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

1. Introduction

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

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

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

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

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

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

The developed guidelines, through their application in practice, will maximise the benefits and minimise the harms from PSA testing of men without symptoms suggestive of prostate cancer. Moreover, the guidelines will provide recommendations and appropriate approaches, agreed upon by recognised experts in the prostate cancer field, for the early management of test-detected prostate cancer in men who have chosen to have a PSA test.
The project commenced in November 2012 with the initial Expert Advisory Panel meeting. It is anticipated that NHMRC would review and approve the guidelines at their Council meeting in October 2015, and that the guidelines would be published and disseminated by PCFA/ Cancer Council Australia in November 2015.

2. Contributors

   a. Project Steering Committee

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

Membership of this group is as follows:

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

   b. Expert Advisory Panel

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

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

¹ From 3 August 2015.
² Until 31 December 2014.
³ From 23 February 2015.
⁴ Retired as National Chairman on 31 March 2015.
Membership of this group is as follows:

<table>
<thead>
<tr>
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5 From 3 August 2015.  
6 Until 31 December 2014.
c. Question Specific Working Parties

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

* Denotes question lead author

### RISK

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

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<tr>
<th>Name</th>
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Research Fellow, Cancer Council NSW
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TESTING

In men without evidence of prostate cancer does a decision support intervention or decision aid compared with usual care improve knowledge, decisional satisfaction, decision-related distress and decisional uncertainty about PSA testing for early detection of prostate cancer? (PICO question 2)

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</tr>
<tr>
<td>Dr Stefano Occhipinti</td>
<td>Senior Lecturer, Griffith Health Institute, Behavioural Basis of Health Program, and School of Applied Psychology Griffith University, QLD</td>
<td>Psychology</td>
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For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer what PSA testing strategies (with or without DRE), compared with no PSA testing or other PSA testing strategies, reduce prostate cancer specific mortality or the incidence of metastases at diagnosis and offer the best balance of benefits to harms of testing? (PICO question 3.1)
For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer what PSA testing strategies with or without DRE perform best in detecting any prostate cancer or high grade prostate cancer diagnosed in biopsy tissue? (PICO question 3.2)

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<td>Dr Yoon-Jung Kang</td>
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For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer does a PSA level measured at a particular age in men assist with determining the recommended interval to the next PSA test? (PICO question 3.3)

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For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer what is the incremental value of performing a digital rectal examination (DRE) in addition to PSA testing in detecting any prostate cancer? (PICO question 4)

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For men without a prostate cancer diagnosis or symptoms that might indicate prostate cancer, how many years after the start of PSA testing is the benefit of PSA testing apparent? (PICO question 5)

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**Free-to-total PSA percentage**

For asymptomatic men with an initial total PSA below or equal to 3.0 ng/mL does measuring free-to-total PSA percentage improve the detection of prostate cancer or high-grade prostate cancer without resulting in unacceptable numbers of unnecessary biopsies, when compared with a single total PSA result above 3.0 ng/mL? (PICO question 6.1 a)

For asymptomatic men with an initial total PSA above 3.0 ng/mL, does measuring free-to-total PSA percentage improve relative specificity without compromising prostate cancer or high-grade
prostate cancer detection, when compared with a single total PSA result above 3.0 ng/mL? (PICO question 6.1 b)

**PSA velocity**

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

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

**Prostate Health Index (PHI)**

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

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

**Repeated total PSA**

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

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**PROSTATE BIOPSY AND MULTIPARAMETRIC MRI**

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

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Clinical Practice Guidelines for PSA Testing and Early Management of Test-Detected Prostate Cancer: Administrative Report [20/08/15]
In men who have been referred with suspected prostate cancer, what are the prognostic factors that determine the need for further investigation following a prior negative biopsy? (PICO question 8.1)

*In men with suspected prostate cancer whose initial TRUS biopsy is negative, what should be the next investigation(s)? (PICO question 8.2)*

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**ACTIVE SURVEILLANCE**

For men with biopsy-diagnosed prostate cancer, for which patients (based on diagnostic, clinical and other criteria) does active surveillance achieve equivalent or better outcomes in terms of length and quality of life than definitive treatment? (PICO question 9)

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For men with biopsy-diagnosed prostate cancer following an active surveillance protocol, which combination of monitoring tests, testing frequency and clinical or other criteria for intervention achieve the best outcomes in terms of length and quality of life? (PICO question 10)
**WATCHFUL WAITING**

*For men with biopsy-diagnosed prostate cancer, for which patients (based on diagnostic, clinical and other criteria) does watchful waiting achieve equivalent or better outcomes in terms of length and quality of life than definitive treatment? (PICO question 11)*

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*For men with prostate cancer following a watchful waiting protocol, which combination of monitoring tests, testing frequency and clinical or other criteria for intervention achieve the best outcomes in terms of length and quality of life? (PICO question 12)*

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**d. Consumer representation**

Three consumer representatives are members of the Expert Advisory Panel. Two consumer representatives who are prostate cancer survivors were sought from PCFA’s support network. One of these consumers is also PCFA’s National Chairman. The third consumer representative is a consumer advocate with Cancer Voices Australia, an organisation working to improve the cancer
experience for Australians, their families and friends. It is active in the areas of diagnosis, information, treatment, research, support, care, survivorship and policy. To achieve this it works with decision-makers, ensuring the patient perspective is heard.

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

e. Project management personnel and systematic review team

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

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

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<td>(left project July 2015)</td>
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<tr>
<td>Christine Vuletich</td>
<td>Manager Clinical Guidelines Network, Cancer Council Australia</td>
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<tr>
<td>Jutta von Dincklage</td>
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<tr>
<td>Tracy Tsang</td>
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3. Organisations formally endorsing the guidelines

[TO BE CONFIRMED FOLLOWING COMPLETION OF THE GUIDELINES]

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

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

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

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

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

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

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

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

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

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

A face-to-face meeting with all Expert Advisory Panel members was held to review and finalise the draft guidelines for public consultation. Prior to this meeting, the draft guidelines were circulated. All panellists were asked to review the content, individual recommendations and practice points in detail, identify and note any controversies and points to be discussed at the group meeting. During the meeting, each recommendation and practice point was tabled as an agenda point. Each was reviewed and approved by consensus, which was reached by voting. The Expert Advisory Panel Chairperson nominated a particular recommendation/practice point to be reviewed and the panellists had the opportunity to discuss any issues and suggest revisions to recommendations and practice points. Each recommendation and practice point was approved once the eligible panellists (excluding representatives of the funding bodies and panellists who cannot vote due to Conflict of Interest) reached consensus.
After the public consultation period, all comments were compiled and sent to the relevant Question Specific Working Party to review their draft content, assessing and considering the submitted comments. Email and teleconferencing was used to facilitate this review process. Another face-to-face meeting was organised amongst the Expert Advisory Panel to review all public consultation comments and the amended content. The same consensus process that was followed during the meeting prior to public consultation was followed again. All changes resulting from the public consultation submission reviews were documented and will be made accessible once the guidelines are published. The description of the process of reaching consensus was included as part of the methodological report.

6. Public consultation

   a. Preparation of guidelines for public consultation

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

   b. Public Consultation

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

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

1. Royal Australian & New Zealand College of Radiologists
2. Australasian Faculty of Rehabilitation Medicine
3. Medical Oncology Group of Australia
4. Australian Association of Private Radiation Oncology Practices
5. Royal College of Pathologists of Australasia
6. Australian Society for Medical Research
7. Royal Australian College of General Practitioners
9. Australian Faculty of Occupational & Environmental Medicine
10. The Royal Australasian College of Medical Administrators
11. Cancer Australia
12. Royal Australasian College of Surgeons
13. Australian & New Zealand Society for Geriatric Medicine
The Expert Advisory Panel met on 7 March 2015 to consider all submissions, revise the draft content ensuring alignment with the evidence base and draft responses outlining any actions taken. A version of the public consultation submissions summary will be publicly available, with submissions de-identified where applicable.

c. Independent review

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

The purpose of the AGREE II instrument is to provide a framework to 1) assess the quality of guidelines, 2) provide a methodological strategy for the development of guidelines, and 3) inform
what information and how information ought to be reported in guidelines\textsuperscript{10}. This instrument enabled the assessment of the guidelines against internationally accepted appraisal instruments.

The two accredited AGREE II reviewers were:

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

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

Appendix One

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

Introduction

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

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

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

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

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

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11 PCFA and Cancer Council Australia acknowledge that sections of this document are based on the National Institute for Health and Clinical Excellence ‘Code of Practice for Declaring and Dealing with Conflicts of Interest’ document (2007).
The information required in this document aims to assist an individual to identify any conflict(s) of interest with respect to activities and duties performed as a Steering Committee or guideline development group member of the Project.

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

1. **What interests are involved?**

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

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

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

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

   - Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind, both those which have been undertaken in the 12 months preceding the meeting at which the declaration is made and which are planned but have not taken place.

   - Any fee-paid work commissioned by a healthcare industry for which the individual is paid in cash or in kind, both those which have been undertaken in the 2 months preceding the meeting at which the declaration is made and which are planned but have not taken place.

   - Any shareholdings, or other beneficial interests, in shares of a healthcare industry that are either held by the individual or for which the individual has legal responsibility (e.g. children, or relatives whose full Power of Attorney is held by the individual).

   - Expenses and hospitality provided by a healthcare industry company beyond that reasonably required for accommodation, meals and travel to attend meetings and conferences, both which have been undertaken in the 12 months preceding the meeting at which the declaration is made and which are planned but have not taken place.
• Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.

• Research grants received from Government and non-Government organisations to investigate topics and issues, which are related to the aims of the Project.

No personal interest exists in the case of:

• Assets over which individuals have no financial control (e.g. wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition.

• Accrued pension rights from earlier employment in the healthcare industry.

B. A non-personal pecuniary interest involves payment or other benefit that benefits a department or organisation for which an individual has managerial responsibility, but which is not received personally. This may either relate to the product or service being evaluated, in which case it is regarded as ‘specific’ or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as ‘non-specific’. The main examples include the following:

• The holding of a fellowship endowed by the healthcare industry.

• Any payment or other support by the health industry or by the Project Sponsors that does not convey any pecuniary or material benefit to an individual personally but that might benefit him or her. Examples include:
  
  i  a grant from a company for the running of a unit or department for which a member is responsible 
  ii  a grant or fellowship or other payment to sponsor a post or member of staff in the unit for which a member is responsible 
  iii  the commissioning of research or other work by, or advice from, staff who work in a unit for which the member is responsible 
  iv  one or more contracts with, or grants from, the Project Sponsors.

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

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

• A clear opinion, reached at the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review.
• A public statement in which an individual covered by this consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence.

• Holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration.

• Other reputational risks in relation to an intervention under review.

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

• Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.

• Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.

• Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (e.g. children, or adults whose full Power of Attorney is held by the individual).

• Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference).

• Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.

No personal family interest exists in the case of:

• Assets over which individuals have no financial control (e.g. wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (e.g. the Universities Superannuation Scheme).

• Accrued pension rights from earlier employment in the healthcare industry.

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

Individuals are required to provide information in relation to their personal and professional activities and interests, which could be perceived as having an apparent\(^{15}\) or a potential\(^{16}\) impact on their impartiality when contributing as a member of the Project.

In being appointed to the Project Steering Committee, Expert Advisory Panel or guideline development groups, a Conflict of Interest (apparent or potential) may arise in the following situations (though this list is not exhaustive), where an individual\(^ {17}\):

- Has a contractual or unpaid/paid employment arrangement with an organisation that is involved in a request, which will be under his/her consideration as a Project Sponsor board, Steering Committee, Expert Advisory Panel or guideline development group member.

- Owns shares in, or controls a company or other organisation involved in any current application that is under his/her consideration, or in which he/she has direct involvement.

- Is involved in any other Project Sponsor board/Steering Committee/Expert Advisory Panel/guideline development group process where he/she may have a direct or indirect involvement in the matters being considered.

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

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

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

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

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

17 A conflict of interest may also exist where the individual’s partner or immediate family member has any of the interests or involvements listed.
3. When should interests be declared and what action is required?

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

A. On appointment

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

B. At EAP meetings

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

- A person declaring a personal specific pecuniary or personal family specific interest shall take no part in the proceedings as they relate to the intervention or matter and will normally leave the meeting until the matter has been concluded. In exceptional circumstances he or she may, at the discretion of the chair, answer questions from other members but should then leave the meeting until the discussion has been concluded.

- A person declaring a personal non-specific pecuniary interest may take part in the proceedings unless, exceptionally, the chair rules otherwise.

- A person declaring a non-personal specific pecuniary interest or a personal family non-specific interest may take part in the proceedings unless he or she has personal knowledge of the intervention or matter either through his or her own work, or through direct supervision of other people’s work. In either of these cases he or she should declare this interest and not take part in the proceedings except to answer questions.

- A person declaring a non-personal non-specific pecuniary interest may take part in the proceedings unless, exceptionally, the chair rules otherwise.

- When someone declares a personal no-pecuniary interest the chair of the advisory board shall determine, on a case-by-case basis, whether he or she should take part in the proceedings.

C. In evidence publications

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

A record is kept at PCFA of:

- Names of individuals who have declared interests on appointment, as the interest first arises or through the annual declaration, and the nature of the interest.

- Names of individuals who have declared interests at meetings giving dates, names of relevant interventions and companies, details of the interest declared and whether the member took part in the proceedings.

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

4. Summary

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

The contact person at PCFA is: Ms Julie Sykes

Form for Disclosure of Interest

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

When the completed form is received, the Project Sponsors will review the content and determine if information provided constitute a conflict that might disqualify an appointment. If an appointment is to proceed and there are issues, which require attention, in consultation with the individuals, the Project Sponsors will determine how the interests will be managed.
Development of Clinical Practice Guidelines for PSA Testing and Management of Test-Detected Prostate Cancer

Form for Disclosure of Potential Conflicts of Interest

Introduction

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

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

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

The questions pertain to:

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

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

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

This form has four sections as follows:

Section 1 – Identifying information

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

Section 3 – Information about the experience of potential members

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

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

Section 1: Identifying Information

Given Name(s) ______________________________

Family Name ________________________________
Section 2: Relevant Financial Activities

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

\(^{19}\) Ownership interests include stock options but exclude indirect investments through mutual funds and the like.
Section 3: Relevant Professional and Organisational Experience

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

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

<table>
<thead>
<tr>
<th>Relevant Experience</th>
<th>Type</th>
<th>No</th>
<th>Yes</th>
<th>Relevant attachment number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Speeches/lectures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Expert testimony</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Development of related guidelines, standards, educational material or fact sheets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other (e.g. unpaid advisory roles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 4: Other Relationships or Activities

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

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

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

<table>
<thead>
<tr>
<th>Other Relationships or Activities</th>
<th>No</th>
<th>Yes</th>
<th>Relevant Attachment numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Declaration
In signing this form I hereby agree to:

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

Signature  _______________________________________
Date  _______________________________________
A code of practice for declaring and dealing with conflicts of interests

Sub Appendix A: Declaring interests at an advisory body meeting

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

### Steering Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Interest in Project</th>
<th>Relevant financial activities</th>
<th>Relevant professional and organisational experience</th>
<th>Other relationships or activities</th>
<th>Conflict of interest identified</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Sanchia Aranda</td>
<td>Chief Executive Officer, Cancer Council Australia (from 3 August 2015); Co-convenor of Expert Advisory Panel (from 3 August 2015), Project Governance</td>
<td>Employed as CEO at Cancer Council Australia</td>
<td>None</td>
<td>None</td>
<td>CEO at Cancer Council Australia</td>
<td>None identified</td>
<td>Excluded from voting on recommendations as sponsoring body representative</td>
</tr>
<tr>
<td>Professor Bruce Armstrong AM</td>
<td>Professor of Public Health</td>
<td>Expert Advisor in Epidemiology</td>
<td>None</td>
<td>Refer Attachment A - 1</td>
<td>Member of NHMRCs PSA Testing Advisory Group</td>
<td>None identified</td>
<td>None</td>
</tr>
</tbody>
</table>
| Professor Mark Frydenberg  | Head of Urology                           | Expert Advisor in Urology                | • Board Membership – Andrology Australia  
• Grants – 2 million research grant from Cancer of Prostate Translational Research in VIC (CAPTIV)  
• Publications - more than 100 publications and 80% on prostate cancer.  
• Speeches/Lectures – multiple presentations.  
• Development of related guidelines – Cancer Council/APCC PSA Card  
• Other – Chair, USANZ Uro-Oncology Sub Speciality. | • Publications - more than 100 publications and 80% on prostate cancer.  
• Speeches/Lectures – multiple presentations.  
• Development of related guidelines – Cancer Council/APCC PSA Card  
• Other – Chair, USANZ Uro-Oncology Sub Speciality. | None                                  | Member of USANZ and Andrology Australia | None identified | None                              |
<p>| Professor Paul Glasziou    | Professor of Evidence Based Medicine      | Expert Advisor in Evidence Based Medicine, Project Governance | • Received funding for the following grant - 12 Men, Prostate Cancer and a pilot study of community jury for prostate cancer. | None                                               | None                              | None identified                  | None                              |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Interest in Project</th>
<th>Relevant financial activities</th>
<th>Relevant professional and organisational experience</th>
<th>Other relationships or activities</th>
<th>Conflict of interest identified</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Associate Professor Anthony Lowe</td>
<td>Chief Executive Officer</td>
<td>Project Convenor, Co-convenor of Expert Advisory Panel, Project Governance</td>
<td>Employed as CEO at Prostate Cancer Foundation of Australia</td>
<td>Relevant publications, speeches/lectures, development of guidelines etc. given as CEO of PCFA and according to company policy. This included advising men over the age of 50, or who are 40 and have a family history of prostate cancer, to talk to their doctor about PSA and DRE testing as part of their annual health check.</td>
<td>CEO of Prostate Cancer Foundation</td>
<td>None identified</td>
<td>Excluded from voting on recommendatios as sponsoring body representative</td>
</tr>
<tr>
<td>Emeritus Professor Villis Marshall AC</td>
<td>Consultant Urologist</td>
<td>Chairman of Expert Advisory Panel, Project Governance</td>
<td>None</td>
<td>Board member at Prostate Cancer Foundation of Australia</td>
<td>None</td>
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<td>None</td>
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<tr>
<td>Professor Dianne O’Connell</td>
<td>Senior Epidemiologist</td>
<td>Expert Advisor in Epidemiology, Project Governance</td>
<td>Consultancy fees/honorarium – Medical Services Advisory Committee (MSAC) ESC sitting fees and expenses Grants – NHMRC Project Grant, NHMRC Partnership Grant, PCFA Research Grant Support for travel or accommodation - MSAC ESC sitting fees and expenses Meals/beverages – MSAC ESC sitting fees and expenses</td>
<td>Speeches/lectures – Refer Attachment A - 15 Development of related guidelines, standards etc. – Refer Attachment A - 15</td>
<td>Member Medical Services Advisory Committee (MSAC) ESC until Dec 2014</td>
<td>None identified</td>
<td>None</td>
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### Project Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Interest in Project</th>
<th>Relevant financial activities</th>
<th>Relevant professional and organisational experience</th>
<th>Other relationships or activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Julie Sykes*</td>
<td>Director, Health &amp; Education Programs</td>
<td>Project Manager, NHMRC Point of Contact, Project Governance</td>
<td>None</td>
<td>PCFA employee</td>
<td>None</td>
<td>None identified</td>
<td>No longer with project</td>
</tr>
<tr>
<td>Tim Wong*</td>
<td>Manager, Advocacy &amp; Resources</td>
<td>Project Management</td>
<td>None</td>
<td>PCFA employee</td>
<td>None</td>
<td>None identified</td>
<td>No longer with project</td>
</tr>
<tr>
<td>Christine Vuletich*</td>
<td>Manager Clinical Guidelines Network</td>
<td>Guideline Development Management, Project Governance</td>
<td>None</td>
<td>Cancer Council Australia employee</td>
<td>None</td>
<td>N/A</td>
<td>No longer with project</td>
</tr>
<tr>
<td>Name</td>
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<td>Conflict of interest identified</td>
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<tr>
<td>Jutta von Dincklage</td>
<td>Head, Clinical Guidelines Network (from July 2014) Product Manager Wiki Development (prior to July 2014)</td>
<td>Guideline Development Management, Project Governance Technical development and support for the online guideline development</td>
<td>None</td>
<td>Cancer Council Australia employee</td>
<td>None</td>
<td>None identified</td>
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<tr>
<td>Suzy Hughes</td>
<td>Project Coordinator PSA Testing Guidelines</td>
<td>Systematic review team</td>
<td>None</td>
<td>Cancer Council Australia employee</td>
<td>None</td>
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<tr>
<td>Dana Stefanovic*</td>
<td>Project Coordinator PSA Testing Guidelines</td>
<td>Systematic review team</td>
<td>None</td>
<td>Cancer Council Australia employee</td>
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<td>N/A</td>
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<tr>
<td>Dr Albert Chetcuti</td>
<td>Project Coordinator PSA Testing Guidelines</td>
<td>Systematic review team</td>
<td>None</td>
<td>Cancer Council Australia employee</td>
<td>None</td>
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<tr>
<td>Katherine Sheridan</td>
<td>Project Assistant</td>
<td>Research assistant</td>
<td>None</td>
<td>Cancer Council Australia employee</td>
<td>None</td>
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<tr>
<td>Tracy Tsang*</td>
<td>Project Assistant</td>
<td>Research assistant</td>
<td>None</td>
<td>Cancer Council Australia employee</td>
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<tr>
<td>Cindy Peng</td>
<td>Project Assistant</td>
<td>Research assistant</td>
<td>None</td>
<td>Cancer Council Australia employee</td>
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<tr>
<td>Laura Wuellner</td>
<td>Project Manager, Clinical Guidelines Network</td>
<td>Project support</td>
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<td>Cancer Council Australia employee</td>
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<tr>
<td>Sam Egger</td>
<td>Biostatistician</td>
<td>Systematic review team (Meta-analysis)</td>
<td>None</td>
<td>Cancer Council NSW employee</td>
<td>None</td>
<td>None identified</td>
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<tr>
<td>Jennifer Harman</td>
<td>Medical Editor</td>
<td>Medical editing</td>
<td>Owner / Employed by Meducation which provides services to health related organisations and Government agencies that may be stakeholders in prostate cancer care</td>
<td>Contractor</td>
<td>Prior to 1996 involved in drafting of medical education materials about PSA testing whilst employed by Oxford Clinical Communications whose clients included pharmaceutical companies As a freelance medical journalist, wrote an article on prostate cancer for Medical Observer (prior to 2000)</td>
<td>None identified</td>
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*No longer with project

**Expert Advisory Panel**

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<tr>
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<tbody>
<tr>
<td>Professor Sanchia Aranda</td>
<td>See Steering Committee Section</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Professor Bruce Armstrong AM</td>
<td>See Steering Committee Section</td>
<td></td>
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<tr>
<td>Dr Joseph Bucci</td>
<td>Radiation Oncologist</td>
<td>Expert Advisor in prostate Brachytherapy</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Associate Professor Pauline</td>
<td>School of Health Sciences (Physiotherapy)</td>
<td>Expert Advisor in Rehabilitation</td>
<td>Grants, personal</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Chiarelli JP</td>
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| Professor Suzanne Chambers    | Professor of Preventative Health              | Expert Advisor in Psycho-oncology  | • Consultancy fees/honorarium for providing advice about support for men with prostate cancer  
• Financial support for travel to attend meetings about providing advice for support for men with prostate cancer  
Dinner meetings with health professionals to discuss support for men with prostate cancer | Refer Attachment A - 2 | Affiliation with PCFA and CCQ                                   | None identified             | None            |
<p>| | | | | | | | |
|                               |                                               |                                   |                                                                  |                                                   |                                                        |                                |                 |</p>
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</table>
• Speeches/lectures – Several interviews to journalists about Red Book Development of related guidelines, standards, education material or fact sheets – see ‘publications’ | None                                       | None identified                          | None                          |
<p>| Professor Mark Frydenberg | See Steering Committee Section |                                       |                               |                                                    |                                  | See above                      |</p>
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<th>Other relationships or activities</th>
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<th>Action required</th>
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</table>
| Professor Robert (Frank) Gardiner AM | Centre for Clinical Research             | Expert Advisor in Urology                | None                         | Refer Attachment A - 3                               | • Relationships – Member of Research Advisory Committee of PCFA (Chairman 2013). Board member Cancer Council QLD and Andrology Australia.  
• Activities – Clinical Academic at University of QLD centre for clinical research examining better ways for detecting prostate cancer. | None identified                 | None |
<p>| Professor Paul Glasziou     | See Steering Committee Section           |                                          |                              |                                                     | See above                                                                                        |                               |                |
| Associate Professor Anthony Lowe | See Steering Committee Section           |                                          |                              |                                                     | See above                                                                                        |                               |                |</p>
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</table>
| Associate Professor Paul McKenzie | Senior Staff Specialist | Expert Advisor in Pathology          | None                          | • Publications – McKenzie PR et al. PSA Testing: age related interpretation in early prostate cancer detection Pathology 2013; 45:343-5  
• Clinical advisor in pathology for PCFA.  
• Former President Royal College of Pathologists of Australasia | • Relationships – Royal College of Pathologists of Australasia has developed PSA Testing Guidelines in McKenzie PR at al Pathology 2013; 45:343-5. | None identified | None |
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<th>Relevant professional and organisational experience</th>
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<tbody>
<tr>
<td>Dr David Malouf</td>
<td>Consultant Urologist</td>
<td>Expert Advisor in Urology</td>
<td>Board membership fees Consultancy fees Funding for travel, accommodation and meals Other registration fees for conferences</td>
<td>Refer Attachment A - 4</td>
<td>Refer Attachment A - 4</td>
<td>None identified</td>
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<tr>
<td>Emeritus Professor Villis Marshall AC</td>
<td>See Steering Committee Section</td>
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<td>See above</td>
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<tr>
<td>Professor Dianne O’Connell</td>
<td>See Steering Committee Section</td>
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<tr>
<td>Professor Ian Olver AM</td>
<td>See Steering Committee Section</td>
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<tr>
<td>Dr Ian Roos OAM</td>
<td>Consumer Advocate, Cancer Voices Australia, VIC</td>
<td>Consumer representative</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>David Sandoe OAM</td>
<td>See Steering Committee Section</td>
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<tr>
<td>Associate Professor Ken Sikaris</td>
<td>Director of Chemical Pathology</td>
<td>Expert Advisor in Pathology</td>
<td>None</td>
<td>Refer Attachment A - 5</td>
<td>• Fellow RCPA member • Local and international lectures given to health professionals sponsored by biochemical companies</td>
<td>None identified</td>
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<tr>
<td>Professor Martin Stockler</td>
<td>Associate Professor</td>
<td>Expert Advisor in Medical Oncology</td>
<td>None</td>
<td>Refer Attachment A - 6</td>
<td>None</td>
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<tr>
<td>Professor Phillip Stricker AO</td>
<td>Consultant Urologist</td>
<td>Expert Advisor in Urology</td>
<td>None</td>
<td>• Publications – have published on PSA issues</td>
<td>Former Director of PCFA</td>
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<tr>
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<td></td>
<td>• Speeches/lecture s – often give GP lectures on PSA testing</td>
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<td>• Development of related guidelines, standards etc. - developed a book on prostate cancer</td>
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<tr>
<td>Dr Keen Hun Tai</td>
<td>Chair, Faculty of Radiation Oncology Genito-urinary Group (FROGG)</td>
<td>Expert Advisor in Radiation Oncology</td>
<td>FROGG administered Travel grant to AUA 2006. Grant sponsored by AstraZeneca</td>
<td>None</td>
<td>Associated member USANZ</td>
<td>None identified</td>
<td>None</td>
</tr>
<tr>
<td>Mr Peter Teiermanis</td>
<td>Mornington Peninsula Prostate Cancer Support Group, VIC</td>
<td>Consumer representative</td>
<td>While there have been no received benefits and there is no expected benefits, son owns shares in the following 2 medical based companies • OBJ Limited valued at approximately $1900 <a href="http://www.obj.com.au/">www.obj.com.au/</a> Anteo Diagnostics valued at approximately $3200 <a href="http://www.anteodx.com/">www.anteodx.com/</a></td>
<td>None</td>
<td>• Member of the Mornington Peninsula Prostate Support Group</td>
<td>None identified</td>
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<td>• Attend monthly Mornington Peninsula Prostate Support Group meetings.</td>
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<tr>
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<td></td>
<td></td>
<td>• Attend 2011 &amp; 2013, 2014 PCFA support group Leader Chapter Training Conference VIC/TAS Chapter</td>
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<tr>
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<tr>
<td>Ms Elizabeth Watt</td>
<td>Master of Nursing Coordinator (Urological &amp; Continence Nursing)</td>
<td>Expert Advisor in Nursing</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Professor Simon Willcock</td>
<td>Professor of General Practice</td>
<td>Expert Advisor in General Practice</td>
<td>Refer Attachment A – 7</td>
<td>• Publications – on general topic of Men’s health • Speeches/lecture s – regular presenter prostate cancer and men’s health issues to various clinical and community groups</td>
<td>None</td>
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## Question Specific Working Party

<table>
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<tr>
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</table>
| Professor Emily Banks         | Professor of Epidemiology and Public Health, ANU                          | Areas of expertise – *Epidemiology*  
*Aboriginal And Torres Strait Islander Health*  
*Oncology And Carcinogenesis*  
*Public Health And Health Services*  
*Preventive Medicine* | None                                                                         | None                                                                            | None                                          | None                          | None                       | None            |
| Dr Jyotsna Batra              | Health Collaborative Research Network Administrator, Institute of Health and Biomedical Innovation, QUT | Expert Advisor in prostate cancer research  
Research description – *Biomarker development for prostate cancer*  
*Modelling of prostate cancer screening*  
*Modelling of cervical cancer screening*  
*Flexible parametric survival models* | Grants - Received PCFA and NHMRC grants for research on Kallikrein genetic variants  
Received support for travel and accommodation | None                                                                            | None                                          | None                          | None            |
| Distinguished Professor Judith Clements | Health Collaborative Research Network Administrator, Institute of Health and Biomedical Innovation, QUT | Expert Advisor in prostate cancer research  
Research description – *Biomarker development for prostate cancer*  
*Modelling of prostate cancer screening*  
*Modelling of cervical cancer screening*  
*Flexible parametric survival models* | Has answered questions from prostate cancer survivors at Support Group meetings regarding their research. | Chair, QLD PCFA Board and member. National PCFA Board (in the capacity as Chair of QLD Board.) | None                          | None            | None            |
| Dr Mark Clements              | Lecturer, Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Sweden | Expert Advisor in prostate cancer research  
Research description – *Biomarker development for prostate cancer*  
*Modelling of prostate cancer screening*  
*Modelling of cervical cancer screening*  
*Flexible parametric survival models* | None                                                                         | Refer Attachment A - 9  
*Activities – Named investigator on the Stockholm-3 diagnostic trial evaluating a biomarker panel for screening for prostate cancer.* | None                          | None            | None            |
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<tr>
<td>Professor Dallas English</td>
<td>University of Melbourne</td>
<td>Expert Advisor in epidemiology and biostatistics</td>
<td>None</td>
<td>• Speeches/lecture s – Debated the issue of PSA screening at a Cancer Society of Australia annual meeting. Assigned the negative case (i.e. that there should be no screening) • Development of related guidelines, standards etc Member of the NHMRC Prostate Specific Antigen Testing expert Advisory Group that assisted with the review of the evidence, prepared an evidence summary and a document on PSA testing for health professionals</td>
<td>None</td>
<td>None identified</td>
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<tr>
<td>Dr Liesel Fitzgerald</td>
<td>Cancer Council Victoria</td>
<td>Expert Advisor in genetic and environmental epidemiology</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Professor Graham Giles</td>
<td>Cancer Council Victoria</td>
<td>Expert Advisor in genetic and environmental epidemiology</td>
<td>None</td>
<td>None</td>
<td>None</td>
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| Dr Jeremy Grummet    | Consultant Urologist Australian Urology       | Expert Advisor in Urology            | • Board membership – ISPEN advisory board member 2013  
• Support for travel or accommodation – received IPSEN travel grant via USANZ ballot for Laparoscopic surgery course 2011 and AMS travel grant via USANZ ballot for urology prosthetics tour 2009  
• Development of related guidelines, standards etc – Andrology Australia guidelines, factsheets and online videos on PSA testing 2013 | • Relationships – USANZ Member, SIU Member                                                                 | None identified                                                   | None                                      | None                           |
| Associate Professor   | Department of Epidemiology & Preventative     | Expert Advisor in Epidemiology of    | None                                                                                                                                                                                                                       | Refer Attachment A - 10                                                                                               | Refer Attachment A - 11                                       | None identified               | None                           |
| Dr Wallid Jammal      | Dragan Ilic                                   | Expert Advisor in Epidemiology of    | None                                                                                                                                                                                                                       | Refer Attachment A - 11                                                                                               | Refer Attachment A - 11                                       | None identified               | None                           |
| Dr Grace Joshy        | Research Fellow, National Centre for         | Areas of expertise –  
• Biostatistics  
• Epidemiology  
• Aboriginal And Torres Strait Islander Health  
• Health And Community Services  | None                                                                                                                                                                                                                       | Consultancy with fees/honorarium as per proposal                                                                     | None                                                                                                               | None identified               | None                           |
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<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Bruce Kynaston</td>
<td>Consumer Advocate, PCFA</td>
<td>Consumer Representative</td>
<td>Retired</td>
<td>None</td>
<td>Served as a volunteer for PCFA and peer support for those affected by prostate cancer.</td>
<td>None identified</td>
<td>None</td>
</tr>
</tbody>
</table>

**Note:**
- Table extracted from the document, listing names, positions, interests, and relevant information related to the project and guidelines for PSA testing and early management of test-detected prostate cancer.
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Interest in Project</th>
<th>Relevant financial activities</th>
<th>Relevant professional and organisational experience</th>
<th>Other relationships or activities</th>
<th>Conflict of interest identified</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Professor Nathan Lawrentschuk</td>
<td>Consultant Urologist, University of Melbourne. Department of Surgery, Austin Hospital</td>
<td>Expert Advisor in Urology</td>
<td>• Consultancy fees/honorarium – Yes but none directly related to PSA screening or testing: Consultancy Fee once for Jannsen 2013 and Advisory Board once 2014 for Astellas who both manufacture advanced prostate cancer drugs. Advisory Boards 2012 for Ipsen and Abbott who both manufacture hormone treatments in advanced prostate cancer. Greenlight laser Trainer for AMS used to treat benign disease of the prostate since 2012. Consultant for CSL and GSK in 2012-2013 that both manufacture drugs to treat benign disease of the prostate. • Grants – Yes co-investigator as part of the “CAPTIV” project bringing together prostate cancer researchers in Australia</td>
<td>• Publications – Many related to prostate cancer &gt;40 publications on this topic out of 200 – see PubMed • Speeches/lectures – Many related to prostate cancer • Other (e.g. unpaid advisory roles) – Yes Board member as Scientific Advisor PCFA Victoria since 2013</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Assistant Professor David Latini</td>
<td>Assistant Professor of Urology Baylor College of Medicine</td>
<td>Expert Advisor in Urology</td>
<td>None</td>
<td>Refer Attachment A - 12</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Dr. Stefano Occhipinti</td>
<td>Griffith University, School of Applied Psychology</td>
<td>Expert Advisor in Psychology</td>
<td>None</td>
<td>Refer Attachment A - 13</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Interest in Project</td>
<td>Relevant financial activities</td>
<td>Relevant professional experience</td>
<td>Other relationships or activities</td>
<td>Conflict of interest identified</td>
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</tr>
</tbody>
</table>
| Associate Professor David Smith | Cancer Council NSW                            | Expert Advisor in Epidemiology of cancer                      | • Employed by CCNSW  
• Consultant to Munich Reinsurance regarding insurance issues related to prostate cancer. Payments are made to Cancer Council NSW  
• Grants – Refer Attachment A - 14  
• Support for travel:-  
  2011 ANZUP travel Grant  
  2011 PCFA $500 travel grant  
  2010 PCFA $2500 travel grant. | Refer Attachment A - 14                        | Refer Attachment A - 14                                      | None identified                  | None                          |
| Associate Professor Gianluca Severi | Cancer Council Victoria                     | Expert Advisor in Genetic and environmental epidemiology    | None                                                                                            | None disclosed                  | None                              | None identified                  | None            |
| Associate Professor Scott Williams | Consultant Radiation Oncologist Peter MacCallum Cancer Centre VIC | Expert Advisor in Radiation Oncology                         | • Consultancy fees/honorarium – Astellas, Janssen, Bayer (all proceeds divested to employer).  
• Support for travel or accommodation – Bayer  
• Other (e.g. registration fees for conf.) - Bayer | None                                               | None                              | None identified                  | None            |
Attachment A:

1. Professor Bruce Armstrong

Publications


Speeches / Lectures


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

Development of related guidelines, standards etc

Assisted the PSA testing expert advisory group with the development of health advice related to PSA Testing in Australia
Other (e.g. unpaid advisory roles)

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

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

2. Professor Suzanne Chambers

Publications - Peer reviewed papers


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


Lectures/Presentations

Year 2015


Year 2014

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

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

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

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

Wellness throughout the prostate cancer journey, Invited Speaker, North Shore Prostate Cancer Support Group, Prostate Cancer Foundation of Australia, September 18th 2014, St Leonards Australia
Challenges in helping couples after prostate cancer, Invited Speaker, Prostate Cancer Symposium for Cancer Council Queensland, September 8th 2014, Brisbane Australia

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

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

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

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

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

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

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


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

Year 2013

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

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


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

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

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

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

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


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

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

Year 2012

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

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


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

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

Year 2011

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

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

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

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

Year 2010

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


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

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


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

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

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

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

Year 2009

Proscan: Preliminary data. Invited speaker. Annual Scientific meeting of the Northern Section of the Urological Society of Australia and New Zealand, October 17th, Byron Bay.
Prostate cancer: the personal impact. Invited Keynote Speaker. 10th National Prostate Cancer Symposium, Psycho-Oncology and Nursing Meeting. Royal Melbourne Hospital, August 21st, Melbourne.

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

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

**Year 2008**

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

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

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

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

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

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

**Year 2007**

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

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

ProsCan: A Novel Early Intervention for Men with Localised Prostate Cancer, 4th International Shared Decision Making Conference, Poster, May 30th, University of Freiburg, Germany.
Educating General Practitioners about shared decision making for PSA testing: Translation into practice. 4th International Shared Decision Making Conference, Oral, May 31st, University of Freiburg, Germany.

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

Year 2006

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

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


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

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

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

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

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

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

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

Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer. Gold Coast Division of General Practice, February 25th, Gold Coast.
Year 2005

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

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

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

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

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

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

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

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

Year 2004


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

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


Promoting Informed Decision Making choice for the Early Detection of Prostate Cancer Annual Scientific Meeting of the Northern Section of the Urological Society of Australasia, September 19th, Couran Cove.
Shared Decision Making for Informed choice in the Early Detection of Prostate Cancer at the Royal Australian College of General Practitioners North Queensland SubFaculty Conference, September 4th, Townsville.

Year 2003

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

Year 2002

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

Curricula and Course Development


Relationships

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

3. Professor Robert (Frank) Gardiner AM

Publications

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

Speeches/lectures

Participation in research a project to evaluate the potential role of a community jury approach for men on PSA screening.
Development of related guidelines, standards, educational material etc

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

Other (unpaid)

Research grants to develop better ways for detecting prostate cancer

4. Dr David Malouf

Publications

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

Speeches/Lectures

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

Expert testimony

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

Development of related materials

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

Other relationships and activities

- Previous President of USANZ
- Chair, PCFA Medical Advisory Committee
5. **Professor Ken Sikaris**

**Publications**


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


**Abstracts**


**Speeches/ Lectures**

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

**Development of Guidelines and Standards**

Australasian College of Clinical Biochemists (ACCB)
Royal College of Pathologists Australasia (RCPA) – position statement on PSA Testing

Urological Society of Australia and New Zealand (USANZ)

Guideline regarding reporting of PSA levels

6. **Professor Martin Stockler**

**Publications**


**Development of Guidelines and Standards**

Only these guidelines

7. **Professor Simon Willcock**

**Employment**

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

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

**Board memberships**

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

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

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

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

Board member - Corporate Protection Australia Group Appointed May 2012
8. Distinguished Professor Judith Clements

Board memberships

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

Grants

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

Support for travel, accommodation and meals

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

Other registrations

Has received complimentary registration fees for PCFA conferences in the past

Other relationships or activities

Is member of NHMRC EAG on PSA Testing

9. Dr Mark Clements

Publications

Published articles on prostate cancer:


10. Associate Professor Dragan Ilic

Publications


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


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


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


Speeches/Lectures

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

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

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

11. Dr Walid Jammal

Expert Testimony

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

Publications


13. Dr Stefano Occhipinti

Publications


14. Dr David Smith

Publications


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


Speeches/Lectures

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

Development of related guidelines, standards, educational materials

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

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

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

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

Grants on PSA Testing

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

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

NHMRC Project Grant 1009879 $518,390

NHMRC Project Grant (337610) $572,631

NHMRC Project Grant (387700) $294,104
Australian Department of Veterans Affairs Project Grant $578,750

Australian Department of Veterans Affairs Project Grant $404,573

15. Professor Dianne O'Connell

Publications


doi: 10.1111/1753-6405.12115


doi: 10.5694/mja13.11134


http://dx.doi.org/10.1016/j.canep.2014.11.009.

Speeches/Lectures

Invited presentations


Conference presentations


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


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


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

**Development of related guidelines, standards, educational materials**

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

**Grants on PSA Testing and Prostate cancer**


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


