to first be underpinned by an understanding of existing resources.

Aim: To systematically identify existing text-based smoking cessation resources used in international LCS, and evaluate key messaging characteristics.

Methods: We searched online databases to identify resources recently used (2019-2024), with public registrations of the primary search strategies and evaluation protocol (doi:10.1079/searchRxiv.2024.00610, osf.io/jnteg). Resource eligibility criteria included: fully available online, directly addressed LCS-eligible participants, and from jurisdictions with LCS implementation experiences. We report here interim resource evaluation results with descriptive items, standard readability indices, and the amended Suitability and Comprehensibility Assessment of Materials instrument.

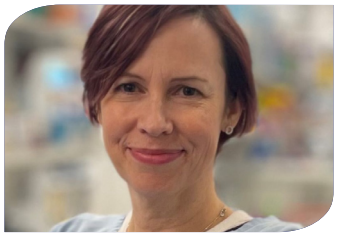
Results: From 2,363 non-duplicate records, we included 28 unique resources from 20 studies. Most were brochures/flyers produced by health services or government agencies. Almost all were targeted to LCS contexts; of these, half were for use in initial LCS promotion, or during shared decision-making/referral. Readability scores were broadly consistent with health communications recommendations.

85% of resources demonstrated high overall levels of suitability and comprehensibility, but mean levels were significantly lower for comprehension categories ‘learning stimulation/motivation’ and ‘content’.

Conclusion: This review provides evidence to inform resource design and/or updates, by identifying current gaps and characteristics with the potential to maximise accessibility. Implications for other forms and formats of smoking- and LCS-related communication will be discussed.

Session 2: Short Talks.

(2) Colorectal cancer screening participation and outcomes in an Australian cohort aged 40-49 years



A/Prof Erin Symonds

Flinders Medical Centre

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Biography: Assoc Prof Erin Symonds has over 20 years of experience in gastroenterology research. She completed her PhD through the University of Adelaide, then received a NHMRC Post-doctoral fellowship to research the prevention of gastrointestinal diseases, which included working in the Alimentary Pharmabiotic Centre in University College Cork, Ireland, followed by the Nutrigenomics and Nutrigenetics laboratory at CSIRO, Adelaide. Since 2013 she has led the Bowel Health Services team (Flinders Medical Centre). Through funding from the Hospital Research Foundation, NHMRC and the Medical Research Future Fund, the team are developing biomarkers and optimising non-invasive techniques for detection of gastrointestinal cancers.

Co-Authors: Geraldine Laven-Law [1], Charles Cock [2], Molla M. Wassie [1], Maddison Dix [1], Graeme Young [1]

1. Flinders University, South Australia, Australia

2. Flinders Medical Centre, South Australia, Australia

Background: Colorectal cancer (CRC) screening in Australia is provided through faecal immunochemical tests (FIT) to individuals aged 50-74y. Recent guideline updates mean that Australians aged 45-49y can request National Bowel Cancer Screening Program (NBCSP) tests, and those aged 40-45y may request tests from their GP. It is not known what the participation rate may be in younger individuals, or what their colonoscopy findings will be after a positive FIT.

Aim: To compare FIT participation and subsequent findings at colonoscopy in people aged 40-49y to older age groups.

Material and Methods: Data was analysed from a surveillance program (2011-2019) that provides FITs (Eiken Chemical Company, Japan) between colonoscopies. Colonoscopy outcomes after positive FITs were assessed for advanced neoplasia (CRC and advanced precursor lesions). Statistical analyses were performed using Chi-square tests and logistic regression.

Results: FITs (n=15,726) were provided to 1,424 aged 40-49y (51.7% female), 4,662 aged 50-59y (49.8% female), and 9,640 aged 60-74y (47.4% female). Participation was lowest for ages 40-49y (45.4%) compared to older ages (50-59y: 53.9%; 60-74y: 63.8%, $p<0.01$). In the 40-49y group, participation was only associated with a higher socioeconomic status (OR 1.05, 95%CI 1.01-1.09). Likelihood of advanced neoplasia after positive FIT (n=750) was similar across age groups, with a positive predictive value of 10.0% for 40-49y, 10.1% for 50-59y, and 12.7% for 60-74y ($p>0.05$).

Conclusion: FIT participation is lowest among those aged 40-49y, but likelihood of advanced neoplasia after positive FIT is comparable with older ages. Appropriate education is needed to support CRC screening in younger individuals.

Session 2: Short Talks.

(3) Investigating consumer acceptability of a novel colorectal cancer screening test

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Biography: Alicia Dallisson is a Medical Science Honours student in the Bowel Health Services team at Flinders University. Alicia is interested in finding novel, simplified methods to increase screening participation and reduce the incidence of colorectal cancer.

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Background: Colorectal cancer (CRC) screening reduces cancer incidence/mortality, but only 41% of Australians participate in the faecal immunochemical testing-based national program. Reasons for non-participation include unfamiliarity with testing and faecal aversion. A user-friendly approach is needed to increase participation.

Aim: To determine the acceptability of a novel CRC screening test using a rapid antigen test (RAT) to analyse toilet bowl water containing faeces, and assess acceptability based on prior CRC screening experience.

Methods: This pilot study provided South Australians (n=103, 18-74y) with the RAT, instructions, and a survey. Participants collected a toilet bowl water sample after a bowel motion, applied 3 drops to the RAT cassette, interpreted their result, and completed a survey on user experience and test preference. Chi-squared tests compared survey responses between those with and without prior CRC screening experience ($p<0.05$ statistically significant).

Results: 89.3% (92/103) of invitees completed the test, including 63.0% female, 63.0% ≥50y and 72.8% with prior screening experience. 96.7% of consumers were confident they completed the test correctly, 95.5% were satisfied with an immediate result, and 98.9% were comfortable to follow-up with a doctor on their result. Test useability was similar between those with and without prior CRC screening experience ($p>0.05$). 69.2% of participants with prior CRC screening experience preferred the novel test commenting it was easier, cleaner, and quicker. 3.1% preferred other CRC screening tests, with 27.7% having no preference.

Conclusions: The novel test was well-received regardless of prior screening experience and offers a simple, familiar way to increase CRC screening participation.

Session 2: Short Talks.

(4) Incidence, risk, and trends of multiple primary cancers in patients with colorectal cancer: Evidence from the South Australian Cancer Registry

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Biography: Mulugeta Gobezie is currently studying for his PhD in cancer epidemiology and treatment at Flinders University, with a particular focus on multiple primary cancers. He is being supervised by Dr. Giles Best, Associate Professor Erin Symonds, Dr. Jean Winter, and Dr. Lauren Thurgood.

Co-Authors: Mulugeta Melku [(1)], Oliver G Best [(1)], Jean M Winter [(1)], Lauren A Thurgood [(1)], Muktar Ahmed [(1)], Ganessan Kichenadasse [(1,2)], Murthy Mittinty [(1)], Molla M Wassie [(1)], Erin L Symonds [(1,3)]

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Background: Colorectal cancer (CRC) is the third most diagnosed cancer in Australia. With advancements in treatment and survival, CRC survivors face an elevated risk of developing multiple primary cancers (MPCs), presenting a clinical challenge.

Aim: To estimate the incidence, trend, and risk of MPCs after a diagnosis of CRC in the South Australian population.

Methods: This study retrospectively analysed South Australian Cancer Registry data on individuals diagnosed with CRC as their first cancer from 1982 to 2017. The incidence of MPCs was assessed using cumulative incidence functions, and age-standardized rates were estimated. Poisson regression was used to determine the risk, and standardised incidence ratios (SIRs) and absolute excess risks (AERs) were estimated. Trends over time were analysed using Joinpoint regression.

Results: The study included 26,729 CRC survivors. Of the cohort, 15% (3,917) developed 4,453 MPCs, with 96% diagnosed six or more months after index CRC. The median follow-up time until MPC diagnosis was 6.4 years. Common MPCs included prostate (18.9%), subsequent CRC (13.1%), lung (10.8%), breast (8.0%), and haematological cancers (10.2%). The overall risk of MPCs was higher in CRC survivors (SIR: 1.12, 95% CI: 1.09-1.16; AER: 22.6 per 10,000) compared to the incidence in the general South Australian population. The incidence of MPCs has increased over time (annual percentage change = 1.95, 95% CI: 1.33-2.51).

Conclusion: CRC survivors are at increased risk of subsequent cancers, highlighting the need for targeted surveillance, particularly for prostate, lung, breast, and blood cancers, to improve the overall survival rate.

Session 2: Short Talks.

(5) Talk isn't cheap: Exploring the role miscommunication plays in healthcare experiences after a colorectal cancer diagnosis

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Biography: Maddison Dix is a PhD candidate at Flinders University. Her research focuses on identifying strategies to improve the clinical care experiences of individuals diagnosed with colorectal (bowel) cancer, as well as those at higher risk for developing the disease.

Co-Authors: Donna Hughes-Barton, Renee Smith, Emma Kemp, Sarah Cohen-Woods, Molla M Wassie, Carlene J Wilson, Graeme P Young, Charles Cock, Erin L Symonds

Background: Effective communication is an important skill that is essential for positive healthcare experiences. Nevertheless, miscommunications are commonly experienced throughout cancer care. While miscommunication can have wide ranging impacts depending on the situational context, it is unclear how these impacts may interact and subsequently affect patients' care experiences.

Aim: To explore how miscommunication can affect healthcare experiences after a colorectal cancer diagnosis.

Methods: Eight semi-structured focus group sessions were conducted in 2022-2023 with 21 individuals (11 males, median age at diagnosis=61 years) who were diagnosed with stage I-IV colorectal cancer between 11-38 months earlier. Reflexive thematic analysis was used to develop and interpret common themes across participants' healthcare experiences.

Results: Poor or ineffective communication by clinicians often led to patients subsequently experiencing unmet information or support needs. Participants often expressed desires for more patient-centred information on what they may feel or experience throughout their journey, as well as more integration of holistic care services. These perceived gaps then contributed to patient perceptions that their clinicians were disconnected from their individual circumstances and/or lacked empathy regarding their situation. Although most participants recognised the systemic strains that can contribute to miscommunications, they felt that more should be done to improve doctor-patient communication and healthcare practitioner awareness of patients' individual circumstances.

Conclusion: Miscommunication led to healthcare experiences where patients' needs were not met, which consequently affected their relationships with care providers. Healthcare practitioners should consider integrating more discussions of holistic and patient-centred aspects of care into their communication with patients.

Session 2: Short Talks.

(6) Preparing for allograft: Feasibility of a multidisciplinary prehabilitation intervention in AML/MDS patients

Sam Bushaway

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Biography: Sam Bushaway works as the senior physiotherapist in cancer services at the Royal Adelaide Hospital. He was part of a multidisciplinary allied team, supported the Professor Carol Maher and Dr Ben Singh from UniSA, who investigated the feasibility of a multidisciplinary prehabilitation intervention for AML/MDS patients.

Co-Authors: Samuel Bushaway [(1)], Morgan Atkinson [(1)], Swapna Deepak [(1)], Amie Hartland [(1)], Peter Konstantopoulos [(1)], Carol Maher [(2)], Karlee Naumann [(1)], Ben Singh [(2)], Alison Virieux[(1)], Michelle Wall [(1)], Sarah Wilksch [(1)].

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Background: Background: A multidisciplinary prehabilitation approach may help to counter the negative physical, psychological and social impacts experienced during an allogenic hematopoietic stem cell transplant (allo-HSCT) among Acute Myeloid Leukemia (AML) and Myelodysplastic Syndrome (MDS) patients.

Objective: This study investigated the feasibility, safety and preliminary efficacy of multidisciplinary prehabilitation in adults offered allo-HSCT. Methods: This single-group pilot study delivered an 8-week multidisciplinary prehabilitation intervention for participants undergoing allo-HSCT, focusing on feasibility and safety. Participants, aged 18 years or older, diagnosed with AML or MDS, and offered allo-HSCT, were recruited between June 2023 and July 2024. The intervention included exercise physiology, physiotherapy, dietetics, social work, occupational therapy and psychological interventions. The primary outcome was feasibility, which was assessed by evaluating intervention uptake, retention, adherence, acceptability and safety.

Results: The recruitment achieved a satisfactory (70.4%) uptake rate, with 19 participants enrolled. One participant withdrew from the study. Of the 18 who completed the intervention, 11 completed the entire 8 weeks, while 7 received shorter interventions (3-7 weeks) as they proceeded to transplant sooner than anticipated. The intervention demonstrated high adherence (79.3%), was deemed acceptable and valuable by participants and was safe. Evaluation of preliminary efficacy demonstrated improvements across several functional and patient-reported outcomes.

Conclusion: Based on this study's favourable safety, feasibility and preliminary efficacy results, future, larger-scale research is warranted to evaluate the efficacy of multidisciplinary prehabilitation more rigorously in this setting. The preliminary efficacy results provided by this study may be helpful to inform sample size calculations.

Session 2: Short Talks.

(7) Patterns of medication use following breast cancer diagnosis: An Australian population-based study

Prof Bogda Koczwara

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Biography: Prof Bogda Koczwara is a medical oncologist and a senior staff specialist at the Flinders Centre for Innovation in Cancer. Her clinical interests revolve around management of breast cancer, cancer survivorship, psychooncology, supportive care, health services development, integration with primary care and cancer education for health care professionals. Prof Koczwara's interest in needs of cancer survivors have led to her developing a Survivorship Program at Flinders University that aims to promote excellence in clinical care and research relating to the needs of cancer survivors. She is the Cancer Council SA Clinical Investigator working on the chronic disease management after cancer.

Co-Authors: Huah Shin Ng, Christoffer Johansen, Ming Li, David Roder, Kerri Beckmann, Bogda Koczwara

Aim: To examine patterns of medication use and polypharmacy following breast cancer diagnosis.

Methods: This retrospective cohort study used breast cancer data from the South Australian Cancer Registry linked with medication dispensing records, death registry and inpatient hospital records. Women diagnosed with invasive breast cancer between July 2012 and March 2014 were followed for 5 years from diagnosis. All medications were defined using the Anatomical Therapeutic Chemical classification and patterns of use were analysed in one-yearly intervals. The changes in the use of medications and polypharmacy (≥5 concomitant medications versus not) from Year-2 to Year-5 of breast cancer diagnosis were examined using generalised estimating equations models with binary logistic distribution.

Results: The study included 2005 women (mean age=61.1 years). The use of endocrine therapy for breast cancer decreased over time (Odds Ratio (OR):0.88; 95%CI=0.86-0.90). In contrast, the likelihood of being dispensed specific cardiovascular medicines increased with each successive time period including agents acting on renin-angiotensin system (OR:1.03; 95%CI=1.01-1.05), lipid-modifying agents (OR:1.06; 95%CI=1.03-1.08), beta-blockers (OR:1.08; 95%CI=1.04-1.11), and cardiac therapy (OR:1.12; 95%CI=1.06-1.18). There was an increased likelihood of polypharmacy over time (OR:1.08; 95%CI=1.04-1.11) with the prevalence ranging from 25% (Year-2) to 29% (Year-5). Several characteristics were associated with polypharmacy including older age, a lower socioeconomic status, and a higher burden of comorbidities.

Conclusion: The use of several medication classes increased over time suggesting development of new comorbidities and higher likelihood of polypharmacy. Medication management in breast cancer survivors offers potential to identify those with complex needs of polypharmacy and comorbidity.

Session 2: Short Talks.

(8) Lymphoedema Navigation Online (LeaN On) Program: Bridging self-management gaps for breast cancer survivors

Monique Bareham

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Biography: As a dedicated Patient Advocate, Monique Bareham fosters community engagement through advocacy, peer support, and collaboration with academic, clinical, and industry professionals. Monique serves on several advisory boards, including the Flinders Health & Medical Research Institute's Consumer Advisory Board and the South Australia Health Lymphoedema Compression Garment Advisory Group. Her advocacy efforts have significantly improved lymphoedema services and promoted equitable care across South Australia. In addition to general improvements in lymphoedema care delivery, her advocacy milestone includes establishing the first SA Lymphoedema Compression Garment Subsidy Scheme, benefiting approximately 2,500 South Australians affected by lymphoedema. Recognised for her impactful contributions, Monique has received numerous accolades, including the 2022 Australian of the Year – South Australian Local Hero and the Joy Noble Medal.

Co-Authors: Bogda Koczwara [1, 2], Monique Bareham [3], Navaz Naghavi [1]

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Background: Lymphoedema risk remains a significant, lifelong burden for breast cancer survivors. Evidence-based management guidelines recommend lifelong self-monitoring, and risk reduction strategies, most of which are self-administered. Despite guidelines, approximately 40% of patients are not informed of their risk of lymphoedema, and most are not provided with appropriate self-management support.

Aim: This study aims to co-design, implement, and evaluate the Lymphoedema Navigation Online (LeaN On) program—a digital self-management tool tailored to the needs of breast cancer survivors, particularly those in rural and regional settings.

Methods: Stage I involves comprehensive co-design involving breast cancer survivors, healthcare professionals, and other stakeholders to ensure relevance and usability. The process will identify key resources, develop user-friendly prototypes, and incorporate feedback through iterative workshops and usability testing. The resulting platform will integrate evidence-based self-management strategies such as symptom tracking, peer support, and navigation pathways for timely intervention.

Stage II will evaluate the program's implementation using two distinct strategies: nurse-led integration with the McGrath care model in South Australia and the Northern Territory, and nation-wide direct consumer access via the Breast Cancer Network Australia (BCNA). Outcomes will include adherence to best practice lymphoedema care, self-efficacy, quality of life, and cost-effectiveness. Stage III focuses on scaling and sustainability. Translation plans will leverage partnerships with consumer groups and policymakers to inform national and international adoption. Findings will evaluate the potential of LeaN On as a scalable model for addressing lymphoedema in breast cancer care plans and adapting it for other lymphoedema-prone populations. Intended outcomes, result and impact: By integrating LeaN On into care plans, this research aims to enhance breast cancer survivors' quality of life and empower them to manage lymphoedema effectively, bridging gaps in care equity and accessibility across diverse geographic and demographic contexts.

Session 2: Short Talks.

(9) Social proximity to cancer and lifestyle behaviours

Dr Daniel Coro

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Biography: Daniel is a researcher in Cancer Council SA's Behavioural Research Evaluation Unit. His research areas of interest include modifiable lifestyle factors (particularly diet, sleep, and physical activity) and their relationship with psycho-oncology and wellbeing outcomes for those impacted by cancer.

Co-Authors: Ryan Calabro

Background: Lifestyle factors can modify cancer risk and wellbeing outcomes, and cancer diagnoses can impact lifestyle behaviours for diagnosed individuals and those close to them. Consequently, lifestyle behaviours may vary based on social proximity to a cancer diagnosis.

Aim: We investigated how key lifestyle components associated with cancer vary by an individuals' proximity to a recent cancer diagnosis in a South Australian sample.

Methods: Data were obtained from the 2023 Population Health Survey. Chi-square tests and One-Way ANOVAs examined the relationship between proximity to recent cancer diagnosis/treatment (self, close contact, social circle, none) and self-reported lifestyle behaviours (fruit, vegetable, alcohol intake, smoking, vaping, dietary changes due to financial strain, and mood).

Results: Participants were 3004 South Australians (range:15-97, M=61.1 years). There were no significant associations between diagnosis proximity and consuming recommended amounts of vegetables (≥5 serves) or fruit (≥2 serves) daily, nor for smoking or vaping behaviours. Individuals who had someone close to them affected by cancer in the last year were significantly more likely to report drinking more than the recommended number of standard alcoholic drinks (>10 per week; $X2(6, N= 2,967)=18.27$, $p=.006$), have changed their eating habits 'often' due to financial strain ($X2(6, N=2,976)=16.21$, $p=.013$), and experience more frequent mood disruptions ($F(3, 2887)=7.72$, $p<.001$).

Conclusion: Individuals having someone close to them recently affected by cancer were more likely to report consuming above recommended alcohol amounts, food insecurity, and frequent mood symptoms. These preliminary results highlight the need for further exploration of wellbeing and financial needs among those closest to and supporting cancer-affected individuals.

Session 2: Short Talks.

(10) Unmet supportive cancer care needs in South Australia

Dr Ryan Calabro

Cancer Council SA

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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.

Co-Author: Jennifer Baldock

Background: Understanding supportive cancer care needs is critical for focusing limited health resources and delivering client-centred care.

Aim: This study aimed to identify the supportive care needs of people with cancer and their caregivers in South Australia, and how these needs vary across demographics.

Methods: 267 South Australians (192 people with cancer, 75 caregivers) completed an online survey about their supportive cancer care needs. The survey covered six domains: psychological, informational, practical & financial, service access, physical & daily living, and social, and included a mental health measure (PHQ-4).

Results: The top five unmet needs for a person with cancer were: understanding government service entitlements (31%), doing work around the house (28%), not being able to do the things they used to (25%), fatigue (24%), and feeling fearful about the future (24%).

The top five unmet needs for a caregiver were: understanding government service entitlements (29%), feeling fearful about the future (29%), feeling overwhelmed by carer responsibilities (25%), distress (24%), and information about grief and loss (24%).

Participants who were younger (β=0.19, p=.007), not in a relationship (β=0.17, p=.004), and lived in a disadvantaged area (β=0.18, p=.008) were more likely to report a greater number of unmet needs.

Additionally, a content analysis of the open-ended responses was performed to provide context and reasons for why needs were unmet.

Conclusion: The results revealed key unaddressed needs and highlighted demographics at risk of an increased number of supportive cancer care needs.

Session 2: Short Talks.

(11) An examination of how online e-cigarette retailers changed over time: Insights during a changing regulatory environment

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Biography: Samuel Ziesing holds a Bachelor of Psychological Science (Hons) and is a Research and Evaluation Officer in the Tobacco Control Research and Evaluation (TCRE) unit within the Health Policy Centre at the South Australian Health and Medical Research Institute (SAHMRI). He conducts population monitoring and social marketing campaign evaluations related to e-cigarette and tobacco use. Broadly, the Health Policy Centre's publications, reports, and policy briefings influence South Australian tobacco control strategies and have been used to assess SA Tobacco Control policy for the past two decades.

Co-Authors: Jo Dono, Kerry Ettridge, Caroline Miller

Background: Until recently, e-cigarettes could be easily purchased through online retailers despite Australia's precautionary approach. National legislation was introduced in July 2024 which limited the sale of vaping products to pharmacies only.

Aim: This study aimed to document the operational characteristics of online e-cigarette retailers during a changing regulatory environment, identifying products, promotions, claims, and warnings.

Methods: Mixed methods were used to analyse the operational characteristics, products, and advertising strategies on websites selling e-cigarettes online at three time points. Comparisons were made between online e-cigarette retailers (OERs, n=10) which stocked various vaping products and online disposable e-cigarette retailers (ODERs, n=10) which primarily sold disposable devices.

Results: OER operated physical stores, stocked a wide range of devices and e-liquids, and displayed warnings and required prescriptions when purchasing nicotine. E-cigarettes were advertised using price discounts, loyalty programs, and marketing claims related to health and smoking cessation. In contrast, ODERs were online-only, supplied disposable nicotine e-cigarettes without requiring a prescription, and only promoted price discounts for bulk purchases. Both types of retailers lacked age verification and sold fruit flavours. Following the introduction of legislation in July 2024, OERs closed while ODERs continued operating until their websites were blocked. Novel products and device features were observed prior to the websites being blocked.

Conclusion: E-cigarette products were previously sold online in a matter that was inconsistent with their intended use as a therapeutic product. New legislation appears to have reduced online access to vaping products, but continued monitoring and enforcement is essential.

Session 2: Short Talks.

(12) Myeloma Australia and Myeloma Research Laboratory: Insights from laboratory tours by the myeloma community

Jo Gardiner

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Biography: Jo Gardiner has over 30 years' haematology nursing experience, establishing Bone Marrow Transplant Coordinator Unit at Royal Adelaide Hospital (RAH) and Family Bone Marrow and HLA platelet search coordinator roles at Lifeblood. Jo currently works with Myeloma Australia as a Senior Specialist Myeloma Nurse in South Australia and Myeloma Research Nurse at Royal Adelaide Hospital.

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3. Precision Cancer Medicine Theme, South Australian Health and Medical Research Institute, Adelaide, Australia

Background: Since 2009 Myeloma Australia (MA) and the Myeloma Research Laboratory (MRL, University of Adelaide) have conducted annual laboratory tours for people and their families affected by myeloma, aiming to increase understanding of local myeloma research, through a personalised experience. Over 15 years, the MA support nurse worked with MRL staff, coordinating groups of 10-20 participants to tour facilities at the South Australian Health & Medical Research Institute (SAHMRI), hosted by PhD students and postdoctoral researchers.

Aim: Tours aim to provide an immersive experience, with participants viewing laboratory techniques, engaging with scientists, and gaining insights into ongoing local cancer research projects. Tours include interactive presentations, hands-on demonstrations, Q&A sessions and informal discussions over morning tea between researchers and participants.

Methods: To understand the tours' effectiveness, participants and researchers were each invited to complete a short qualitative survey using Survey Monkey, before and after a tour held in February 2024.

Results: 100% of participants rated the tour as very good or excellent, meeting their expectations. They reported an increased understanding of cancer research and treatment development, and it provided hope for improved treatments. Meeting the disease under the microscope was reported as a powerful experience.

Researchers reported the tours were very valuable in advancing their research (71%), increased their understanding of the patient experience (100%) and enhanced their communication skills from explaining complex science in simpler terms (88%). Postdoctoral researchers highlighted potential opportunities for consumer involvement in grant applications and clinical studies (83%) and has resulted in a high response from the MA SA myeloma community to study recruitment. PhD students reported positive impacts on their training and development (100%).

Conclusion: Clearly the tours are valued by everyone involved. They are an important link between this myeloma specific support organisation, scientists working in the myeloma field and the people living with this chronic blood cancer.

(13) Parental attitudes and perceptions on supplying alcohol to adolescents: Insights from an Australian cross-sectional survey

Prof Jacqueline Bowden

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Biography: Professor Bowden is the Director of the National Centre for Education and Training on Addiction (NCETA), a collaboration between Flinders University and the Australian Government Department of Health and Aged Care. NCETA are internationally recognised as a key catalyst for change in the alcohol and other drugs field. Prof Bowden has over two decades of experience in alcohol and other drugs behavioural and policy research, evaluation and monitoring and has been a key government advisor over this time. She has a key focus on population interventions to reduce harms.

Co-Authors: Ashlea Bartram [1,2], Nathan Harrison [1,2], Christina Norris [1,2], Susan Kim [1,2], Simone Pettigrew [3], Ian Olver [4], Rebecca Jenkinson [5,6,7], Marina Bowshall [8], Caroline Miller [9], Robin Room [10,11,12]

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Background: Parental supply of alcohol to adolescents is associated with higher levels of alcohol consumption during adolescence and adulthood, increasing long-term risks of cancer and other alcohol-related harms as well as immediate harms in adolescence.

Aim: To identify factors associated with parental supply, including attitudes toward adolescent alcohol use, perceived norms of parental supply, perceived behavioural control, and perceived acceptable age to drink alcohol.

Methods: N=1197 Australian parents of children aged 12-17 years completed an online cross-sectional survey regarding parental supply behaviours, attitudes, and perceptions. Logistic regression was used to explore associations between supply behaviours, attitudes, and perceptions.

Results: Nearly a quarter (23%) of parents reported supplying a full drink of alcohol to their adolescent, and 43% nominated an age below 18 years as acceptable to drink alcohol. Parents were more likely to report supplying a full drink of alcohol if they nominated an acceptable drinking age below 18 years (<16 nominated: adjusted odds ratio [AOR]=14.75, 95% confidence interval [CI]=8.23-26.42; 16-17 nominated: AOR=5.68, 95% CI=3.69-8.73), if they appraised alcohol as more beneficial (AOR=1.31, 95% CI=1.02-1.69) and less harmful (AOR=0.49, 95% CI=0.36-0.68) for adolescents, and if they perceived that parent friends (AOR=2.91, 95% CI=1.80-4.70) and other parents (AOR=2.23, 95% CI=1.37-3.62) supplied alcohol in unsupervised contexts.

Conclusion: Interventions could consider targeting parental perceptions associated with alcohol supply to change parental behaviours. These findings will inform co-design workshops with parent and adolescents aimed at developing health communications that discourage parental supply of alcohol.

Workshop Session.

Enhancing collaboration in SA cancer research

This workshop will bring together individuals with diverse experience in South Australian social and behavioural cancer research, care, advocacy, and consumer perspectives and engagement. It will use a World Café style approach to explore current challenges and opportunities in collaboration among SA social and behavioural cancer researchers, consumers and advocates. It will provide opportunity to share insights on key topics related to collaboration such as resources, consumer involvement, community and organisational roles, and future directions.

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