



What is QCGC?

You may have heard of Queensland Centre for Gynaecological Cancer (QCGC). We are a state-wide service for the management of women with gynaecological cancer (cancer of the ovaries, the uterus, the cervix, the vulva and vagina). QCGC has eight gynaecological oncologists (including the surgeon who was part of your treatment team) providing services to major hospitals in Brisbane and the Gold Coast, including The Wesley Hospital, Mater Misericordiae Health Services and Greenslopes Private Hospital. The team also travels regularly to regional Queensland, particularly Sunshine Coast, Toowoomba and Darling Downs, Far North Queensland and the Northern Territory. QCGC Research is the research branch of QCGC and is an academic (non-profit) institution situated at the Royal Brisbane and Women's Hospital (Herston, Brisbane). Its research funds are administered through The University of Queensland, School of Medicine and the Gynaecological Cancer Society. QCGC Research's mission is to develop the best standard of care for women experiencing gynaecological cancer. This may include finding causes for and preventing gynaecological cancer or finding better treatment options to cure women affected by gynaecological cancer.

Message from the Director

My surgical colleagues at the Queensland Centre for Gynaecological Cancer (QCGC) and I have created this newsletter to share some information with you. We want to keep you informed about current research that will make a difference to treatment, prevention and understanding of gynaecological cancer in Queensland and indeed worldwide. In this issue we will present outcomes from landmark clinical studies and the progress we have made so far and include profiles of Dr Russell Land, Gynaecological Oncologist and one of our staff members Merran Williams, Researcher and Ovarian Cancer survivor!!! Also in this edition we pay tribute to the volunteers around Queensland who are making a difference to community awareness about gynaecological cancer through their fundraising and awareness-raising activities.

The recent threat from the Australian Government to cut vital funding to medical research activities, was a timely reminder about the need to secure alternate sources of funding income to cover the costs of research.

While holidaying, I came across a possible funding idea for our centre which is to produce a **Cook-book of Recipes** from gynaecological cancer

survivors, carers and anyone that has been touched by this disease. Our aim is to create this cookbook from recipes that you and your family enjoy. It could be a recipe that has been passed on to you from your great grandmother or even one that you created. For further details see page 2 of the newsletter.

In February 2012 QCGC Research will host the largest fundraising event in our history featuring high profile Queensland representative sporting teams. Stay tuned for more details. To maximise the success of the event, we are looking for volunteers with experience in **event management, marketing, financial planning and public/customer relations**. If you can offer help please contact our fundraiser Lisa Harrold on 3636 8522 or by email at l.harrold1@uq.edu.au. More details about this event will be included in our next newsletter.

Prof Andreas Obermair

Director of Research
Queensland Centre for Gynaecological Cancer (QCGC)
Obermair@gyncan.org



If you would like to be put on our mailing list to receive newsletters, information regarding gynaecological cancer & special events from QCGC Research, please tear off this slip and send to address below or alternatively email Danielle Mills at d.mills@uq.edu.au

- Yes I would like to receive information from QCGC Research
- No I would like to be taken off the mailing list
- Yes I would like to be contacted to make a gift to QCGC Research

Name: _____

Address: _____

Suburb: _____ Post Code _____

Email: _____ Phone: _____

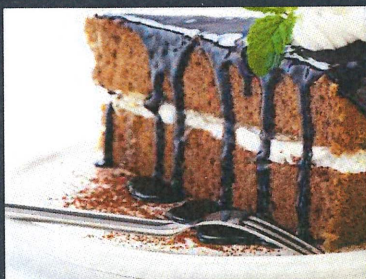
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Cookbook

We are asking you to share your recipes with us to create a cookbook to help fund gynaecological cancer research. We would like you to send us one or two of your favourite recipes that we can include in our cookbook. Please feel free to include a high-resolution picture and short story about the recipe and what it means to you. It could have been handed down from generations or just the tastiest dish you have made. Your recipe could be an entrée, a main dish, a dessert, bread or even a cocktail. The more recipes we have the better. Please send your recipes to Danielle Mills, Operations Manager, QCGC Research, Level 6, Ned Hanlon Building, Royal Brisbane & Women's Hospital, Qld 4029 or email d.mills@uq.edu.au

If you have any queries, or would like to assist us in producing this cookbook you can contact Danielle on 3636 8522 or 0413 590 501. If you have talents in publishing or printing we would also love to hear from you.

The cookbook will be available for sale on our website, through our surgeries, through women's networks, etc., and will make a fantastic gift. All proceeds will be directed to gynaecological cancer research.



LACE & Endometrial Cancer

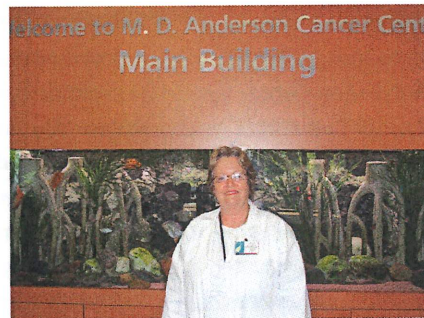
Until recently, open surgery where the uterus (womb) and both tubes and ovaries were removed through a large opening of the abdomen, was the standard treatment for endometrial cancer.

While this is an accepted effective treatment, it was associated with significant adverse events (side effects). Performing this surgery laparoscopically (key hole) has been shown to be feasible and safe, but may have less surgical complications, faster recovery and better quality of life than open surgery.

The LACE trial began recruitment in 2005 and enrolled 760 women with early stage endometrial cancer by July 2010. Our team of researchers (Doctors, Trial Managers, Statisticians) were able to look at the first study results. They have looked at whether the quality of life reported by our patients before surgery can predict if patients are at risk of adverse events (side effects) or pain after surgery.

It has shown that the women who had open surgery and low quality of life before surgery were more likely to have adverse events after surgery. These results show that assessing women's quality of life before surgery may assist surgeons to identify women who may be at high risk of developing adverse events or pain after surgery. Data from 714 patients was used. The study also highlighted that patients who reported lower quality of life before surgery had higher pain levels a week after surgery.

QCGC 2010 Churchill Fellow



Merran Williams won the most recent Churchill Fellowship awarded by Cancer Australia. Merran is a registered nurse who has been working on research projects for Cancer Australia and QCGC Research.

The projects involved interviewing over forty clinicians working in the field of gynaecological cancer care in Brisbane, Townsville and the Gold Coast in order to predict the workforce supply gaps for the next ten years. One project resulted in the production of a video that will be hosted on the GP Queensland website, to let GP's know how to make rapid referrals to a gynaecological oncologist (surgeon) if they suspect a woman has a gynaecological cancer.

Merran has a very personal interest in gynaecological cancer, as she was diagnosed with ovarian cancer over two years ago. Following surgery and chemotherapy, she is now in remission. Undaunted, she applied for and was awarded a Jeannie Ferris Consumer Churchill Fellowship in July 2010. She recently travelled to America to research gynaecological cancer survivorship clinics and programs.

Long term care for cancer survivors involves regular check-ups, managing side effects, rebuilding strength, counselling and learning about healthy lifestyles. Merran visited a Cancer Prevention lab in Denver, where researchers are testing women on two diets, and measuring to see what effect they have on cancer biomarkers. In essence, what foods will prevent cancer recurrence? Merran also visited gynaecological cancer survivorship clinics at Memorial Sloan Kettering Cancer Center in New York and MD Anderson Cancer Center in Houston, Texas. These two world renowned hospitals have specific programs for survivors available. Staff at these clinics perform a physical examination and check for signs of cancer recurrence or progression.

They help to manage side effects of cancer treatment and develop a treatment summary and follow-up care plan. They educate about cancer types and how to keep healthy and reduce cancer risk. These survivorship clinics also assist in identifying and treating late side effects from treatment (e.g. osteoporosis, menopause symptoms, changes to fertility, sexuality and fatigue). "With surgery and chemotherapy treatments now being of a very high standard, the number of cancer survivors is growing by leaps and bounds," Merran said. "Cancer is now seen as a chronic illness and this is why survivorship programs are becoming so important."

If you have questions for Merran about her fellowship, please email on merran.williams@uq.edu.au

Up Close with Dr Russell Land

Dr Russell Land practices at the Royal Brisbane and Women's Hospital and Greenslopes Private Hospital. He completed 6 years of training in General Obstetrics and Gynaecology in Queensland before attaining subspecialty accreditation in Gynaecologic Oncology. This additional 4 years of training was completed in London, Sydney, Perth and Brisbane. Dr Land's training includes expertise in advanced laparoscopic surgery and general surgical skills required to undertake the safest and most effective gynaecological treatment available.

Where were you born? I was born in Ayr, North Queensland and grew up on a cattle property

What do you like doing in your spare time? In between dropping kids to sporting events I love to fish and also to cook - both of which I find incredibly relaxing.

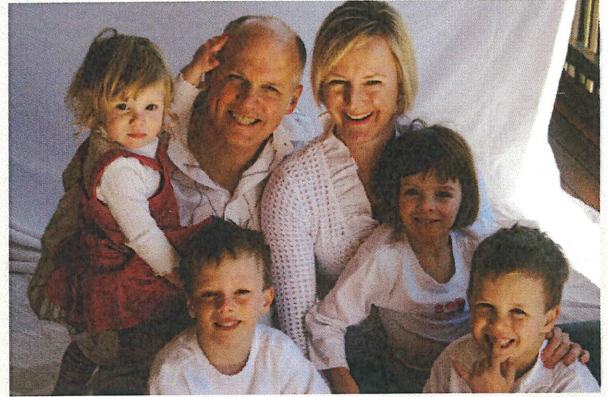
Where is your favourite holiday destination? The Whitsundays - what a place - Turquoise waters, loads of islands and the best beach in the world (Whitehaven)

What is your favourite book? My favourite book is SCARECROW by Matthew Reilly - it is great escapism and completely takes you away from reality.

What is your favourite movie? Anyone who knows me will be able to lock this one in early - TOP GUN its got it all!

If you could spend one hour with anyone in the world who would it be and why? Rick Stein - I have always loved his cooking shows because he has a wonderful way of looking at many things (not just food) people take for granted.

What's one thing about you few people know? I have a small blonde patch of hair (what's left of it!) which is a birth mark on the back of my head.



LACC & Cervical Cancer

The Pap Smear Test is the most successful cancer screening technique in history. It was named after its inventor, Dr. George Nicholas Papanicolaou. In 1914, Dr. Papanicolaou began his study of vaginal cytology (the study of the microscopic appearance of cells) and in 1928 he first presented his findings that uterine cancer could be diagnosed by means of vaginal smear in the paper, "New Cancer Diagnosis."

A decade later he collaborated with Dr Herbert Traut (Gynaecologist) on a study that involved taking regular vaginal smears of all women patients at Cornell's Hospital. This study enabled him to write and publish the book "Diagnosis of Uterine Cancer by the Vaginal Smear." By 1943, his work was widely known and accepted. Since World War II, the Pap Smear Test has become the most widely used cancer screening method in the world. Cervical cancer is one of the most preventable and curable of all cancers.

It is the 18th most common cause of cancer mortality in Australian women, dropping from 8th place since the introduction of the National Cervical Screening Program in 1991 (PAP smear register). Each year in Australia, approximately 700 new cases of cervical cancer are diagnosed (this number was over 1000 prior to the screening program being introduced in 1991). Globally, cervical cancer is the second most common women's cancer, which is why many countries have implemented the regular cervical screening (ie Pap smears) programs to detect cervical abnormalities.

The LACC Trial is a study comparing the long-term outcomes of different surgical methods for the treatment of cervical cancer. The long-term outcome of a total abdominal radical hysterectomy (TARH) will be compared against laparoscopy (keyhole surgery). Researchers want to learn how long patients may stay cancer-free after these types of surgery.

Recruitment for this trial began in 2008. There are currently 88 patients on trial globally with 25 of these patients from Queensland. This trial has recruited patients from the USA, Canada, Colombia, Italy and Australia. We hope that it will soon be open for recruitment in Hong Kong, Korea and Brazil. We would like to thank all of our patients who have agreed to participate in the LACC Trial. By participating in the trial, providing us with regular information and feedback from the questionnaires, we will be able to determine the best surgical treatment option for women with early stage cervical cancer.



Dr George Nicholas Papanicolaou

Thank you to our Volunteers

A big thank you to our volunteers who have been working tirelessly in the community to raise awareness about gynaecological cancer and vital funding for research. Volunteers have recently supported our work by hosting morning teas, coordinating raffles through community organizations like Lions and Zonta, movie events and distributing our brochures to GPs and medical centres.



Volunteer Support

If you would like to know more about joining our volunteer team, please contact Lisa Harrold on 3636 8522

or by email

l.harrold1@uq.edu.au.

Information for those of you who wish to organize a small neighbourhood event is on our website.

www.gyncan.org

We would love to hear from you.

You may be interested to hear that QCGC, in partnership with Gynaecological Cancer Society, has created an awareness-raising ribbon. We are looking for volunteers to help with the distribution of these ribbons throughout Queensland. The cost is \$2 per ribbon



Ovarian Cancer & the OPEN Study

Previous studies conducted at QCGC have shown that women with **ovarian cancer** are **19 times more likely to be malnourished at the time of diagnosis when compared to women with non-cancerous ovarian tumours**. Our studies have also shown that women who are malnourished prior to surgery are more likely to have a prolonged hospital stay and develop surgical complications.

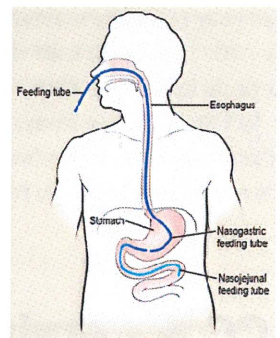
The main objective of the OPEN Study is to determine if additional nutritional support given post-operatively will help women with ovarian cancer recover more quickly from surgery and enjoy a better quality of life. One group of women receives the standard oral diet that is currently offered in all hospitals post-operatively, and the other group of women receives additional nutritional support in the form of "enteral feeds".

Enteral (pertaining to the small intestine) feeding is achieved through a small, flexible tube that is inserted during surgery - through the nose and into the small bowel.

A total of 32 women have taken part in this study already. Women are followed up until they have had their third cycle of post-operative chemotherapy.

At the end of the study, the findings of the two groups will be compared. We hope to enroll 120 patients in total.

QCGC's mission is to research and develop the best standard of care for women experiencing gynaecological cancer. The OPEN study is doing just that.



Lymphoedema & Gynaecological Cancer

Lymphoedema is chronic swelling of the lower limbs that commonly occurs after treatment for gynaecological cancer. To research the "when, how and why" about lymphoedema, QCGC initiated the "Lymphoedema after Gynaecological Cancer" (LEGS) study in 2008. Since then, almost 700 women have joined the study, and we continue to meet regularly with many of these women to assess their legs. We also ask those women who do develop lymphoedema how it affects their quality of life, daily living needs and financial wellbeing. Many studies have shown that quality of life is a better predictor of long-term treatment outcomes.

While the LEGS study is still underway in preliminary analysis, we have compared the quality of life of women with or without leg swelling up to 3 months, 12 months and 24 months after treatment. At all timepoints, women who developed lymphoedema had worse quality of life than those who did not. These findings are the first of a large number to follow. They allow us to describe what lower limb swelling really means for women, and to start developing better methods to find it early and treat it more effectively.



QCGC
research

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