VCCC Alliance

Overcoming cancer together

Stronger Together: Growing First Nations Cancer Research Workshop Final Report

Tuesday 10 March 2026, 11.30am – 4.30pm

Contents

Stronger Together: Growing First Nations Cancer Research

Workshop Summary Report | External for Publication | VCCC Alliance | 2026

About the Workshop

This workshop was convened to strengthen awareness, relationships, and engagement between the Aboriginal and Torres Strait Islander cancer care workforce, community partners, researchers and the VCCC Alliance research network. It was held in conjunction with and preceded the VCCC Health Equity Symposium which took place the following day.

The workshop provided a space for Aboriginal and Torres Strait Islander cancer care workers, community partners and researchers to identify and share priorities and gaps, and explore pathways for culturally safe, community-led research collaboration.

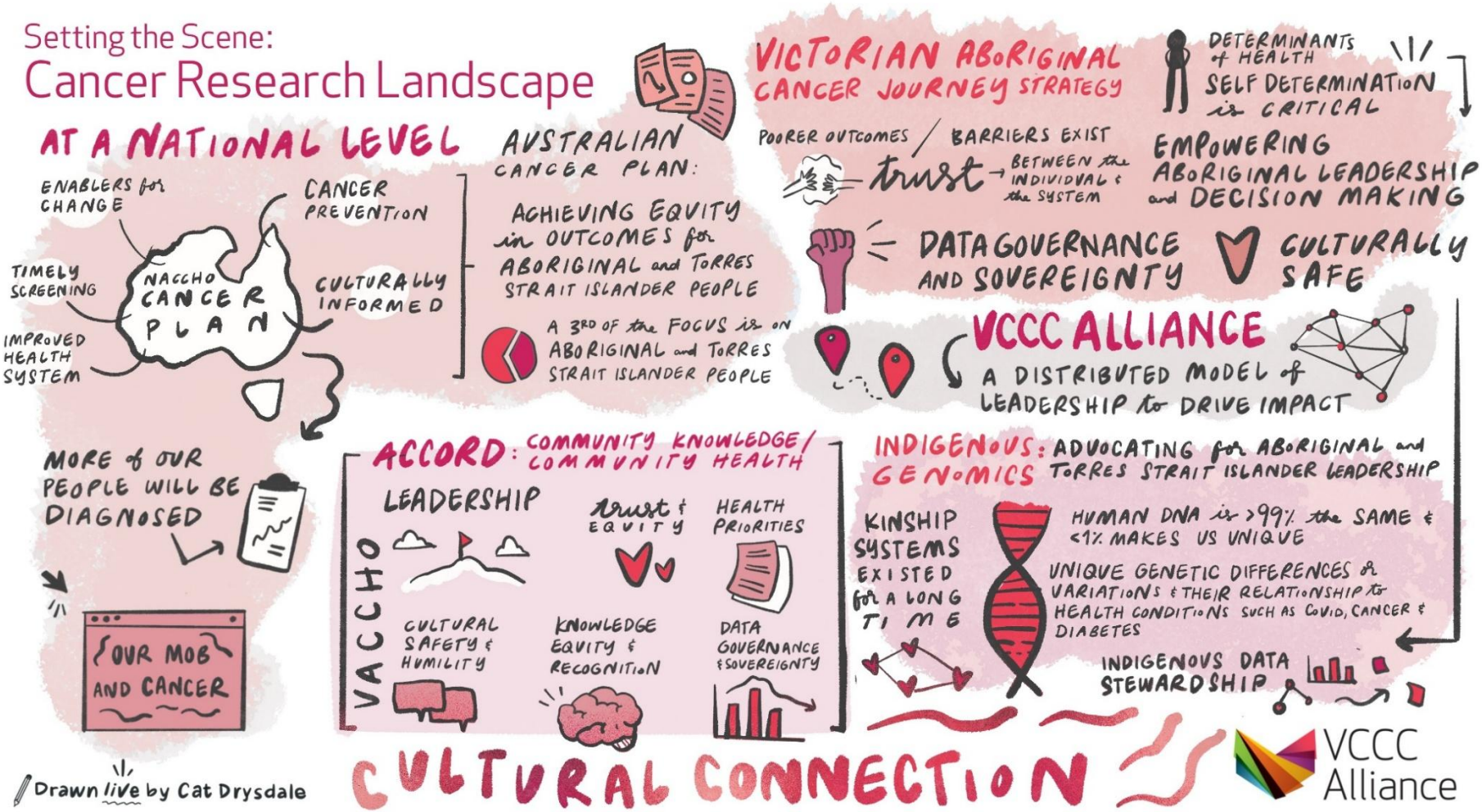
Workshop Objectives

By the end of the session, participants had opportunities to:

- Strengthen connections between Aboriginal and Torres Strait Islander cancer care workers and the VCCC Alliance research ecosystem
- Increase awareness of current and upcoming research initiatives relevant to Aboriginal and Torres Strait Islander cancer priorities
- Build trust and two-way communication to support culturally safe research collaboration and partnerships
- Identify opportunities for Aboriginal and Torres Strait Islander-led and co-designed research engagement in 2026 and beyond

Setting the Scene: Cancer Research Landscape

The workshop began by setting the scene for the national, state, and organisational policy context and the framing of First Nations cancer research in Australia. Key frameworks presented to workshop participants included: the NACCHO Cancer Plan, the Australian Cancer Plan, and the Victorian Aboriginal Cancer Journey Strategy, alongside VCCC Alliance's distributed leadership model, the VACCHO Accord and , through the Australian Alliance for Indigenous Genomics (ALIGN), the emerging work in Indigenous Genomics and data stewardship.



Roundtable Discussions – Identity, Data and Genomics

Participants at the roundtable were invited to reflect on:

- How is culturally appropriate and accurate Indigenous data collected and used within your organisation?
- What could be improved?
- What additional resources and training might be needed?
- How can the VCCC Alliance support future research that improves cancer services, cultural safety, and Indigenous data stewardship for Aboriginal and Torres Strait Islander people accessing your organisation?

Overarching Principle: Cultural Safety

The themes of **Identification**, **Public Health, Electronic Medical Records** and **Identity Data** and emerged from the yarns on Identity, Dat and Genomics. All four roundtable themes were explicitly underpinned by **cultural safety**. Participants were clear that cultural safety is the essential foundation, not an add-on, upon which every aspect of data collection, service delivery, employment, and research must be built.

Cultural safety requires:

Systems and staff that actively support Aboriginal and Torres Strait Islander identification

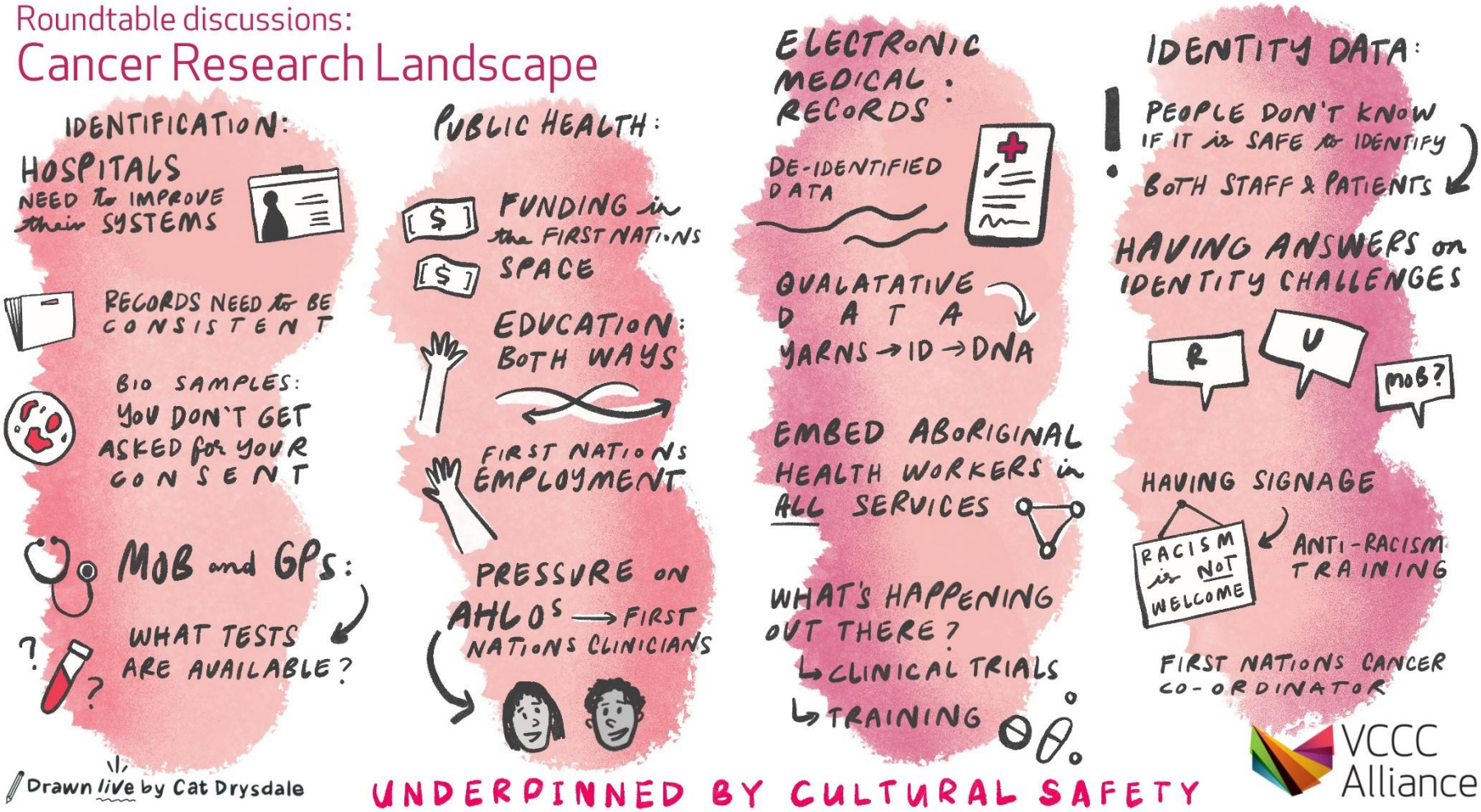
Accountability structures — including dedicated roles such as a First Nations Cancer Coordinator — that are empowered to drive change

Anti-racism frameworks need to be embedded within policy and practice, not just offered as optional training

Community voice and informed consent should be at the centre of all data and research processes

Roundtable discussions:

Cancer Research Landscape



Opportunities for VCCC Alliance

Based on the roundtable discussion's themes, the following areas represent opportunities for VCCC Alliance to take meaningful action:

Theme	What participants said	Opportunities for VCCC Alliance
Identification	• Hospitals need to improve their identification systems for Aboriginal and Torres Strait Islander patients • Patient records need to be consistent across services • Bio samples are collected without participants being asked for their consent • Community (mob) and GPs lack awareness of what tests and screenings are available to them	**Identity & Cultural Safety** • Work with organisations to develop clear, consistent processes for safe and supported Aboriginal and Torres Strait Islander identification disclosure • Encourage visible signage and other environmental signals that communicate belonging and cultural safety • Support mandatory, high-quality anti-racism training across partner organisations • Support the establishment of dedicated First Nations Cancer Co-ordinator roles
Identity Data	• People — both staff and patients — need clarity and support to enable culturally safe identification of Aboriginal and Torres Strait Islander peoples. • Health services need to provide clear and confident answers to the known issues and challenges of identifying Aboriginal and Torres Strait Islander patients • Visible signage affirming identity and belonging is important for creating safe environments • Anti-racism training must be mandatory and meaningful • A dedicated First Nations Cancer Co-ordinator role is needed to drive accountability and coordination	
Electronic Medical Records & Data	• De-identification of data in electronic medical records is a key concern for community trust • Qualitative data — yarns, interviews, community conversations — must adhere to and maintain Indigenous Data Sovereignty and Indigenous Data Governance principles and processes	**Data & Consent** • Advocate for consistent, consent-based data collection practices across partner health organisations • Support the development of culturally appropriate data governance frameworks that centre First Nations data sovereignty

	• Aboriginal Health Workers must be embedded across all services, not siloed into specific roles • Community wants to know what is happening in clinical trials and training — better information sharing is needed	• Invest in qualitative research methodologies — yarns and community conversations are valid and valuable data sources
Public Health	• Increased and sustained funding in the First Nations space is needed • Education must go both ways — institutions learning from community, not just delivering information to them • Greater First Nations employment within health and research organisations is essential • Pressure is being placed on AHLOs (Aboriginal Health Liaison Officers) to fill system-wide gaps, rather health services building a pipeline of First Nations clinicians	**Workforce & Employment** • Support pathways for First Nations employment in cancer research and clinical roles • Work with partners to reduce the burden placed on AHLOs and invest in growing a First Nations clinician workforce • Advocate for Aboriginal Health Workers to be embedded across all relevant services **Education & Training** • Facilitate two-way education — institutions must be as open to learning from community as they are with delivering information • Improve information sharing so community members, ACCHOs and GPs know what clinical trials and services are available

Strengthening First Nations Leadership in Research

This session showcased four Lightning 'Wilim' case studies, each exemplifying Indigenous-led, co-designed, and community-focused research in action across interconnected areas.

Presentations spanned the breadth of First Nations cancer research: from genomic science exploring the relationship between **hormone replacement therapy, genetics, risk of breast cancer** with a call for the urgent need for a trusted biobank for First Nations people to better understand their individual risk; to a personal account of how cultural connection and community **powered a PhD journey (Stronger Together)**. The broader research findings highlighted disparities in breast and lung cancer outcomes, with evidence that discrimination and inequity directly impact survival, and that immune cell infiltration can affect treatment. Multidisciplinary team meetings were identified as improving survival outcomes.

The session also featured **Lotjpa Yapaneyepuk (Talk Together) about cancer trials**, through the lens of community co-design, with collaborative yarning sessions named as a key methodology to developing resources for mob on cancer clinical trials. The approach centred relationship and process as equally important as research outcomes

Finally, the **Biomedi-KIN: Strengthening Cultural Governance in Biomedical Research and supporting Indigenous Researchers in Laboratory-Based Science** initiative was introduced as a framework for decolonising biomedical research, built on self-determined needs for culturally safe governance, ethical processes in research, and the goal of building a cohesive and actively supported network of First Nations medical researchers national.

Roundtable Yarning – First Nations Cancer Research Priorities

Participants were invited to respond to two key questions:

1. What are the key First Nations cancer research priorities?
2. In the context of the research priorities, what are the gaps that need to be addressed to support partnerships with health services and VCCC Alliance?

First Nations Cancer Research Priorities

Research Priorities

The following themes emerged from the table yarns as First Nations Cancer Research Priorities.

Theme	What participants said
Cultural Safety	• The systems need to be culturally safe for both patients and staff • Health organisations and hospitals need better collaboration to deliver culturally safe care
Funding	• Dedicated funding for research, training, and collaborations including realistic funding for First Nations Workforce • Resources must reflect the real cost of community-centred, culturally appropriate research (eg investing in pre-research engagement and consultations)
Clinical Trials	• Break down barriers — bring the trial to the community (mob) • Develop mob-specific clinical trials that reflect First Nations health research needs and contexts
Wrap-around Care	• Holistic, wrap-around care models for patients • Greater support for healthcare workers providing that care
Mob-led Approaches	• Mob-led ways of doing things • Food security as a determinant of cancer outcomes (through the diagnostic, treatment and post-treatment pathway) • More engagement with and access to cancer screening
Community Priorities	• Research must reflect what communities are seeking and identifying as needs • Grant opportunities should align with and respond to community-defined priorities

Identified Gaps

Participants also identified systemic and structural gaps that must be addressed to meaningfully support First Nations cancer research partnerships.

Theme	What participants said
Racism & Advocacy	• The system must actively call out and address racism • Champions within institutions are needed to advocate for First Nations staff and patients • Greater support needed for First Nations young people to pursue careers in cancer research
Funding	• Funding must be realistic and adequate — not tokenistic • Advisory groups need to be properly resourced to function effectively
Leadership & Networks	• Consumer-led research and leadership must be genuinely supported and resourced • Networks between communities and institutions need to be built and maintained

Acknowledgement

The VCCC Alliance acknowledges the Traditional Owners of Country throughout Victoria, and their continuing and deep connections to land, sky, waters and community. We pay our respect to Elders past and present and are committed to honouring Aboriginal and Torres Strait Islander cultures and promoting reconciliation.

The priorities and gaps documented in this report were generously shared by First Nations cancer care workers and community members. We are grateful for their time, expertise, and trust in participating in this workshop.

Appendix

Participants

A total of 19 people participated in the workshop that was facilitated by VCCC Alliance Aboriginal and Torres Strait Islander Research and Education co-leads Jacinta Elston and Louise Lyons, and VCCC Alliance Aboriginal and Torres Strait Islander Program Manager, Shayne Bellingham

17 of the 19 (90%) of participants identified as Aboriginal and Torres Strait Islander.

6 of the 19 (31%) of the participants where from rural regional areas of Victoria.

What worked well about this workshop and why?

Overall, participants valued the collaborative environment, opportunities for knowledge sharing and learning, meaningful discussions, and the inclusive approach that encouraged everyone to contribute.

1. Collaboration and Connection

Participants valued the opportunity to connect with others and explore potential collaborations.

“The collaboration” “Bringing different people together” “Seeing where we could potentially collaborate”

2. Sharing Knowledge and Learning

There was strong appreciation for learning from others and gaining insight into different experiences and approaches.

“Sharing and learning”

“Learning about different levels of care for Aboriginal and Torres Strait Islander peoples”

“Being able to yarn with Mob about their research or their priorities”

3. Meaningful Discussion and Yarning

The group discussions created space for open dialogue and exchange of ideas.

“Group discussions/Good discussions” “Being able to yarn with Mob”

4. Inclusive and Supportive Participation

Participants felt the structure supported everyone to contribute and feel comfortable speaking.

“I really appreciated being involved and having to speak out to the group.”

“This ensured that everyone had a chance to speak and felt comfortable to speak thereafter.”

What could be improved and why?

Overall, participants would have liked more time. More time to network, more time to yarn and more time for presentations.

‘I would have liked time to network with others in the room. To build relationships and find out more what is happening’

‘Given the number of speakers and breakout sessions, a full day workshop would have been appropriate.’

The small room space and pre-workshop accommodation for rural regional participants were also identified as areas of improvement

‘Accommodation for rural participants the night before would be appreciated’

‘Small space, rushed at times’

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