

Clinical Practice Guidelines for PSA Testing and Early Management of Test-Detected Prostate Cancer: Administrative Report

1. Introduction

The lack of consensus and policy relating to PSA testing in Australia has caused significant confusion in the community and presented Prostate Cancer Foundation of Australia (PCFA) with an opportunity and impetus to initiate a project to reach consensus on the PSA testing controversy.

Cancer Council Australia agreed to partner with PCFA to develop the guidelines. Specifically, Cancer Council Australia offered to lead the development effort by utilising its guidelines development team and Wiki-based approach.

Following a consultation process with key stakeholders involved in cancer control and clinical care delivery (e.g. Urological Society of Australia and New Zealand (USANZ), Royal College of Pathologists of Australasia (RCPA)), PCFA invited a broad-based group of relevant experts to develop clinical guidelines for PSA testing and the early management of test detected prostate cancer. This would be a ground breaking achievement nationally and internationally.

It was determined that by following National Health and Medical Research Council (NHMRC) approved guideline development processes, and obtaining NHMRC approval through its external guidelines development process, this would facilitate and critical in producing high quality, evidence-based PSA testing guidelines, and their acceptance and adoption in practice in Australia.

Funding for the development, publication and dissemination of the guidelines was provided through PCFA. The amount of funding provided by PCFA was \$600, 000. PCFA receives funding through a variety of sources including Government, the Australian community and corporate partners. No Government funding was used for this project. Cancer Council Australia contributed the in kind resources of their guideline development team.

This project aims to produce evidence-based guidelines for PSA testing, and the early management of test detected prostate cancer in Australia, that have a high probability of receiving National Health and Medical Research Council (NHMRC) approval.

The developed guidelines, through their application in practice, will maximise the benefits and minimise the harms from PSA testing of men without symptoms suggestive of prostate cancer. Moreover, the guidelines will provide recommendations and appropriate approaches, agreed upon by recognised experts in the prostate cancer field, for the early management of test-detected prostate cancer in men who have chosen to have a PSA test.

The project commenced in November 2012 with the initial Expert Advisory Panel meeting. It is anticipated that NHMRC would review and approve the guidelines at their Council meeting in October 2015, and that the guidelines would be published and disseminated by PCFA/ Cancer Council Australia in November 2015.

2. Contributors

a. Project Steering Committee

PCFA and Cancer Council Australia, as project sponsors, appointed a designated Project Steering Committee. The Project Steering Committee is responsible for the overall management and strategic leadership of the guideline development process. The Project Steering Committee ensures that all deliverables agreed in the project plan are delivered to acceptable standards in accordance with NHMRC requirements, within agreed timeframes and within the approved budget.

Membership of this group is as follows:

- Emeritus Prof Willis Marshall – Chairman of Expert Advisory Panel
- A/Prof Anthony Lowe – Chief Executive Officer, PCFA
- Prof Sanchia Aranda – Chief Executive Officer, Cancer Council Australia¹
- Prof Ian Olver AM – Chief Executive Officer, Cancer Council Australia²; Director, Sansom Institute, Chair of Translational Cancer Research, University of South Australia³
- Emeritus Prof Bruce Armstrong AM – Professor of Public Health, University of Sydney, NSW
- Prof Dianne O'Connell – Senior Epidemiologist, Cancer Research Division, Cancer Council NSW
- Mr David Sandoe OAM – National Chairman, PCFA⁴
- Prof Mark Frydenberg – Head of Urology, Monash Medical Centre, Southern Health, Victoria
- Prof Paul Glasziou – Professor of Evidence Based Medicine, Bond University, Queensland

b. Expert Advisory Panel

An Expert Advisory Panel comprised of representatives from all specialities involved in the diagnosis and management of men affected by prostate cancer, and consumer representatives, has been convened to establish these PSA testing Guidelines.

The Expert Advisory Panel works in partnership with the systematic review team on specific clinical questions in keeping with their area of practice. Question Specific Working Parties were convened when required to develop the response to individual questions. The lead author for the individual question co-opted additional experts for this purpose using members of the EAP as appropriate.

¹ From 3 August 2015.

² Until 31 December 2014.

³ From 23 February 2015.

⁴ Retired as National Chairman on 31 March 2015.

Membership of this group is as follows:

Name	Position	Interest in Project
Emeritus Prof Willis Marshall AC	Consultant Urologist (SA); Chair, Australian Commission on Safety and Quality in Health Care, NSW	Chair Expert Advisory Panel Urology
Prof Sanchia Aranda	Chief Executive Officer, Cancer Council Australia (NSW) ⁵	Cancer Control
Prof Bruce Armstrong AM	Emeritus Professor of Public Health, University of Sydney (NSW)	Epidemiology
Dr Joseph Bucci	Radiation Oncologist, Prostate Cancer Institute, St Georges Hospital (NSW)	Prostate Brachytherapy
Prof Suzanne Chambers	Professor of Preventative Health, Griffith Health Institute (QLD)	Psycho-oncology
A/Prof Pauline Chiarelli JP	School of Health Sciences (Physiotherapy), The University of Newcastle (NSW)	Rehabilitation
Prof Chris Del Mar	Professor of Public Health, Bond University (QLD)	General Practice
Prof Mark Frydenberg	Chairman, Department of Urology, Monash Medical Centre, Southern Health (VIC)	Urology
Prof Robert Gardiner AM	Centre for Clinical Research, University of Queensland (QLD)	Urology
Prof Paul Glasziou	Professor of Evidence Based Medicine, Bond University (QLD)	General Practice
A/Prof Anthony Lowe	Chief Executive Officer, Prostate Cancer Foundation of Australia (NSW)	Cancer Control
Dr David Malouf	Consultant Urologist, Prostate Cancer Institute, St Georges Hospital (NSW)	Urology
A/Prof Paul McKenzie	Senior Staff Specialist Tissue Pathology and Diagnostics, Royal Prince Alfred Hospital (NSW)	Pathology
Prof Robert McLachlan	Consultant Andrologist, Director of Andrology Australia (VIC)	Andrology
Prof Dianne O'Connell	Senior Epidemiologist, Cancer Research Division, Cancer Council NSW (NSW)	Epidemiology
Prof Ian Olver AM	Chief Executive Officer, Cancer Council Australia (NSW) ⁶	Cancer Control

⁵ From 3 August 2015.

⁶ Until 31 December 2014.

	Director, Sansom Institute, Chair of Translational Cancer Research, University of South Australia ⁷	
Dr Ian Roos OAM	Consumer Advocate, Cancer Voices Australia (VIC)	Consumer
Mr David Sandoe OAM	National Chairman, Prostate Cancer Foundation of Australia (NSW) ⁸	Consumer
A/Prof Ken Sikaris	Director of Chemical Pathology, Melbourne Pathology (VIC)	Pathology
Prof Martin Stockler	Oncology and Clinical Epidemiology Medicine, Central Clinical School, University of Sydney (NSW)	Medical Oncology
Prof Phillip Stricker AO	Consultant Urologist, St Vincent's Clinic (NSW)	Urology
Dr Keen Hun Tai	Chair, Faculty of Radiation Oncology Genito-Urinary Group (VIC)	Radiation Oncology
Mr Peter Teiermanis	Mornington Peninsula Prostate Cancer Support Group (VIC)	Consumer
Ms Elizabeth Watt	Head of School of Nursing, Austin Campus, Latrobe University (VIC)	Nursing
Prof Simon Willcock	Professor of General Practice, the University of Sydney (NSW)	General Practice

c. Question Specific Working Parties

Question Specific Working Parties were convened as required to develop the response to individual questions. The lead author for the individual question co-opted additional experts for this purpose using members of the Expert Advisory Panel and external experts as appropriate subject to Project Steering Committee approval.

* Denotes question lead author

RISK		
<i>For Australian men, has a family history of prostate cancer been shown to be reliably associated with a 2.0-fold or greater increase in risk of occurrence of or death from prostate cancer when compared to men who do not have a family history of prostate cancer? (PICO question 1)</i>		
Name	Position	Specialty

⁷ From 23 February 2015.

⁸ Retired as National Chairman on 31 March 2015.

Professor Bruce Armstrong AM*	Professor of Public Health, University of Sydney, NSW	Epidemiology
Professor Dianne O'Connell	Senior Epidemiologist, Cancer Research Division, Cancer Council NSW	Epidemiology
A/Professor David Smith	Research Fellow, Cancer Council NSW	Epidemiology
TESTING		
<i>In men without evidence of prostate cancer does a decision support intervention or decision aid compared with usual care improve knowledge, decisional satisfaction, decision-related distress and decisional uncertainty about PSA testing for early detection of prostate cancer? (PICO question 2)</i>		
Name	Position	Specialty
Professor Suzanne Chambers*	Professor of Preventative Health, Griffith Health Institute, QLD	Psycho-oncology
A/Professor Pauline Chiarelli JP	School of Health Sciences (Physiotherapy), The University of Newcastle, NSW	Rehabilitation
Professor Robert 'Frank' Gardiner AM	Centre for Clinical Research, University of Queensland, QLD	Urology
A/Professor Dragan Ilic	A/Professor, Department of Epidemiology and Preventive Medicine School of Public Health and Preventive Medicine Monash University, VIC	Epidemiology
Dr Walid Jammal	General Practitioner, NSW	General Practice
Dr David Latini	Assistant Professor of Urology, Baylor College of Medicine, Texas, USA	Urologist
Dr Stefano Occhipinti	Senior Lecturer, Griffith Health Institute, Behavioural Basis of Health Program, and School of Applied Psychology Griffith University, QLD	Psychology
<i>For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer what PSA testing strategies (with or without DRE), compared with no PSA testing or other PSA testing strategies, reduce prostate cancer specific mortality or the incidence of metastases at diagnosis and offer the best balance of benefits to harms of testing? (PICO question 3.1)</i>		

Name	Position	Specialty
Professor Bruce Armstrong AM*	Professor of Public Health, University of Sydney, NSW	Epidemiology
Professor Dallas English	Professor & Director, Centre for Molecular, Environmental, Genetic and Analytic (MEGA) Epidemiology, Melbourne School of Population and Global Health, The University of Melbourne	Epidemiology
Professor Paul Glasziou	Professor of Evidence Based Medicine, Bond University, QLD	General Practice
Dr Michael Caruana	Research Fellow, Lowy Cancer Research Centre, Prince of Wales Clinical School, NSW	Cancer Modelling
Dr Yoon-Jung Kang	Research Fellow, Lowy Cancer Research Centre, Prince of Wales Clinical School, NSW	Cancer Modelling
<i>For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer what PSA testing strategies with or without DRE perform best in detecting any prostate cancer or high grade prostate cancer diagnosed in biopsy tissue? (PICO question 3.2)</i>		
Name	Position	Specialty
Professor Bruce Armstrong AM*	Professor of Public Health, University of Sydney, NSW	Epidemiology
Professor Paul Glasziou	Professor of Evidence Based Medicine, Bond University, QLD	General Practice
<i>For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer does a PSA level measured at a particular age in men assist with determining the recommended interval to the next PSA test? (PICO question 3.3)</i>		
Name	Position	Specialty
Professor Bruce Armstrong AM*	Professor of Public Health, University of Sydney, NSW	Epidemiology
Professor Dallas English	Professor & Director, Centre for Molecular, Environmental, Genetic and Analytic (MEGA) Epidemiology, Melbourne School	Epidemiology

	of Population and Global Health, The University of Melbourne	
Professor Paul Glasziou	Professor of Evidence Based Medicine, Bond University, QLD	General Practice
<i>For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer what is the incremental value of performing a digital rectal examination (DRE) in addition to PSA testing in detecting any prostate cancer? (PICO question 4)</i>		
Name	Position	Specialty
Professor Paul Glasziou*	Professor of Evidence Based Medicine, Bond University, QLD	General Practice
Professor Villis Marshall AC	Consultant Urologist	Urology
<i>For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer, how many years after the start of PSA testing is the benefit of PSA testing apparent? (PICO question 5)</i>		
Name	Position	Specialty
Professor Robert 'Frank' Gardiner AM*	Centre for Clinical Research, University of Queensland, QLD	Urology
Dr Jeremy Grummet	Consultant Urologist, Australian Urology Associates, VIC	Urology
Professor James Kench	Consultant Pathologist, Royal Prince Alfred Hospital, NSW	Pathology
Dr Bruce Kynaston	Consumer advocate, Prostate Cancer Foundation of Australia	Consumer Advocacy
A/Professor David Smith	Research Fellow, Cancer Council NSW	Epidemiology
Professor Simon Willcock	Professor of General Practice, The University of Sydney, NSW	General Practice
A/Professor Scott Williams	Consultant Radiation Oncologist, Peter MacCallum Cancer Centre, VIC	Radiation Oncology
<i>Free-to-total PSA percentage</i>		
<i>For asymptomatic men with an initial total PSA below or equal to 3.0 ng/mL does measuring free-to-total PSA percentage improve the detection of prostate cancer or high-grade prostate cancer without resulting in unacceptable numbers of unnecessary biopsies, when compared with a single total PSA result above 3.0 ng/mL? (PICO question 6.1 a)</i>		
<i>For asymptomatic men with an initial total PSA above 3.0 ng/mL, does measuring free-to-total PSA percentage improve relative specificity without compromising prostate cancer or high-grade</i>		

prostate cancer detection, when compared with a single total PSA result above 3.0 ng/mL? (PICO question 6.1 b)

PSA velocity

For asymptomatic men with an initial total PSA below or equal to 3.0 ng/mL does measuring PSA velocity improve the detection of prostate cancer or high-grade prostate cancer without resulting in unacceptable numbers of unnecessary biopsies, when compared with a single elevated total PSA result above 3.0 ng/mL? (PICO question 6.2 a)

For asymptomatic men with an initial total PSA above 3.0 ng/mL, does measuring PSA velocity improve relative specificity without compromising prostate cancer or high-grade prostate cancer detection, when compared with a single total PSA result above 3.0 ng/mL? (PICO question 6.2 b)

Prostate Health Index (PHI)

For asymptomatic men with an initial total PSA below or equal to 3.0 ng/mL does measuring the Prostate Health Index (PHI) improve the detection of prostate cancer or high-grade prostate cancer without resulting in unacceptable numbers of unnecessary biopsies, when compared with a single elevated total PSA result above 3.0 ng/mL? (PICO question 6.3 a)

For asymptomatic men with an initial total PSA above 3.0 ng/mL, does measuring the Prostate Health Index (PHI) improve relative specificity without compromising prostate cancer or high-grade prostate cancer detection, when compared with a single elevated total PSA result above 3.0 ng/mL? (PICO question 6.3 b)

Repeated total PSA

For asymptomatic men with initial total PSA above 3.0 ng/mL, does repeating the total PSA test and using an initial and repeat total PSA above 3.0 ng/mL as the indication for biopsy, improve relative specificity without compromising prostate cancer or high-grade prostate cancer detection, when compared with a single total PSA result above 3.0 ng/mL as the indication for biopsy? (PICO question 6.4)

Name	Position	Specialty
A/Professor Ken Sikaris*	Director of Chemical Pathology, Melbourne Pathology, VIC	Pathology
Professor Willis Marshall AC*	Consultant Urologist; Chair, Australian Commission on Safety and Quality in Health Care, NSW	Urology
Dr David Malouf	Consultant Urologist, Prostate Cancer Institute, St Georges Hospital, NSW	Urology

PROSTATE BIOPSY AND MULTIPARAMETRIC MRI

For men undergoing an initial prostate biopsy how many biopsy cores, which pattern of biopsy sampling sites and which approach constitute an adequate prostate biopsy? (PICO question 7)

Name	Position	Specialty
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Professor Villis Marshall AC*	Consultant Urologist; Chair, Australian Commission on Safety and Quality in Health Care, NSW	Urology
A/Professor Paul McKenzie*	Senior Staff Specialist Tissue Pathology and Diagnostics, Royal Prince Alfred Hospital, NSW	Pathology
Professor Bruce Armstrong AM	Professor of Public Health, University of Sydney, NSW	Epidemiology
<i>In men who have been referred with suspected prostate cancer, what are the prognostic factors that determine the need for further investigation following a prior negative biopsy? (PICO question 8.1)</i>		
<i>In men with suspected prostate cancer whose initial TRUS biopsy is negative, what should be the next investigation(s)? (PICO question 8.2)</i>		
Name	Position	Specialty
Professor Robert 'Frank' Gardiner AM*	Centre for Clinical Research, University of Queensland, QLD	Urology
Professor Suzanne Chambers	Professor of Preventative Health, Griffith Health Institute, QLD	Psycho-oncology
Professor Paul Glasziou	Professor of Evidence Based Medicine, Bond University, QLD	General Practice
A/Professor Nathan Lawrentschuk	Consultant Urologist, University of Melbourne; Department of Surgery, Austin Hospital, VIC	Urology
Professor Phillip Stricker AO	Consultant Urologist, St Vincent's Clinic, NSW	Urology
Dr Keen-Hun Tai	Chair, Faculty of Radiation Oncology Genito-Urinary Group, VIC	Radiation Oncology
Professor James Kench	Consultant Pathologist, Royal Prince Alfred Hospital, NSW	Pathology
ACTIVE SURVEILLANCE		
<i>For men with biopsy-diagnosed prostate cancer, for which patients (based on diagnostic, clinical and other criteria) does active surveillance achieve equivalent or better outcomes in terms of length and quality of life than definitive treatment? (PICO question 9)</i>		
Name	Position	Specialty
Professor Mark Frydenberg*	Chairman, Department of Urology, Monash Medical Centre, Southern Health, VIC	Urology
Professor Phillip Stricker AO*	Consultant Urologist, St Vincent's Clinic, NSW	Urology
<i>For men with biopsy-diagnosed prostate cancer following an active surveillance protocol, which combination of monitoring tests, testing frequency and clinical or other criteria for intervention achieve the best outcomes in terms of length and quality of life? (PICO question 10)</i>		

Name	Position	Specialty
Professor Mark Frydenberg*	Chairman, Department of Urology, Monash Medical Centre, Southern Health, VIC	Urology
Professor Phillip Stricker AO*	Consultant Urologist, St Vincent's Clinic, NSW	Urology
WATCHFUL WAITING		
<i>For men with biopsy-diagnosed prostate cancer, for which patients (based on diagnostic, clinical and other criteria) does watchful waiting achieve equivalent or better outcomes in terms of length and quality of life than definitive treatment? (PICO question 11)</i>		
Name	Position	Specialty
Professor Robert 'Frank' Gardiner AM*	Centre for Clinical Research, University of Queensland, QLD	Urology
Dr Jeremy Grummet	Consultant Urologist, Australian Urology Associates, VIC	Urology
Professor James Kench	Consultant Pathologist, Royal Prince Alfred Hospital, NSW	Pathology
Dr Bruce Kynaston	Consumer advocate, Prostate Cancer Foundation of Australia	Consumer Advocacy
A/Professor David Smith	Research Fellow, Cancer Council NSW	Epidemiology
Professor Simon Willcock	Professor of General Practice, The University of Sydney, NSW	General Practice
A/Professor Scott Williams	Consultant Radiation Oncologist, Peter MacCallum Cancer Centre, VIC	Radiation Oncology
<i>For men with prostate cancer following a watchful waiting protocol, which combination of monitoring tests, testing frequency and clinical or other criteria for intervention achieve the best outcomes in terms of length and quality of life? (PICO question 12)</i>		
Name	Position	Specialty
Professor Phillip Stricker AO*	Consultant Urologist, St Vincent's Clinic, NSW	Urology
Professor Martin Stockler*	Oncology and Clinical Epidemiology Medicine, Central Clinical School, University of Sydney (NSW)	Medical Oncology

d. Consumer representation

Three consumer representatives are members of the Expert Advisory Panel. Two consumer representatives who are prostate cancer survivors were sought from PCFA's support network. One of these consumers is also PCFA's National Chairman. The third consumer representative is a consumer advocate with Cancer Voices Australia, an organisation working to improve the cancer

experience for Australians, their families and friends. It is active in the areas of diagnosis, information, treatment, research, support, care, survivorship and policy. To achieve this it works with decision-makers, ensuring the patient perspective is heard.

The consumer representatives attend meetings of the Expert Advisory Panel and are involved in the development of the guidelines.

e. Project management personnel and systematic review team

Project management and governance were overseen by the Director of Health and Education Programs at PCFA, and the Clinical Guidelines Network Manager at Cancer Council Australia. The Project Coordinators at Cancer Council Australia were the primary points of contact for the purpose of developing responses to the clinical questions. The Project Assistants assisted the Project Coordinators with systematic review tasks.

The Expert Advisory Panel worked in partnership with the systematic review team on specific clinical questions in keeping with their area of practice.

Name	Position	Interest in Project
Julie Sykes (left project July 2015)	Director of Health and Education Programs, PCFA	<ul style="list-style-type: none"> - Project Manager - NHMRC point of contact - Project governance
Christine Vuletich (left project July 2014)	Manager Clinical Guidelines Network, Cancer Council Australia	<ul style="list-style-type: none"> - Management of guideline development process - Project governance
Jutta von Dincklage	Product Manager, Wiki Development, Cancer Council Australia Head, Clinical Guidelines Network (from July 2014)	Technical development and support for the online guideline development
Suzanne Hughes	Project Coordinator PSA testing guidelines, Cancer Council Australia	Systematic review team
Dana Stefanovic (left project August 2014)	Project Coordinator PSA testing guidelines, Cancer Council Australia	Systematic review team
Dr Albert Chetcuti	Project Coordinator PSA testing guidelines, Cancer Council Australia	Systematic review team
Tracy Tsang	Project Assistant, PSA testing guidelines, Cancer Council Australia	Systematic review team

(left project November 2014)		
Cindy Peng	Project Assistant, PSA testing guidelines, Cancer Council Australia	Systematic review team
Katherine Sheridan	Project Assistant, PSA testing guidelines, Cancer Council Australia	Systematic review team
Sam Egger	Biostatistician, Cancer Council NSW	Performed statistical analysis for meta-analysis on question 7
Jennifer Harman	Medical writer, Meducation	Editorial consultant

3. Organisations formally endorsing the guidelines

[TO BE CONFIRMED FOLLOWING COMPLETION OF THE GUIDELINES]

The following medical colleges and professional bodies will be approached to endorse the guidelines:

- Australian College of Rural and Remote Medicine (ACRRM)
- Medical Oncology Group of Australia Incorporated (MOGA)
- Royal College of Pathologists of Australia (RCPA)
- Royal Australasian College of Physicians (RACP) – Adult Medicine Division
- Royal Australian College of Physicians - Australian Chapter of Palliative Medicine (AChPM, RACP)
- Royal Australian College of Physicians - Australian Faculty of Public Health Medicine (AFPHM, RACP)
- Royal Australian College of Surgeons (RACS)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Urological Society of Australia and New Zealand (USANZ)

4. Declaration and management of competing interests for all people involved in the guideline development process

All Expert Advisory Panel members were asked to declare in writing, any interests relevant to the guideline development. The Project Steering Committee was responsible for evaluating all statements. An independent reviewer, an expert in prostate cancer care but not involved in the project, also evaluated the conflicts of interest declarations provided by members. The evaluation of possible Conflicts of Interest was guided by A Code of Practice for Declaring and Dealing with Conflicts of Interest, which was developed based on the similar document produced by the National Institute for Health and Clinical Excellence⁹. The Code of Practice for Declaring and Dealing with Conflicts of Interest is enclosed as Appendix One.

⁹ National Institute for Health and Clinical Excellence. (2007). Code of practice for declaring and dealing with conflicts of interest.

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A Register of disclosed potential Conflicts of Interest was developed and is enclosed as Appendix Two. The Register was available to the Expert Advisory Panel members throughout the development of the guideline, allowing members to take any potential Conflicts of Interest into consideration during discussions, decision making, and formulation of recommendations. Members were asked to update their information throughout the guideline development if they became aware of any changes to their interests.

There were no instances during the guidelines development process where Conflict of Interest management strategies were employed for guideline authors and co-authors.

In the endeavour to circumvent any potential Conflicts of Interest, executive representatives from PCFA and Cancer Council Australia (project sponsors) were not directly involved in the systematic review process, the development of the guidelines or voting on recommendations. The role of the project funders was to provide governance, which include the approval of procedures and recommendations made by the Question Specific Working Parties arising from the systematic review. The exclusion from voting for the project sponsor representatives is recorded in the Conflict of Interest register.

When the guidelines enter the updating phase, guideline Expert Advisory Panel members will be responsible for the updating of their Conflict of Interest statements if a new interest arises. The members will receive a formal reminder to review their statements and ensure it is up-to-date prior to the annual meetings that will be scheduled to review all content updates of a specific guideline.

5. Method used to arrive at consensus-based recommendations or practice points

The Question Specific Working Parties in collaboration with the systematic review team (who conduct the systematic reviews and provide the technical reports) assessed the evidence and drafted the evidence-based recommendations. This included grade assignment and/or consensus-based recommendations/practice points. Emails, teleconferences and face-to-face meetings were used to facilitate this process. The draft documents underwent several iterations until agreement between the members of the Question Specific Working Parties on these drafts was reached. When needed, any difficult points or areas of disagreement were marked for the whole Expert Advisory Panel to discuss. The procedures and requirements outlined in *NHMRC additional levels of evidence and grades for recommendations for developers of guidelines* and *Procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines* guided this process.

A face-to-face meeting with all Expert Advisory Panel members was held to review and finalise the draft guidelines for public consultation. Prior to this meeting, the draft guidelines were circulated. All panellists were asked to review the content, individual recommendations and practice points in detail, identify and note any controversies and points to be discussed at the group meeting. During the meeting, each recommendation and practice point was tabled as an agenda point. Each was reviewed and approved by consensus, which was reached by voting. The Expert Advisory Panel Chairperson nominated a particular recommendation/practice point to be reviewed and the panellists had the opportunity to discuss any issues and suggest revisions to recommendations and practice points. Each recommendation and practice point was approved once the eligible panellists (excluding representatives of the funding bodies and panellists who cannot vote due to Conflict of Interest) reached consensus.

After the public consultation period, all comments were compiled and sent to the relevant Question Specific Working Party to review their draft content, assessing and considering the submitted comments. Email and teleconferencing was used to facilitate this review process. Another face-to-face meeting was organised amongst the Expert Advisory Panel to review all public consultation comments and the amended content. The same consensus process that was followed during the meeting prior to public consultation was followed again. All changes resulting from the public consultation submission reviews were documented and will be made accessible once the guidelines are published. The description of the process of reaching consensus was included as part of the methodological report.

6. Public consultation

a. Preparation of guidelines for public consultation

The draft content of the guidelines was prepared by the Question Specific Working Parties with support provided by the Project Coordinators at Cancer Council Australia. The draft content was edited by a professional medical writer experienced in NHMRC guidelines development. The draft content was circulated to members of the Expert Advisory Panel for review. Concerns or issues identified were addressed at the Expert Advisory Panel meeting on 11 October 2014. The structure and draft content of the guidelines were confirmed at this meeting. After the meeting, further editorial changes to the draft content was prepared by the medical writer to ensure language and wording was consistent and adhered to NHMRC requirements.

b. Public Consultation

The draft version of the guidelines was released for a public consultation period, as required by the National Health and Medical Research Council Act 1992, from Thursday 4 December 2014 to Friday 16 January 2015 at the 2014 World Cancer Congress. As required by NHMRC, the public consultation was advertised in major Australian newspapers and on the NHMRC website. Invitations were also sent to a number of key stakeholders, including consumer groups.

During the public consultation period, the Director-General, Chief Executive or Secretary of each State, Territory and Commonwealth health department were consulted to ensure the draft content of the guidelines was accurate, relevant and appropriate. Additionally, key professional organisations and consumer organisations that would be involved in, or affected by; the implementation of the clinical recommendations of the guidelines were consulted as shown below:

1. Royal Australian & New Zealand College of Radiologists
2. Australasian Faculty of Rehabilitation Medicine
3. Medical Oncology Group of Australia
4. Australian Association of Private Radiation Oncology Practices
5. Royal College of Pathologists of Australasia
6. Australian Society for Medical Research
7. Royal Australian College of General Practitioners
8. Human Genetics Society of Australia.
9. Australian Faculty of Occupational & Environmental Medicine
10. The Royal Australasian College of Medical Administrators
11. Cancer Australia
12. Royal Australasian College of Surgeons
13. Australian & New Zealand Society for Geriatric Medicine

14. Australasian Association of Nuclear, Medicine Specialists (AANMS)
15. Australian Medical Association
16. Australian Health Insurance Association
17. Australian Institute of Health & Welfare
18. Palliative Care Australia Incorporated
19. Urological Society of Australia and NZ
20. Australia and New Zealand Urological Nurses Society
21. Australian Institute of Radiography
22. Public Health Association of Australia Incorporated
23. Australian Private Hospitals Association
24. Australian College of Health Service Executives
25. Australian College of Nursing
26. Consumers' Health Forum of Australia
27. Australian Nursing Federation
28. Clinical Oncological Society of Australia
29. Cancer Nurses Society of Australia
30. Australia and New Zealand Society of Palliative Medicine
31. Australian Healthcare & Hospitals Association
32. Cancer Voices Australia
33. Royal Australasian College of Physicians
34. Australian Faculty of Public Health Medicine
35. Cancer Council ACT Inc
36. Cancer Council NSW
37. Cancer Council NT
38. Cancer Council Queensland
39. Cancer Council SA
40. Cancer Council Tasmania
41. Cancer Council Victoria
42. Cancer Council Western Australia
43. Therapeutic Goods Administration (TGA)
44. Pharmaceutical Benefits Advisory Committee (PBAC)
45. Medical Services Advisory Committee (MSAC)

The Expert Advisory Panel met on 7 March 2015 to consider all submissions, revise the draft content ensuring alignment with the evidence base and draft responses outlining any actions taken. A version of the public consultation submissions summary will be publicly available, with submissions de-identified where applicable.

c. Independent review

As required by NHMRC, two independent reviewers were engaged to assess the guidelines using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) instrument prior to submission of the final draft guidelines to NHMRC for approval.

The purpose of the AGREE II instrument is to provide a framework to 1) assess the quality of guidelines, 2) provide a methodological strategy for the development of guidelines, and 3) inform

what information and how information ought to be reported in guidelines¹⁰. This instrument enabled the assessment of the guidelines against internationally accepted appraisal instruments.

The two accredited AGREE II reviewers were:

- Dr Annette Pflugfelder – School of Medicine, University of Queensland
- Kelvin Hill – National Manager Clinical Programs, National Stroke Foundation

Comments provided by the reviewers were discussed by the Expert Advisory Panel, project management personnel and systematic review team, and the guidelines changed where appropriate.

¹⁰ Brouwers, M., Kho, M.E., Browman, G.P., Cluzeau, F., Feder, G., Fervers, B., Hanna, S., Makarski, J. on behalf of the AGREE Next Steps Consortium. (2010). AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Canadian Medical Association Journal*, 182(18), E839-842. doi: 10.1503/cmaj.090449

Appendix One

A Code of Practice for Declaring and Dealing with Conflicts of Interest¹¹

Introduction

Conflict of Interest refers to instances where private interest overtakes general interest¹². In practical terms, it is a situation where an individual in a position of trust, decision-making or an assessment role has competing personal and/or professional interests, and that these interests “could make it difficult for [that] individual to fulfil his or her duties impartially, and potentially could improperly influence the performance of their official duties and responsibilities”¹³. However, it is important to note that “there is nothing inherently unethical about conflicts of interests as long as they are acknowledged and openly declared”¹⁴. In ensuring that work is conducted in an ethical, fair and impartial manner, individuals seeking to be appointed onto the Steering Committee, Expert Advisory Panel or guideline development groups of the *Clinical Practice Guidelines for PSA Testing and Early Management of Test-Detected Prostate Cancer* project (the ‘Project’) are required to acknowledge and declare any possible or probable conflicts of interest.

This document is designed to ensure that conflicts of interest are identified and therefore can be appropriately negotiated or addressed between the individual and the Project Sponsors (*Prostate Cancer Foundation of Australia* and *Cancer Council Australia*). Areas in which an individual could have competing interests and where conflicts of interest could occur include:

- professional positions
- membership of committees of other organisations
- consultancies
- boards of directors
- advisory groups
- family and personal relationships
- financial interests (e.g. receiving recompense in the form of cash, services or equipment from outside bodies to support professional activities, research grants).

The intent of this document is to have appointees to the Project Steering Committee, Expert Advisory Panel or guideline development groups identify any potential conflicts of interests in order that:

- such interests can be assessed by the Project Sponsors and the National Health and Medical Research Council (NHMRC)
- management plans are developed to address the identified conflicts of interests when necessary and appropriately
- individuals can form their own judgment about their appropriateness in seeking inclusion in the guideline development process.

¹¹ PCFA and Cancer Council Australia acknowledge that sections of this document are based on the National Institute for Health and Clinical Excellence ‘Code of Practice for Declaring and Dealing with Conflicts of Interest’ document (2007).

¹² Swedberg, R. (2005). Conflicts of interests in the US brokerage industry. In K. Knorr Cetina & A. Preda (Eds.), *The sociology of financial markets* (pp. 187-203). Oxford, New York: Oxford University Press.

¹³ Australian Research Council. (2009). ARC Guidelines for Disclosure of Interests and Confidentiality Obligations.

¹⁴ Tileagă, C. (2010). Cautious morality: Public accountability, moral order and accounting for a conflict of interest. *Discourse Studies*, 12(2), 223-239.

The information required in this document aims to assist an individual to identify any conflict(s) of interest with respect to activities and duties performed as a Steering Committee or guideline development group member of the Project.

Some issues that require consideration include, but not limited to, the following.

1. What interests are involved?

The following is intended as a guide to the types of interest that should be declared. If a person covered by this is uncertain whether an interest should be declared, he or she should seek guidance as follows:

- Project Steering Committee members and employees of the Project Sponsors: from the Project Sponsors and Chair of the Project Steering Committee
- Members of advisory bodies: from the Chair of the Project Steering Committee
- Evidence contractors' employees: from his or her head or department
- Expert advisors: from the Chair of the Project Steering Committee
- Advice from NHMRC will be sought when required

Although particular attention is given to members' or employees' pecuniary interests, the Project Sponsors are conscious that risks to an individual's reputation could also be (or perceived to be) prejudicial to his or her advice. Arrangements covering 'reputational risk' are therefore also considered in this document (see below).

A. **A personal pecuniary interest** involves a current personal payment, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**' or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples include the following:

- Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind, both those which have been undertaken in the 12 months preceding the meeting at which the declaration is made and which are planned but have not taken place.
- Any fee-paid work commissioned by a healthcare industry for which the individual is paid in cash or in kind, both those which have been undertaken in the 2 months preceding the meeting at which the declaration is made and which are planned but have not taken place.
- Any shareholdings, or other beneficial interests, in shares of a healthcare industry that are either held by the individual or for which the individual has legal responsibility (e.g. children, or relatives whose full Power of Attorney is held by the individual).
- Expenses and hospitality provided by a healthcare industry company beyond that reasonably required for accommodation, meals and travel to attend meetings and conferences, both which have been undertaken in the 12 months preceding the meeting at which the declaration is made and which are planned but have not taken place.

- Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- Research grants received from Government and non-Government organisations to investigate topics and issues, which are related to the aims of the Project.

No personal interest exists in the case of:

- Assets over which individuals have no financial control (e.g. wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition.
 - Accrued pension rights from earlier employment in the healthcare industry.
- B. **A non-personal pecuniary interest** involves payment or other benefit that benefits a department or organisation for which an individual has managerial responsibility, but which is not received personally. This may either relate to the product or service being evaluated, in which case it is regarded as 'specific' or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as 'non-specific'. The main examples include the following:
- The holding of a fellowship endowed by the healthcare industry.
 - Any payment or other support by the health industry or by the Project Sponsors that does not convey any pecuniary or material benefit to an individual personally but that might benefit him or her. Examples include:
 - i a grant from a company for the running of a unit or department for which a member is responsible
 - ii a grant or fellowship or other payment to sponsor a post or member of staff in the unit for which a member is responsible
 - iii the commissioning of research or other work by, or advice from, staff who work in a unit for which the member is responsible
 - iv one or more contracts with, or grants from, the Project Sponsors.

An individual covered by this Code is under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within the departments for which they are responsible if they would not normally expect to be informed.

C. **A personal non-pecuniary interest** in a topic under consideration might include, but is not limited to:

- A clear opinion, reached at the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review.

- A public statement in which an individual covered by this consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence.
- Holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration.
- Other reputational risks in relation to an intervention under review.

D. **A personal family interest** relates to the personal interests of a family member and involves a current payment to the family member of the employee or member. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as ‘**specific**’, or to the industry or sector from which the product or service comes, in which case it is regarded as ‘**non-specific**’. The main examples include the following:

- Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (e.g. children, or adults whose full Power of Attorney is held by the individual).
- Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference).
- Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.

No personal family interest exists in the case of:

- Assets over which individuals have no financial control (e.g. wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (e.g. the Universities Superannuation Scheme).
- Accrued pension rights from earlier employment in the healthcare industry.

Additionally, individuals appointed to Project Steering Committee, Expert Advisory Committee or guideline development groups are expected to adhere to the Project Sponsors’ vision, mission, values, and to conduct themselves in accordance with its policies and procedures. It is never acceptable for an appointed individual to make public statements, which are in conflict with the Project Sponsors’ stated policies and positions.

2. Disclosing Conflicts of Interest

Individuals are required to provide information in relation to their personal and professional activities and interests, which could be perceived as having an apparent¹⁵ or a potential¹⁶ impact on their impartiality when contributing as a member of the Project.

In being appointed to the Project Steering Committee, Expert Advisory Panel or guideline development groups, a Conflict of Interest (apparent or potential) may arise in the following situations (though this list is not exhaustive), where an individual¹⁷:

- Has a contractual or unpaid/paid employment arrangement with an organisation that is involved in a request, which will be under his/her consideration as a Project Sponsor board, Steering Committee, Expert Advisory Panel or guideline development group member.
- Owns shares in, or controls a company or other organisation involved in any current application that is under his/her consideration, or in which he/she has direct involvement.
- Is involved in any other Project Sponsor board/Steering Committee/Expert Advisory Panel/guideline development group process where he/she may have a direct or indirect involvement in the matters being considered.

At the time of accepting an appointment to participate in the Project, an individual must provide information (as detailed in this document) of the financial and other private/professional interests of themselves and their immediate family/partner, which may represent an apparent or potential Conflict of Interest.

The obligation to disclose an apparent or potential Conflict of Interest is ongoing. Accordingly, subsequent to the initial disclosure, individuals are required to provide updates to the Project Sponsors if there were significant changes to their or their immediate family/partner's private interests as they become aware of those changes. The private information provided by individuals will be treated by the Project Sponsors as confidential and in accordance with the Information Privacy Principles set out in the Privacy Act.

If an individual appointed to participate in the Project has, or acquires, an interest, pecuniary or otherwise, that could conflict with the proper performance of his or her appointed functions, he or she must disclose to the Project Sponsors, in writing, details of the nature of the interest to the Project Sponsors as soon as possible after the relevant facts come to the individual's knowledge. In cases where a member declares a Conflict of Interest in relation to a matter under consideration by the Project Sponsors, Project Steering Committee, Expert Advisory Panel or guideline development groups, the Project Sponsors' CEOs will determine the extent to which that individual may be involved in discussion or decisions concerning that matter.

¹⁵ An **apparent** (or perceived) conflict of interest exists where it appears that individual private interests could improperly influence the performance of their duties and responsibilities whether or not this is, in fact, the case. Individuals must be conscious that perceptions of conflict of interest may be as important as an actual conflict. (ARC, 2009, p.3)

¹⁶ A **potential** conflict of interest arises where an individual has a private interest which is such that an actual conflict of interest would arise if the member were to become involved in relevant (that is conflicting) official duties and responsibilities in the future. (ARC, 2009, p.3)

¹⁷ A conflict of interest may also exist where the individual's partner or immediate family member has any of the interests or involvements listed.

3. When should interests be declared and what action is required?

Sub Appendix A summarises the actions which should be taken when interests are declared at advisory body meetings.

A. On appointment

Any uncertainty about potential conflicts of members of advisory bodies on appointment should be resolved at the discretion of the relevant chair.

B. At EAP meetings

Members and other individuals covered by this Code who are attending to take part in the meeting should declare relevant interests at each advisory body meeting and at appeal panels and state into which of the following categories they believe the interest falls.

- A person declaring a **personal specific pecuniary or personal family specific interest** shall take no part in the proceedings as they relate to the intervention or matter and will normally leave the meeting until the matter has been concluded. In exceptional circumstances he or she may, at the discretion of the chair, answer questions from other members but should then leave the meeting until the discussion has been concluded.
- A person declaring a **personal non-specific pecuniary interest** may take part in the proceedings unless, exceptionally, the chair rules otherwise.
- A person declaring a **non-personal specific pecuniary interest or a personal family non-specific interest** may take part in the proceedings unless he or she has personal knowledge of the intervention or matter either through his or her own work, or through direct supervision of other people's work. In either of these cases he or she should declare this interest and not take part in the proceedings except to answer questions.
- A person declaring a **non-personal non-specific pecuniary interest** may take part in the proceedings unless, exceptionally, the chair rules otherwise.
- When someone declares a **personal no-pecuniary interest** the chair of the advisory board shall determine, on a case-by-case basis, whether he or she should take part in the proceedings.

C. In evidence publications

Where an individual covered by this Code is responsible for authoring, in whole or part, a document that is prepared specifically to inform one of the Project Sponsors advisory bodies, they must declare any interests in accordance with this Code.

D. Record of interests and their publication

A record is kept at PCFA of:

- Names of individuals who have declared interests on appointment, as the interest first arises or through the annual declaration, and the nature of the interest.
- Names of individuals who have declared interests at meetings giving dates, names of relevant interventions and companies, details of the interest declared and whether the member took part in the proceedings.

Information about any interests declared under this Code will be disclosed to NHMRC at the time of guideline submission in the form of a statement of declarations, though the minutes of advisory bodies or in guidance publications.

4. Summary

When an individual is seeking appointment to the Project Steering Committee, Expert Advisory Panel or guideline development group, he or she is responsible for reading this document, reviewing his or her current activities for apparent or potential conflicts of interest, and bringing any existing and future possible and probable conflicts of interest to the attention of the Project Sponsors.

The contact person at PCFA is: Ms Julie Sykes

Form for Disclosure of Interest

For individuals seeking appointment to the Project Steering Committee, Expert Advisory Panel or guideline development groups, please read this document and complete the Form for Disclosure of Interest by providing the information required.

When the completed form is received, the Project Sponsors will review the content and determine if information provided constitute a conflict that might disqualify an appointment. If an appointment is to proceed and there are issues, which require attention, in consultation with the individuals, the Project Sponsors will determine how the interests will be managed.

Development of Clinical Practice Guidelines for PSA Testing and Management of Test-Detected Prostate Cancer

Form for Disclosure of Potential Conflicts of Interest¹⁸

Introduction

The intent of the disclosure of interests is to have the participants in the clinical practice guidelines development identify any potential conflict(s) in order that:

- Such interests can be assessed and managed appropriately
- Each participant can form their own judgment, while taking the interests of other group members into consideration.

The questions in this document are designed to enable participants in the Expert Advisory Panel to disclose any apparent, perceived or potential conflict(s) of interest with respect to their activities in guidelines development.

The questions pertain to:

- Relationships you or, as far as you are aware, any immediate family members (partner and dependent children) may have with pharmaceutical companies or other companies whose products or services are related to PSA testing and management of test-detected prostate cancer
- Financial interests or relationships requiring disclosure including, but not limited to, payments, gifts, gratuities, consultancies, honoraria, employment, or stock ownership related to commercial companies that may have an interest in the content or recommendations of the guidelines
- Affiliations or associations with organisations or activities which indicate undue influence due to a competing interest either for or against the issue for which the guidelines are being developed
- Involvement in the development of related guidelines, standards, educational materials or fact sheets.

Declared interests will be recorded in a register of interests which will then be distributed to all other potential members of the Expert Advisory Panel. Disclosure information will be made available for public scrutiny and will also be included in the final published clinical practice guidelines.

¹⁸ PCFA and Cancer Council Australia acknowledge that this form is based on the NHMRC Form for Disclosure of Potential Conflicts of Interest

Instructions

This form has four sections as follows:

Section 1 – Identifying information

Section 2 – Relates to receipt of benefits from entities with a direct interest in the guidelines

Section 3 – Information about the experience of potential members

Section 4 – Other relationships or activities not covered in sections 2-3.

For sections 2 to 4, complete each row by checking “No” or providing the requested information. Please describe the nature of the interest and/or relationship, and identify the relevant commercial or other entity. Please provide this information or any other relevant comments as an attachment to this form and indicate which attachment applies to your response. You also have the option to provide details of any proposal you may have to manage this interest (e.g. divesting the interest, exclusion from discussions on certain topics).

Section 1: Identifying Information

Given Name(s) _____

Family Name _____

Section 2: Relevant Financial Activities

Relevant Financial Activities

Type	No	Yes: Benefits to you (received or expected)	Yes: Benefits to immediate family (received or expected)	Relevant attachment number
1. Employment				
2. Ownership Interests ¹⁹				
3. Board Membership				
4. Consultancy fees/honorarium				
5. Grants				
6. Support for travel or accommodation				
7. Meals/beverages				
8. Entertainment				
9. Gifts or gratuities				
10. Other (e.g. registration fees for conferences)				

¹⁹ Ownership interests include stock options but exclude indirect investments through mutual funds and the like

Section 3: Relevant Professional and Organisational Experience

The following question is designed to provide prompts to assist with completion of the table below:

- Have you published or spoken on or advocated or publically debated the topic PSA testing and management of test-detected prostate cancer (including the provision of expert testimony)?

Relevant Experience			
Type	No	Yes	Relevant attachment number
1. Publications			
2. Speeches/lectures			
3. Expert testimony			
4. Development of related guidelines, standards, educational material or fact sheets			
5. Other (e.g. unpaid advisory roles)			

Section 4: Other Relationships or Activities

The following questions are designed to provide prompts to assist with completion of the table below:

- Are you affiliated or associated with any organisations whose interests are either aligned with or opposed to the subject matter of the proposed guidelines?

Are there any other relationships or activities that could be perceived potentially to influence your contribution?

Other Relationships or Activities			
	No	Yes	Relevant Attachment numbers
Relationships			
Activities			

Declaration

In signing this form I hereby agree to:

- Update this information throughout my involvement with the development of the guidelines in the event that my circumstances change, or otherwise in response to requests to update this information (i.e. at least annually)
- Comply with an interest management plan (*please define what this means*)
- Allow the publication of these disclosed interests and any management plan including in the final clinical practice guidelines. *Only agreed pending personal review of all material to be released*

Signature _____

Date _____

A code of practice for declaring and dealing with conflicts of interests

Sub Appendix A: Declaring interests at an advisory body meeting

Type of interest	See section	Action
Personal specific pecuniary		Declare and withdraw
Personal non-specific pecuniary		Declare and participate (unless, exceptionally, the chair of the advisory body rules otherwise)
Personal family specific interest		Declare and withdraw
Personal family non-specific		Declare and participate (unless, exceptionally, the chair of the advisory body rules otherwise)
Non-personal specific pecuniary interest		Declare and participate, unless the individual has personal knowledge of the intervention or matter either through his or her own work, or through direct supervision of other people's work. In either of these cases he or she should declare this interest and not take part in the proceedings except to answer questions
Non-personal non-specific pecuniary		Declare and participate (unless, exceptionally, the chair of the advisory body rules otherwise)
Personal specific non-pecuniary		Declare – action is at discretion of the chair of the advisory body

Appendix Two

Steering Committee

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor Sanchia Aranda	Chief Executive Officer, Cancer Council Australia (from 3 August 2015);	Co-convenor of Expert Advisory Panel (from 3 August 2015), Project Governance	Employed as CEO at Cancer Council Australia	None	CEO at Cancer Council Australia	None identified	Excluded from voting on recommendations as sponsoring body representative
Professor Bruce Armstrong AM	Professor of Public Health	Expert Advisor in Epidemiology	None	Refer Attachment A - 1	Member of NHMRCs PSA Testing Advisory Group	None identified	None
Professor Mark Frydenberg	Head of Urology	Expert Advisor in Urology	<ul style="list-style-type: none"> Board Membership – Andrology Australia Grants – 2 million research grant from Cancer of Prostate Translational Research in VIC (CAPTIV) 	<ul style="list-style-type: none"> Publications - more than 100 publications and 80% on prostate cancer. Speeches/Lectures – multiple presentations. Development of related guidelines – Cancer Council/APCC PSA Card Other – Chair, USANZ Uro-Oncology Sub Speciality. 	Member of USANZ and Andrology Australia	None identified	None
Professor Paul Glasziou	Professor of Evidence Based Medicine	Expert Advisor in Evidence Based Medicine, Project Governance	<ul style="list-style-type: none"> Received funding for the following grant - 12 Men, Prostate Cancer and a pilot study of community jury for prostate cancer. 	None	None	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Associate Professor Anthony Lowe	Chief Executive Officer	Project Convenor, Co-convenor of Expert Advisory Panel, Project Governance	Employed as CEO at Prostate Cancer Foundation of Australia	Relevant publications, speeches/lectures, development of guidelines etc. given as CEO of PCFA and according to company policy. This included advising men over the age of 50, or who are 40 and have a family history of prostate cancer, to talk to their doctor about PSA and DRE testing as part of their annual health check.	CEO of Prostate Cancer Foundation	None identified	Excluded from voting on recommendations as sponsoring body representative
Emeritus Professor Willis Marshall AC	Consultant Urologist	Chairman of Expert Advisory Panel, Project Governance	None	Board member at Prostate Cancer Foundation of Australia	None	None identified	None
Professor Dianne O'Connell	Senior Epidemiologist	Expert Advisor in Epidemiology, Project Governance	<ul style="list-style-type: none"> • Consultancy fees/honorarium – Medical Services Advisory Committee (MSAC) ESC sitting fees and expenses • Grants – NHMRC Project Grant, NHMRC Partnership Grant, PCFA Research Grant • Support for travel or accommodation - MSAC ESC sitting fees and expenses • Meals/beverages – MSAC ESC sitting fees and expenses 	<ul style="list-style-type: none"> • Speeches/lectures – Refer Attachment A - 15 • Development of related guidelines, standards etc. – Refer Attachment A - 15 	Member Medical Services Advisory Committee (MSAC) ESC until Dec 2014	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor Ian Olver AM	Chief Executive Officer, Cancer Council Australia (until 31 December 2014); Director, Sansom Institute, Chair of Translational Cancer Research, University of South Australia (from 23 February 2015)	Co-convenor of Expert Advisory Panel (until 31 December 2014), Project Governance	<ul style="list-style-type: none"> Employment – Employed by University of South Australia Grants – NHMRC APP and Partnership grants 	<ul style="list-style-type: none"> Publications – include Prostate Cancer prevention – http://wiki.cancer.org.au/prevention/prostatecancer Speeches/lectures – numerous public media interviews Development of guidelines – http://wiki.cancer.org.au/prevention/prostatecancer NHMRC PSA Testing Guidelines for prostate cancer in asymptomatic men (in press) Other (e.g. unpaid advisory roles) – Cancer Australia. 	None	None identified	Excluded from voting on recommendations as sponsoring body representative
David Sandoe OAM	National Chairman	Project Governance and consumer.	Board membership - PCFA National Chairman Travel, accommodation and meal expenses reimbursed.	All publications, speeches, presentations etc. in conjunction with PCFA role.	Member of NHMRCs PSA Testing Advisory Group	None identified	Excluded from voting on recommendations as sponsoring body representative

Project Team

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Julie Sykes*	Director, Health & Education Programs	Project Manager, NHMRC Point of Contact, Project Governance	None	PCFA employee	None	None identified	No longer with project
Tim Wong*	Manager, Advocacy & Resources	Project Management	None	PCFA employee	None	None identified	No longer with project
Christine Vuletic*	Manager Clinical Guidelines Network	Guideline Development Management, Project Governance	None	Cancer Council Australia employee	None	N/A	No longer with project

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Jutta von Dincklage	Head, Clinical Guidelines Network (from July 2014) Product Manager Wiki Development (prior to July 2014)	Guideline Development Management, Project Governance Technical development and support for the online guideline development	None	Cancer Council Australia employee	None	None identified	None
Suzy Hughes	Project Coordinator PSA Testing Guidelines	Systematic review team	None	Cancer Council Australia employee	None	None identified	None
Dana Stefanovic*	Project Coordinator PSA Testing Guidelines	Systematic review team	None	Cancer Council Australia employee	None	N/A	No longer with project
Dr Albert Chetcuti	Project Coordinator PSA Testing Guidelines	Systematic review team	None	Cancer Council Australia employee	None	None identified	None
Katherine Sheridan	Project Assistant	Research assistant	None	Cancer Council Australia employee	None	None identified	None
Tracy Tsang*	Project Assistant	Research assistant	None	Cancer Council Australia employee	None	None identified	No longer with project
Cindy Peng	Project Assistant	Research assistant	None	Cancer Council Australia employee	None	None identified	None
Laura Wuellner	Project Manager, Clinical Guidelines Network	Project support	None	Cancer Council Australia employee	None	None identified	None
Sam Egger	Biostatistician	Systematic review team (Meta-analysis)	None	Cancer Council NSW employee	None	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Jennifer Harman	Medical Editor	Medical editing	Owner / Employed by Meducation which provides services to health related organisations and Government agencies that may be stakeholders in prostate cancer care	Contractor	Prior to 1996 involved in drafting of medical education materials about PSA testing whilst employed by Oxford Clinical Communications whose clients included pharmaceutical companies As a freelance medical journalist, wrote an article on prostate cancer for Medical Observer (prior to 2000)	None identified	None

*No longer with project

Expert Advisory Panel

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor Sanchia Aranda	See Steering Committee Section					See above	
Professor Bruce Armstrong AM	See Steering Committee Section					See above	
Dr Joseph Bucci	Radiation Oncologist	Expert Advisor in prostate Brachytherapy	None	None	None	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Associate Professor Pauline Chiarelli JP	School of Health Sciences (Physiotherapy)	Expert Advisor in Rehabilitation	Grants , personal	None	None	None identified	None
Professor Suzanne Chambers	Professor of Preventative Health	Expert Advisor in Psycho-oncology	<ul style="list-style-type: none"> Consultancy fees/honorarium for providing advice about support for men with prostate cancer Financial support for travel to attend meetings about providing advice for support for men with prostate cancer Dinner meetings with health professionals to discuss support for men with prostate cancer	Refer Attachment A - 2	Affiliation with PCFA and CCQ	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor Chris Del Mar	Professor of Public Health	Expert Advisor in General Practice	None	<ul style="list-style-type: none"> Publications – 1) Medical Journal of Australia 1996; 164, pp.285-288. 2) Royal Australian College of General Practitioners – Red Book guidelines for preventative activities in general practice. Speeches/lectures – Several interviews to journalists about Red Book Development of related guidelines, standards, education material or fact sheets – see ‘publications’ 	None	None identified	None
Professor Mark Frydenberg	See Steering Committee Section					See above	

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor Robert (Frank) Gardiner AM	Centre for Clinical Research	Expert Advisor in Urology	None	Refer Attachment A - 3	<ul style="list-style-type: none"> Relationships – Member of Research Advisory Committee of PCFA (Chairman 2013). Board member Cancer Council QLD and Andrology Australia. Activities – Clinical Academic at University of QLD centre for clinical research examining better ways for detecting prostate cancer. 	None identified	None
Professor Paul Glasziou	See Steering Committee Section					See above	
Associate Professor Anthony Lowe	See Steering Committee Section					See above	

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Associate Professor Paul McKenzie	Senior Staff Specialist	Expert Advisor in Pathology	None	<ul style="list-style-type: none"> Publications – 1) McKenzie PR et al. PSA Testing: age related interpretation in early prostate cancer detection Pathology 2013; 45:343-5 2) McKenzie PR et al. The dilemmas of prostate cancer screening. Med Journal Australia 2013; 199: 582 3) McKenzie PR et al. 5-alpha reductase inhibitors and PSA screening for prostate cancer. Pathology 2014; 46: 91-2. Clinical advisor in pathology for PCFA. Former President Royal College of Pathologists of Australasia 	<ul style="list-style-type: none"> Relationships – Royal College of Pathologists of Australasia has developed PSA Testing Guidelines in McKenzie PR et al Pathology 2013; 45:343-5. 	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Dr David Malouf	Consultant Urologist	Expert Advisor in Urology	Board membership fees Consultancy fees Funding for travel, accommodation and meals Other registration fees for conferences	Refer Attachment A - 4	Refer Attachment A - 4	None identified	None
Emeritus Professor Willis Marshall AC	See Steering Committee Section					See above	
Professor Dianne O'Connell	See Steering Committee Section					See above	
Professor Ian Olver AM	See Steering Committee Section					See above	
Dr Ian Roos OAM	Consumer Advocate, Cancer Voices Australia, VIC	Consumer representative	None	None	None	None identified	None
David Sandoe OAM	See Steering Committee Section					See above	
Associate Professor Ken Sikaris	Director of Chemical Pathology	Expert Advisor in Pathology	None	Refer Attachment A - 5	<ul style="list-style-type: none"> Fellow RCPA member Local and international lectures given to health professionals sponsored by biochemical companies 	None identified	None
Professor Martin Stockler	Associate Professor	Expert Advisor in Medical Oncology	None	Refer Attachment A - 6	None	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor Phillip Stricker AO	Consultant Urologist	Expert Advisor in Urology	None	<ul style="list-style-type: none"> Publications – have published on PSA issues Speeches/lectures – often give GP lectures on PSA testing Development of related guidelines, standards etc. - developed a book on prostate cancer 	Former Director of PCFA	None identified	None
Dr Keen Hun Tai	Chair, Faculty of Radiation Oncology Genito-urinary Group (FROGG)	Expert Advisor in Radiation Oncology	FROGG administered Travel grant to AUA 2006. Grant sponsored by AstraZeneca	None	Associated member USANZ	None identified	None
Mr Peter Teiermanis	Mornington Peninsula Prostate Cancer Support Group, VIC	Consumer representative	<p>While there have been no received benefits and there is no expected benefits, son owns shares in the following 2 medical based companies</p> <ul style="list-style-type: none"> OBJ Limited valued at approximately \$1900 www.obj.com.au/ <p>Anteo Diagnostics valued at approximately \$3200 www.anteodx.com/</p>	None	<ul style="list-style-type: none"> Member of the Mornington Peninsula Prostate Support Group Attend monthly Mornington Peninsula Prostate Support Group meetings. Attend 2011 & 2013, 2014 PCFA support group Leader Chapter Training Conference VIC/TAS Chapter 	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Ms Elizabeth Watt	Master of Nursing Coordinator (Urological & Continence Nursing)	Expert Advisor in Nursing	None	None	None	None identified	None
Professor Simon Willcock	Professor of General Practice	Expert Advisor in General Practice	Refer Attachment A - 7	<ul style="list-style-type: none"> Publications – on general topic of Men's health Speeches/lectures – regular presenter prostate cancer and men's health issues to various clinical and community groups 	None	None identified	None

Question Specific Working Party

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor Emily Banks	Professor of Epidemiology and Public Health, ANU	Areas of expertise – <ul style="list-style-type: none"> Epidemiology Aboriginal And Torres Strait Islander Health Oncology And Carcinogenesis Public Health And Health Services Preventive Medicine 	None	None	None	None identified	None
Dr Jyotsna Batra	Health Collaborative Research Network Administrator. Institute of Health and Biomedical Innovation, QUT	Expert Advisor in prostate cancer research	<ul style="list-style-type: none"> Grants - Received PCFA and NHMRC grants for research on Kallikrein genetic variants Received support for travel and accommodation 	None	None	None identified	None
Distinguished Professor Judith Clements	Health Collaborative Research Network Administrator. Institute of Health and Biomedical Innovation, QUT	Expert Advisor in prostate cancer research	Refer Attachment A - 8	Has answered questions from prostate cancer survivors at Support Group meetings regarding their research.	Chair, QLD PCFA Board and member. National PCFA Board (in the capacity as Chair of QLD Board.	None identified	None
Dr Mark Clements	Lecturer, Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Sweden	Expert Advisor in prostate cancer research Research description – <ul style="list-style-type: none"> Biomarker development for prostate cancer Modelling of prostate cancer screening Modelling of cervical cancer screening Flexible parametric survival models 	None	Refer Attachment A - 9	<ul style="list-style-type: none"> Activities – Named investigator on the Stockholm-3 diagnostic trial evaluating a biomarker panel for screening for prostate cancer. 	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor Dallas English	University of Melbourne	Expert Advisor in epidemiology and biostatistics	None	<ul style="list-style-type: none"> Speeches/lectures – Debated the issue of PSA screening at a Cancer Society of Australia annual meeting. Assigned the negative case (i.e. that there should be no screening) Development of related guidelines, standards etc <p>Member of the NHMRC Prostate Specific Antigen Testing expert Advisory Group that assisted with the review of the evidence, prepared an evidence summary and a document on PSA testing for health professionals</p>	None	None identified	None
Dr Liesel Fitzgerald	Cancer Council Victoria	Expert Advisor in genetic and environmental epidemiology	None	None	None	None identified	None
Professor Graham Giles	Cancer Council Victoria	Expert Advisor in genetic and environmental epidemiology	None	None	None	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Dr Jeremy Grummet	Consultant Urologist Australian Urology Associates VIC	Expert Advisor in Urology	<ul style="list-style-type: none"> Board membership – ISPEN advisory board member 2013 Support for travel or accommodation – received IPSEN travel grant via USANZ ballot for Laparoscopic surgery course 2011 and AMS travel grant via USANZ ballot for urology prosthetics tour 2009 	<ul style="list-style-type: none"> Speeches/lectures – GPCE seminars 2012. Discussing controversies of PSA testing. PCFA Roadshow speaker 2013. Development of related guidelines, standards etc – Andrology Australia guidelines, factsheets and online videos on PSA testing 2013 	<ul style="list-style-type: none"> Relationships – USANZ Member, SIU Member 	None identified	None
Associate Professor Dragan Ilic	Department of Epidemiology & Preventative Medicine Monash University	Expert Advisor in Epidemiology of cancer	None	Refer Attachment A - 10	None	None identified	None
Dr Wallid Jammal	General Practitioner	Expert Advisor in General Practice	<p>None</p> <p>Comment: As a clinician/GP with patients with prostate cancer – but have no commercial conflict of interest.</p>	Refer Attachment A - 11	None	None identified	None
Dr Grace Joshy	Research Fellow, National Centre for Epidemiology & Population Health, ANU	<p>Areas of expertise –</p> <ul style="list-style-type: none"> Biostatistics Epidemiology Aboriginal And Torres Strait Islander Health Health And Community Services 	<ul style="list-style-type: none"> Consultancy with fees/honorarium as per proposal 	None	None	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Professor James Kench	Consultant Pathologist Royal Prince Alfred Hospital	Expert Advisor in Pathology	None	<ul style="list-style-type: none"> Publications – 1) McKenzie PR et al. PSA Testing: age related interpretation in early prostate cancer detection Pathology 2013; 45:343-5 2) McKenzie PR et al. The dilemmas of prostate cancer screening. Med Journal Australia 2013; 199: 582 3) McKenzie PR et al. 5-alpha reductase inhibitors and PSA screening for prostate cancer. Pathology 2014; 46: 91-2. 	<ul style="list-style-type: none"> Relationships – Royal College of Pathologists of Australasia has developed PSA Testing Guidelines in McKenzie PR et al Pathology 2013; 45:343-5. 	None identified	None
Dr Bruce Kynaston	Consumer Advocate, PCFA	Consumer Representative	Retired	None	Served as a volunteer for PCFA and peer support for those affected by prostate cancer.	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Associate Professor Nathan Lawrentschuk	Consultant Urologist, University of Melbourne. Department of Surgery, Austin Hospital	Expert Advisor in Urology	<ul style="list-style-type: none"> Consultancy fees/honorarium – Yes but none directly related to PSA screening or testing: Consultancy Fee once for Janssen 2013 and Advisory Board once 2014 for Astellas who both manufacture advanced prostate cancer drugs. Advisory Boards 2012 for Ipsen and Abbott who both manufacture hormone treatments in advanced prostate cancer. Greenlight laser Trainer for AMS used to treat benign disease of the prostate since 2012. Consultant for CSL and GSK in 2012-2013 that both manufacture drugs to treat benign disease of the prostate. Grants – Yes co-investigator as part of the “CAPTIV” project bringing together prostate cancer researchers in Australia 	<ul style="list-style-type: none"> Publications – Many related to prostate cancer >40 publications on this topic out of 200 – see PubMed Speeches/lectures – Many related to prostate cancer Other (e.g. unpaid advisory roles) – Yes Board member as Scientific Advisor PCFA Victoria since 2013 	None	None identified	None
Assistant Professor David Latini	Assistant Professor of Urology Baylor College of Medicine	Expert Advisor in Urology	None	Refer Attachment A - 12	None	None identified	None
Dr Stefano Occhipinti	Griffith University, School of Applied Psychology	Expert Advisor in Psychology	None	Refer Attachment A - 13	None	None identified	None

Name	Position	Interest in Project	Relevant financial activities	Relevant professional and organisational experience	Other relationships or activities	Conflict of interest identified	Action required
Associate Professor David Smith	Cancer Council NSW	Expert Advisor in Epidemiology of cancer	<ul style="list-style-type: none"> Employed by CCNSW Consultant to Munich Reinsurance regarding insurance issues related to prostate cancer. Payments are made to Cancer Council NSW Grants – Refer Attachment A - 14 Support for travel:- 2011 ANZUP travel Grant 2011 PCFA \$500 travel grant 2010 PCFA \$2500 travel grant. 	Refer Attachment A - 14	Refer Attachment A - 14	None identified	None
Associate Professor Gianluca Severi	Cancer Council Victoria	Expert Advisor in Genetic and environmental epidemiology	None	None disclosed	None	None identified	None
Associate Professor Scott Williams	Consultant Radiation Oncologist Peter MacCallum Cancer Centre VIC	Expert Advisor in Radiation Oncology	<ul style="list-style-type: none"> Consultancy fees/honorarium – Astellas, Janssen, Bayer (all proceeds divested to employer). Support for travel or accommodation – Bayer Other (e.g. registration fees for conf.) - Bayer 	None	None	None identified	None

Attachment A:

1. Professor Bruce Armstrong

Publications

Smith DP, Armstrong BK. Prostate-specific antigen testing in Australia and association with prostate cancer incidence in New South Wales. Medical Journal of Australia 1998; 169: 17-20.

Smith DP, Supramaniam R, Marshall VR, Armstrong BK. Prostate cancer and prostate specific antigen testing in New South Wales. Medical Journal of Australia 2008; 189: 315-8.

Smith DP, Banks E, Clements MS, Gardiner RA, Armstrong BK. Evidence-based uncertainty: recent trial results on prostate-specific antigen testing and prostate cancer mortality. Med J Aust. 2009; 191: 199-200.

Smith DP, King MT, Egger S, Berry M, Stricker PD, Cozzi P, Ward J, O'Connell DL, Armstrong BK. Quality of life three years after diagnosis of localised prostate cancer: A population-based study. BMJ 2009; 339: b4817.

King MT, Viney R, Smith DP, Hossain I, Street D, Savage E, Fowler S, Berry MP, Stockler M, Cozzi P, Stricker P, Ward J, Armstrong BK. Survival gains needed to offset persistent adverse treatment effects in localised prostate cancer. British Journal of Cancer 2012; 106: 638-45.

Speeches / Lectures

Link to the Douglas Gordon oration here - <http://www.phaa.net.au/41stPHAAAnnualConference>

"PSA screening for prostate cancer: Early detection and over-detection?" Cancer Conference, Sydney, July 2010.

Development of related guidelines, standards etc

Assisted the PSA testing expert advisory group with the development of health advice related to PSA Testing in Australia

Other (e.g. unpaid advisory roles)

Providing advice to the Prostate Cancer Foundation of Australia, regarding the following:

1. The proposed development of PSA testing guidelines
2. Management of a positive PSA test
3. Management of some of the aspects of a prostate cancer diagnosis following a positive PSA test.

2. Professor Suzanne Chambers

Publications - Peer reviewed papers

Ilic D, Jammal W, Chiarelli P, Gardiner RA, Hughes S, Stefanovic D, Chambers SK. Assessing the effectiveness of decision aids for decision making prostate cancer testing: A systematic review. *Psycho-Oncology*. Accepted February 2015. (IF 4.044)

McDowell, M. E., Occhipinti, S., & Chambers, S. K. Classifying the reasons men consider to be important to PSA testing decisions: Prevention, reassurance, and lay beliefs. *Annals of Behavioural Medicine*, 2013. Doi: 10.1007/s12160-013-9508-4. (IF 3.984)

McDowell, M. E., Occhipinti, S., & Chambers, S. K. Heuristics, risk perception, and prostate cancer screening: the influence of family history. *Health Psychology* 2013 doi: [10.1037/a0031622](https://doi.org/10.1037/a0031622).

Baade PD, Youlden DR, Gardiner RA, Ferguson M, Aitken JF, Yaxley J, Chambers SK. Factors associated with treatment received by men diagnosed with prostate cancer in Queensland, Australia. 2012, *British Journal of Urology International* Doi: 10.1111/j.1464-410X.2012.011533.x

McDowell, M. E., Occhipinti, S., Gardiner, R. A., & Chambers, S. K. Patterns of prostate-specific antigen (PSA) testing in Australian men: the influence of family history. *British Journal of Urology International* 2012, 109:64-70

Baade PD, Youlden DR, Coory, M, Gardner, R.A. & Chambers SK. Urban rural differences in prostate cancer outcomes in Australia – what has changed? *Medical Journal of Australia*, 2011, 194 (6): 293-296 (IF 2.684, 15 citations).

Baade PD, Youlden DR, & Chambers SK. How long have I got? Using conditional survival probability to provide more relevant information to cancer patients about their prognosis. *Medical Journal of Australia*. 2011 194 (2) 73-77

Baade PD, Aitken JA, Ferguson M, Gardiner RA, & Chambers SK. Diagnostic and treatment pathways for men with prostate cancer in Queensland: investigating spatial and demographic inequalities. *BMC Cancer* 2010, 10: 452

McDowell ME, Occhipinti S, Gardiner RA, Baade P, Steginga SK. A review of PSA screening prevalence and risk perceptions for first-degree relatives of men with prostate cancer. *European Journal of Cancer Care*. 2009; 18(6):545-555

Steginga SK, Baade P, Williams S, Gardiner RA, Fitzpatrick J. Making decisions about the early detection of prostate cancer. *Fingertip Urology, British Journal of Urology International*. 2008; http://www.bjui.org/ftu/test_prostate_prim/player.html.

Steginga SK & Gardiner RA. Invited editorial: The media and prostate cancer screening. *The Medical Journal of Australia*. 2007; 187 (9):501-502.

McAvoy B, Steginga SK, Pinnock C. The early detection of prostate cancer: supporting patient choice. *New Zealand Family Physician*. 2006; 33(1):49-57. (3 Citations)

Steginga SK, Pinnock C, Jackson C, Gianduzzo T. Shared decision making and informed choice about the early detection of prostate cancer in primary care. *British Journal of Urology International*. 2005; 96:1209-1210. (IF 3.19, 9 Citations)

Steginga SK, Pinnock C, Baade P, Jackson C, Green A, Preston J, Heathcote P, McAvoy B. An educational workshop on the early detection of prostate cancer: a before-after evaluation. *Australian Family Physician*. 2005; 34(10):889-891

Baade P, Steginga SK, Pinnock C, Aitken J. Communicating prostate cancer risk: what should we be telling our patients? *Medical Journal of Australia*. 2005; 182:472-475.

Steginga SK, Occhipinti S, McCaffrey J, Dunn J. Men's attitudes to prostate cancer and prostate specific antigen testing. *Journal of Cancer Education*. 2001; 16(1):46-49.

Lectures/Presentations

Year 2015

Australian Survivorship Research in Prostate Cancer: Key Targets and Challenges. Invited Speaker. American Cancer Society. March 2nd 2015, Atlanta United States.

Year 2014

Prostate Cancer Survivorship Research Centre: Setting the scene. Invited Speaker, Lifeshouse Genito-Urinary Medical Decision Team, October 15th 2014, Sydney Australia

Improving sexual outcomes for couples after prostatectomy: What will it take? Invited Speaker, USANZ Northern Section Meeting, October 10th 2014, Noosa Australia

ProsCare: A Psychological Care Model for Men with Prostate Cancer, Invited Speaker, PCFA Support Group Leaders Conference, October 2nd 2014, Brisbane Australia

Psychosocial and quality of life impact with prostate cancer. Invited Speaker, Tolmar UroOncology Symposium, September 20th 2014, Surfers Paradise Australia

Wellness throughout the prostate cancer journey, Invited Speaker, North Shore Prostate Cancer Support Group, Prostate Cancer Foundation of Australia, September 18th 2014, St Leonards Australia

Challenges in helping couples after prostate cancer, Invited Speaker, Prostate Cancer Symposium for Cancer Council Queensland, September 8th 2014, Brisbane Australia

Facing the Tiger, Invited Presentation, Gold Coast Support Group, Prostate Cancer Foundation Australia; August 20th 2014, Gold Coast, Australia

Facing the Tiger: Engaging Men in Self Help After Prostate Cancer, Invited Speaker, Exercise Physiologist training for the Prostate cancer sexual health study, Edith Cowan University, 14th & 15th August 2014, Perth Australia

Prostate Cancer Survivorship Research Centre: Setting the scene, Invited Speaker, Challenges and opportunities in prostate cancer research, ANZUP 2014 Annual Scientific Meeting, 14th July 2014, Melbourne Australia

Facing the Tiger: Engaging Men in Self Help After Prostate Cancer, Invited Speaker, Exercise Physiologist training for the Prostate cancer sexual health study, Edith Cowan University, 19th June 2014, Gold Coast Australia

ProsCare: A Psychological Care Model for Men with Prostate Cancer, Invited Speaker, 26th Annual Scientific Meeting for Trans Tasman Radiation Oncology Group Ltd, April 3rd 2014, Mudjimba Australia.

ProsCare: A Psychological Care Model for Men with Prostate Cancer, Invited Speaker, 7th General Assembly and International Conference of the Asian Pacific Organization for Cancer Prevention, March 21st 2014, Taipei Taiwan.

A Program of Australian Survivorship Research in Prostate Cancer, Invited Speaker, Psychiatry Grand Rounds, Memorial Sloan-Kettering Cancer Center, February 7th 2014, New York United States.

Defining Young in the Context of Cancer, Speaker, American Psycho-Oncology Society 11th Annual Conference, February 15th 2014, Tampa United States.

A Program of Australian Survivorship Research in Prostate Cancer, Invited Speaker, Faculty of Medicine in Psychiatry Grand Rounds, University of Ferrara. February 24th 2014, Ferrara Italy.

Year 2013

The validity of the distress thermometer in prostate cancer populations, Speaker, Gold Coast Health and Medical Research Conference, November 28th 2013, Gold Coast Australia.

Psychological Screening for Men with Prostate Cancer, Invited Speaker. USANZ Northern Section Meeting. October 13th 2013. Noosa, Australia.

Facing the Tiger: A Guide for Men with Prostate Cancer and the People Who Love Them, Invited presentation, Western Australia Clinical Oncology Group. October 10th 2013, Perth, Australia.

Facing the Tiger: A Guide for Men with Prostate Cancer and the People Who Love Them, Invited presentation, Western Australia Clinical Oncology Group. October 9th 2013, Perth, Australia.

Facing the Tiger, Invited Presentation, Bathurst Support Group Meeting, Prostate Cancer Foundation Australia; September 17th 2013, Bathurst, Australia.

Engaging men in self management strategies. Invited Speaker. 14th Prostate Cancer World Congress. 9th August 2013, Melbourne, Australia.

Facing the Tiger, Invited Presentation, Sydney Northern Beaches Support Group, Prostate Cancer Foundation Australia; August 6th 2013, Sydney, Australia.

PCSN Psychological Distress, Invited Speaker, Specialist Nurse Training, Prostate Cancer Foundation of Australia 24th June 2013, Gold Coast, Australia.

Improving Quality of Life and Survivorship through Research. Invited Speaker. PCFA's Annual Research Update. 7th June 2013, Melbourne, Australia.

Improving Quality of Life and Survivorship through Research. Invited Plenary. National PCFA Affiliated Group Leaders Training Conference. 13th May 2013, Melbourne, Australia.

Quality of Life and Survivorship Research in Prostate Cancer. Invited Speaker. 3rd congress of Asian Pacific Prostate Society. 14th April 2013, Melbourne, Australia.

Facing the Tiger, Invited Presentation, Sydney Adventist Hospital Meeting, Prostate Cancer Foundation Australia; March 11th 2013, Sydney, Australia.

Year 2012

A Randomised Trial of Couples-focussed Support for Men with Localised Prostate Cancer. Invited Speaker. Gold Coast Health & Medical Research Conference 2012. 30th November, Gold Coast Australia.

A Randomised Trial of Couples-focussed Support for Men with Localised Prostate Cancer, Invited Speaker, 14th World Congress of Psycho-Oncology and Psychosocial Academy and the COSA 39th Annual Scientific Meeting 2012. 14th November, Brisbane Australia.

Psychosocial interventions for men with prostate cancer, Invited Speaker, Sydney Cancer Conference 2012. September 28th 2012, Sydney Australia.

Psychosocial intervention for men with prostate cancer, UICC World Cancer Congress 2012. August 28th 2012, Montreal Canada.

Mindfulness Intervention Study Update, Invited Speaker, ANZUP Annual Scientific Meeting, July 16th 2012, Sydney Australia.

Life After Prostate Cancer, Invited Presentation, NSW Chapter Meeting, Prostate Cancer Foundation Australia; March 10th 2012, Tamworth, Australia.

Supporting men with prostate cancer: research and practice. Invited Presentation, Prostate Cancer Foundation of Australia Strategic Framework for Prostate Cancer Research 2012-1017; February 25th 2012 Morgan's at 401. Melbourne.

Year 2011

Life after Prostate Cancer, Invited Presentation, Sydney Adventist Hospital Prostate Cancer Support Meeting, September 12th, Sydney.

Managing Fears about Recurrence: Promoting Better Psychological Outcomes for Men with Advanced Prostate Cancer Empower Symposium, Invited presentation, AstraZeneca National Specialist Meeting, August 2nd, Melbourne.

ANZUP: Mindfulness based intervention vs. standard care for prostate cancer patients. USANZ-ANZUP Melbourne Meeting. August 5th, Melbourne.

Effectiveness and Feasibility of a Mindfulness Group Intervention for Men with Advanced Prostate Cancer: A Pilot Study. 12th Australasian Prostate Cancer Conference. August 5th, Melbourne.

Year 2010

Addressing the Mental Health Consequences of Cancer: the Beating the Blues project. Gold Coast Health and Medical Research Conference, Griffith University, December 2nd, Gold Coast.

Proscan: A multi- disciplinary prostate cancer research program. Public Health Seminar Series. Invited Presentation. September 21st, Cancer Council New South Wales, Sydney.

Providing psychosocial support to men with prostate cancer: focus, timing and access. 11th National Prostate Cancer Symposium Invited Keynote August 13th, Melbourne.

Making decisions about prostate cancer treatments. 11th National Prostate Cancer Symposium Invited Presentation August 13th, Melbourne.

Research and service in peer support and prostate cancer: the challenge ahead. Advancing quality of life International conference 2010 Prostate Cancer Foundation of Australia. Invited presentation, August 6th. Gold Coast.

Beating the Blues After Cancer: Randomised controlled trial of a tele-based psychological intervention for high distress patients and carers. 12th World Congress of Psycho-Oncology Poster May 28th, Quebec.

Identifying Empirical Targets for Intervention in Men with Prostate Cancer. 12th World Congress of Psycho-Oncology Oral presentation May 27th, Quebec.

Supporting Couples Following Prostate Cancer Diagnosis: Peer Support as a Model for Intervention. 12th World Congress of Psycho-Oncology Oral presentation May 27th, Quebec.

Anxiety and Depression after Prostate Cancer. Rural Health Education Foundation/Beyond Blue National Satellite Broadcast, May 19th, Sydney.

Year 2009

Proscan: Preliminary data. Invited speaker. Annual Scientific meeting of the Northern Section of the Urological Society of Australia and New Zealand, October 17th, Byron Bay.

Prostate cancer: the personal impact. Invited Keynote Speaker. 10th National Prostate Cancer Symposium, Psycho-Oncology and Nursing Meeting. Royal Melbourne Hospital, August 21st, Melbourne.

Challenges and Targets in psychosocial research and intervention for men with prostate cancer and their families. Invited Speaker. 10th National Prostate Cancer Symposium, Psycho-Oncology and Nursing Meeting. Royal Melbourne Hospital, August 21st, Melbourne.

Clinical pathways for the treatment of prostate cancer in Queensland, Australia. 62nd Annual Scientific Meeting of the Urological Society of Australia and New Zealand, March 11th, Gold coast.

Year 2008

Supportive care for advanced prostate cancer: update and discussion of clinical practice and consumer guidelines, Invited Speaker, Annual Scientific Meeting of the Clinical Oncological Society of Australia and International Association of Cancer Registries, Sydney Convention and Exhibition Centre, November 18th Sydney.

Family history of prostate cancer and PSA testing behaviour, Poster, Annual Scientific Meeting of the Clinical Oncological Society of Australia and International Association of Cancer Registries, Sydney Convention and Exhibition Centre, November 18th Sydney.

Depression and Prostate cancer, Invited speaker, 1st Prostate Cancer Foundation of Australia National Conference, RACV Royal pines Resort, November 17th, Gold Coast.

ProsCan for Men: Randomised Controlled Trial of a Decision Support Intervention for Men with Localised Prostate Cancer, Invited Seminar, Griffith University, School of Psychology, October 10th Brisbane.

Psychosocial Research in Prostate Cancer: What Do We Know?. International Union Against Cancer World Cancer Congress, Invited Plenary August 31st, Geneva.

Coping with depression and cancer: Getting over the hurdles. Men's health Promotion Forum Prostate Cancer Foundation of Australia. Invited plenary August 3rd, Newcastle.

Year 2007

Randomised Controlled Trial of Early Intervention to Improve Sexual and Couple Functioning after Prostate Cancer. . Invited Plenary. Australian Prostate Cancer Collaboration Annual Conference, October 12th, Marriott International, Melbourne.

Sexuality and Relationships After Prostate Cancer II. Invited Chair and Discussant. Australian Prostate Cancer Collaboration Annual Conference, October 12th, Marriott International, Melbourne.

ProsCan: A Novel Early Intervention for Men with Localised Prostate Cancer, 4th International Shared Decision Making Conference, Poster, May 30th, University of Freiburg, Germany.

Educating General Practitioners about shared decision making for PSA testing: Translation into practice, 4th International Shared Decision Making Conference, Oral, May 31st, University of Freiburg, Germany.

The Psychological Consequences of Advanced Prostate Cancer, Invited Lecture, Bone Health in the Prostate Cancer Patient, Novartis, April 21st, Brisbane.

Year 2006

Coping with Prostate Cancer: the power of shared experience. Inaugural Prostate Cancer Foundation of Australia Men's Health Promotion Conference, August 12th, Victorian University Conference Centre, Melbourne.

The clinical practice guidelines for the psychosocial care of adults with cancer: how to translate the guidelines into practice. The Sunshine Coast Oncology Nurses Group of the Queensland Cancer Fund, July 19th, Nambour.

A novel approach to decision support for men with localised prostate cancer: The Proscan study. International Union Against Cancer World Cancer Congress, July 10th, Washington DC.

Decision and Information Support Title of Presentation: Achieving Broad Reach Translation for Decision Support in Cancer. International Union Against Cancer World Cancer Congress, July 10th, Washington DC.

Support for Patients, Families and Professional Caregivers Title of Presentation: Translating Psychosocial Clinical Practice Guidelines into Action: an Educational Intervention for Health Professionals. International Union Against Cancer World Cancer Congress, July 10th, Washington DC.

Supporting men with prostate cancer: what do we know and where are we headed. Invited Presentation. International Union Against Cancer World Cancer Congress, July 9th, Washington DC.

The clinical practice guidelines for the psychosocial care of adults with cancer: how to translate the guidelines into practice. The Toowoomba Oncology Nurses Group of the Queensland Cancer Fund, May 23rd, Toowoomba.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Capricornia Division of General Practice, April 23rd, Yeppoon.

A novel approach to decision support for men with localised prostate cancer: The Proscan study. Annual Scientific Meeting of the Urological Society of Australasia, March 27th, Brisbane.

The clinical practice guidelines for the psychosocial care of adults with cancer: how to translate the guidelines into practice. The Gold Coast Oncology Nurses Group of the Queensland Cancer Fund, March 15th, Robina.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Gold Coast Division of General Practice, February 25th, Gold Coast.

Year 2005

Educating General Practitioners about Shared Decision Making for PSA Testing 5th Annual Health and Medical Research Conference of Queensland, November 3rd, Brisbane.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer Royal Australian College of General Practitioners Sunshine Coast SubFaculty Conference, October 29th, Brisbane.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Australian Prostate Cancer Collaboration Annual Conference, September 21st, Garvan Institute, Sydney.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer Royal Australian College of General Practitioners North Queensland SubFaculty Conference, September 11th, Cairns.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer Merck, Sharp and Dohme University Program, July 31st, Brisbane.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer Brisbane Inner South Division of General Practice, June 9th, Brisbane.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer Royal Australian College of General Practitioners Gold Coast 48th Annual Clinical Update, May 1st, Gold Coast.

Promoting Shared Decision Making for Informed choice for the Early Detection of Prostate Cancer Annual Scientific Meeting of the Urological Society of Australasia, February 16th, Melbourne, Australia.

Year 2004

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer UICC World Conference for Cancer Organisations, November 17th, Dublin, Ireland.

Shared Decision Making for Informed Choice in the Early Detection of Prostate Cancer Royal Australian College of General Practitioners Sunshine Coast SubFaculty Conference, November 14th, Sunshine Coast.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer Brisbane North Division of General Practice, October 13th, Brisbane.

Promoting Shared Decision Making and Informed choice for the Early Detection of Prostate Cancer Royal Australian College of General Practitioners National Conference, October 3rd, Melbourne.

Promoting Informed Decision Making choice for the Early Detection of Prostate Cancer Annual Scientific Meeting of the Northern Section of the Urological Society of Australasia, September 19th, Couran Cove.

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer Royal Australian College of General Practitioners North Queensland SubFaculty Conference, September 4th, Townsville.

Year 2003

How patients make decisions: the role of lay beliefs Australian Prostate Cancer Collaboration Annual Conference and NCCI Symposium on Prostate Cancer Screening in General Practice, August 21st, Melbourne, Australia, *Plenary Speaker*.

Year 2002

Making Decisions about Treatment for Localised Prostate Cancer, 3rd National Prostate Cancer Symposium, August 23rd, The Royal Melbourne Hospital, Melbourne, Australia, *Plenary Speaker*.

Curricula and Course Development

Steginga SK, Baade P, Williams, S. Gardiner RA, Fitzpatrick J. Making decisions about the early detection of prostate cancer. Fingertip Urology, British Journal of Urology International..2008; http://www.bjui.org/ftu/test_prostate_prim/player.html. (IF 3.19)

Steginga SK, Pinnock C, Baade P et al. The early detection of prostate cancer in general practice program. Queensland Cancer Fund; Australian Prostate Cancer Collaboration; Northern Section of the Urological Society of Australasia; National Cancer Control Initiative. 2005.

Relationships

Current consultant in psycho-oncology to Prostate Cancer Foundation of Australia and Cancer Council QLD.

3. Professor Robert (Frank) Gardiner AM

Publications

Gardiner RA, Yazley J, Baade PD. Integrating disparate snippets of information in an approach to PSA testing in Australia and New Zealand. BJU Int. 2012; 110 Suppl 4:35-7

Speeches/lectures

Participation in research a project to evaluate the potential role of a community jury approach for men on PSA screening

Development of related guidelines, standards, educational material etc

Member of Expert Advisory Panel for NHMRC on PSA screening 2010-3

Other (unpaid)

Research grants to develop better ways for detecting prostate cancer

4. Dr David Malouf

Publications

Within the last 5 years these include; PSA testing, Prostate Cancer testing and the management of the same.

Speeches/Lectures

Within the last 5 years these include; PSA testing, Prostate Cancer testing and the management of the same.

Expert testimony

Dr Malouf provided expert testimony to Government, legal entities, medical colleagues, allied health professionals and the general public.

Development of related materials

Within the last 5 years Dr Malouf has developed guidelines and informational material on PSA testing and the management of prostate cancer for USANZ, PCFA, ABG and Societe Internationale d’Urologie (SIU).

Other relationships and activities

- Previous President of USANZ
- Chair, PCFA Medical Advisory Committee

- Chair, PCFA Awareness and Education Committee
- Member USANZ, ABG, PCFA, American Urological Association (AUA), European Association of Urology (EAU), Honorary Member of British Association of Urological Surgeons (BAUS), SIU and the UAA
- Activities include Member of Cancer Australia PCFA Steering Committee.

5. Professor Ken Sikaris

Publications

Dennis P.M., Stringer M.A & Sikaris K.A., "Causes for concern with the use of PSA assays." *MJA* 1994;161:230.

Sikaris K.A., "Prostate Specific Antigen." *Clin Biochem Rev* 1996; 17: 50-68.

Sikaris K.A., Meerkin M., Guerin M.D., "Broadsheet number 42; Prostate specific antigen update." *Pathology* 1998; 30:17-23

Agarwal D.K., Costello A.J., Peters J., Sikaris K.A., Crowe H., "Differential response of prostate specific antigen to testosterone surge after luteinizing hormone-releasing hormone analogue in prostate cancer and benign prostatic hyperplasia." *Br. J. Urol* 2000; 85: 690-695.

Sikaris KA, "It's time to depolarise the unhelpful PSA-testing debate and put into practice lessons from the two major international screening trials." (Letter) *Med J Australia* 2010; 193:61.

McKenzie P, Delahunt B, deVoss K, Ross B, Tran H, Sikaris K. "Prostate specific antigen testing for the diagnosis of prostate cancer." *Pathology* 2011 Aug; 43(5):403.

Sikaris KA, "Prostate Cancer Screening." *Pathology*. 2012; 44(2):99-109.

Abstracts

Sikaris K.A., Stringer M., Dennis P M. "Using Patient Data to validate Age specific Reference Intervals for the Abbott IMx PSA assay" *Clin Biochem Rev* 1994; 15:101.

Sikaris K.A. & Guerin M.D., "Age-specific reference intervals for the CibaCorning ACS-180 PSA assay" *Clin Biochem Rev* 1994; 15:102.

Sikaris K.A., Goad J., Bain P., "Correlation between Hybritech Tandem-E PSA and ACS:180 PSA2 versus Hybritech Tandem-E PSA and AxSYM PSA." *Clin Biochem Rev* 1996; 17:102.
Wan A., Goad J., Sikaris K.A., "Ability of serum gamma semino protein measurement to improve PSA specificity." *Proceedings of the 41st RCPA Conference August 1996*, p67.

Sikaris K.A., Nind A.P.P., Stringer M., Carter G., Bain P., Agarwal D., "Analytical Comparison of the Abbott AxSym Monoclonal Total PSA assay". *Clin Biochem Rev* 1998;19:90.

Agarwal D., Costello A., Peters J., Sikaris K.A., Crowe H., "Role of PSA stimulation test using LH-RH analogue in early detection of prostate cancer: a pilot study." *Clin Biochem Rev* 1999; 20:93.

Sikaris KA, Calleja J, Greco S, Louey W, "Reporting PSA Assay Sensitivity." *Clin Biochem Rev* 2006; 27: 4-24.

Sikaris KA, Caldwell G, "Age related reference intervals for the Architect PSA." *Clin Biochem Rev* 2007; 28:533.

Sikaris KA, "Observations on the Impact of Sam Newman's Prostate Cancer Publicity on Pathology Testing In Men." *Clin Biochem Rev* 2008; 29

Coleman A, Martin H, Sikaris KA, "Statistical analysis of PSA results from the Siemens Centaur," *Clin Biochem Rev* 2009; 30(4):528.

Speeches/ Lectures

- Melbourne University, St Vincent's Clinical School
- Monash University, Cabrini Clinical School
- Clinical Biochemists, AACB
- General Practitioners, National and Local meetings
- Chemical Pathologists, RCPA
- Urologists, Royal Melbourne Hospital, Freemason's Urology Breakfast
- Patient support groups: PCFA national and local meeting Invited educational lectures: Jordan, India, Sri Lanka, and China.

Development of Guidelines and Standards

Australasian College of Clinical Biochemists (ACCB)

Royal College of Pathologists Australasia (RCPA) – position statement on PSA Testing

Urological Society of Australia and New Zealand (USANZ)

Guideline regarding reporting of PSA levels

6. Professor Martin Stockler

Publications

Barratt, A.L. & Stockler, M.R. (2009). Screening for prostate cancer: explaining new trial results and their implications to patients. *MJA*, 191(4), 226-229.

Martin, A.J., Lord, S.J., Verry, H.E., Stockler, M.R., & Emery, J.D (2013). Risk assessment to guide prostate cancer screening decisions: a cost-effectiveness analysis. MJA, 198(10), 546-550.

Medd, J.C.C., Stockler, M.R., Collins, R., & Lalak, A. (2005). Measuring men's opinions of prostate needle biopsy. ANZ Journal of Surgery, 75(8), 662–664.

Chapman, S., Barratt, A., & Stockler, M. (2010). Let sleeping dogs lie? What men should know before getting tested for prostate cancer. Sydney: Sydney University Press.

Development of Guidelines and Standards

Only these guidelines

7. Professor Simon Willcock

Employment

University of Sydney - Professor of General Practice and Discipline Head, Sydney Medical School Fractional salaried appointment
Current appointment to 2015

Northern Sydney Central Coast Area Health Service (NSCCAHS) - Senior Staff Specialist in Hornsby General Practice Unit
Fractional salaried appointment

Board memberships

Director of Board - Avant Mutual Group Limited Elected member director from 2006

Board Member - Doctors Health Fund Appointed 31st May, 2012

Board Member - Confederation of Postgraduate Medical Education Councils (CPMEC) Current appointment to November 2014

General Board member - RACGP NSW Faculty Board Current co-opted appointment to 12th September 2014

Board member - Corporate Protection Australia Group Appointed May 2012

8. Distinguished Professor Judith Clements

Board memberships

Chair, Qld PCFA Board and Member
National PCFA Board (in capacity as Chair of Qld Board).

Grants

Recipient of PCFA and NHMRC grants for research on the basic biology of PSA and related proteins

Support for travel, accommodation and meals

Has attended and received travel support for PCFA workshops and functions, at which prostate cancer research in Australia has been discussed.
Has received/expects to receive meals/beverage and/or reimbursement for same in capacity as PCFA Board member and/or PCFA workshop attendance.

Other registrations

Has received complimentary registration fees for PCFA conferences in the past

Other relationships or activities

Is member of NHMRC EAG on PSA Testing

9. Dr Mark Clements

Publications

Published articles on prostate cancer:

Karlsson, R., Aly, M., Clements, M., Zheng, L., Adolfsson, J., Xu, J., ... & Wiklund, F. (2014). A Population-based Assessment of Germline HOXB13 G84E Mutation and Prostate Cancer Risk. *European Urology*, 65(1), 169-176.

Nordström, T., Aly, M., Clements, M. S., Weibull, C. E., Adolfsson, J., & Grönberg, H. (2013). Prostate-specific antigen (PSA) testing is prevalent and increasing in Stockholm County, Sweden, despite no recommendations for PSA screening: results from a population-based study, 2003–2011. *European Urology*, 63(3), 419-425.

10. Associate Professor Dragan Ilic

Publications

Ilic D, Neuberger M, Djulbegovic M, Dahm P. Screening for prostate cancer. *Cochrane Database of Systematic Reviews* 2013; Issue 1. Art. No.: CD004720. DOI: 10.1002/14651858.CD004720.pub3.

Ilic D, Murphy K, Green S. Perspectives on knowledge, information seeking and decision-making behaviour about prostate cancer among Australian men. *Journal of Men's Health* (In press)

Ilic D. Educating men about prostate cancer in the workplace. *American Journal of Men's Health* (In press)

Ilic D, Hindson B, Duchense G, Millar J. A randomized, double-blind, placebo-controlled trial of nightly sildenafil nitrate to preserve erectile function after radiation treatment for prostate cancer. *Journal of Medical Imaging and Radiation Oncology* 2013;57:81-88.

Ilic D, Misso M. From 'bench' to 'bedside': the current information gap on the anti-neoplastic effects of lycopene. *Maturitas* 2012;73:374

Ilic D, Misso. Lycopene for the prevention and treatment of benign prostatic hyperplasia and prostate cancer: a systematic review. *Maturitas* 2012;72:269-276

Ilic D, Murphy K, Green S. Risk communication and prostate cancer – identifying which summary statistics are best understood by men. *American Journal of Men's Health* 2012;6:497-504.

Ilic D, Evans S, Murphy D, Frydenberg M. Laparoscopic versus open prostatectomy for the treatment of prostate cancer. *Cochrane Database of Systematic Reviews* 2012; Issue 2. Art. No.: CD009625. DOI: 10.1002/14651858.CD009625.

Ilic D, Forbes K, Hased C. Lycopene for the prevention of prostate cancer. *Cochrane Database of Systematic Reviews* 2011; Issue 11. Art. No.: CD008007. DOI: 10.1002/14651858.CD008007.pub2.

Ilic D. Population based screening for prostate cancer: the clinical conundrum. Journal of Men's Health 2011;8:170-174.

Ilic D, O'Connor D, Green S, Wilt T. Screening for Prostate Cancer: An Updated Cochrane Systematic Review. British Journal of Urology International 2011;107:882-891.

Ilic D, O'Connor D, Green S, Wilt T. Screening for prostate cancer. Cochrane Database of Systematic Reviews 2010; Issue 11. Art. No.:CD004720. DOI: 10.1002/14651858.CD004720.pub2.

Ilic D, Green S. Prostate specific antigen for detecting early prostate cancer. BMJ 2009; 339:b3572

Ilic D, Green S. Screening for prostate cancer in younger men. BMJ 2007;335(7630):1105-1106

Ilic D, O'Connor D, Green S, Wilt T, Donovan J, Martin J, Heyns C. Cochrane Column – Screening for prostate cancer. International Journal of Epidemiology 2007;36(1):29-31

Ilic D, O'Connor D, Green S, Wilt. Screening for prostate cancer: A Cochrane Review. Cancer, Causes and Control 2007;18(3):279-285

Speeches/Lectures

Presented lecture on prostate cancer prevention and participated in consensus panel discussion at the International Conference on Prostate Cancer Prevention 2013

Lectured at Consensus conference on Chemo prevention of Prostate Cancer March, 2013 - Available at <http://www.eaumilan2013.org/home/?nocache=1>

bound by the NSW Supreme Court's Code of Conduct, which stipulates that my overarching duty is to the Court, not to the party which engages me. My independence in these types of proceedings is paramount.

11. Dr Walid Jammal

Expert Testimony

In his role as an independent expert witness, Dr Jammal has given expert testimony in cases of alleged medical negligence against GPs. Opinion pertained to the standard and duty of care as practiced [sic] by the GP (Defendant). Both plaintiffs and defendants have engaged Dr Jammal. By giving this evidence, Dr Jammal is bound by the NSW Supreme Court's Code of Conduct, which stipulates that the overarching duty is to the Court, not to the party with which he is engaged. Independence in these types of proceedings is paramount.

12. Dr David Latini

Publications

Kazer MW, Ward-Boahen DM, Latini DM, Bailey DE. Psychosocial Aspects of AS. Chapter 9, 107-119.

Goh AC, Kowalkowski MA, Bailey DE, Kazer MW, Knight, SJ and Latini DM. Perception of cancer and inconsistency in medical information are associated with decisional conflict: a pilot study of men with prostate cancer who undergo active surveillance. *BJU International* 2011, 1-7.

Bailey DE et al. Measuring illness uncertainty in men undergoing active surveillance for prostate cancer. *Applied Nursing Research* 24(2011) 193-199.

13. Dr Stefano Occhipinti

Publications

McDowell, M. E., Occhipinti, S., & Chambers, S. K. (2013). Classifying the Reasons Men Consider to be Important in Prostate-Specific Antigen (PSA) Testing Decisions: Evaluating Risks, Lay Beliefs, and Informed Decisions. *Ann Behav Med*. doi: 10.1007/s12160-013-9508-4

McDowell, M. E., Occhipinti, S., Gardiner, R. A., Baade, P. D., & Steginga, S. K. (2009). A review of prostate-specific antigen screening prevalence and risk perceptions for first-degree relatives of men with prostate cancer. *Europe Journal of Cancer Care (Engl)*, 18(6), 545-555. doi: 10.1111/j.1365-2354.2008.01046

McDowell, M. E., Occhipinti, S., Gardiner, R. A., & Chambers, S. K. (2012). Patterns of prostate-specific antigen (PSA) testing in Australian men: the influence of family history. *BJU Int*, 109 Suppl 3, 64-70. doi: 10.1111/j.1464-410X.2012.11050

Steginga, S. K., Occhipinti, S., McCaffrey, J., & Dunn, J. (2001). Men's attitudes toward prostate cancer and seeking prostate-specific antigen testing. *Journal of Cancer Education*, 16(1), 42-45. doi: 10.1080/08858190109528723

14. Dr David Smith

Publications

Litchfield MJ, Cumming RG, Smith DP, Naganathan V, LeCouteur DG, Waite LM, Blyth FM, Handelsman DJ. Prostate specific antigen levels in men aged 70 years and over: findings from the CHAMP study. *Med J Aust.* 2012 Apr 2;196(6):395-8

King MT, Viney R, Smith DP, Hossain I, Street D, Savage E, Fowler S, Berry MP, Stockler M, Cozzi P, Stricker P, Ward J and Armstrong BK. Survival gains needed to offset persistent adverse treatment effects in localised prostate cancer. *British Journal of Cancer* 2012 Feb 14;106(4):638-45. doi: 10.1038/bjc.2011.552.

Yu XQ, Smith DP, Clements M, Patel M, McHugh W, O'Connell D Projecting prevalence by stage of care for prostate cancer and estimating future health service needs: protocol for a modelling study. *BMJ Open*, 2011 Jan 1;1(1):e000104. Epub 2011 Apr 7

Smith DP, Banks E, Clements MS, Gardiner RA, Armstrong BK. Letter to the Editor in reply: Evidence based uncertainty: recent trial results on prostate-specific antigen testing and prostate cancer mortality. *Med J Aust.* 2010 Jan 18;192(2):110

Smith DP, Clements MS, Wakefield MA, Chapman S. Impact of Australian celebrity diagnoses on prostate cancer screening. *Med J Aust.* 2009 Nov 16;191(10):574-5.

Smith DP, King MT, Egger S, Berry MP, Stricker PD, Cozzi P, Ward J, O'Connell DL, Armstrong BK. Quality of life three years after diagnosis of localised prostate cancer: population based cohort study *British Medical Journal* (2009) PMID:19945997

Smith DP, Banks E, Clements MS, Gardiner RA, Armstrong BK. Evidence-based uncertainty: recent trial results on prostate-specific antigen testing and prostate cancer mortality. *Medical Journal of Australia* (2009) 191 4 199 – 200 8. Weber MF, Banks E,

Smith DP, O'Connell D, Sitas F. Cancer Screening among migrants in an Australian cohort; cross-sectional analyses from the 45 and Up Study. *BMC Public Health* (2009) 15;9:144

Smith DP, Supramaniam R, Marshall V, Armstrong BK. Prostate cancer and prostate specific antigen testing in New South Wales. *Medical Journal of Australia* (2008) 189 315 – 318

Smith DP, Patel MI, O'Connell DL. Patterns of surgical care for prostate cancer in NSW, 1993-2002: rural/urban and socioeconomic variation. *Australian and New Zealand Journal of Public Health* (2008) 32 417 – 420

Steginga SK, Smith DP, Pinnock C, Metcalfe R, Gardiner RA, Dunn J. Clinician's attitude to prostate cancer peer-support groups. *BJU International* (2007) 99 68 – 71

Smith DP, Supramaniam R, King MT, Ward J, Berry M, Armstrong BK. Age, health, and education determine supportive care needs of men younger than 70 years with prostate cancer. *Journal of Clinical Oncology* (2007) 25 2560 – 2566

Smith DP, Armstrong BK. Measuring quality of life after prostate cancer: Experiences of the NSW Prostate Cancer Outcomes Study. *Australasian Epidemiologist* (2003) 10 8 – 11

Smith DP, Armstrong BK. Prostate-specific antigen testing in Australia and association with prostate cancer incidence in New South Wales. *Medical Journal of Australia* (1998) 196 1 17 - 20

Speeches/Lectures

Given multiple tasks to scientific conferences through to prostate cancer support groups on prostate cancer, testing and treatment

Development of related guidelines, standards, educational materials

A member of the working group to revise the APCC consumer guide “Localised Prostate Cancer – a guide for men and their families”

A member of the working group to revise the APCC consumer guide “Localised Prostate Cancer – a guide for men and their families”

Member of working group to develop “Clinical practice guidelines for the management of men with locally advanced and metastatic prostate cancer”

Regular reviewer for Cancer Council Australia factsheets and booklets on prostate cancer

Grants on PSA Testing

Smith DP, Cause of death in men with prostate cancer 2011-2014
NHMRC Training Fellowship (1016598) \$290,032

Yu XQ, O’Connell D, Smith DP, Clements M, Projecting prevalence by stage of care for prostate cancer and estimating future health service needs 2011-2013
Prostate Cancer Foundation of Australia Young Investigator Grant PCFA – YI 0410 \$309,644

Clements M, Smith DP, O’Connell D, Etzioni R, Gardiner RA, Testing and treatment for prostate cancer in Australia: Epidemiology and modelling 2011-2013
NHMRC Project Grant 1009879 \$518,390

O’Connell D, Smith DP, Pinnock C, Chambers S, Ward J, Slevin T, PSA testing: a population-based longitudinal study of decision-making, psychological effects and patterns of care. 2005-2007
NHMRC Project Grant (337610) \$572,631

Armstrong BK, Smith DP, Berry M, King M, Stricker P, Rogers J, Five year outcomes of care for prostate cancer in New South Wales 2006-2008
NHMRC Project Grant (387700) \$294,104

Armstrong BK, Smith DP, King M, Berry M, Ward J, Stricker P, Rogers J, Care and outcomes of care for prostate cancer in New South Wales 2003-2005
Australian Department of Veterans Affairs Project Grant \$578,750

Armstrong BK, Smith DP, Berry M, Ward J, Stricker P, Rogers J, Determinants and outcomes of care for potentially curable prostate cancer in a whole population 2000-2002
Australian Department of Veterans Affairs Project Grant \$404,573

15. Professor Dianne O'Connell

Publications

Sitas F, Urban M, Stein L, Beral V, Ruff P, Hale M, Patel M, O'Connell D, Yu XQ, Verzijden A, Marais D, Williamson A-L. The relationship between HPV-16 IgG serology and cancer of the cervix, oesophagus, oral cavity, anogenital region, and prostate in a black HIV-negative South African population: a case-control study. *Infectious Agents and Cancer* 2007;2:6.

Hayen A, Smith DP, Patel MI, O'Connell DL. Patterns of surgical care for prostate cancer in NSW, 1993-2002: rural/urban and socioeconomic variation. *ANZ J Public Health* 2008;32:417-420.

Weber MF, Banks E, Smith DP, O'Connell D, Sitas F. Cancer screening among migrants in an Australian cohort; cross-sectional analyses from the 45 and Up Study. *BMC Public Health* 2009, 9:144. doi:10.1186/1471-2458-9-144

Smith D, King MT, Egger S, Berry M, Stricker PD, Cozzi, P, Ward J, O'Connell DL, Armstrong BK. Quality of life three years after diagnosis of localised prostate cancer: A population-based study. *BMJ* 2009;339:b4817 doi:10.1136/bmj.b4817.

Chambers SK, Pinnock C, Lepore SJ, Hughes S, O'Connell DL. A systematic review of psychosocial interventions for men with prostate cancer and their partners. *Patient Education and Counseling* 2011;85:e75-e88.

Yu XQ, Smith DP, Clements MS, Patel MI, McHugh B, O'Connell DL. Projecting prevalence by stage of care for prostate cancer and estimating future health service needs: protocol for a modeling study. *BMJ Open* 2011;1:e000104 doi:10.1136/bmjopen-2011-000104.

Goldsbury DE, Smith DP, Armstrong BK, O'Connell DL. Using linked routinely collected health data to describe prostate cancer treatment in New South Wales, Australia: a validation study. *BMC Health Services Research* 2011;11:253 doi:10.1186/1472-6963-11-253.

Weber MF, Cunich M, Smith DP, Sitas F, Salkeld G, O'Connell D. Sociodemographic and health-related predictors of self-reported mammogram, faecal occult blood test and prostate specific antigen test use in a large Australian cohort study. *BMC Public Health* 2013, 13:429 <http://www.biomedcentral.com/1471-2458/13/429>

Carmichael LK, Goldsberry DE, O'Connell DL. Prostate cancer screening for men aged 75 to 84 years in New South Wales. *Aust NZ J Pub Health* 2013;37:492-494.

doi: 10.1111/1753-6405.12115

Luo Q, Yu XQ, Cooke-Yarborough C, Smith DP, O'Connell DL. Characteristics of cases with unknown stage prostate cancer in a population-based cancer registry. *Cancer Epidemiol* 2013;37:813-819.

Yu XQ, Luo Q, Smith DP, O'Connell DL, Baade PD. Geographic variation in prostate cancer survival in New South Wales. *Med J Aust* 2014;200:586-590.
doi: 10.5694/mja13.11134

Brown B, Young J, Smith DP, Kneebone AB, Brooks AJ, Xhilaga M, Dominello A, O'Connell DL, Haines M. Clinician-Led Improvement in Cancer Care (CLICC) - Testing a multifaceted implementation strategy to increase evidence-based prostate cancer care: Phased randomised controlled trial - Study protocol. *Implementation Science* 2014;9:64
doi:10.1186/1748-5908-9-64.

Rodger JC, Gibberd AJ, Smith DP, Armstrong BK, Dillon A, Supramaniam R, O'Connell DL. Prostate cancer mortality outcomes and patterns of primary treatment for Aboriginal men in New South Wales, Australia. *BJU International*. E-pub 18 August 2014 DOI: 10.1111/bju.12899.

Yu XQ, Luo Q, Smith DP, Clements MS, O'Connell DL. Prostate cancer prevalence in New South Wales Australia: A population-based study. *Cancer Epidemiol* 2014.
<http://dx.doi.org/10.1016/j.canep.2014.11.009>.

Speeches/Lectures

Invited presentations

O'Connell D. Cancer Screening. Invited Speaker. Consumer Research Training. Cancer Council, NSW 2007.

O'Connell D, Smith D, Hughes S, et al. Development of clinical practice guidelines for advanced prostate cancer. Invited Speaker. Clinical Oncological Society of Australia 34th Annual Scientific Meeting Adelaide 14-16 November 2007.

Chambers SK, Pinnock C, O'Connell DL, Hughes S, Jones L, Smith D. Supportive care for advanced prostate cancer: update and discussion of clinical practice and consumer guidelines. Invited presentation. COSA – IACR 2008 Joint Scientific Meeting Sydney 18-20 November 2008.

O'Connell D. Cancer Screening. Invited Speaker. Consumer Research Training. Cancer Council, NSW August 2009.

O'Connell DL, Carmichael LK, Smith DP, Gattellari M, Chambers S, Pinnock CP, Slevin T, Ward J. Prostate cancer and PSA testing. How much do men think they know? What do they know? Invited oral presentation at Primary Care Collaborative Cancer Clinical Trials Group 1st Scientific Meeting. Melbourne, Australia, 2010.

Smith D, Rodger J, Supramaniam R, Gibberd A, Saunders V, O'Connell D. Treatment and survival outcomes for prostate cancer for Aboriginal men in New South Wales. Invited oral presentation. Prostate Cancer World Congress Melbourne, 6-10 August 2013.

Conference presentations

O'Connell DL, Carmichael LK, Smith DP, et al. Factors related to the awareness of, and participation in, Prostate-Specific Antigen testing in NSW. Oral presentation. Clinical Oncological Society of Australia 34th Annual Scientific Meeting Adelaide 14-16 November 2007.

Carmichael L, O'Connell D, on behalf of the Men's Health Study Team. Demographic factors related to the awareness of, and participation in, PSA testing in NSW, Australia. Population Health Congress Brisbane 7-9 July 2008.

Weber MF, O'Connell D, Banks E, Smith DP, Sitas F. Cancer screening among migrants in the 45 and Up Study cohort in New South Wales. Oral presentation. Sydney Cancer Conference Sydney 25-26 July 2008.

Carmichael LK, O'Connell DL, Smith DP, Gattellari M, Steginga S, Pinnock C, Rodger J, Ward J, Slevin T. Demographic and lifestyle factors related to the awareness of, and participation in, prostate specific antigen testing in New South Wales. Poster. Sydney Cancer Conference Sydney 25-26 July 2008.

Carmichael LK, O'Connell DL, Smith DP, et al. Demographic factors related to the awareness of, and participation in, prostate specific antigen testing in New South Wales, Australia. Oral presentation. COSA – IACR 2008 Joint Scientific Meeting. Sydney 18-20 November 2008.

Chambers S, Carmichael LK, Pinnock C, O'Connell DL. Family history of prostate cancer and PSA testing behaviour. Poster. COSA – IACR 2008 Joint Scientific Meeting Sydney 18-20 November 2008.

Goldsbury DE, Smith DP, Armstrong BK, O'Connell DL. Accuracy of hospital records and Medicare claims data for monitoring prostate cancer care. Poster. Clinical Oncological Society of Australia Meeting. Melbourne, Australia, 2010.

O'Connell DL, Carmichael LK, Smith DP, Gattellari M, Chambers S, Pinnock CP, Slevin T, Ward J. Prostate cancer and PSA testing. How much do men think they know? What do they know? Poster. Clinical Oncological Society of Australia. Melbourne, Australia, 2010.

Smith DP, Egger S, O'Connell DL, et al. Sexual function five years after diagnosis of localized prostate cancer: results from the New South Wales (NSW) Prostate Cancer Care and Outcomes Study. Oral presentation. Clinical Oncological Society of Australia. Melbourne, Australia, 2010.

O'Connell D, Carmichael L, Smith D, Gattellari M, Chambers S, Pinnock C, Slevin T, Ward J. Prostate-specific antigen testing awareness and participation in New South Wales, Australia: demographic, lifestyle and health-related factors. Poster. IEA World Congress of Epidemiology. Edinburgh, UK, 7-11 August 2011.

Luo Q, Yu XQ, Smith DP, O'Connell DL. Characteristics of men with unknown spread of prostate cancer at diagnosis: Analysis of NSW Central Cancer Registry data. Poster. COSA – 38th Annual Scientific Meeting Perth, 17th – 19th November 2011.

Carmichael LK, Goldsberry DE, Smith DP, Gattellari M, Chambers S, Slevin TJ, O'Connell D L. Who are the men aged over 75 who are having PSA tests? Nominated for Best of the Best Oral Presentation – Urology. COSA – 38th Annual Scientific Meeting Perth, 17th – 19th November 2011.

Smith D, Egger S, O'Connell DL, King MT, Berry MP, Stricker PD, Cozzi P, Armstrong BK. Patient reported quality of life in men diagnosed with advanced prostate cancer: 5 year results of the NSW Prostate Cancer Care and Outcomes Study. Nominated for Best of the Best Oral Presentation – Urology. COSA – 38TH Annual Scientific Meeting Perth, 17th – 19th November 2011.

Yu XQ, Luo Q, Smith DP, Clements MS, O'Connell DL. Challenges in projecting prevalence for prostate cancer: issues and options. Nominated for Best of the Best Oral Presentation – Epidemiology. COSA – 38TH Annual Scientific Meeting Perth, 17th – 19th November 2011.

Smith D, O'Connell DL. Urinary, sexual and bowel function in men treated for localised prostate cancer. GPCE Sydney 2012. 18 May 2012.

Yu XQ, Luo Q, Smith DP, O'Connell DL. Geographical variation in survival from prostate cancer in relation to disease stage at diagnosis: an analysis of data from the NSW Central Cancer Registry. Oral Presentation. Sydney Cancer Conference. 26th – 28th September 2012.

Smith D, O'Connell D, Bang A, King M, Berry M, Stricker P, Cozzi P, Armstrong B. Survival in men diagnosed with prostate cancer: 8 to 10-year outcomes from the NSW Prostate Cancer Care and Outcomes Study. Poster. Sydney Cancer Conference. 26th -28th September 2012.

Egger S, Hughes S, Chambers S, Smith D, Pinnock C, Moxey A, O'Connell D. Factors associated with the use of complementary and lifestyle therapies (CALTs) by long term prostate cancer survivors as a result of their prostate cancer diagnosis. Nominated for Best of the Best Oral Presentation – Epidemiology. COSA – 39TH Annual Scientific Meeting Brisbane, 13th – 15th November 2012.

Yu XQ, Luo Q, Smith DP, Clements MS, O'Connell DL. A method to project prevalence by phase of care for prostate cancer. Nominated for Best of the Best Oral Presentation – Epidemiology. COSA – 39TH Annual Scientific Meeting Brisbane, 13th – 15th November 2012.

Rodger J, Supramaniam R, Gibberd A, Saunders V, O'Connell D. Treatment and survival outcomes for prostate cancer for Aboriginal men in New South Wales (NSW) Australia. Poster. COSA – 39TH Annual Scientific Meeting Brisbane, 13th – 15th November 2012.

Yu XQ, Luo Q, Smith DP, O'Connell DL. Geographical variation in survival from prostate cancer in relation to disease stage at diagnosis: An analysis of data from the NSW Central Cancer Registry. Poster. COSA – 39TH Annual Scientific Meeting Brisbane, 13th – 15th November 2012.

Smith D, Egger S, Hughes S, Chambers S, O'Connell D. Factors associated with the use of complementary and lifestyle therapies in long term prostate cancer survivors: NSW prostate cancer care and outcomes. Oral presentation in Best of the best submitted abstracts. Prostate Cancer World Congress Melbourne, 6-10 August 2013.

Smith D, Carmichael L, Goldsbury D, O'Connell D. How well do men report their prostate-specific antigen testing status? Poster. Prostate Cancer World Congress Melbourne, 6-10 August 2013.

Luo Q, Yu XQ, Smith D, O'Connell D. Prostate cancer disease progression in an Australian Population-based study. Oral presentation at the AEA Annual Scientific Meeting. 20-22 October, 2013. Brisbane, Australia.

Luo Q, Yu XQ, Smith DP, O'Connell DL. A population-based study of progression to metastatic prostate cancer in Australia. Nominated for Best of the Best Oral Presentation – Epidemiology. COSA – 41st Annual Scientific Meeting, Melbourne, 2-4 December 2014.

Luo Q, Yu XQ, Smith DP, Goldsbury D, O'Connell DL. Why are a large proportion of prostate cancer cases recorded as having “unknown” stage of disease in an Australian population-based registry? A study of possible health service factors. Poster presentation. COSA – 41st Annual Scientific Meeting, Melbourne, 2-4 December 2014.

Development of related guidelines, standards, educational materials

Supervised staff who undertook systematic reviews and member of the working group for the development of “Clinical practice guidelines for the management of men with locally advanced and metastatic prostate cancer” and the companion consumer guide.

Grants on PSA Testing and Prostate cancer

O'Connell D, Smith D, Ward J, Steginga S, Pinnock C. PSA testing: a population-based longitudinal study of decision making, psychological effects and patterns of care. National Health and Medical Research Council, Australia, Project Grant. 2005 \$199,330, 2006 \$255,563, 2007 \$117,738.

O'Connell D, Smith D. Patterns of care studies for prostate, lung and colorectal cancers. Cancer Institute NSW. 2006 \$150,000.

Marshall V, Reeve T, Pinnock C, Smith D, O'Connell D. Development of clinical practice guidelines for metastatic prostate cancer. Andrology Australia. 2006-08 \$117,320.

Marshall V, Reeve T, Pinnock C, Smith D, O'Connell D. Development of clinical practice guidelines for metastatic prostate cancer. Prostate Cancer Foundation of Australia. 2006-07 \$59,188.

O'Connell D, Chambers S, Moxey A, Smith D. Use of complementary and lifestyle therapies by men with prostate cancer: a population-based study. Prostate Cancer Foundation of Australia. 2009-2011 \$137,766.

Marshall V, Reeve T, Pinnock C, Smith D, O'Connell D. Development of clinical practice guidelines for metastatic prostate cancer. Prostate Cancer Foundation of Australia. 2009 \$43,000.

Clements M, Smith D, O'Connell D, Etzioni R, Gardiner R. Testing and Treatment for Prostate Cancer in Australia: Epidemiology and Modelling. NHMRC Project Grant. 2011-2013. \$518,390. THIS GRANT WAS TERMINATED AS CIA MOVED OVERSEAS.

Haines M, O'Connell D, Young J, Smith D, Kneebone A, Brooks A, Watt H. Improving evidence based care for locally advanced prostate cancer – a randomised phased trial of clinical guideline implementation through a clinical network. NHMRC Partnership Project Grant. 2011-2013. \$533,442 NHMRC, \$537,674 PCFA.

Yu XQ, O'Connell D, Smith D, Clements M. Projecting prevalence by stage of care for prostate cancer and estimating future health service needs. Prostate Cancer Foundation of Australia. 2011-2013, \$309,664.

O'Connell D, Canfell K, Smith D, Caruana M, Howard K. Testing and treatment for prostate cancer in Australia: Epidemiology and Modelling. Prostate Cancer Foundation of Australia. 2014-16. \$498,665.