



Image: MRI with Prostate Gland highlighted



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Addressing Unmet Needs in Prostate Cancer Care

Prostate cancer is now the most commonly diagnosed cancer in Australia. The journey following a prostate cancer diagnosis is challenging for most men. Around one in seven men will be diagnosed in their lifetime, although survival rates are high, with a 95% five-year survival rate. Significant advances in research have led to rapid improvements in outcomes, with survival increasing from just 60% twenty years ago.

Despite the wide range of treatment options available, many men experience side effects that can have a profound impact on quality of life, relationships, and return to work. I identified a clear need to address the lag in health service support that has accompanied the rapid evolution of prostate cancer care.

In particular, there is a lack of health service support tailored to individual needs, including assistance with coping after diagnosis, navigating the fragmented array of treatment and care options, and managing day-to-day survival.

My research sought to identify and address unmet needs in prostate cancer care by developing a collaborative, clinically driven program of research that improves support and outcomes for men living with prostate cancer.

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Research Impact

As a first step, we engaged with clinical teams, patients, and their support networks to understand what is currently working well and where unmet needs remain. Unmet needs are defined as diagnoses, conditions, symptoms, or treatments that are not adequately addressed by available therapies or services, whether due to delays or lack of access altogether. We also sought to understand whether patients were able to access clinical trials.

My research commenced during the COVID-19 pandemic, which unexpectedly provided valuable insights into these issues and highlighted gaps in care that may otherwise have remained less visible.

The Symptoms Pathway trial was completed and aimed to reduce emergency department presentations and hospital admissions by engaging the multidisciplinary team in the structured management of symptoms for patients receiving systemic treatment in oncology outpatient settings. Exploratory work focusing on men who had completed prostate cancer treatment but continued to live with its long-term effects identified that not all patients could access appropriate services within Metro North. All research undertaken during my fellowship has been directed toward addressing this inequity.

Clinical care pathways have been developed to address unmet needs for men with prostate cancer and their families. These pathways support patients in accepting their diagnosis, transitioning between multiple services across hospital and community settings, and achieving cost-effective care while maintaining quality of life.

All work adopted a health services implementation research focus. The insights gained from prostate cancer research were also applicable to other high-risk patient groups, including those affected by other cancers and infections. Importantly, my research and role as a Metro North Clinician Researcher have strengthened clinical nursing research by highlighting the value of nurse-led clinical research and its direct impact on patient outcomes and health systems.

Reflections

The Metro North Clinician Researcher Fellowship has had a significant impact on my ability to undertake research while working clinically as a nurse. The Fellowship provided protected time to understand the needs of patients and their support networks, and to conduct research that is meaningful and grounded in nursing practice.

Through this role, I have built strong relationships with national and international organisations, including the Australia and New Zealand Urogenital and Prostate Cancer Trials Group and the European Association for Urology Nurses, helping to demonstrate the value and importance of nurse clinician researcher roles.

Most importantly, the Fellowship enabled me to develop meaningful relationships within Metro North communities, allowing me to better understand local priorities and contribute research support where it is needed most. I have grown considerably as a clinician researcher, with expertise in incorporating patient voice, consumer expertise, and lived experience alongside clinician knowledge and experience.

I have also developed leadership and capacity in health equity and the social determinants of health, focused on improving care for patients throughout their prostate cancer journey. Seeing how research can directly improve outcomes for patients, clinicians, and the broader community has been deeply rewarding.

Key Fellowship Publications

- **Roberts NA**, Jacmon H, Scanlon B, Battersby C, Buttrum P, James C. How can we meet the needs of patients, their families and their communities? A qualitative study including clinicians, consumer representatives, patients, and community members. *BMC Health Services*. 2023
- **Roberts NA**, Pelecanos A, Alexander K, Wyld D, Janda M. Implementation of Patient-Reported Outcomes in a Medical Oncology Setting (the iPROMOS Study): Type II Hybrid Implementation Study. *Journal of Medical Internet Research*. 2024
- **Roberts NA**, Esler R, Pearce A, Wyld D, Smith M, Woollett K, Mazariego C, Roberts MJ. Exploring Unmet Needs in Prostate Cancer Care: A Cross-sectional Descriptive Study. *European Urology Open Science*. 2024
- You K, Wyld D, Ahern E, Lwin Z, **Roberts NA**. Factors that influence clinical trial participation for oncology patients in Australia: a scoping review. *BMJ Open*. 2025
- **Roberts NA**, Davis ID, Wyld D, Goh J, Thompson M, Gedye C, Dhillon HM. How to Support Participants in Urogenital and Prostate Clinical Trials: A Qualitative Perspective. *Psycho-Oncology*. 2025

Selected funding that has arisen during the Fellowship

- Queensland Health Clinician Researcher Scheme (CIA) - \$98,000 (AUD). The Survive and Thrive Intervention (SURE)
- MRFF Clinical Trials Activity (CIL- health services and implementation lead) - \$2,358,175 (AUD). ROAD RCT: Resistance Optimised Antimicrobial Dosing in Critically Ill Patients – A Randomised Controlled Trial
- MRFF (CIK – health services and implementation lead) - \$1,499,892 (AUD). PRAGMATIC: PhaRmAcoGenoMics for better treatment of fungAI infecTions In Cancer Patients study.
- ANZUP Discretionary Funding Round (CIA) - \$120,000 (AUD). Outcomes for Australians Impacted with Kidney Cancer