



Suite 1702,
77 Bloor Street West,
Toronto, Ontario M5S 3A1
Telephone (416) 961-7223
Fax: (416) 961-4189

PRESIDENT
R.G. MARGOLESE, M.D.
F.R.C.P.(C), F.R.C.S.

CHIEF EXECUTIVE OFFICER
Douglas H. Barr, M.S.W.

EXECUTIVE DIRECTOR
P.G. Scholefield, Ph.D., D.Sc.

- 6 OCT 1989

27 September 1989

Mr. Graeme Brien
Executive Director
Queensland Cancer Fund
William Rudder House
553 Gregory Terrace
Fortidue Valley 4006
AUSTRALIA

Dr. Nigel Gray
Director
Anti-Cancer Council
of Victoria
1 Rathdowne Street
Carlton South
Victoria 3053
AUSTRALIA

Ms. Elaine ~~Harry~~
Executive Director
NSW State Cancer Council
2nd Floor
Angus & Coote Bldg.
500 George Street
Sydney, 2001
AUSTRALIA

AFFILIÉ
À LA SOCIÉTÉ CANADIENNE
DU CANCER

Suite 1702,
77 rue Bloor ouest,
Toronto, Ontario M5S 3A1
Téléphone (416) 961-7223
Fax: (416) 961-4189

PRÉSIDENT
R.G. MARGOLESE, M.D.
F.R.C.P.(C), F.R.C.S.

DIRECTEUR GÉNÉRAL
M. Douglas H. Barr, M. Serv. Soc.

DIRECTEUR EXÉCUTIF
P.G. Scholefield, Ph.D., D.Sc.

Dear Colleagues:

As the accompanying letter indicates, we are most grateful to all of our Australian friends for the efforts made on our behalf during our recent visit. However, we also realize that few programmes run so smoothly and effectively as our visit did without significant time and effort being invested in planning by our staff colleagues. We are conscious of how many demands are made on your time and would simply like to emphasize how much we appreciated your many contributions.

Our best regards.

Yours sincerely,

Peter Scholefield
for
Joan Anderson
Jack Laidlaw
Richard Margolese
Sam Smart

PGS:mpp
encls.



AFFILIÉ
THE CANADIAN
77 Bloor Street
Toronto, Ontario M5S 3A1
Telephone (416) 961-7223
Fax: (416) 961-4189

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EXECUTIVE DIRECTOR
P.G. Scholefield, Ph.D., D.Sc.

27 September 1989

To: Some of our many friends in Australia

Mr. Graeme Brien
Mrs. Sue Byrnes
Dr. Ken Donald
Mr. W.J.B. Earnshaw
Dr. Graham Giles
Dr. Nigel Gray
Mrs. Elaine Henry
Dr. David Hill
Ms. Adrienne Holzer

Mr. D.J. Lambert
Dr. Robin Marks
Dr. J. McCaffrey
Mr. H.E. Peterson
Mrs. Dorothy Reading
Dr. Rob Sanson-Fisher
Mr. K.W. Steel
Mrs. A. Voloschenko
Mr. Laurie Wright

AFFILIÉ
À LA SOCIÉTÉ CANADIENNE
DU CANCER
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DIRECTEUR EXÉCUTIF
P.G. Scholefield, Ph.D., D.Sc.

The purpose of this letter is to thank you, and through you to thank many of your colleagues, for your wonderful hospitality and for so freely sharing your insights and initiatives during our recent visit to Australia. Those who had not previously visited the continent were captivated by "the land of Aus" and quite overwhelmed by the friendliness of its people. All of us learned a great deal in the pursuit of our mission - we are now convinced of the potential benefits to be gained from developing a programme in Behavioural Research, we have three excellent but distinct models to guide us in formulating our own approach, we noted your trend to coordination while maintaining independent programmes and we were impressed with how effectively your pragmatic approach to problem solving gets the critical jobs done.

Since returning, the four of us have prepared a report (Dr. Margolese returned later than the rest of us) and a copy is enclosed for your perusal. If we have misunderstood or misinterpreted any of the information you provided, we would earnestly request you to point out our errors.

We live many miles away from you so our meetings will not be frequent but we look forward to continuing interaction for our mutual benefit. Please visit us whenever you have the opportunity.

Our best regards,

Peter Scholefield
for
Joan Anderson
Jack Laidlaw
Richard Margolese
Sam Smart

PGS:mpp
encl.

Report on A Visit to Australia

During the week beginning Monday 4 September 1989 a group consisting of Mrs. J. Anderson and Ms. S. Smart (Canadian Cancer Society), Dr. R.G. Margoese and Dr. P.G. Scholefield (National Cancer Institute of Canada) and Dr. J.C. Laidlaw (Society and Ontario Cancer Treatment and Research Foundation) visited Australia to learn about programmes concerned with behavioural research as applied to cancer. On Monday and Tuesday 4 and 5 September the group met with representatives of the Anti-Cancer Council of Victoria in Melbourne, on Wednesday and Thursday 6 and 7 September the group met with representatives of the Queensland Cancer Fund in Brisbane, on Friday 8 September the group met with representatives of the New South Wales Cancer Council in Sydney and on Saturday 9 September the group met with representatives of the Australian Cancer Society in Sydney. Throughout these visits the group was received with the utmost friendship and hospitality and wishes to place on record its appreciation for many kindnesses, for much understanding and for rewarding opportunities to share a commitment to a common cause.

There have been intermittent interactions between the Australian Cancer Society, various State Cancer Councils, the National Cancer Institute of Canada and the Canadian Cancer Society through the National Office and some of the Provincial Divisions. Of particular interest in the current context has been the establishment by the Anti-Cancer Council of Victoria of a Centre for Behavioural Research in Cancer under the direction of Dr. David Hill. This interest was increased as a result of meetings at the 14th International Cancer Congress in Budapest, by the visit of Dr. Scholefield to the Centre in Melbourne in September 1988 and by the visit of Dr. David Hill and Dr. Nigel Gray (Director of the Anti-Cancer Council of Victoria) to Toronto on UICC business in February 1989.

These continuing interactions have occurred at a time when the Society and the Institute have been examining the nature of their relationship during the course of their separate strategic planning activities. Their deliberations have emphasized the need for even greater collaboration between the Society and the Institute, they have led the Society to identify a need for help from the Institute in the derivation of new information on which to base programme activities and they have seen the Institute introduce new policies which would permit it to become more pro-active in determining the nature of research it supports so that the needs of the Canadian Cancer Society can be met. Finally, it should be pointed out that the Ontario Cancer Treatment and Research Foundation has been developing a similar interest in preventive oncology and the potential role of the Provincial Cancer Control Agencies was recognized through the participation of Dr. Laidlaw.

The classical concept of cancer control is a broad one which covers prevention, detection, treatment, rehabilitation and palliative care. More recently it has been recognized that

cancer control should also include the evaluation of which influence the incidence, prevalence and mortality cancer. It is clear, therefore, that many organizations role to play in what has been described as "the dramatic cancer". The Canadian Cancer Society, with the assistance of Health and Welfare Canada, called together representatives of many of these agencies in October 1988 to discuss the coordination of cancer control. A consensus was reached that there is a need to improve the coordination of activities in cancer control and the Canadian Cancer Society, together with Health and Welfare Canada, has subsequently undertaken to provide joint sponsorship of a Task Force on the Coordination of Cancer Control in Canada. It was expected that the visit to Australia would contribute valuable information for use by this Task Force since cancer control in Australia involves a Federal presence, extensive responsibilities vested in every State and active participation by the voluntary sector.

The stated purposes of the visit were therefore as follows:

- (i) to enable all members of the visiting team to learn about the various programmes in cancer control being conducted in New South Wales, Queensland and Victoria, particularly the initiatives in fields related to behaviour and the psychosocial sciences
- (ii) to discuss with our Australian colleagues how best to take advantage of their experience with differing approaches to cancer control in order to improve our own cancer control programmes
- (iii) to enable Dr. R.G. Margoiese, who has agreed to become Chairman of a National Task Force on Coordination of Cancer Control, to learn first hand about the operation and degree of integration of some of the cancer control programmes in Australia.
- (iv) to discuss the development of approaches to coordination of cancer control in an environment where the political and territorial factors are as significant as they are in Canada

Meeting with Anti-Cancer Council of Victoria

This Council serves the State of Victoria which has a population of 4 million inhabitants, of whom more than 75% are located in the city of Melbourne. The Council is a State organization and is now 50 years old. There are 20 members of the Council which meets once a year and there is an Executive Committee of 14 members which meets on a regular basis. The Medical and Scientific Committee has 20 members, most of whom are

members of representative committees. In addition, the Victoria hosts the Victoria prominent clinical oncology of the effectiveness of measures cancer. The general philosophy of Dr. Nigel Gray, is that if you have data i.e. most of the people of Victoria are data driven Director, Dr. Nigel Hill, who is Director, David Hill, who is Director, Research in Cancer

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representative committees. In addition, there are a number of members and the Victoria Cooperative Oncology Group, a group of prominent clinical oncologists who are involved in studies of the effectiveness of measures for the treatment of patients with cancer. The general philosophy expressed by the Director, Dr. Nigel Gray, is that if you wish to influence people you must have data i.e. most of the programmes of the Anti-Cancer Council of Victoria are data driven. The senior staff consists of the Director, Dr. Nigel Gray; the Associate Director, Dr. David Hill, who is also Director of the Centre for Behavioural Research in Cancer; Dr. Robin Marks, Director of Programmes; Dr. Graham Giles who is Director of the Epidemiology Unit and the Cancer Registry; Ms. Adrienne Holtzer who is Secretary to the Council. These staff members have accepted major responsibility for the development and implementation of the policies and programmes of the Anti-Cancer Council of Victoria.

The stated aim of the Centre for Behavioural Research on Cancer is "to provide a behavioural science program to advance cancer prevention, detection, treatment and rehabilitation in Victoria by

- (a) conducting applied research to underpin preventive and educational interventions
- (b) collaborating in epidemiological studies
- (c) developing interest, expertise and research activity in academic institutions"

The Centre has a senior staff of two in addition to Dr. David Hill. Its budget was stated to be \$450,000 per annum from the Anti-Cancer Council of Victoria plus a further \$150,000 per annum from the Health Promotion Foundation but it was apparent that several of the activities in which Dr. Hill and his staff are engaged are funded on a project basis through the budgets of other programme areas e.g. the Public Education programme. Contracts are only accepted by the Centre if they are consistent with its policy and it was specifically stated that such contracts are not allowed to direct the research programme of the Centre. This should not be interpreted as meaning that the Centre operates in isolation since there is extensive two way interaction between the Centre and the programmes in Public Education, Patient Services and Fund Raising. In fact, it was stated that the Public Education programmes represent a rich resource for the Centre for Behavioural Research in Cancer. Dr. Hill meets every Monday morning with Dr. Nigel Gray and every Tuesday afternoon there is a meeting of Dr. Gray, Dr. Marks, Dr. Giles and Dr. Hill. Examples of projects undertaken by the Unit include (i) monitoring of smoking prevalence trends in children and adults (ii) evaluation of the effectiveness of the Quit Smoking Campaign (iii) determination of the obstacles to screening in

some of the grants from Victoria. tax on tobacco sports activities support research

women who have never had a PAP smear and the educational intervention (iv) evaluation of an package to help patients and their families cope with and (v) a study which indicated that solicitations sent with postage prepaid envelope resulted in a 56% response rate while solicitations sent with a stamped envelope resulted in a 73% response rate. Dr. Gray and Dr. Hill feel that it is important to ascertain "whether what we think is going on is what is really going on".

The Anti-Cancer Council of Victoria owns the premises in which it is located and these premises house the Centre, the Cancer Registry for the State of Victoria, the Epidemiology Unit and all of the programmes and administrative services of the Council. This makes it possible for extensive interactions to occur on a daily basis and is certainly one of the strengths of the organization. A good example is the interaction of Dr. Hill with Ms. Dorothy Reading, Director of the Public Education Department. Information presented by Ms. Dorothy Reading confirmed a very active Public Education programme, particularly addressing cancer of the breast, cervix, skin and lung. The Centre sees the Public Education programme as a resource and the results of the scientific studies significantly influence the design, implementation and evaluation of Public Education programmes. However, the point was made that some Public Education programmes need to be initiated before all data are available.

The following points also emerged about the Centre for Behavioural Research in Cancer:

- (i) it has a role in the programmes of Patient Services, Fund Raising and Advocacy
- (ii) it has access to a three member Advisory Committee, one of whom is the Chairman of the Department of Psychology at Melbourne University
- (iii) Dr. Hill felt that another staff member at the Ph.D. level would be useful
- (iv) the Centre is currently training two Ph.D. students and there are several other students studying for M.Sc. and other degrees
- (v) the Centre is obviously well aware of all other programmes being undertaken by the Anti-Cancer Council of Victoria, it is highly respected and consulted within Australia and Dr. Hill is a frequent participant in international programmes
- (vi) the operation of the Centre is to be subject to review every five years

Meeting with Queens

some of the projects of the Centre are supported by grants from the Health Promotion Foundation of the State of Victoria. This fund receives support from a special tax on tobacco, some of which is to be used to support sports activities and some of which is available to support research into health promotion

Meeting with Queensland Cancer Fund

The governing body of the Queensland Cancer Fund is its Council, an organization which has 20 members and meets once a month. Four committees report to the Council (Management and Finance, Medical and Scientific, Education, and Support Service). The Executive Director, Mr. Graeme Brien, is a full voting member of the Council and the four committees. In addition there are several sub-committees plus Research Grant Assessment Panels etc. A major re-organization took place at the time of the appointment of Mr. Brien some three years ago and this has led to an increase in income from \$2.4 million in 1984 to \$6.55 million in 1989. A characteristic feature perceived by the visitors was the extensive nature of the interaction of the Queensland Cancer Fund with the Queensland Department of Health, an activity which has been greatly facilitated through the involvement of Dr. K.J. Donald, Deputy Director General of Health and Medical Services, who is also the current President of the Australian Cancer Society and Chairman of the Education Committee of the Queensland Cancer Fund. The nature of this interaction is well illustrated by the fact that the first formal meeting with the visitors was attended by Mr. H.E. (Tony) Peterson (Chairman of the Anti-Cancer Council), Mr. Graeme Brien (Executive Director), Mrs. Anna Voloschenko (Director of Education) and three representatives of the Queensland Department of Health (Dr. Ken Donald, Dr. Ian Ring and Dr. Ray Swannell).

The Fund occupies a spacious building which it owns (no mortgage) and the stated objective in designing the building was to erect a cancer centre rather than a block of offices. It includes a spacious assembly room which can be divided and which is used for educational purposes, a boardroom, an extensive underground parking garage and well designed offices etc. for the staff. There is also space for patient welfare activities, including private counselling areas and a wig room. The facility is used by a number of professional and private groups for their meetings which encourages interaction between the Fund and other organizations engaged in cancer control.

It is of interest to note that among the staff is one individual responsible for the recruitment and training of volunteers. All training programmes include a course in public speaking and not all volunteers "pass" the training programmes for which they have volunteered. In the Professional Education field support is provided for nurses organizations and there is opportunity for input into the curricula of both nurses and doctors.

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Dr. Ken Donald provided interesting information on the development of a National Cancer Control Policy for Australia. From 1988 onwards, all Health Departments, the National Health and Medical Research Council, the Australian Institute of Health and the Consumers Health Forum will contribute standing members to a National Health For All Committee which will report to the Australian Health Ministers Advisory Council. As part of the deliberations of the Better Health Commission, the Commonwealth Government invited the Australian Cancer Society to prepare a National Cancer Control Policy and provided a grant to cover the expenses involved. It is expected that this plan will be revised every two years, that it will focus on primary and secondary prevention and that it will be used as a baseline by all States in Australia. Although a number of sub-committees have been active in preparing material for this plan, it was eventually written by a single individual. The Government has now set up programme planning teams and has once again delegated responsibility to the Australian Cancer Society which has constituted four Site Committees (Skin, Breast, Cervix and Lung). It should be noted that skin cancer is an important problem throughout Australia and public education programmes about skin cancer receive very high priority.

The plan for the establishment of a Behavioural Science Unit in Queensland envisages cooperation between the Queensland Cancer Fund, the Queensland Department of Health and the University. The Unit will be located within the University, the Department of Health will provide the University with \$200,000 per annum to hire four individuals and it will also provide \$300,000 per annum to support commissioned research. These latter funds will not be specifically directed to the Centre but will be available for open competition. The Queensland Cancer Fund will provide \$50,000 per annum to support one investigator in the Unit and will also support another individual on an intramural basis. In addition, the Fund will provide monies for commissioned research activities. The Unit will be housed within the Department of Preventive Medicine and the University will select the Director but the Queensland Cancer Fund will have to right to veto the choice. Activities will have to be acceptable to the Queensland Cancer Fund and there will be a five year review. It is also clear that the Queensland Department of Health will monitor the activities of the Unit.

Meeting with the New South Wales Cancer Council

New South Wales has a population of approximately 6 million and a little over one half of that population resides in the Sydney area. The New South Wales Cancer Council was set up in 1955 by the State of New South Wales and for many years was responsible for an Education programme, the operation of two research laboratories and the supervision of treatment facilities. Since 1986 the two research laboratories and the treatment facilities have been administered by Universities. Fund raising activities

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increased following the appointment of Mrs. Elaine Henry as Executive Director in 1986 and in the most recent fiscal year income had increased to \$6 million. The New South Wales Cancer Council is administered by a Board of nine members most of whom are representative members and Mrs. Elaine Henry reports directly to the Board of Directors.

The Education programme covers all ages and special programmes have been developed for prevention of cervical and skin cancer as well as programmes in both primary and secondary schools. The Council has sponsored a research unit to work in conjunction with the Education programme and a notable success was the establishment of the Council's Cancer Education Research Project within the discipline of Behavioural Science in Relation to Medicine at the University of Newcastle under the direction of Dr. Rob Sanson-Fisher. When Dr. Sanson-Fisher returned to Australia from posts in the United Kingdom and the United States in 1981 he undertook a survey of the distribution of research funds and quickly discovered that very little investment was being made in behavioural research. This led him to become involved in the activities of the New South Wales Cancer Council and later to direct some of the operations of the Behavioural Science programme to cancer related issues. He has specialized in the study of behavioural change as a component of health maintenance and in ways to improve the quality of care medical practitioners are able to provide. The Behavioural Science programme is based on a multi-disciplinary approach and involves a Health Economist, an Epidemiologist, a Statistician, an Oncologist and a representative of Family Medicine in addition to Dr. Sanson-Fisher who is an Experimental Psychologist. The objectives have been to establish a centre of excellence, to carry out research in the field of behavioural science and to train individuals who will help to set new and higher standards. Undergraduate students in psychology are recruited for part-time work and it is expected that a number of these students will proceed to graduate work in the field of cancer control. The local community is the main location for the studies of Dr. Sanson-Fisher and his colleagues and community programmes are often developed in local small towns through the involvement of one local doctor and one school. Support of the Unit by the New South Wales Cancer Council amounts to approximately \$250,000 per annum and the total budget is raised to approximately \$1 million per annum as a result of awards from national and other granting agencies. The successful initiation of these activities has led to increasing interest in the activities of the Unit by other members of the Faculty.

Dr. Sanson-Fisher suggested that Behavioural Research is involved in Cancer Control at five levels:

- (i) development of appropriate methodology
- (ii) definition of the extent of the problem

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- (iii) identification of individual and social factors leading to maintenance of health risk behaviours
- (iv) development and evaluation of cost efficient and acceptable interventions
- (v) development and evaluation of dissemination strategies

The Unit has already undertaken some interesting studies on attitudes vs. behaviour. For example, videotapes have been made of visits of patients to their doctors. In these cases the doctors have believed quite strongly that they were giving adequate counsel to their patients on prevention but the videotapes suggested that, in practice, preventive measures were not stressed.

Dr. Sanson-Fisher referred to parallel studies being carried out in New South Wales, Victoria and Queensland, and indicated that there was every expectation of continuing and increased interaction between the behavioural research programmes being set up in these three States.

The core staff of the Unit consists of Dr. Sanson-Fisher and other principal investigators, two Behavioural Scientists, one Statistician, four Data Managers and a part-time secretary. (Information was not obtained on which of these individuals is supported by the funds made available through the New South Wales Cancer Council).

Meeting with the Australian Cancer Society

This meeting was a less formal meeting and occurred during a luncheon cruise of Sydney Harbour. It was organized by Mr. Laurie Wright, the Executive Director of the Australian Cancer Society, and was attended by Dr. Ken Donald in his capacity as President of ACS, representatives of the New South Wales Cancer Council and several representatives of the local cancer treatment and research community. It provided an excellent opportunity for continuing dialogue and enabled the visitors to obtain detailed information on specific activities in their own areas of interest.

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Conclusions

1. The two Behavioural Science Units which operate in Melbourne and Newcastle are making significant contributions to the programmes of the Anti-Cancer Council of Victoria and the New South Wales Cancer Council, particularly the education programmes. Scientific studies provide the data used to conceive, design, implement, evaluate and revise programmes aimed at cancer control. In Melbourne, patient and family support programmes are studied for effectiveness and efficiency. The Behavioural Science Unit being established in Brisbane has the potential to make a similar contribution in the State of Queensland.
2. In all three States the organization of the Behavioural Research programme has been designed to take advantage of the local environment e.g. the research training of the intramural staff in Melbourne, the extensive interactions with the Department of Health and the Medical School in Brisbane, and the interest of an experienced investigator at the University of Newcastle for the programme in Sydney.
3. The initiation, acceptance and integration of a similar type of Behavioural Research programme would greatly strengthen the cancer control activities of the Canadian Cancer Society through development of the behavioural basis for interventions in such areas as prevention, early detection, patient services and fund raising. Such a programme could also provide evaluation of the effectiveness of such interventions.
4. A Canadian programme should be designed:
 - (i) to meet the needs of the Canadian Cancer Society
 - (ii) to meet and maintain the highest academic standards
 - (iii) to provide for extensive and effective two way interaction between such a programme and the projects undertaken within the programme areas of the Canadian Cancer Society
5. In order for benefit to be derived from the development of such a programme, a mechanism should be devised to promote a network of influence and interaction throughout Canada.

6. There is a growing tendency for State agencies in Australia to coordinate their activities for the common good. A consideration in point is the need to avoid the confusion resulting from the adoption of different policies on the recommended frequency of the PAP test.

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TRANSMISSION REPORT O'SEAS VISITORS

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CANADIAN DELEGATION
SEPT 4-5 1989

Planning & Human Resources Development
Canadian Cancer Society

From: Fax No. 03-663 7809
Originator: Dr. Nigel Gray

Dear Sam,

Thanks for your nice note. We enjoyed it too. I actually found out a few things about my organisation which I didn't know.


Yes I will be in Washington, but no not in November.

I will be in Washington from the 6-12 January 1990.

I can't make the 18 November any which way - I will be returning to Australia from Europe on the 11th.

Best wishes.

Yours sincerely,



Nigel Gray
Director

49-1425

ANTI CANCER COUNCIL OF VICTORIA
1 Rathdowne Street, Carlton South, 3053
Victoria Australia

Facsimile Transfer Information

To: Fax No.: 0011 1 416 961 4189

Date: 15 September 1989

Addressee: Sam Smart
Director
Planning & Human Resources Development
Canadian Cancer Society

No. of pages: 1

From: Fax No. 03-663 7809

Originator: Dr. Nigel Gray

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Yours sincerely,



Nigel Gray
Director

ADRIAN CANCER SAC-416 961 4189
P. 22-276-2

**SOCIÉTÉ
CANADIENNE
DU CANCER**



NATIONAL OFFICE

AFFILIATED WITH
THE NATIONAL CANCER
INSTITUTE OF CANADA

Suite 1702
77 Rue Queen Street
Toronto, Ontario M5S 1A1
Telephone (416) 961-1223
Fax (416) 961-4189

PRESIDENT
Gwyneth J. Ballantyne M.D.
CHIEF EXECUTIVE OFFICER
Douglas H. Barr M.D., M.Sc.

BUREAU NATIONAL

AFFILIÉE
À L'INSTITUT NATIONAL
DU CANCER DU CANADA

Suite 1702
77 Rue Queen Street
Toronto, Ontario M5S 1A1
Téléphone (416) 961-1223
Télécopieur (416) 961-4189

PRESIDENT
Gwyneth J. Ballantyne M.D.
DIRECTEUR GENERAL
M. Douglas H. Barr M. Sc. Soc.

September 14, 1989

Dr. Nigel Gray, C/O Judy O-Leary
Anti-Cancer Council of Victoria,

Dear Nigel,

What a great two days we had with you! Thanks for sharing so much information and hospitality. We're home safely and full of enthusiasm.

I recall, Nigel, that you were going to be in Washington; was it in November? Is there any possibility of joining us in Toronto, on the morning of Saturday, November 18, 1989?

We have a large National Canadian Cancer Society Conference on that date, with the goal of promoting an attitude change in our membership toward collaborative, focussed issue-based planning.

If there is any possibility of including you on our morning program, Nigel, please let me know and I'll send more detail immediately.

Thanks for considering this,

Sincerely,

Sam Smart

Sam Smart, Director,
Planning & Human Resources Development

SS/mp

ACCV DINNER GUESTS

Professor Barry Firkin

● Haematologist. Chairman of Monash University Department of Medicine at the Alfred Hospital. **Chairman ACCV Medical & Scientific Committee.**

Mr Brian Fleming

● Senior Consultant Surgeon specialising in head and neck surgery. Immediate Past President Australian Cancer Society. **Member of ACCV Executive Committee.**

Dr Graham Giles

Ph.D in Medical Geography. Director of the Cancer Registry since 1983, and **Director of the Cancer Epidemiology Centre.**

Dr Nigel Gray

● As well as **Director of the ACCV** deeply involved in establishing a broad base for health promotion in Victoria through the Victorian Health Promotion Foundation. Long involvement with UICC and Director of the UICC Smoking & Cancer Program.

Dr David Hill

Ph.d in Social Psychology. Previously Education Director. Now Associate Director ACCV and **Director of the Centre for Behavioural Research** in Cancer since its inception.

Dr Tom Hurley

● Senior Consultant Physician. Chairman, Royal Melbourne Hospital Board. **Past Chairman ACCV Executive Committee.** Involved in ACCV's decision to set up the two research centres.

Dr Robin Marks

Previously consulting physician specialising in dermatology. Having gained post-graduate qualification in public health, joined ACCV as Education Director. Last year was appointed **Director of Programs and Management ACCV.**

Professor Gordon Stanley

● Professor in Psychology. Deputy Vice-Chancellor, University of Melbourne. **Member of Advisory Committee, CBRC.** President, Australian Psychological Society. Interest in health and applied psychology.

Dr Max Whiteside

● Medical Oncologist and Haematologist. **Chairman of the ACCV Executive Committee.** Previously Head of Oncology & Haematology at the Alfred Hospital.

MELB CLUB DINNER

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB. BS. Hon. LL.D. FRACP, FRACMA

Anti-Cancer Council of Victoria



August 11, 1989

41-826

Dr. T. H. Hurley
152 Lennox Street
RICHMOND VIC 3121

Dear Tom

The Anti-Cancer Council is receiving a visit from a Canadian delegation of five on September 4th and 5th. They have a very precise agenda which is spelled out in the attached letter from Peter Scholefield.

I wonder would you be tolerant enough to attend unaccompanied a somewhat technical dinner with them? I am anxious to bring them together with the ACCV people who have presided over the development of our behavioural research unit and the way in which it is integrated with our public education program.

David Hill will organise a very careful agenda for their two days of work with us. This will expose them to the detailed modus operandi of the CBRC and public education programs.

However, the second reason for their visit is to find persuasive arguments to convince a scientific establishment that the skills we have developed, our structure, and our modus operandi are a good thing.

The invitation list for the dinner will include ACCV committee chairmen, yourself, Gordon Stanley, Brian Fleming, Gordon Clunie and the three ACCV divisional directors. Allan Dick, unfortunately, has a prior commitment.

I would rather like to run this evening in a semi structured way so that we make quite certain of meeting their needs.

This note is merely to invite you to come and to put the evening in your diary. We have booked the Garden Room at the Melbourne Club for the early starting time of 6.30 for 7.00 pm.

Yours sincerely

Nigel Gray

RSVP to Christine Speakman - 662-3300

Encl:

41-826b

Place Cards

Joan Anderson
Vice President CCS

Sam Smart
Planning Director, CCS

Jacques Cantin
Vice President CCS

Jack Laidlaw
Exec. Director Medical Affairs, CCS

Richard Margolese
President, NCI Canada

Peter Scholefield
Exec. Director, NCI Canada

Tom Hurley ✓

Gordon Stanley ✓

Brian Fleming

Graham Giles ✓

Robin Marks ✓

Max Whiteside

David Hill ✓

Barry Firkin

Nigel Gray ✓

Centre for Behavioural Research in Cancer

Memorandum

To: *Nigel Gray*
From: David Hill
Date: 24 August, 1989
Subject: Visit of Canadian Delegation
4th and 5th September

Please note we have been advised that **Dr Jacques Cantin** from Montreal will be joining the visiting Canadian group on 4th and 5th September.

The group now comprises:

Mrs Joan Anderson
Vice-President, Canadian Cancer Society

Dr Jacques Cantin
Vice-President
Chairman, Planning and Co-ordination Committee
Canadian Cancer Society

Dr J C Laidlaw *Jack*
Executive Director, Medical Affairs, Canadian Cancer Society

Dr R G Margolese *Richard*
President, National Cancer Institute of Canada

Professor P G Scholefield *Peter*
Executive Director, National Cancer Institute of Canada

Ms Sam Smart
Director, Planning and Human Resources Development
Canadian Cancer Society



25 JUL 1989

Suite 1702
77 Bloor Street West
Toronto, Ontario M5S 3A1
Telephone (416) 961-7222
Fax: (416) 961-4189

PRESIDENT
R.G. MARGOLESE, M.D.
F.R.C.P.(C), F.R.C.S.

CHIEF EXECUTIVE OFFICER
Douglas H. Barr, M.S.W.

EXECUTIVE DIRECTOR
P.G. Scholefield, Ph.D., D.Sc.

12 July 1989

TO: DR. G. BALLANTYNE, President, Canadian Cancer Society
MR. D.H. BARR, Chief Executive Officer CCS/NCIC
MR. GRAEME BRIEN, Executive Director, Queensland Cancer Fund
DR. NIGEL GRAY, Director, Anti-Cancer Council of Victoria
MRS. ELAINE HENRY, Executive Director, NSW Cancer Council
DR. DAVID HILL, Director, ACCV Centre for Behavioural Research
in Cancer
DR. J.C. LAIDLAW, Executive Director, Medical Affairs, CCS
DR. R.G. MARGOLESE, President, National Cancer Institute of
Canada
MR. LAURIE WRIGHT, Executive Director, Australian Cancer
Society

AFFILIE
À LA SOCIÉTÉ CANADIENNE
DU CANCER

Suite 1702,
77 rue Bloor ouest,
Toronto, Ontario M5S 3A1
Téléphone (416) 961-7223
Fax: (416) 961-4189

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In recent weeks the Boards of Directors of the Canadian Cancer Society (CCS) and the National Cancer Institute of Canada (NCIC) have been informed about the proposed visit of representatives of CCS/NCIC to Melbourne, Brisbane and then Sydney. The time has therefore come to finalize the arrangements and I would like to summarize what is proposed as follows:

Background

The Society and the Institute have a mutual interest in their joint efforts to decrease the incidence, morbidity and mortality from cancer. They have each contributed to this goal by the exercise of their own unique talents - the Society by its fund raising activities and the ability of its volunteers and staff to mount programmes throughout the country (such as in Public Education and Patient Services), the Institute by its ability to support cancer research activities and through the network of medical and scientific advisors available to its volunteers and staff. During the last five years opportunities have been developing for the two agencies to discuss issues of direct common interest and these issues are increasingly demanding the contributions of all available expertise. This tendency has been recognized in the strategic planning activities of the Society and the Institute and the realm of maximum mutual interest has been identified as the area known as "Cancer Control".

.../2

The primary need of the Society is to be provided with supplementary advice on Behavioural Analysis, Health Promotion and Programme Evaluation. The word "supplementary" is used advisedly since the Society continues to conduct highly sophisticated and effective programmes in the area of cancer control but it lacks an in depth background in the research expertise on which it would like to base its future activities. The Australian experience, particularly the recent creation of the Anti-Cancer Council of Victoria Centre for Behavioural Research on Cancer directed by Dr. David Hill, has emerged as a focal point in discussions of how the Society/Institute should interact in improving the Canadian programme in cancer control.

The advice of Dr. Gray and Dr. Hill was sought during their visit to Toronto in February 1989 and out of that visit has begun to emerge a vision of a new approach to cancer control by the Society/Institute. This vision must now be translated into reality and the proposed visit is expected to constitute a major step forward in that process.

Purpose of Visit

The purposes identified to date include the following:

- (i) to enable all members of the visiting team to learn about the various programmes in cancer control being conducted in New South Wales, Queensland and Victoria, particularly the initiatives in fields related to behaviour and the psychosocial sciences
- (ii) to discuss with our Australian colleagues how best to take advantage of their experience with differing approaches to cancer control in order to improve our own cancer control programmes
- (iii) to enable Dr. R.G. Margoese, who has agreed to become Chairman of a National Task Force on Coordination of Cancer Control, to learn first hand about the operation and degree of integration of some of the cancer control programmes in Australia
- (iv) to discuss the development of approaches to coordination of cancer control in an environment where the political and territorial factors are as significant as they are in Canada

The Visitors

The need for Dr. Margoese to learn first hand about the Australian programmes demanded his participation and it was felt that it would also be important for the President of the sister organization to be involved. It seems likely that Dr. Margoese will be accompanied by his wife and that Dr. Ballantyne will be accompanied by her husband (Dr. Trevor Sandy who, like Dr. Margoese, is a surgeon). Mr. Barr and I have been responsible for most of the planning

activities directed to the interactions between the Society and the Institute and we will accompany our Presidents. The final member of the team will be Dr. J.C. Laidlaw who is the Executive Director, Medical Affairs of the Society and is the Director of Research and Education for the Ontario Cancer Treatment and Research Foundation.

I would ask that (i) the current reservations be modified to include Dr. Ballantyne and her husband and (ii) Dr. Hill confirm whether or not he is able to share his expertise by accompanying the Canadian contingent to Brisbane and Sydney.

Timetable

The only fixed period is between the evening of Sunday 3 September and late afternoon on Saturday 9 September. The itinerary for this period is as follows:

Sunday 3 September

Register at: Rathdowne International Motel
49 Rathdowne Street
Carlton (Melbourne)
Victoria AUSTRALIA 3053
Tel: 3-662-3300
FAX: 3-663-3412

For international dialing from Canada, prefix 011-61-

Monday 4 September

Day to be spent with Dr. Gray and Dr. Hill at the Anti-Cancer Council of Victoria which is just a few doors away from the Motel.

Tuesday 5 September

Most of the day to be spent in continuation of the discussions with Dr. Gray and Dr. Hill.

Catch Ansett Air Flight 56 which leaves Melbourne at 6:40 p.m. and arrives Brisbane at 8:30 p.m.

Register at: Gregory Terrace Motor Inn
397 Gregory Terrace
Spring Hill, Brisbane
Queensland, AUSTRALIA 4000
Tel: 7-832-1769

Wednesday 6 September

Day to be spent with Mr. Graeme Brien and colleagues of the Queensland Cancer Fund.

Thursday 7 September

Most of the day spent in continuation of the discussions with representatives of the Queensland Cancer Fund.

Catch Ansett Air Flight 137 which leaves Brisbane at 6:15 p.m. and arrives Sydney at 7:35 p.m.

Register at: Old Sydney Park Royal
[no further information available]

Friday 8 September

Day to be spent with Mrs. Elaine Henry and other representatives of the New South Wales State Cancer Council. I am also hoping that we will be able to meet Dr. Rob Sanson Fisher who is Director of the Council's Cancer Education Research Project within the Discipline of Behavioural Science in Relation to Medicine at the University of Newcastle.

Saturday 9 September

Mr. Laurie Wright is making arrangements for the visitors to meet with representatives of the Australian Cancer Society during the morning. This is to be followed by an informal lunch and the fixed part of our visit to Australia should finish in the early afternoon.

Travel Plans

All of the visitors are to make their own travel arrangements but they are requested to ensure bookings on the Ansett flights from Melbourne to Brisbane and Brisbane to Sydney so the party can travel together. It is my understanding that overseas visitors to Australia are eligible to receive discounts on Ansett flights within Australia.

Dr. Gray has suggested that the visitors consider the possibility of arriving in Australia in time for their biological clocks to reset themselves before we begin this week of sustained activity. I plan to arrive in Sydney on Friday to spend time with my son and his wife. Mr. Barr and Dr. Laidlaw plan on arriving early on the Sunday morning and hope to catch up on sufficient sleep before Monday morning. I know that Dr. Ballantyne and Dr. Margoese are planning on extending their visit to include holidays so it would be possible for them to take the advice of Dr. Gray into account.

Travel to Australia requires a visa and the application takes time to process so I suggest the visitors make a start as soon as possible. It is not possible to enter Australia without a visa.

Local Arrangements

Hotel reservations have kindly been made by Dr. David Hill (Melbourne), Mr. Graeme Brien (Brisbane) and Mrs. Elaine Henry (Sydney). I would ask them to please make the modifications referred to above.

Outcome

The outcome will be a report and the recipient(s) will depend on the recommendations. However if the eventual action is to be an intramural programme with the "core" costs provided by the Institute and the "project" costs provided by the Society, I would see the report going first to the Planning Committees of the two organizations and being considered by the Joint Liaison Committee before being submitted to the two Boards of Directors. Budgetary considerations would then become a major factor in determining how soon the plan could be implemented.

_____°_____

I hope I have covered the main issues in this memorandum. However, if I have omitted anything or if any aspect is unclear, please let me know.

Let's all look forward to a productive dialogue that will also be an outstanding experience.

My best regards.

Yours sincerely,



P.G. Scholefield, Ph.D.
Executive Director

PGS:mpp

Minutes of Meeting held 19.6.89

AUG 23 '89 14:48 CANADIAN CANCER SAC-416 961 4189 P.2

NATIONAL
CANCER INSTITUTE
OF CANADA



INSTITUT NATIONAL
DU CANCER
DU CANADA

Judy
Please include
Dr Jacques Cantin
in the Melbourne
Club Dinner.

AFFILIATED WITH
THE CANADIAN CANCER
SOCIETY

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P.G. Scholefield, Ph.D., D.Sc.

23 August 1989

SENT BY FAX 23 AUGUST 1989

Dr. Nigel Gray
Director
Anti-Cancer Council
of Victoria
1 Rathdowne Street
Carlton South
Victoria 3053
AUSTRALIA

Dr. David Hill
Director
Centre for Behavioural
Research in Cancer
1 Rathdowne Street
Carlton South
Victoria 3053
AUSTRALIA

ALA SOCIÉTÉ CANADIENNE

Suite 1702,
77 Bloor Street West,
Toronto, Ontario M5S 3A1
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M. Douglas H. Barr, M. Serv. Soc.

DIRECTEUR EXÉCUTIF
P.G. Scholefield, Ph.D., D.Sc.

Dear Nigel and David:

I am writing to let you know that we will be joined in Australia by Dr. Jacques Cantin from Montreal. Jacques is a surgeon, a Vice-President with the Canadian Cancer Society, and National Chairman of the Society's Planning and Coordination Committee.

Would you please reserve a single room at the Rathdowne International Motel for Dr. Cantin for September 3 and 4.

Also, Richard and Jacquie Margolese are travelling through from Canada to Melbourne on September 1 to 3, and Jacquie is concerned that she may not be up to the opera on Monday evening. Rather than tie up the ticket Jacquie asked me to suggest Mrs. Gray not hold the ticket for her.

The other members of the group have taken your good advice and arranged two days for recovery after that long journey across the Pacific.

See you on the 4th.

Yours sincerely,

Sam Smart for
P.G. Scholefield, Ph.D.
Executive Director

SS:mpp

Minutes of Meeting held 19.6.89

Re: NCI delegation - 4 & 5 September 1989

Preliminary Program

Present: David Hill, Ron Borland, Jill Cockburn, Brigitte Karazija, Adrienne Anstee, Myee Pruden, **Dr Gray** was in attendance.

Monday (4th)

Orientation to ACCV
Tour of building etc - N.G.
- ? split up Canadians?
Discuss intended program
History of starting up CBRC

Morning tea

Go over documents/handout
What we are doing
- actual studies

Lunch

What we do (content)
How we do it?*

Working with non-CBRC

Zoo?

Tuesday (5th)

SunSmart presentation
by Dorothy Reading: discussing
the research elements involved in
the SunSmart program

Morning tea

Quit: presentation by Michelle
Scollo (along the same lines as
Dorothy's)

Lunch

Computing
Pros & cons of CBRC model
(in-house)
National v state based, research
centre

VIP dinner

*How we do it?

- a) source of ideas for research
- b) team composition
- c) protocol development
- d) funding
- e) team discussions etc
- f) implementation - time lines, staffing
- g) field work/purchasing etc
- h) data entry, coding
- i) cleaning of data
- j) analysis
- k) report/paper

file for Canada visit

N.G. Suggestions

- i) give the delegation some preliminary reading
i.e. a *bound* document of
 - a) preamble
 - b) reports to Executive Committee
 - c) project listing
 - d) bibliography

- ii) consider sending this report to other Australian Cancer Societies
- also to Imperial Cancer Research Fund.

- iii) show the group the value of consistency of technique; ie as with the SSASS, and adult smoking surveys.

- iv) need to work out how to help *them* to sell the idea in Canada.

- v) what's a mission of a cancer society - possibly for N.G. to discuss.

- vi) monitoring change (including "diagnostic" value)

- vii) there are 2 things to sell
 - a) the need for the CBRC
 - b) the need for feedback between Pub. Ed and CBRC. i.e. Pub Ed. could not function without the CBRC.

- viii) need to write to Peter Scholefield and ask what other possible agendas they may have whilst in Melbourne. Ask for their whole time to be devoted to ACCV.

V.I.P. Dinner

Gordon Clunie
Mr Dick
Current Chairman
Gordon Stanley

GABK01
BK:bs/2
21 June 1989

Notes for the Information of Delegation

from

Canadian Cancer Society

and

National Cancer Institute of Canada

September 4th and 5th 1989

Notes for the Information of Delegation
from
Canadian Cancer Society
and
National Cancer Institute of Canada

Contents

1. Program
2. Notes
3. CBRC Work Procedures
4. Guidelines for presentation of reports
5. Job descriptions of CBRC staff
6. Research students
7. Relevant correspondence

enter to be able to work places for fundraising
Taka and Tax.

management & development of a number of programs

1:1 can be a marketing program
with hospitals probably need a cancer
support group

CEA

Refranchising

what's a volunteer

Program for CCS/NCIC visit

Sunday, 3rd September

Arrive at Rathdowne Hotel
Own arrangements

Monday, 4th September

9.30 am

Arrive at Anti-Cancer Council
Converse in NG's office
Discuss nature of ACCV and how CBRC got started (*Action: NG*)
Tour of building (*Action: NG*)
Discuss program outline/modify or add if necessary (*Action: All*)

10.30 am

Morning tea in NG's office

11.00 am

The Canadian situation: opportunities and problems in cancer control
(Presentation and discussion). (*Action: CCS/NCIC*)

11.30 am

What the CBRC does: overview of resources and operations
David Hill (*Action: DH*)

12.30 pm

Luncheon at ACCV to meet CBRC staff and other
senior ACCV staff. (*Action: BK,AA*)

2.00 pm

What we do and how we do it: two programs of
research as examples:
(a) Screening mammography - Jill Cockburn. (*Action: JC*)
(b) Smoking - Ron Borland. (*Action: RB*)

3.30 pm Afternoon tea

4.00 pm

Pros and cons of the ACCV/CBRC model for conducting applied
behavioural research. (*Action: DH*)

5.00 pm Close

7.00 pm

Dinner for CCS/NCIC visitors hosted by Dr Nigel Gray. (*Action: NG*)

6.30 →

Tuesday, 5th September

9.30 am

CRBC collaboration with Education Unit
a program delivery perspective -
Dorothy Reading, Director, Education Unit
(*Action: DR*)

10.30 am Morning tea with staff of Education Unit. (*Action: BK,AA*)

11.00 am

Planning, coordinating, organising cancer control at a state and federal level. Nigel Gray to chair this meeting. Discussion with opening remarks from Robin Marks, Director of Programs, ACCV. (*Action: RM, DH, NG*)

12.30 pm

Lunch and ambulatory discussion at the Melbourne Zoo (weather permitting). (*Action: BK,AA*)

2.30 pm

Unscheduled time for completion of matters arising from earlier discussions.

5.15 pm Taxis depart for airport. (*Action: AA*)

* All daytime activities are in the Boardroom unless otherwise stated.

Research Team

Director

David Hill PhD (Psychology). Long background in cancer control with Anti-Cancer Council of Victoria, Australian Cancer Society and UICC (Project on Doctor Involvement in Public Education). Major interest in population estimates of major behavioural risk factors for cancer, educational program evaluation, psychology of smoking, BSE and Pap test behaviour.

Senior Behavioural Scientist

Ron Borland PhD (Psychology). Background in clinical and social psychology. Major interests are smoking cessation, evaluation of campaigns (especially tobacco and skin cancer), and adjustment of cancer patients and their families. More generally is interested in models of psychological adjustment and healthy lifestyles.

Senior Behavioural Scientist

Jill Cockburn PhD (Behavioural Science in Relation to Medicine). Trained with Professor R. Sanson-Fisher at Newcastle. Jill's main research interests prior to coming to CBRC, were studies on quality of care in general practice. She also has an interest in women's health issues, especially regarding the preventability of many of the leading causes of death amongst women. Since being with CBRC she has worked on the evaluation of the Mammographic Screening Project, ways of increasing cervical screening especially amongst "at risk" women and has recently been focussing on the area of preventive activities in general practice.

Research Officer and Data Systems Co-ordinator

Victoria White BA Hons (Psychology). Co-ordination of computerised data processing, analysis and writing of research reports in collaboration with P.I.'s. Doing own project for post-graduate degree on Pap test decision making processes.

Evaluation Officer (Quit campaign)

Lucio Nacarella BSc Hons (Psychology). Background in health promotion research at University of Adelaide. Responsible for evaluation studies for Quit campaign. Position funded by Quit campaign.

Research Assistant

Penny Schofield BSc Hons (Psychology). Skills in statistical analysis of data. Currently working on mammography, smoking, and patient adjustment studies.

Research Assistant Position (Temporarily vacant)

Academic Associate

Valerie Clarke PhD (Psychology). Based at Deakin University, Dr Clarke spent her sabbatical with the Centre for Behavioural Research in Cancer recently. She will continue one day per week and use the Centre for Behavioural Research in Cancer as a major vehicle for her academic research.

What the Centre for Behavioural Research in Cancer does - overview of
research program, resources and operations.

Research Administration

Executive Officer

Brigitte Karazija BAppSc in MRA. Background in medical records administration and clinical cancer trials. Assists in the implementation of the Centre's research program and the reporting of all projects.

Administrative Assistant

Myee Pruden. Has worked with the Centre for Behavioural Research in Cancer on a variety of projects, as a casual. Assists with the day-to-day management of the Centre's research activities.

Office Administration

Administrative Secretary

Adrienne Anstee. Came to the Anti-Cancer Council of Victoria from secretarial area of university administration. Responsible for the co-ordination of secretarial workflow for the Centre as a whole, and to act as personal secretary to the Director.

Delegation 11

What the Centre for Behavioural Research in Cancer does - overview of
research program, resources and operations.

AIM

"To provide a behavioural science program to advance cancer prevention, detection, treatment and rehabilitation in Victoria by:-

- a) conducting applied research to underpin preventive and educational interventions,
- b) collaborating in epidemiological studies,
- c) developing interest, expertise and research activity in academic institutions."

What the Centre for Behavioural Research in Cancer does - overview of
research program, resources and operations.

Funding (\$A450,000 in 1988-89, plus on costs)

- * Anti-Cancer Council of Victoria
- * Victorian Health Promotion Foundation, via "Quit" and "SunSmart" campaigns
- * Contracts
- * Issues:
 - (a) Collaboration with other researchers on externally funded projects.
 - (b) Competing for external research funds - the pros and cons.
 - (c) Specifying projects for fundraisers to use in soliciting funds from trusts and business.

What the Centre for Behavioural Research in Cancer does - overview of research program, resources and operations.

Research study initiation

- * Where do the ideas come from?
 - (a) research literature (Centre for Behavioural Research in Cancer takes a number of key journals in public health, health education and psychology)
 - (b) own previous work
 - (c) discussions with program deliverers

- * Issues:
 - (a) avoiding duplication versus local validation
 - (b) theoretical component
 - (c) "publishability"

What the Centre for Behavioural Research in Cancer does - overview of research program, resources and operations.

Research project development

- * Identification of Principal Investigator
- * All studies require a protocol before significant work begins
- * Protocol review processes depends on
 - (a) size of study
 - (b) newness of methods
 - (c) ethical implications
- * Team discussions
- * Time lines
- * Project administration - see Work Procedures
- * Authorship
- * In-house report guidelines - see attached
- * Release of information
- * Verification of results - see Work Procedures

What the Centre for Behavioural Research in Cancer does - overview of research program, resources and operations.

Overall planning

- * Review - preview meetings - see Work Procedures
- * Budget-time (April)
- * Issues: (a) Extent to which we should be "demand-driven"
 (b) Does it make sense to plan far ahead?
 (c) Income dependency

What the Centre for Behavioural Research in Cancer does - overview of
research program, resources and operations.

Reporting

- * To Director of Anti-Cancer Council of Victoria weekly; plus six-monthly review
- * To Anti-Cancer Council of Victoria Executive Committee six-monthly
- * To Medical and Scientific Committee annually
- * Independent review after five years
- * Role of Advisory Committee

Research strategy to date

1. Put essential behavioural risk factor data for Victoria in place:
 - (a) Adult smoking - see reports
 - (b) Children's smoking - see reports
 - (c) Mammography and BSE involvement
 - (d) Pap test involvement
 - (e) Skin protection
 - (f) Skin vigilance
 - (g) Perception of cancer causes
 - (h) Patient experience
2. Integrate research functions with preventive program development and evaluation (eg. Quit and SunSmart).
3. Count and identify educational program clients wherever possible (eg. Fresh Start, Mammacheck and Living With Cancer courses).
4. Engage in longitudinal and intervention studies at the community level.

Getting up to speed

What the Centre for Behavioural Research in Cancer does - overview of research program, resources and operations.

Linkages

Within the Anti-Cancer Council of Victoria

- (a) Educational program
- (b) Epidemiology Centre
- (c) Quit campaign

External

- (a) Academic appointment of staff
- (b) Academic teaching
- (c) Research students
- (d) Australian Cancer Society
- (e) Public Health Association
- (f) National Health and Medical Research Council
- (g) Refereeing applications and articles
- (h) Heart Foundation
- (i) Victorian Health Promotion Foundation
- (j) UICC

Issues

- (a) How much time is reasonable to contribute to the "field"?
- (b) How important to Anti-Cancer Council of Victoria objectives is it to have this vehicle to influence public policy?

What we do and how we do it: two programs of research as
examples: (a) Screening mammography

CBRC involvement with the evaluation of the Pilot Screening Mammography Program

- . pilot programs around Australia
- . ACCV responsible for Victorian evaluation
- . CBRC responsible for behavioural evaluation

What we do and how we do it: two programs of research as
examples: (a) Screening mammography

The nature of the involvement

- wide scope and diverse
- theoretical and applied
- multi-disciplinary
- multi-centered

What we do and how we do it: two programs of research as
examples: (a) Screening mammography

Our research program

Attendance

Pre-implementation survey of 668 women
Predictors of

- . intention to attend the Program
- . attendance after routine
promotion of the Program in the
community
- . attendance after extra
recruitment efforts, eg. a letter
of invitation

Recommended recruitment strategy for the
Education Unit

Suggested recruitment strategy

1. Development of Promotional Material..
 - . be reassuring and optimistic
 - . emphasise personal control over health
 - . confront barriers
 - . give information on the treatment of breast cancer
 - . perceptions of personal susceptibility

2. Disseminate information about the existence of the Program.
 - . location of Essendon hospital

3. Media
 - . through networks eg friends
 - . general practitioners
 - perceptions of personal susceptibility
 - consultations for other preventive health behaviours

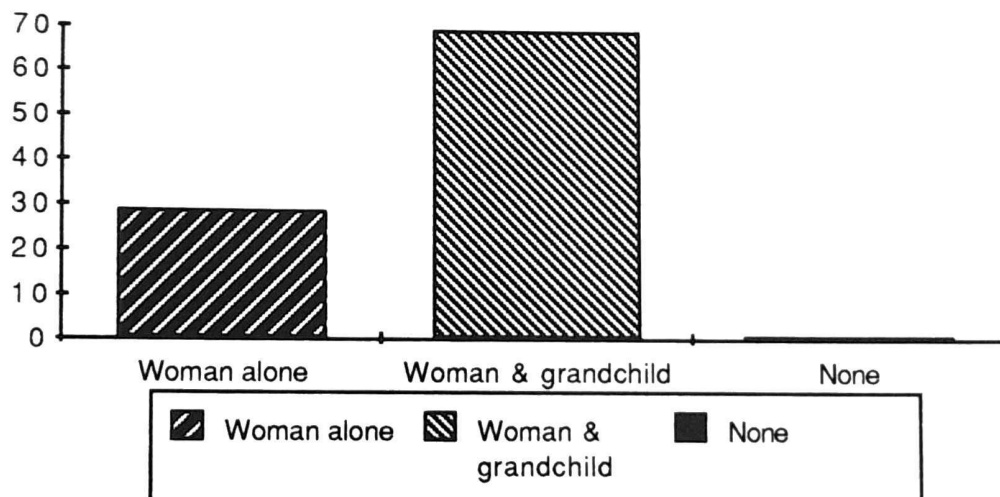
4. Structural Interventions
 - . provide transport to the hospital
 - . longer hours of operation

5. Target particular groups of women
 - . older women
 - . plant and machine operators

Pretesting promotional material

- . negotiations with the advertising agency
- . mock-ups of promotional material
- . pretest -
 - . focus groups
 - . intercept interview

Percentage of respondents seeing each poster as eyecatching



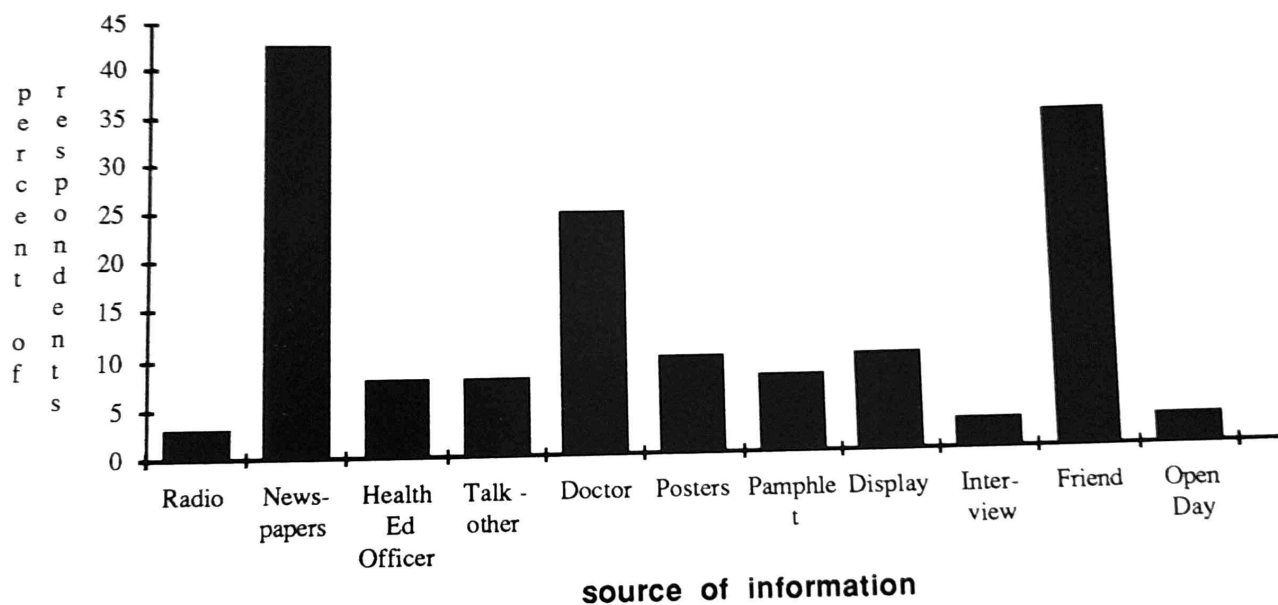
- . back to the agency

What we do and how we do it: two programs of research as examples: (a) Screening mammography

Cues for attendance

- . survey attenders one day a week
- . feed back to Education Unit

17/2/89



- . changes made in health education activities

What we do and how we do it: two programs of research as
examples: (a) Screening mammography

Recruitment letters

- . test acceptability
- . collaboration with Epicentre in assessment

What we do and how we do it: two programs of research as
examples: (a) Screening mammography

GP Recommendations

- . GP recommend women attend
- . 39% of those eligible attend
- . differentially effective according to age
- . effective strategy for older women?

What we do and how we do it: two programs of research as
examples: (a) Screening mammography

Satisfaction at Screening Clinic

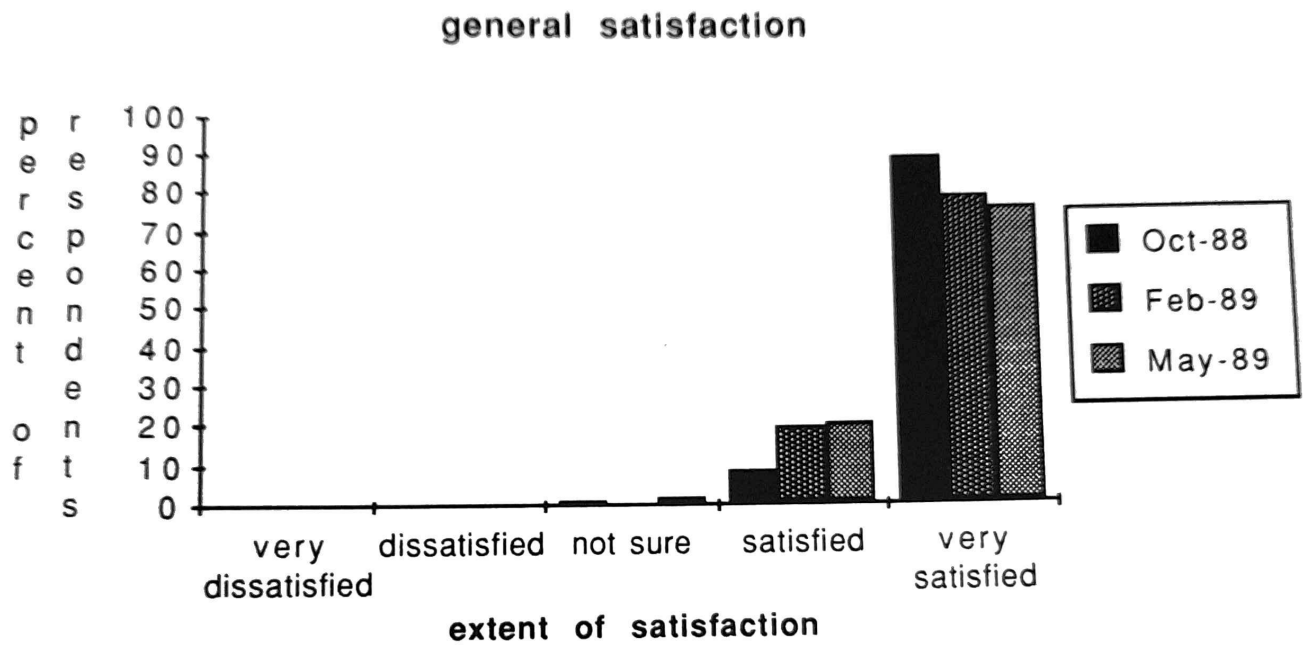
Instrument Development

- . standard questionnaire
- . different dimensions of satisfaction
- . used nationally

Application

- . collect data at three monthly intervals
- . routinely feed back to management and staff

General satisfaction with the Breast X-ray Program at three time periods



What we do and how we do it: two programs of research as
examples: (a) Screening mammography

Satisfaction at recall clinic

Instrument

- . developed standard questionnaire

Method of Data Collection

- . interview vs questionnaire
- . acceptability, costs, validity
- . questionnaire preferred

What we do and how we do it: two programs of research as examples: (a) Screening mammography

Other studies

Psychological Costs

- . instrument development
 - . measurement - end-point in itself
 - economic evaluation
 - . collaboration with Epicentre
 - . comparison with 'utilities'
-

Non-English Speaking Evaluation

- . community networking
-

Pain

- . clinical
- . psychometrics

What we do and how we do it: two programs of research as
examples: (a) Screening mammography

CBRC Program

- . descriptive, longitudinal, interventional
- . multi-disciplinary
- . multi-centred
- . theoretical and applied

QUIT PROGRAM EVALUATION

QUIT PROGRAM - Major components

Mass media campaigns - TV
- Other

Quitline recorded message

Telephone counselling

Written resources

Fresh Start cessation courses

Schools program

Sponsorships

STRATEGY:

Monitoring key variables
- Yearly household surveys
- Telephone surveys.

Considering change as a process
- measures of early stages

Focussed studies
- eg Kylie Mole
Junior supporters

Pre-testing resources
- focus groups etc

Feedback into campaign

CONTROLLED INTERVENTIONS

Uptake and effectiveness of a Quit booklet

Letter to smoking patients on leaving hospital

GP Intervention.

Issue: Varying degree of involvement in the content of the intervention.

ENVIRONMENTAL CHANGE AND SMOKING

Impact of bans on smoking in the workplace

- acceptability of the bans
- effects on smoking

PROCESS OF SMOKING (initiation and cessation)

Permeates many studies

Specific program: Maintenance of cessation attempts - studies on factors influencing survival or slip-up in tempting situations and recovery or relapse following slip-ups.

MONITORING SMOKING

Adult smoking - Hill & Gray from 1974

SSASS - Secondary schoolchildren
Hill et al from 1984

MONITORING PUBLIC ATTITUDES

Eg. to: passive smoking

restrictions on promotion of tobacco products

workplace restrictions

restaurant restrictions

BROAD ACTIVITIES RELATING TO SMOKING

Monitoring prevalence and incidence

Monitoring public attitudes

Quit program evaluation

Controlled interventions

Environmental change and smoking

Process of smoking (initiation and cessation)

Pros and Cons of the ACCV/CBRC model for conducting applied behavioural research

| Benefits | Risks |
|--|--|
| Cancer control is No. 1 organisational priority | Becoming too narrow |
| All team focussing on cancer (not a "natural" focus for behavioural scientists) | Becoming too tied to "today's problem" |
| Guaranteed funding and flexibility means issues can be addressed as they arise. | Not exposed to academic "market place." |
| Close collaboration with program deliverers: | Losing objectivity or being seen to have lost it |
| a) integrate research and evaluation with program development and delivery. | |
| b) stimulus for research ideas. | |
| Being part of the change agency, we know the right policy-related research questions to ask. | |

Education Unit

Objectives

Programs - breast cancer, cervical cancer, diet, smoking, skin cancer.

Skin Cancer Control Program

1980 Slip! Slop! Slap! - Victoria

1985 Slip! Slop! Slap! - National skin Cancer Awareness Week

1988 SunSmart

- New funding source and increased scope
- New data available Sun Protection Study
- New perspective from reference group involving education, epidemiology, behavioural science and medical/scientific input.

Target set externally - adolescents

Strategies planned on basis of Sun Protection Study and other data.

Strategies resources developed and pretested.

Post campaign evaluation - planning for next summer.

Second Sun Protection Survey - longer-term planning.

Cancer Control at a State Level

Cancer of Cervix

- 1986
1. Review Current Education Programs - ACCV.
 - a. Produce policy document on increasing our activity
 - b. Series of rolling campaigns involving CBRC in deciding directions and outcome.
- 1987
2. Victorian Working Party on Cervical Cancer.
 - a. Refine recommendations on screening interval.
 - b. Management of abnormalities.
 - c. Statewide Database of Cervical Smears.
- 1987-89
3. Commence Education Programs
 - a. Doctor's surgery - doctor only.
- doctor & receptionist.
 - b. Community and doctors.
 - c. Community and doctors and alternative clinics.
 - d. CBRC/VC(G)S monitoring.
- 1987-89
4. Victorian Cervical Cytology Registry
 - a. Private pathologists.
 - b. Health Department Victoria/Commonwealth Government grant applications.
 - c. Political 'Facciamo manovre di corridoio'.
 - d. Women's groups survey.
 - e. Medical groups lobby.
 - f. Political lobby/CBRC opinion poll.
 - g. Implementation.

Cancer Control at State and National Level

Skin Cancer

- 1987-88
1. Meet with Occupational Health and Safety Unit, VTHC.
 - a. Choose an occupational cancer.
 - b. Advertise joint ACCV/VTHC publication.
 - c. Develop and launch ADSTE Booklet.
- 1988
2. Lobby National and State OHS Commissions - Worksafe.
- 1988-89
3. Advise on VTHC Standard for UV exposure.
 - a. ACTU Standard for Australia.
 4. Act as advisor to Worksafe.
 - a. Develop Code of Practice.
 - b. Tripartite agreements between Government, unions, employers.

Cancer Control at National Level

Health for all Australians

- 1985-86 1. Better Health Commission
- 1987 2. Health Targets and Implementation Committee of the Australian Health Ministers' Advisory Council.
- 1987 3. NH&MRC, ACS National Cancer Prevention Policy for Australia.
 - a. Document produced from Australia-wide working parties.
 - b. Document submitted to Commonwealth Department of Health.
- 1988 4. Report of the Health for All Committee.
 - a. Commonwealth Minister of Health announces budget for Health for All proposals.
 - b. Five major areas of need, of which one is cancer.
 - c. ACS policy accepted as the Health for All policy.
- 1989 5. Establishment of Project Planning Teams.
 - a. ACS Public Affairs Committee is the Cancer PPT, with some additions.
 - b. Report on options for cancer control with costings.
 - c. State Governments to match Commonwealth funding and decide on priorities.
 - d. Victorian Health Promotion Foundation.
 - e. Health Department Victoria - Implementation Committee.

CBRC WORK PROCEDURES

CONTENTS

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CBRC Work Procedures

A. Relation to Anti-Cancer Council

CBRC is a unit of the ACCV and the terms of employment of staff are those which apply generally to Council employees. David Hill is the Centre's Director and is also the Associate Director of the ACCV (20% allocated to this function).

Accountability for performance as a scientific unit is to the Medical and Scientific Committee, advised by the Centre's expert Advisory Committee. It is expected that an independent scientific review will take place after about three years, ie. 1992.

The Centre's work has features that distinguish it from other ACCV units. The procedures set out below were developed to guide research staff in planning, conducting and reporting investigations.

B. Co-ordination

1. Secretary meets daily with the Director.
2. Executive Officer meets with the Director on a weekly basis.
3. All Centre staff meet weekly (on Friday afternoons) to review the main activities of the week and identify major workload commitments (meetings, data processing, word processing, etc.) for the coming week.
4. Researchers meet individually with the Director every fortnight to discuss progress. The researcher is expected to make notes of these meetings and provide the Director with a copy within a few days. Handwritten notes are acceptable.
5. Every six months, researchers, research assistants and Executive Officer meet individually with the Director for a broad review covering job satisfaction, staff relations, performance, production goals and career aspirations. This provides useful information for the Director in conducting the Centre's 4-monthly review-preview meetings (see below).

C. Review-preview meetings

1. These are scheduled 4-monthly and held over half a day.
2. The main objective of these meetings is to review the Centre's workload/aims, goals, etc; to review previous goals and then to readjust these or to develop new performance goals where appropriate.
3. The Centre's month-by-month planner, which resides in the Executive Officer's office, is updated at these meetings.

D. Meetings with other ACCV Units/staff

1. Every three months CBRC staff meet with Education Unit staff for an update on activities of the two units.
2. CBRC staff meet periodically with staff of the Epidemiology Centre for informal discussion of each centre's activities and future research needs.
3. EDP Co-ordinator meets with CBRC staff when required, to give an update on any developments in the computing system.

E. Project management

1. Projects leaders are responsible for producing a written protocol for all projects (small and large).
2. Protocols for large projects are submitted for external review, and where necessary to the appropriate ethics committee.
3. Project leaders meet with the Director and Executive Officer *prior to commencement* of the project to outline early needs for printing (eg. questionnaires, stimulus materials), and for casual staff for data processing, clerical assistance and fieldwork.
 - 3.1 Once notified that a new project file is required, the Executive Officer will
 - a) allocate a number for the project.
 - b) with the assistance of the principal investigator, determine which folders are required for the filing system.
 - c) advise the secretarial staff, who will prepare the file and then circulate an updated list to unit staff.
 - d) advise the Accounts Department of the commencement of a new Project, together with its assigned number.
4. Procedures to ensure efficient data processing are set out below (see M) and are to be followed for all projects, large and small.
5. To ensure an 'up-to-date' Project File, the Administrative Officer will approach the Principal Investigator on a regular basis.

F. Public face

1. All documents for circulation outside the Centre should be presented in the manner/format as shown in the CBRC style manual. This manual has been produced to ensure consistency of approach and presentation. This is vital, as not all work is completed by the secretarial staff, therefore, each researcher must be aware of the requirements.

2. All papers and major reports are to be checked for correctness and logic before they are submitted/circulated. These are to be passed onto the Executive Officer who will co-ordinate who within the Centre will do the proof-reading (usually someone who has not been closely associated with the preparation of the document). To ensure all work is checked, secretarial staff are to advise the Executive Officer of any reports which are ready for circulation.
3. Complaints received about any aspect of the Centre's work should be reported promptly (and if necessary referred for action) to the Director.

G. Institutional contacts

1. Initial arrangements made with other organisations always involve the Director who normally signs correspondence and thereby is kept fully informed.
2. The Director is notified promptly of ongoing arrangements made with other organisations.

H. Assistance to non-CBRC staff

1. Researchers are encouraged to share their specialised knowledge and skills when asked by non-CBRC staff.
2. Significant time (say, not more than half a day) should not be committed to such activities without reference to the Director.
3. A brief memo outlining the nature of the assistance provided should be given to the Executive Officer to place on record.

I. Conferences/Seminars/Workshops

1. Conference/seminar/workshop attendance and the nature of presentations contemplated should be discussed with the Director prior to making a commitment.
2. Conference papers should be rehearsed in front of a trial audience of Centre staff.
3. After any conference presentation or other public speaking engagement, a short written report should be given to the Director. This report should include a note about the way the presentation could have impact upon public health research or practice. (This will help the Executive Officer monitor the Centre's impact).

J. Verification of research results

1. Research results that are published in journals or in reports of the Centre must be referable to data sources and, if necessary,

traceable back to raw data. It is always the responsibility of the senior author to see that this is done *prior to publication*.

2. When computer printouts form the basis of what is reported (which is the usual case) these printout folders should be named, indexed and centrally filed. A marked up copy of the paper, with each result referenced to the computer printout file page number, should then be filed with other study documents. This procedure will facilitate subsequent queries and revisions. In principle, the documentation should be good enough for a non-author to be able to answer queries.
3. It should be a routine for senior authors to do a final pre-submission proof-reading of their results against computer printouts (assisted by a colleague) as a safeguard against transcription and other errors. The above procedure for documentation will obviously assist in this proof-reading.

K. Publications

1. Researchers' ideas for publishable papers should be discussed with the Director prior to significant work being done on them.
2. Drafts of papers should be discussed with the Director prior to release to persons outside the Centre and should only be submitted for publication with the Director's knowledge and agreement.
3. It is policy to limit authorship to those who make a significant contribution to the intellectual content of a paper either by
 - a) having the original idea(s) plus consistent input to the study, or
 - b) devising instruments, methods or analytic approaches, or
 - c) writing sections of the report.

Contributions limited to data collection and entry, computer runs, literature searches, editorial comment, etc., are acknowledged but not given authorship status.

4. It will normally be self-evident who is the senior author, but if anyone has any doubts they should discuss it early in the life of a study, either among the team or with the Director.
5. The senior author decides the subsequent order of author's names, with advice from the Director if desired.
6. Publications should always specifically acknowledge the financial support of the Anti-Cancer Council of Victoria.

L. Compendium of research

1. On a regular basis, research reports, presented papers and published papers released by the Centre are to be bound. This

compendium will reside in the Director's office, where access will be available to all interested persons.

M. Provision of data and other information to non-Centre persons.

1. Once a paper has been accepted for publication, it should be circulated to all interested persons within the Council.
2. Unpublished reports should not be made available to non-Centre personnel (ACCV or external) without reference to the Director.
3. Requests for information from other researchers (eg. copies of questionnaires, information about methods, etc.) should be discussed with the Director.
4. Special analyses of CBRC data sets to meet requests from non-Centre persons should only be undertaken with approval of the Director as this can have policy and workload implications. Output generated for outside workers should be shown to the Director prior to release and should be properly documented and filed centrally. Again, at the end of any such exercise the Executive Officer should be notified since it related to the impact of the Centre's work.
5. General queries about ACCV activities (written or phone) should be referred to the Education Unit. Nevertheless, all CBRC staff should be familiar with the guidelines for provision of information that have been developed by the Education Unit.

N. Data Processing

Data Entry Overview

Data will be entered in a data directory located in an area allocated to the project in the DATA.ENTRY directory. Once the data is cleaned to the satisfaction of the investigator, the system file and the command file will be moved to an appropriate area in CBRC directory. At the end of each month the DATA.ENTRY area will be gone through and cleaned data sets will be moved to tape. Once files are put onto tape they will be removed from the directories and these directories will also be removed. This will be the default procedure so if the investigator does not want a data set deleted s/he should inform the data systems co-ordinator. A centralised record of files on tape and the number of the tape will be kept. If a file needs to be restored, the tape number can be located from this file. As mentioned before, restoration will take about 24 hours from point of notification.

Procedures for Data Entry

The data will be entered in a data directory located in the project directory, e.g. mamma/data. It is preferable for data to be entered and cleaned before work on the data set commences. When it is essential that preliminary data be worked on, this early data should be cleaned and renamed to indicate that it is only part of a data set. The rest of the data will be entered into a new data file and at the end of the entry process, the data files will be joined and a new, final system file will be created. At this time any duplicate or incomplete data sets will be

removed. Earlier versions of system files will also be removed, unless otherwise directed.

When the data set is cleaned to the satisfaction of the investigator, the investigator should inform the data entry team. At this point the system file will be moved to an area in the 'CBRC' directory and the files in the DATA ENTRY area will be removed.

Copies of the command files used to create the original system files will be stored in a folder in the Data Room. On the system file will be stored a description of the project, what the data is, the date and anything else that may be used in describing the data. This will be done through the use of the DOCUMENT command in the SPSSX command file. The DOCUMENT command saves a piece of text of any length and can be displayed using the DISPLAY command (see Chapter 6 of the SPSSX manual).

CBRC Area

The CBRC directory will only contain system-files and command files. Everyone in CBRC will have read and execute permissions in CBRC directory but only a few will have write permission. This is to ensure that no essential files are deleted accidentally. Rather than having copies of system files in our own directory, and thereby taking up twice the amount of room on the computer system, symbolic links to the CBRC directory, or an appropriate subdirectory in the CBRC area, will be created. System files may be accessed by the file handle command: file handle input/name='../CBRC.lnk/mamma/spssfiles/mamma.sys' where CBRC.lnk is the link to the CBRC directory in your home directory and the path follows from CBRC.

It will be assumed that anything in the CBRC area is essential to the project and will need to be archived. Thus, only those system files and command files which alter the original system file and are used in analyses, will be stored in this area. In this way we hope to keep the CBRC area as uncluttered as possible.

Update of system files

If system files are updated or changed in major ways and these files are used in the reported analyses, the DOCUMENT command is to be used to describe the changes occurring to the file and describe the updated system files history, ie. what version it is. A record of the commands used to create the system files is to be kept so we can record what version of the system file is used in analyses. This record will be stored with the other command files associated with the data set. The up-to-date system-files should also be stored in the CBRC area. This can be done in two ways. The first is at the time of creating the system file by specifying where you want the outfile to be placed, eg: file handle output/name='../CBRC.lnk/MAMMA/spfiles/mamma.sys

This will create a system file called mamma1.sys and place it in the spfiles directory in the directory MAMMA in the CBRC area. If you do not have write permission in the appropriate directory this command will not work. Alternatively the researcher may create new files in his/her own working directory and at the end of the project decide which system files should be kept and which can be deleted. At this

point the Data Systems co-ordinator will need to be informed as to what should be moved to CBRC and thus stored on tape.

Names of files

A system of naming files will also be commenced. Command files which create system files will be called *projectname.com*. System files will be called *projectname.sys*. Any files which run SPSSX jobs should be called *name.sps*. Temporary system files should be labelled to indicate their temporary nature e.g. *name.syst* indicating a temporary system file. If this system file is to be stored it should be renamed to *name.sys*. This naming system will allow us to recognise permanent or temporary system files quite readily as well as allowing us to know which files are spssx jobs and what files do other jobs.

CRBC BK:bs/3
31 August, 1989

Delegation

Guidelines for Presentation of Reports
to Other Units and Outside Agencies

David Hill
Director

Centre for Behavioural Research in Cancer
Anti-Cancer Council of Victoria
1 Rathdowne Street
Carlton South 3053

**Prepared for: (state here for whom or for
what purpose the document was prepared)**

Rationale

There is a need to present the work the Centre in a consistent, professional manner and to provide adequate documentation of tasks undertaken.

Aims

The aims of this document are to:

- (1) provide authors with a standard format for presentation,
- (2) provide authors with guidelines for major content areas.

Methods

Would authors please follow these guidelines? It is better to present documents for word processing in the final format to save secretarial time and the possibility of misunderstanding. However, secretaries have been asked to check authors' work against these guidelines and they may make changes in line with them.

Results and conclusions

Results and conclusions may be separated or combined according to author preference. In short reports, it is likely they would be combined.

Recommendations

Ideally, all documents should have recommendations for action, but this may not always be feasible. If not, it is desirable to say that no firm recommendations can be made and why. In this case, options for action and their implications could be set out.

Source and status of results

The data base for results should be clearly identified in terms of CBRC storage protocols and its status given (e.g., preliminary; final but not for publication; published; confidential pending publication etc).

Acknowledgements

Please acknowledge any substantial assistance from non-authors.

Binding

Plastic binding can be done quickly and cheaply in-house, and is preferred for final versions of documents.

Director of CBRC (March '89 revision)

Job objective

To develop, direct and promote a program of behavioural research relevant to the cancer problem in Victoria.

This objective to be achieved by -

- (a) devising a program of research and setting research goals,
- (b) recruiting suitable staff,
- (c) overseeing training and professional development of research staff,
- (d) delegating appropriate responsibilities to staff,
- (e) ensuring productivity of research staff,
- (f) maintaining appropriate standards for research methods,
- (g) representing the Centre to the ACCV, professional peers, the public and the media,
- (h) budgeting and reporting on the Centre's work overall.

Reports

To the Director of ACCV

Associate Director of ACCV

Job objective

To contribute to policy development and strategic planning of the Anti-Cancer Council, and represent the Council as appropriate by -

- (a) attendance of Executive and Finance committee meetings,
- (b) regular consultation with the Director,
- (c) consultation with other senior staff, as appropriate,
- (d) speak publicly and to the news media on behalf of the Council, as appropriate,
- (e) deputize for the Director, as appropriate.

Reports

To the Director

Research Scientist (March '89 revision)

Job objective

To participate in the development of the Centre's research program and to produce published reports of the Centre's work in appropriate refereed scientific journals and in the form of special reports and monographs.

This objective to be achieved by -

- (a) assisting the Director with setting goals and devising the Centre's research program,
- (b) keeping abreast of advances in the field through literature review and attendance at conferences,
- (c) conceiving original research studies relevant to the Centre's objectives,
- (d) drafting detailed protocols for such studies,
- (e) acting as principal investigator on designated studies,
- (f) working closely with the Executive Officer to implement research protocols,
- (g) supervising the work of Research Assistants and other junior staff assigned to projects,
- (h) analysing research data generated by these studies,
- (i) writing scientific papers based upon these studies,
- (j) involvement in evaluations of cancer control programs in Victoria,
- (k) deputizing for the Director when required.

Other subsidiary roles to be performed by research scientist may include -

- (a) consultations, particularly with other units of the ACCV, on applications of the Centre's or other published work,
- (b) designing and reporting pre-tests and evaluations for the Education Unit and other cancer control programs, as appropriate,
- (c) collaborating in research projects when not the principal investigator,
- (d) supervising graduate students associated with the Centre,
- (e) representing the Centre on committees outside the Centre.

Reports

To the Director

Executive Officer (March '89 revision)

Job objective

To assist the Director and Behavioural Scientists in the implementation of the research program and the reporting of all projects. This objective to be achieved by -

- a) assisting the Director with setting goals, devising a research program and preparing a budget,
- b) facilitating the implementation of projects by:
 - assisting the principal investigators with planning projects and the setting and maintaining of time-lines,
 - co-ordinating and attending project management meetings for projects,
 - co-ordinating work schedules for all casual staff in accordance with the research protocols,
 - assisting in the production of questionnaires (layout, printing, pre-coding),
 - assisting principal investigators to co-ordinate fieldwork (planning fieldwork, training fieldworkers, etc),
 - organising the production of coding manuals, briefing coders and supervising the coding of all questionnaires, in consultation with principal investigators,
 - co-ordinating the data processing.
- c) co-ordinating hiring, training and supervision of all casual staff,
- d) monitoring all Centre expenditures, briefing the Director regularly, and calculating unit costs (cases, studies, etc) as required,
- e) liaising with suppliers and purchasing goods and services related to projects,
- f) liaising with Administrative Secretary in maintaining standards of presentation for all Centre documents,
- g) monitoring overall impact of the Centre's activities,
- h) assisting Director with writing reports,
- i) organising the verification of research results for CBRC reports,
- k) deputising for the Director in supervising the work of research assistants as appropriate,
- l) maintaining a CBRC year planner recording annual leave, meetings and due dates for meeting papers.

Reports

To the Director

Research Officer/Data Systems Co-ordinator

Job objective

To assist the Director on research projects, primarily those in which he is the Principal Investigator.

To co-ordinate organization, storage documentation and retrieval procedures for the Centre's computerised research data.

The first objective to be achieved by -

- (a) assisting with literature searches and review, protocol development, data analysis and writing,
- (b) conducting studies under supervision from the Director,
- (c) undertaking further training in research as required.

The second objective to be achieved by -

- (a) liaising between the Centre and the ACCV's EDP Manager and staff re the computer system,
- (b) with the Executive Officer, devising and up-dating systems for the efficient use and safeguarding of the Centre's data files,
- (c) ensuring that casual data entry staff are fully briefed on the naming and location of new data files and on the editing functions of the UNIX system,
- (d) ensuring that 'clean' data files are properly labelled, stored and safeguarded,
- (e) overseeing filing of computer printouts documenting key research results.

Reports

To the Director

Project Officer (March '89 revision)

Job objective

To co-ordinate the implementation of a major research project.

This objective to be achieved by -

- (a) liaising with the principal investigator,
- (b) maintaining project records,
- (c) arranging and minuting project meetings,
- (d) providing administrative support throughout the project,
- (e) co-ordinating data processing.

Other subsidiary roles to be performed by the Project Officer may include -

- (a) assisting with development of protocols, questionnaires and other instruments,
- (b) assisting with data analysis and writing up.

Reports

To the Director

Evaluation Officer (March '89 revision)

Job objective

To carry out evaluations of the Victorian Smoking and Health Program (Quit Campaign).

This objective to be achieved by -

- (a) servicing the VSHP evaluation committee,
- (b) building in evaluation components during the planning stages of campaigns,
- (c) keeping quantitative records of campaigns requiring evaluation,
- (d) supplying relevant information from existing data to Quit Campaign project officers and to the campaign advertising and PR agencies,
- (e) conducting research and evaluations as directed,
- (f) preparing reports.

Reports

To the Director

Administrative Secretary (March '89 revision)

Job objective

To act as personal secretary to the Director and to co-ordinate secretarial workflow for the Centre as a whole.

This objective to be achieved by -

- a) meeting with Director on a daily basis to attend to mail, check diary commitments and establish priorities for the day,
- b) carrying out various secretarial and administrative tasks for the Director,
- c) performing secretarial and administrative tasks related to UICC projects,
- d) training and advising assistant secretaries in the establishment of priorities and co-ordination of secretarial workflow,
- e) liaising with Executive Officer on preparation of all Centre documents and advising according to established formats, style consistency and presentation standards,
- f) helping to organize and providing secretarial and administrative support for seminars, workshops, press-conferences, etc,
- g) maintaining all the Centre's central administrative files,
- h) wordprocessing, particularly complex reports and papers for publication.
- i) Liaising with outside companies with regard to hiring of temporary secretarial staff, slide production, office furniture and equipment, office stationery requirements etc.

Reports

To the Director

RESEARCH STUDENTS as at July, 1989

Jill Cockburn

Dr Greg Price

- My role: Field Supervisor
- Course: Masters of Business in Health Administration - RMIT
- Study: 'Smoking in pregnancy: Interventions in antenatal clinics.'
- Stage: Collected questionnaire data from 50 residents and midwives on attitudes to smoking in pregnancy. Currently being analysed. Intervention based on standard Self Help Guide for women currently being implemented.

Dr Malcolm Dobbin

- My role: Co-supervisor
- Course: Masters of Public Health - Monash University
- Study: 'Attitudes and practices of general practitioners concerning smoking interventions in general practice.'
- Stage: Protocol and first draft of questionnaire written.

Ron Borland

Kerryn Bennetts

- My Role: Co-supervised with Mr H. Swerissen
- Course: Grad. Dip in Behavioural Studies in Health Care. Latrobe University, Lincoln School of Health Sciences.
- Study: 'Sun protection behaviour of 8-12 year old children and their parents at the beach: A pilot study.'
- Stage: Submitted June 1989

Robyn Gason & Marita Broadstock

- My Role: Co-supervised with A. Sanson (Gason) and Dr N Grieve (Broadstock).
- Course: 4th Year Honours Theses, Department of Psychology, Melbourne University.
- Study: 'Perceived attractiveness and healthiness of individuals with differing levels of suntan.'
- Stage: Data collection complete - analysis about to begin.

Karen Stuart

My Role: Co-supervisor Dr N. McMurray
Course: MA (Clinical), Melbourne University, Psychology
Study: 'Self-efficacy and losses of control in smoking cessation.'
Stage: Currently negotiating co-supervision dependent on a suitable project using Fresh Start participants

David Hill

Ron Christie

My Role: Co-supervisor with Dr Val Clarke
Course: PhD in Psychology, Deakin
Study: 'Smoking and traffic accidents in probationary drivers.'
Stage: Presenting proposal to Department in July.

Prasuna Reddy

My Role: Co-supervisor with Dr Richard Bell
Course: PhD in Psychology at University of Melbourne
Study: 'Lapsed health intentions (BSE)'
Stage: Due to present at mini-conference in September

Victoria White

My Role: Co-supervisor with Prof Alex Wearing.
Course: M.A. (? convert to PhD) Department of Psychology, University of Melbourne.
Study: 'Janis and Mann's Decision making model applied to Pap test decisions.'
Stage: Design approved by Department, data collection to begin in August.



23 March 1989

Dr. David Hill
Director
Centre for Behavioural
Research in Cancer
1 Rathdowne Street
Carlton South
Victoria 3053
AUSTRALIA

Dear David:

This will acknowledge receipt of your letters of 22 February 1989 and 7 March 1989. I am much obliged to you for making the arrangements and am pleased to report that the proposed visit has now been authorized. Let me therefore identify some issues as they occur to me as follows:

- (i) could you please reserve accommodation in Melbourne for the nights of Sunday and Monday 3 and 4 September in the names of Mr. D.H. Barr, Dr. J.C. Laidlaw, myself and Dr. & Mrs. R.G. Margolese. These may be subject to change because Dr. & Mrs. Margolese are planning to visit other parts of Australia and have not yet worked out their schedule
- (ii) should I make contact with Mr. Graeme Brien and Mrs. Elaine Henry to ask them to reserve accommodation for us in Brisbane and Sydney
- (iii) in each case, our focus will be on approaches to cancer control but more particularly on the factors to be taken into account when trying to create a Centre similar to yours. Please bear in mind that it might be difficult to establish a completely analagous centre in Canada since we have to take into account the twin areas of responsibility of the Canadian Cancer Society and the National Cancer Institute of Canada. At present, my approach would be to attempt to establish a Centre for Behavioural Analysis which would conduct studies of the type you have so successfully performed, some of them being self-initiated and some being conducted under contract to the programme areas of the Canadian Cancer Society and its Divisions. This would permit the Institute to develop expert opinions while still allowing the Society to develop independant policies and undertake individual programmes as dictated by circumstances

06 APR 1989

AFFILIATED WITH
THE CANADIAN CANCER
SOCIETY

Suite 1702,
77 Bloor Street West,
Toronto, Ontario M5S 3A1
Telephone (416) 961-7223
Fax (416) 961-4189

PRESIDENT
R.G. MARGOLESE, M.D.
F.R.C.P.(C), F.R.C.S.

CHIEF EXECUTIVE OFFICER
Douglas H. Barr, M.S.W.

EXECUTIVE DIRECTOR
P.G. Scholefield, Ph.D., D.Sc.

AFFILIÉ
À LA SOCIÉTÉ CANADIENNE
DU CANCER

Suite 1702,
77 rue Bloor ouest,
Toronto, Ontario M5S 3A1
Téléphone (416) 961-7223
Télécopieur (416) 961-4189

PRESIDENT
R.G. MARGOLESE, M.D.
F.R.C.P.(C), F.R.C.S.

DIRECTEUR GENERAL
M. Douglas H. Barr, M. Serv. Soc.

DIRECTEUR EXECUTIF
P.G. Scholefield, Ph.D., D. Sc.

Dr. David Hill
Page 2

- (iv) I hope that prior to our departure from Canada the four of us can get together to identify our agenda and forward it to you
- (v) I will ask our travel agent to propose appropriate flights within Australia but if you have any comments they would be much appreciated
- (vi) I am writing today to Laurie Wright to see if any useful interaction with the representatives of the Australian Cancer Society could take place on Saturday 9 September

Thank you again for all your efforts on our behalf.

My best regards.

Yours sincerely,



P.G. Scholefield, Ph.D.
Executive Director

PGS:mpp

cc: Mr. D.H. Barr
Dr. J.C. Laidlaw
Dr. R.G. Margoese

NATIONAL
CANCER INSTITUTE
OF CANADA



INSTITUT NATIONAL
DU CANCER
DU CANADA

5 May 1989

Dr. David Hill
Director
Centre for Behavioural
Research in Cancer
1 Rathdowne Street
Carlton South, Victoria
AUSTRALIA 3053

Dear David:

This will acknowledge receipt of your letter of 10 April 1989 in which you indicate that you have made reservations for the visiting team in Melbourne. The Board of Directors of the Institute will meet during the first week of June and I hope we can receive formal approval of our proposed visit at that time. If the Board requests information on the objectives I will identify the following:

- (i) to enable Dr. R.G. Margolese to learn at first hand about the operation of the "Centre for Behavioural Research in Cancer". Dr. Margolese is presently the President of the National Cancer Institute of Canada but has also agreed to become the Chairman of a National Task Force on Coordination of Cancer Control
- (ii) to enable all members of the team to learn about similar programmes to your own which have been initiated or are contemplated in Brisbane and Sydney
- (iii) to discuss with you and your colleagues a proposed adaptation of the Melbourne model appropriate to the Canadian situation
- (iv) to discuss the development of approaches to coordination of cancer control in an environment where the political and territorial limitations are as significant as they are in Canada.

AFFILIATED WITH
THE CANADIAN CANCER
SOCIETY

Suite 1702,
77 Bloor Street West,
Toronto, Ontario M5S 3A1
Telephone (416) 961-7223
Fax (416) 961-4189

PRESIDENT
R.G. MARGOLESE, M.D.
F.R.C.P.(C), F.R.C.S.

CHIEF EXECUTIVE OFFICER
Douglas H. Barr, M.S.W.

EXECUTIVE DIRECTOR
P.G. Scholefield, Ph.D., D.Sc.

AFFILIÉ
À LA SOCIÉTÉ CANADIENNE
DU CANCER

Suite 1702,
77 rue Bloor ouest,
Toronto, Ontario M5S 3A1
Téléphone (416) 961-7223
Télécopieur (416) 961-4189

PRESIDENT
R.G. MARGOLESE, M.D.
F.R.C.P.(C), F.R.C.S.

DIRECTEUR GÉNÉRAL
M. Douglas H. Barr, M. Serv. Soc.

DIRECTEUR EXÉCUTIF
P.G. Scholefield, Ph.D., D.Sc.

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17 MAY 1989

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The contemplated itinerary would be to arrive in Melbourne on Sunday 3 September and to leave late afternoon on Tuesday 5 September for Brisbane (e.g. by Australian flight 552). Departure from Brisbane would be scheduled for late afternoon Thursday 7 September (e.g. Ansett flight 29 or 37) for Sydney. Departure from Sydney for most of the team would be on Sunday 10 September on CP 24 leaving at 10:15.

I am grateful to you for making the reservations at the Rathdowne International Motel but the above itinerary would call for only two nights rather than the three referred to in your letter of 10 April. I have heard from Elaine Henry and will send a copy of this letter to her to identify our areas of interest and to indicate that we would be particularly interested in meeting with Professor Rob Sanson-Fisher if he is available. I also hope that Mrs. Henry will be able to make a reservation in a "convenient basic establishment" similar to the one you describe in Melbourne.

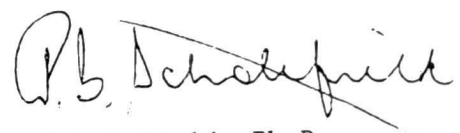
I have not heard from Graeme Brien nor have I had a response from Laurie Wright but I presume responses will come in due course.

I spoke recently with Dr. John Laszlo, Senior Vice-President for Research for the American Cancer Society, and I think he would have been very anxious to accompany the team but had prior commitments which prevented it. This only serves to reinforce my impression that a small workshop meeting of concerned individuals from several countries would be of great interest and great use.

Thank you again for all of your efforts on our behalf.

My best regards.

Yours sincerely,

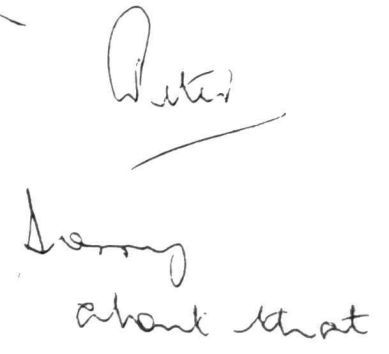


P.G. Scholefield, Ph.D.
Executive Director

PGS:mpp

cc: Dr. R.G. Margolese
Mr. D.H. Barr
Dr. J.C. Laidlaw

Mrs. Elaine Henry
Mr. Graeme Brien
Mr. Laurie Wright



Walter
Jerry
about that



12 July 1989

- TO:
- DR. G. BALLANTYNE, President, Canadian Cancer Society
 - MR. D.H. BARR, Chief Executive Officer CCS/NCIC
 - MR. GRAEME BRIEN, Executive Director, Queensland Cancer Fund
 - DR. NIGEL GRAY, Director, Anti-Cancer Council of Victoria
 - MRS. ELAINE HENRY, Executive Director, NSW Cancer Council
 - DR. DAVID HILL, Director, ACCV Centre for Behavioural Research in Cancer
 - DR. J.C. LAIDLAW, Executive Director, Medical Affairs, CCS
 - DR. R.G. MARGOLESE, President, National Cancer Institute of Canada
 - MR. LAURIE WRIGHT, Executive Director, Australian Cancer Society

SECRETARY
MARGARET J. BROWN, B.Sc.
100 Bloor Street West
Toronto, Ontario M5S 3J2
Telephone: 416-961-7221
Fax: 416-961-2111

PRESIDENT
R.G. MARGOLESE, M.D.
F.R.C.P.(C), F.R.C.P.

DIRECTEUR GÉNÉRAL
M. Douglas H. Barr, M.D.

DIRECTEUR EXÉCUTIF
PG Scholefield, Ph.D., D.Sc.

In recent weeks the Boards of Directors of the Canadian Cancer Society (CCS) and the National Cancer Institute of Canada (NCIC) have been informed about the proposed visit of representatives of CCS/NCIC to Melbourne, Brisbane and then Sydney. The time has therefore come to finalize the arrangements and I would like to summarize what is proposed as follows:

Background

The Society and the Institute have a mutual interest in their joint efforts to decrease the incidence, morbidity and mortality from cancer. They have each contributed to this goal by the exercise of their own unique talents - the Society by its fund raising activities and the ability of its volunteers and staff to mount programmes throughout the country (such as in Public Education and Patient Services), the Institute by its ability to support cancer research activities and through the network of medical and scientific advisors available to its volunteers and staff. During the last five years opportunities have been developing for the two agencies to discuss issues of direct common interest and these issues are increasingly demanding the contributions of all available expertise. This tendency has been recognized in the strategic planning activities of the Society and the Institute and the realm of maximum mutual interest has been identified as the area known as "Cancer Control".

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The primary need of the Society is to be provided with supplementary advice on Behavioural Analysis, Health Promotion and Programme Evaluation. The word "supplementary" is used advisedly since the Society continues to conduct highly sophisticated and effective programmes in the area of cancer control but it lacks an in depth background in the research expertise on which it would like to base its future activities. The Australian experience, particularly the recent creation of the Anti-Cancer Council of Victoria Centre for Behavioural Research on Cancer directed by Dr. David Hill, has emerged as a focal point in discussions of how the Society/Institute should interact in improving the Canadian programme in cancer control.

The advice of Dr. Gray and Dr. Hill was sought during their visit to Toronto in February 1989 and out of that visit has begun to emerge a vision of a new approach to cancer control by the Society/Institute. This vision must now be translated into reality and the proposed visit is expected to constitute a major step forward in that process.

Purpose of Visit

The purposes identified to date include the following:

- (i) to enable all members of the visiting team to learn about the various programmes in cancer control being conducted in New South Wales, Queensland and Victoria, particularly the initiatives in fields related to behaviour and the psychosocial sciences
- (ii) to discuss with our Australian colleagues how best to take advantage of their experience with differing approaches to cancer control in order to improve our own cancer control programmes
- (iii) to enable Dr. R.G. Margolese, who has agreed to become Chairman of a National Task Force on Coordination of Cancer Control, to learn first hand about the operation and degree of integration of some of the cancer control programmes in Australia
- (iv) to discuss the development of approaches to coordination of cancer control in an environment where the political and territorial factors are as significant as they are in Canada

The Visitors

The need for Dr. Margolese to learn first hand about the Australian programmes demanded his participation and it was felt that it would also be important for the President of the sister organization to be involved. It seems likely that Dr. Margolese will be accompanied by his wife and that Dr. Ballantyne will be accompanied by her husband (Dr. Trevor Sandy who, like Dr. Margolese, is a surgeon). Mr. Barr and I have been responsible for most of the planning

activities directed to the interactions between the Society and the Institute and we will accompany our Presidents. The final member of the team will be Dr. J.C. Laidlaw who is the Executive Director, Medical Affairs of the Society and is the Director of Research and Education for the Ontario Cancer Treatment and Research Foundation.

I would ask that (i) the current reservations be modified to include Dr. Ballantyne and her husband and (ii) Dr. Hill confirm whether or not he is able to share his expertise by accompanying the Canadian contingent to Brisbane and Sydney.

Timetable

The only fixed period is between the evening of Sunday 3 September and late afternoon on Saturday 9 September. The itinerary for this period is as follows:

Sunday 3 September

Register at: Rathdowne International Motel
49 Rathdowne Street
Carlton (Melbourne)
Victoria AUSTRALIA 3053
Tel: 3-662-3300
FAX: 3-663-3412

For international dialing from Canada, prefix 011-61-

Monday 4 September

Day to be spent with Dr. Gray and Dr. Hill at the Anti-Cancer Council of Victoria which is just a few doors away from the Motel.

Tuesday 5 September

Most of the day to be spent in continuation of the discussions with Dr. Gray and Dr. Hill.

Catch Ansett Air Flight 56 which leaves Melbourne at 6:40 p.m. and arrives Brisbane at 8:30 p.m.

Register at: Gregory Terrace Motor Inn
397 Gregory Terrace
Spring Hill, Brisbane
Queensland, AUSTRALIA 4000
Tel: 7-832-1769

Wednesday 6 September

Day to be spent with Mr. Graeme Brien and colleagues of the Queensland Cancer Fund.

Thursday 7 September

Most of the day spent in continuation of the discussions with representatives of the Queensland Cancer Fund.

Catch Ansett Air Flight 137 which leaves Brisbane at 6:15 p.m. and arrives Sydney at 7:35 p.m.

Register at:

Old Sydney Park Royal
[no further information available]

Friday 8 September

Day to be spent with Mrs. Elaine Henry and other representatives of the New South Wales State Cancer Council. I am also hoping that we will be able to meet Dr. Rob Sanson Fisher who is Director of the Council's Cancer Education Research Project within the Discipline of Behavioural Science in Relation to Medicine at the University of Newcastle.

Saturday 9 September

Mr. Laurie Wright is making arrangements for the visitors to meet with representatives of the Australian Cancer Society during the morning. This is to be followed by an informal lunch and the fixed part of our visit to Australia should finish in the early afternoon.

Travel Plans

All of the visitors are to make their own travel arrangements but they are requested to ensure bookings on the Ansett flights from Melbourne to Brisbane and Brisbane to Sydney so the party can travel together. It is my understanding that overseas visitors to Australia are eligible to receive discounts on Ansett flights within Australia.

Dr. Gray has suggested that the visitors consider the possibility of arriving in Australia in time for their biological clocks to reset themselves before we begin this week of sustained activity. I plan to arrive in Sydney on Friday to spend time with my son and his wife. Mr. Barr and Dr. Laidlaw plan on arriving early on the Sunday morning and hope to catch up on sufficient sleep before Monday morning. I know that Dr. Ballantyne and Dr. Margolese are planning on extending their visit to include holidays so it would be possible for them to take the advice of Dr. Gray into account.

Travel to Australia requires a visa and the application takes time to process so I suggest the visitors make a start as soon as possible. It is not possible to enter Australia without a visa.

Local Arrangements

Hotel reservations have kindly been made by Dr. David Hill (Melbourne), Mr. Graeme Brien (Brisbane) and Mrs. Elaine Henry (Sydney). I would ask them to please make the modifications referred to above.

Outcome

The outcome will be a report and the recipient(s) will depend on the recommendations. However if the eventual action is to be an intramural programme with the "core" costs provided by the Institute and the "project" costs provided by the Society, I would see the report going first to the Planning Committees of the two organizations and being considered by the Joint Liaison Committee before being submitted to the two Boards of Directors. Budgetary considerations would then become a major factor in determining how soon the plan could be implemented.

_____o_____

I hope I have covered the main issues in this memorandum. However, if I have omitted anything or if any aspect is unclear, please let me know.

Let's all look forward to a productive dialogue that will also be an outstanding experience.

My best regards.

Yours sincerely,



P.G. Scholefield, Ph.D.
Executive Director