The National Health and Medical Research Council (NHMRC), in partnership with Cancer Australia, is offering up to two TRIP Fellowships to promote the uptake of evidence into clinical practice for lung cancer or gynaecological cancers. Cancer Australia/NHMRC Fellowships provide an opportunity to improve the care and support for people diagnosed with cancer, their carers and families, through the translation of research findings for the management of lung and gynaecological cancer.

Project proposals should identify and address a current important evidence-practice gap. While applications across the continuum of care for lung and gynaecological cancer management are invited, areas of special interest for Cancer Australia are:

- Promotion of evidence-based care through adoption of clinical best-practice recommendations
- Follow-up, supportive care and quality of life during and/or following treatment
- Multidisciplinary care

The successful candidate will be required to provide an annual project summary that briefly outlines project purpose, progress and achievements, any variation to project scope and a publication plan. Financial acquittals of Cancer Australia funds are also required.
Lung Cancer

Lung cancer represents the fourth most commonly diagnosed cancer in men and women and the fifth most commonly diagnosed cancer overall. In 2010, there were 10,296 new cases of lung cancer diagnosed, with an estimated 13,640 people expected to be diagnosed with lung cancer in Australia by 2020.

In 2011, lung cancer was the most common cause of cancer death for men and women, with 8,099 deaths overall, accounting for 18.8 per cent of all cancer deaths. Survival rates remain poor, with on average only 14 per cent of people with lung cancer surviving five years beyond their diagnosis, compared with 66 per cent for all cancers combined. Evidence indicates that there is a relationship between lung cancer incidence and mortality and geographical remoteness, socioeconomic status, and Aboriginal and Torres Strait Islander status.

Gynaecological cancers

In 2008, a total of 4,534 new gynaecological cancers were diagnosed in Australia, accounting for over 9% of all new cancers in women, an average of 12 women diagnosed every day. Uterine cancer was the most commonly diagnosed gynaecological cancer in 2008, followed by ovarian cancer and cervical cancer. As a result of the ageing and growing population, the number of women diagnosed with ovarian, uterine and cervical cancer is expected to increase. It is estimated that in 2020, over 1,600 women will be diagnosed with ovarian cancer; over 2,800 women will be diagnosed with uterine cancer; and around 900 women will be diagnosed with cervical cancer.

In 2007, gynaecological cancers accounted for 8.7% of all cancer deaths in women, with an average of 4 deaths per day. Ovarian cancer was the most common cause of gynaecological cancer deaths in 2007 (848 deaths), followed by uterine cancer (338 deaths) and cervical cancer (208 deaths). The five year relative survival varied for the individual cancer types - 82% for uterine cancer, 72% for cervical cancer and 43% for ovarian cancer. While the survival rate for ovarian cancer has improved significantly in recent years, it still remains low in comparison with other gynaecological cancers.

References:


Contacts at Cancer Australia are available to discuss prospective TRIP Fellowship Projects in Lung or Gynaecological Cancer.

Melinda Daley,
Manager, Lung Cancer

melinda.daley@canceraustralia.gov.au or 02 9357 9454

Medora Lee,
Project Officer, Gynaecological Cancers

Medora.lee@canceraustralia.gov.au or 02 9357 9442
The Cancer Institute NSW is Australia’s first state-wide cancer control agency committed to lessening the impact of cancer in NSW.

Established under the *Cancer Institute NSW (2003) Act*, the Cancer Institute NSW works collaboratively across the full spectrum of cancer control to:

- reduce the incidence of cancer in the community
- increase the survival rate for people with cancer
- improve the quality of life of people with cancer, and their families and carers
- provide a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

Driven by the goals set out in the *NSW Cancer Plan 2011–15*, the Institute engages with the community, people affected by cancer, health professionals, researchers, governments and charity organisations to:

- provide information and advice about preventing cancer
- promote the importance of early detection through programs such as BreastScreen NSW and the NSW Cervical Screening Program
- provide grants that foster innovation in, and translation of, cancer research and build globally-relevant research capacity
- maintain quality information repositories about cancer in NSW to inform future policy, health planning and the wider community
- establish partnerships with cancer healthcare professionals to develop and evaluate programs to improve the quality of cancer treatment and care in NSW.

Investing in research focused on embedding evidence-based care in the NSW health system is a key strategy for the Cancer Institute NSW. As a result, the Institute funds seven Translational Cancer Research Centres and Units across NSW ([http://www.cancerinstitute.org.au/research-grants-and-funding/translational-cancer-research-centres](http://www.cancerinstitute.org.au/research-grants-and-funding/translational-cancer-research-centres)).
These centres foster collaboration between academic and clinical leaders, encouraging them to integrate cancer treatment facilities and commendable research programs into interdisciplinary and translational enterprises focusing on cancer control.

It is foreseen that the Institute co-funded TRIP Fellows would have the opportunity to be linked to a Translational Cancer Research Centre or Unit to provide a supportive academic and effective translational environment.

Specifically, the Institute-funded TRIP Fellowships will address one or more of the following goals:

- implementing evidence based models of care that reduce demand on acute cancer services
- improving cancer clinical treatment practices
- improving symptoms, supportive care or psycho-social outcomes for people with cancer
- improving cancer outcomes for priority populations under the NSW Cancer Plan 2011–2015.

For more information, visit [www.cancerinstitute.org.au](http://www.cancerinstitute.org.au)
JDRF Australia, in partnership with the NHMRC is offering to fund NHMRC Translating Research Into Practice (TRIP) Fellowship top-ups of $50,000 per year for research relevant to JDRF’s mission – the treatment, prevention and cure of type 1 diabetes and its complications.

The JDRF TRIP Fellowship top-up aims to promote and improve research translation into clinical practice by supporting research that will have a direct and positive impact on the lives of people with type 1 diabetes. The successful candidate will have a demonstrated commitment to research focused on type 1 diabetes or type 1 diabetes complications.

JDRF requires acknowledgment in any publications or media publicity relating to the supported research, and requires a copy of any published articles arising from the supported research. Annual progress reports and financial acquittals will be required. JDRF may call upon fellows to provide assistance with publicity and other events. Co-funded fellowships may have additional conditions in relation to funding administered by JDRF.

For further details, contact Dr Alisa Knapman on aknapman@jdrf.org.au
The mission of MS Research Australia is to accelerate Australian MS research toward the prevention, better treatments and a cure for MS.

We will achieve this by working in partnership with relevant medical research institutes, scientists and health professionals around Australia, encouraging collaborations and focusing on Australian strengths in this research. While prevention and a cure for MS are our ultimate goals, we also aim to promote research with a focus on assisting people with MS to live well. Social and applied research in the areas of nursing, allied health, employment and services for people with MS are strongly encouraged. A recent [National MS Needs Analysis](http://www.msra.org.au/files/msra/docs/National%20MS%20Needs%20Analysis%202012.pdf) has highlighted many areas in which the needs of people with MS are not being adequately met.

The NHMRC / MS Research Australia TRIP Fellowship will provide an opportunity for a health professional to undertake a practical project and to develop a leadership role in improving multiple sclerosis care and services practice in Australia. Project proposals should nominate and address an important evidence-practice gap in the management of multiple sclerosis.
The National Heart Foundation of Australia offers co-funding support for TRIP Fellowships. The Heart Foundation believes that health professionals who also have a strong research background are uniquely placed to champion the translation of research into practice and/or conduct translational research and implement evidence based practice.

In addition to the TRIP Fellowship support package provided by the NHMRC, the Heart Foundation will provide $50,000 p.a. for two years (up to a maximum of $100,000) towards Fellowship funding in order to facilitate high impact research outcomes.

The successful applicants will have a commitment to and a track record in, cardiovascular research and may be working in any area of cardiovascular research, including biomedical, clinical, public health or health services research.

To be eligible for this joint award, applicants must, as part of their NHMRC application, outline the relevance of their work, their commitment to cardiovascular health, and briefly describing the proposed use of the project funds. Only successful TRIP Fellowship applicants who have provided this additional information may be selected to receive co-funding from the Heart Foundation.

The successful candidate will be required to provide yearly updates on their work to the Heart Foundation and will also be required to provide yearly financial acquittals for the funds provided by the Heart Foundation. The Heart Foundation may also have additional conditions in relation to the expenditure of Heart Foundation funds.

Please note that the Heart Foundation requires that individuals, research groups or research institutions associated with this award shall not accept any research grant funds, consultancies or sponsorship from the tobacco industry or person connected with the tobacco industry. The Heart Foundation may call upon fellows to provide assistance with publicity and other events. It also requires acknowledgment of its support for the research in any publications or media publicity, and requires a copy of any published articles arising from the supported research.