The Healthy Living after Cancer Partnership Project

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Healthy Living after Cancer

• NHMRC-funded Partnership Project (2014 – 2018)

• Integration of an evidence-based, broad-reach (telephone-delivered) lifestyle intervention for cancer survivors into the Cancer Council Helpline service

• Partners: Cancer Councils in New South Wales, Victoria, South Australia and Western Australia
Healthy Living after Cancer

- Dissemination & implementation study
  - Using existing service delivery infrastructure to enable intervention delivery
  - Adding rigorous evaluation in partnership with university researchers
Investigator Team
Chief Investigators

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Associate Professor Sandi Hayes – Queensland University of Technology, School of Public Health and Social Work

Professor Marion Haas – University of Technology Sydney, Centre for Health Economics Research and Evaluation

Dr Marina Reeves – University of Queensland, School of Population Health, Cancer Prevention Research Centre

Associate Professor Janette Vardy – University of Sydney, Concord Clinical School

Professor Frances Boyle – Mater Hospital, Patricia Ritchie Centre for Cancer Care and Research

Professor Janet Hiller – Swinburne University of Technology, Melbourne, School of Health Sciences

Professor Gita Mishra – University of Queensland, School of Population Health

Associate Professor Michael Jefford – Peter MacCallum Cancer Centre, Australian Survivorship Centre and Cancer Council Victoria

Professor Bogda Koczwara – Flinders University, Flinders Centre for Innovation in Cancer
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Evidence for Lifestyle Intervention in Cancer Survivors

Research Questions

- Impact and outcome assessment
  - Process evaluation
- Testing for dissemination
  - Effectiveness Studies (T3)
    - Assess practicality of implementing efficacious interventions in new populations or settings under real world conditions
  - Dissemination Studies (T4)
    - Assess widespread intervention roll-out in communities and across systems
- Testing for replication
  - Efficacy Studies (T2)
    - Assess causal relationships between exposure to an intervention and an outcome
- Testing for efficacy
  - Descriptive studies (T1)
    - Describe the nature and scope of the problem
- Understanding the problem

Dissemination and Implementation Study

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Single-group, pre-post study

Process outcomes (primary)

- Where do referrals come from? (adoption)
- Who takes part? (reach & representativeness)
- Is HLaC delivered as intended? (implementation)

Participant-reported outcomes (secondary)

- What benefit do participants achieve? (effectiveness)

What does it cost to deliver?
RE-AIM Framework

- **Reach** - What % of target population participates?
- **Effectiveness** - What is the intervention effect?
- **Adoption** - What % of settings adopt the intervention?
- **Implementation** - Is the intervention implemented as intended?
- **Maintenance** - Is the intervention sustained over time?

Overarching Aims

- To inform whether HLaC can be delivered on a wide scale
- To inform decisions about and advocacy for sustainability
Target Group

- Adults
- All cancers (non-metastatic)
- Upon treatment completion (<5 yrs)
Referrals

- Via Cancer Council service delivery pathways
- Aiming for 100 per year per Cancer Council x 3 yrs
- Emphasis on regional recruitment
**HLaC Intervention Overview**

- 6 months of telephone health coaching
- Cancer Council Helpline nurses
- Training and ongoing support by research team
Evaluation - Process Outcomes

- # of cancer survivors referred from each referral source
- # eligible to take part
- # consenting
- Participant characteristics (i.e., age, gender, ethnicity, area of residence, cancer type, other chronic conditions)
- # completing (and #/reasons for withdrawal)
- # calls delivered
- Length of calls
Participant-reported Outcomes

- Weight
- Waist circumference
- Exercise
- Diet
- Quality of Life
- Cancer and treatment-related symptoms and side-effects
- Fear of cancer recurrence
- Distress
- Adverse events
- Satisfaction with the HLaC program
TRANSLATION PROCESS
Pragmatic trials to inform translation:

- Reach, representativeness & generalisability
- Feasibility & costs of implementation
- Behavioural, anthropometric, biomarker outcomes
- Moderators and mediators
- Cost-effectiveness
- Maintenance
Policy and Practice Partnerships

- Clinicians, NGOs, State & Fed Health, Community Orgs
  - Provide insight into policy-relevant research
  - Create appetite for research findings
  - Create champions

Giles-Corti B, Whitzman C. Active living research: Partnerships that count. Health & Place, 2012, 118-120.
Cancer Council Partnership

- Fit with their strategic plan and state-wide service delivery imperatives
Commitment to Ongoing Support

- Intervention adaptations
- Training staff in intervention protocols
- Rigorous evaluation
- Capacity building
- NHMRC Partnership Project
Concept Development Workshop

- Cancer Clinical Trials Group Support
  - *Psycho-Oncology Co-operative Research Group*
  - *Primary Care Collaborative Cancer Clinical Trials*

- Policy and Practice Partners

- National and International Investigators
Healthy Living after Cancer

* **Phase 1 –**

  *Knowledge transfer and capacity building (Yr 1)*

* **Phase 2 –**

  *Implementation and evaluation (Yrs 2-5)*

* **Phase 3 –**

  *Dissemination of outcomes/ advocacy for sustained funding (Yrs 4-5)*
Thank You!