



Clinical  
Oncology  
Society of  
Australia

# COSA ANNUAL REPORT 2025

EDUCATION  
COLLABORATION  
ADVOCACY  
RESEARCH





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# PRESIDENTS OF COSA

2025-	<b>Professor S Sabesan</b>	BMBS PhD FRACP	
2023-2024	<b>A/Professor D Forstner</b>	MBBS (Hons) FRANZCR	
2021-2022	<b>Professor F Boyle AM</b>	MBBS PhD FRACP	
2019-2020	<b>Professor N Pavlakis</b>	BSc MBBS MMed (ClinEpi) PhD FRACP	
2017-2018	<b>Professor P Butow AM</b>	BA(Hons) MPH MClinPsych PhD	
2015-2016	<b>Professor M Krishnasamy</b>	RGN BA DipN MSc PhD FAAN	
2013-2014	<b>Professor SV Porceddu</b>	BSc MBBS (Hons) MD FRANZCR	
2011-2012	<b>Professor B Koczwara AM</b>	BM BS FRACP MBioethics FAICD	
2009-2010	<b>Professor B Mann</b>	MBBS PhD FRACS	
Jul 2006-2008	<b>Professor D Goldstein</b>	MBBS FRCP FRACP	
Jan 2006-Jul 2006	<b>Professor D Currow</b>	BMed MPH PhD FRACP	
2004-2005	<b>Dr S Ackland</b>	MBBS FRACP GAICD	
2002-2003	<b>Professor L Kenny AO</b>	MBBS FRANZCR	
2000-2001	<b>Professor J Zalberg OAM</b>	MBBS PhD FRACP FRACMA FAHMS FAICD	
1998-1999	<b>Professor H Ekert AM</b>	MBBS MD FRACP FRCPA	
1996-1997	<b>Professor RJS Thomas</b>	MBBS MS FRACS FRCS	
1994-1995	<b>Professor AS Coates AM</b>	MD FRACP	
1992-1993	<b>Professor WH McCarthy AM</b>	MEd FRACS	
1990-1991	<b>Professor RM Fox AM</b>	BSc(Med) MBBS PhD FRACP	
1988-1989	<b>Dr JA Levi</b>	MBBS FRACP (Deceased)	
1985-1987	<b>Dr JVM Coppleson AO</b>	MBBS(Hons) MD FRCOG FRACOG	(Deceased)
1983-1985	<b>Professor GJ Clunie</b>	CHM(Ed) FRCS(Ed) FRCS FRACS	(Deceased)
1981-1983	<b>Professor MHN Tattersall AO</b>	MA MD MSc FRCP FRACP	(Deceased)
1979-1981	<b>Dr RP Melville</b>	MBBS FRCS FRACS FACS	(Deceased)
1976-1979	<b>Professor L Atkinson</b>	FRCS FRACS FACR	(Deceased)
1973-1976	<b>Mr WB Fleming AM</b>	MBBS FRACS FRCS(Eng) FACS	(Deceased)

# COSA VISION AND MISSION

## QUALITY MULTIDISCIPLINARY CANCER CARE FOR ALL

The overarching mission of COSA is to improve cancer care and control through collaboration.

### **COSA achieves this by:**

- supporting the professional and educational needs of cancer health professionals
- enhancing cancer care and control through network development
- advocating for improvements in cancer care and control
- facilitating research across the spectrum of cancer



**COSA is the national oncology community bringing together multidisciplinary health professionals across all cancers to advance care and improve outcomes.**



As a COSA member, you will have opportunities to connect with oncology leaders, build networks and collaborations, access professional development and education, drive advocacy, and facilitate research.

# COSA MEMBERSHIP

As at 31 December 2025 there were 1,090 registered members of COSA. Members are from many disciplines in healthcare that are engaged in cancer treatment, including research, patient care and support areas. They are from universities, private practice, government and private laboratories, and other health services.

## **There are two types of COSA membership: Individual Membership and Organisational Membership**

### **Individual Membership**

A person with a specific interest in oncology and professional qualifications relating to the vision and mission of COSA is eligible for admission as an individual member. Only COSA Individual Members residing in Australia are eligible to vote at Annual General Meetings.

#### **Allied Health member**

Health professionals or non-medical professionals, for example exercise physiologists and physiotherapists, pharmacists, etc.

#### **Medical member**

Qualified clinical practitioners or scientists that hold a postgraduate degree or fellowship from a recognised College or Society.

#### **Medical in Training member**

Doctors in specialty training are eligible for this member type for the duration of their training, eg in medical, radiation and surgical oncology.

#### **Nursing member**

Registered nurses such as breast care nurses, clinical nurse consultants, nurse practitioners, etc.

#### **Student member**

Students undertaking full-time undergraduate or postgraduate studies with a stream of cancer care in an Australian Institution are eligible for student membership. Documented evidence is required on application annually and membership is subject to Board approval. Student members are not entitled to vote at Annual General Meetings.

#### **Retiree member**

A person who has retired from professional employment, who has held COSA membership for 10 years prior to retirement, and who has continued personal interest in oncology, is eligible as a retiree member, subject to Board approval.

#### **Honorary member**

A person who has made significant and sustained contributions to COSA or to cancer care in general is eligible for admission as an honorary member. This membership category is offered to past Presidents of COSA and nominees and must be approved by the COSA Board.

### **Organisational Membership**

Not-for-profit companies, institutions or organisations that have a similar vision to COSA are eligible to be admitted as an Affiliated or Associated Organisation.

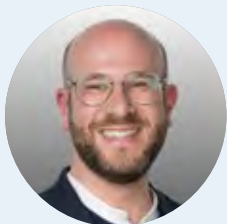
## Testimonials

“ Being a member of COSA has been invaluable in fostering connections with multidisciplinary colleagues and consumers across Australia. COSA provides a platform for networking, innovation and shared expertise, ensuring that we continue to generate new ideas and deliver the best possible cancer care. ”



**Elise Treleven**  
Dietitian Team Leader,  
Metro North Health, QLD  
2024 ASM program  
committee

“ Our job is to work in multidisciplinary teams and COSA gives us the opportunity to learn more about what each of our colleagues does and the strengths that they bring to the patient experience. I think everyone should be a member of COSA. It is a fundamental part of delivering the best cancer care we can. It's not expensive, you get lots of opportunities, you meet amazing people, it's great for research, it's great for education. It is just the perfect place to be if you're interested in cancer in Australia. ”



**Michael Krasovitsky**  
Medical Oncologist, The  
Kinghorn Cancer Centre  
COSA Geriatric Oncology  
Group Executive member

“ Love the COSA community. Everyone is welcoming and keen to provide advice and support your ideas. During my years with COSA, I've connected with people who were happy to share their experiences and ideas which have helped develop new services and projects for me back home. I always come home from a COSA meeting inspired to do better for our cancer community. ”



**Wei-Sen Lam**  
Medical Oncologist,  
Fiona Stanley Hospital, WA  
Former Chair, COSA Regional  
and Rural Oncology Group

“ COSA fosters connections between research and clinical practice, ensuring oncology research is relevant, integrated into healthcare systems, and translates into real-world improvements for cancer care. ”



**Jordana McLoone**  
Deputy Director, Kids Cancer  
Centre and Senior Research  
Fellow, University of NSW  
COSA Survey Review Panel

“ COSA is a great community for cancer pharmacists in Australia, but also gives us access to a lot of other professionals who are working in the area and really helps us promote our work. ”



**Gail Rowan**  
Senior Pharmacist, Peter  
MacCallum Cancer Centre

“ COSA is actually multidisciplinary, not just medical oncologists, not just radiation oncologists. It's really the entire team of disciplines that help look after patients with cancer. And we get to meet once a year and share our work and how we're improving the outcomes of patients with cancer. And I think that's a nice thing to be part of. I really love COSA. ”



**Paul Viray**  
Medical Oncologist and  
Geriatrician, Cabrini Health  
Chair, COSA Geriatric Oncology  
Community of Practice

“ I've been a member of COSA for close to 15 years now and I've found it really beneficial in terms of engaging with other members and increasing my networks. We've had many collaborations to do further research together which has been wonderful. ”



**Teresa Brown**  
Assistant Director,  
Dietetics, Royal Brisbane  
and Women's Hospital

# COSA BOARD



**Professor  
Sabe Sabesan**  
President



**Professor  
Haryana Dhillon**  
President-Elect



**Ms Sandie Angus**  
Co-opted  
Director



**Professor  
Judy Bauer**  
COSA Council  
Elected Director  
(retired June 2025)



**Professor  
Prue Cormie**  
COSA Council  
Elected Director  
(appointed June  
2025)



**A/Professor  
Connie Diakos**  
COSA Council  
Elected Director  
(appointed June 2025)



**Clinical A/Professor  
Merran Findlay**  
COSA Council  
Elected Director  
(retired June 2025)



**Mr Peter Hooker**  
Co-opted Director



**A/Professor  
Malinda Itchins**  
COSA Council  
Elected Director



**Professor  
Michael Jefford**  
COSA Council  
Elected Director  
(retired June 2025)



**Mr Daniel  
McKavanagh**  
COSA Council  
Elected Director  
(appointed August  
2025)



**Professor  
Timothy Price**  
COSA Council  
Elected Director  
(retired June 2025)



**A/Professor  
Christopher Steer**  
COSA Council  
Elected Director



**Professor  
Haitham Tuffaha**  
COSA Council  
Elected Director  
(appointed June 2025)



**Ms Marie Malica**  
Chief Executive Officer,  
ex-Officio

# COSA BOARD SUB COMMITTEES

## AUDIT, RISK AND FINANCE COMMITTEE

**Mr Peter Hooker** – Committee Chair

**Ms Sandie Angus**

**Professor Judy Bauer** (retired June 2025)

**Professor Haryana Dhillon**

**Ms Alison Hamill** (Co-opted member)

**Professor Haitham Tuffaha** (appointed August 2025)

**Ms Marie Malica** – COSA CEO

## MEMBERSHIP COMMITTEE

**Professor Michael Jefford** – Committee Chair  
(retired June 2025)

**Professor Haryana Dhillon** – Committee Chair  
(appointed July 2025)

**A/Professor Christine Carrington**

**A/Professor Bryan Chan**

**Ms Abby Fyfe** (appointed May 2025)

**Dr Christelle Greeff** (resigned April 2025)

**Mr Peter Hooker**

**Ms Cassandra Mazza**

**Dr Poorva Pradhan**

**Mr Lachlan Roth**

**Dr Favil Singh** (appointed May 2025)

**Ms Maryanne Doherty** – COSA Member  
Engagement Officer



COSA Council



# COSA COUNCIL

Council comprises the President, President-Elect, Immediate Past President, the Chair of each COSA Group, the nominee of each Affiliated Organisation, and other appointed positions.

## COSA GROUP AND APPOINTED REPRESENTATIVES

### **ADOLESCENT AND YOUNG ADULT GROUP**

(Jan-May) Chair: Dr W Nicholls  
MBChB FRACP

(Jul-Dec) Chair: A/Professor K Thompson  
BA BSW MASW PhD

### **BREAST CANCER GROUP**

(Jan-Aug) Chair: Dr S Fraser  
MBBS FASBP

(Nov-Dec) Chair: Dr B Yeo  
MBBS FRACP MD BA

### **CANCER BIOLOGY GROUP**

Chair: Professor N Zeps  
BSc(Hons) PhD

### **CANCER CARE COORDINATION GROUP**

Chair: Distinguished Professor P Yates AM  
PhD RN FACN FAAN

### **CANCER GENETICS GROUP**

No representative

### **CANCER PHARMACISTS GROUP**

Co-Chair: A/Professor M Ryan  
PhD MHLthMgt GradDipClinPharm BPharm  
FANZCAP

### **CANCER PREVENTION**

Chair: Professor B Stewart AM  
MSc PhD FRACI DipLaw DipLegalPract

### **CLINICAL TRIALS AND RESEARCH PROFESSIONALS GROUP**

Chair: Mr A Stoneley  
BBus HIM

### **EPIDEMIOLOGY GROUP**

Chair: A/Professor A Hopkins  
BPharm(Hons) PhD

### **EXERCISE AND CANCER GROUP**

(Jan-Apr) Chair: Dr D Mizrahi  
BExPhys MSc PhD

(May-Dec) Chair: Professor T Skinner  
BAppSci(HMS-ExSci)(Hons) GCEd PhD

### **GASTROINTESTINAL ONCOLOGY GROUP**

Chair: A/Professor C Diakos  
BSc(Hons) MBBS PhD FRACP

### **GERIATRIC ONCOLOGY GROUP**

Chair: Professor M Agar  
MBBS MPC PhD FRACP FACHPM

### **GLOBAL ONCOLOGY GROUP**

Chair: Professor D Yip  
MBBS FRACP

### **GYNAECOLOGICAL ONCOLOGY GROUP**

Chair: Professor L Mileshkin  
MBBS MD Mbioeth(Mon) FRACP

### **LUNG CANCER GROUP**

(Jan-Feb) Chair: A/Professor M Itchins  
BMedSci MBBS(Hons1) PhD FRACP

(Mar-Dec) Chair: A/Professor B Chan  
BPharm(Hons) MBBS(Hons) MMed(Clin Epi)  
FRACP

### **MELANOMA AND SKIN CANCER GROUP**

Chair: Dr D Kee  
MBBS DMedSc FRACP

**PRESIDENT**

Professor S Sabesan  
MBBS PhD FRACP

**PRESIDENT-ELECT**

Professor H Dhillon  
BSc MA (psych) PhD

**IMMEDIATE PAST PRESIDENT**

A/Professor D Forstner  
MBBS (Hons) FRANZCR

**NEUROENDOCRINE TUMOURS GROUP**

Chair: Dr D Chan  
BSc(Med) MBBS ClinDipPallMed PhD FRACP

**NEURO-ONCOLOGY GROUP**

Chair: A/Professor ES Koh  
MBBS FRANZCR

**NUTRITION GROUP**

Chair: Ms J Loeliger  
BSc (Nut) MND DipMan ProfCertHSM AdvAPD

**PALLIATIVE CARE GROUP**

Chair: Professor J Phillips  
BSc PGDip PhD RN FACN FPCNA

**PSYCHO-ONCOLOGY GROUP**

Chair: Dr L Kirsten  
BSc(Psych) MAppSc DPsysc(Clinical) PhD

**RARE CANCERS GROUP**

Chair: Professor C Scott AM  
MBBS PhD FRACP FAHMS

**REGIONAL AND RURAL ONCOLOGY GROUP**

(Jan-Mar) Chair: Dr WS Lam  
MBBS FRACP MHA

(Mar-Dec) Chair: Dr S Pathmanathan  
MBBS FRACP

**SURGICAL ONCOLOGY GROUP**

Chair: Dr S Nightingale  
BHB MBChB MS FRACS

**SURVIVORSHIP GROUP**

Chair: Professor N Hart  
PhD AES CSCS ESSAF NHMRC Investigator  
Fellow

**UROLOGIC ONCOLOGY GROUP**

Chair: Professor A Azad  
MBBS PhD FRACP

**WELLBEING AND INTEGRATIVE ONCOLOGY GROUP**

Chair: A/Professor G McDonald  
BScNurs GradDipWH MPH

**FIRST NATIONS REPRESENTATIVE**

Professor G Garvey AM  
BEd MEd PhD

**ADVANCED TRAINEE REPRESENTATIVE**

Dr K Wright  
MD BExPhys

**CONSUMER REPRESENTATIVES**

Ms L Young  
DUniv

# COSA COUNCIL CONT.

## AFFILIATED ORGANISATION REPRESENTATIVES

### **AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP (ALLG)**

Professor J Trotman  
BHB MBChB FRACP FRCPA PostGrad Cert Clin  
Res (Oncology)

### **AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION (ANZSA)**

Professor A Hong  
MBBS MMed PhD FRANZCR

### **AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP (ANZGOG)**

Professor C Scott AM  
MBBS PhD FRACP FAHMS

### **AUSTRALIAN AND NEW ZEALAND CHILDREN'S HAEMATOLOGY ONCOLOGY GROUP (ANZCHOG)**

(Jan-Jun) Professor N Gottardo  
MBChB PhD FRACP

(Aug-Dec) A/Professor A Moore  
MBBS FRACP PhD

### **AUSTRALIAN AND NEW ZEALAND HEAD AND NECK CANCER SOCIETY (ANZHNCS)**

Clinical A/Professor Merran Findlay  
AdvAPD

### **AUSTRALIAN AND NEW ZEALAND UROGENITAL AND PROSTATE CANCER TRIALS GROUP (ANZUP)**

Professor I Davis  
MBBS(Hons) PhD FRACP FACHPM FAHMS  
GAICD

### **AUSTRALIAN PHYSIOTHERAPY ASSOCIATION (APA)**

Ms G Tan  
BPhysio

### **BREAST CANCER TRIALS (BCT)**

Professor S Lakhani  
BSc MBBS MD FRCPATH FRCPA FAHMS

### **CANCER NURSES SOCIETY OF AUSTRALIA (CNSA)**

A/Professor G McErlean  
BN GradCertCaN MPH PhD RN CF MCNSA

### **CANCER SYMPTOM TRIALS (CST)**

Dr RS Moussa  
BMsci(Hon1) PhD

### **COOPERATIVE TRIALS GROUP FOR NEURO- ONCOLOGY (COGNO)**

A/Professor ES Koh  
MBBS FRANZCR

### **FACULTY OF RADIATION ONCOLOGY – ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF RADIOLOGISTS (RANZCR)**

Dr T Ha  
BSc MBBS FRANZCR

### **GI CANCER TRIALS (GCT)**

Professor T Price  
MBBS DHlthSc (Medicine) FRACP



**MEDICAL ONCOLOGY GROUP OF AUSTRALIA (MOGA)**

(Jan-Aug) A/Professor M Eastgate  
MBBS FRACP

(Sep-Dec) A/Professor J Lynam  
BSc(Hons) MBBS MRCP FRACP

**MELANOMA AND SKIN CANCER TRIALS LIMITED (MASC TRIALS)**

Professor M Shackleton  
MBBS PhD FRACP

**ONCOLOGY SOCIAL WORK AUSTRALIA AND NEW ZEALAND (OSWANZ)**

Ms Fiona Wiseman  
MSW

**PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP (PoCoG)**

A/Professor J Shaw  
BApplSc BPsych(Hons) PhD

**ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA (RCPA)**

A/Professor K Lee  
MBChB FRCPA GAICD

**THORACIC ONCOLOGY GROUP OF AUSTRALASIA (TOGA)**

A/Professor M Itchins  
BMedSci MBBS(Hons1) FRACP

**TROG CANCER RESEARCH (TROG)**

A/Professor P Sundaresan  
BSc(Hons) MBBS PhD FRANZCR GAICD

# PRESIDENT'S REPORT

As you probably know, I am passionate about advocating for healthy workplace cultures in healthcare organisations to help prevent the burnout that is depleting the cancer workforce in Australia and around the world. COSA developed a healthy workplace framework that underpins our efforts and at ASCO 2025 in Chicago in June, I hosted a joint meeting on Healthy Work Environments and Cultures which has led to a joint statement from ASCO, COSA and ECO. Our collective goal is to engender organisations to create healthy workplace cultures that foster engaged, inclusive, and productive workforces that provide high quality care to patients.

It is gratifying to work with our international counterparts towards our shared goals. This was exemplified in COSA-IPOS 2025. The combined COSA ASM and IPOS Congress brought 1,255 delegates from 37 countries to Adelaide in November for a truly multidisciplinary, interdisciplinary and transdisciplinary program under the theme of 'Optimising care, optimising outcomes – Partnering to improve outcomes for all'.

It was a pleasure hosting IPOS President, Wendy Lam, and our invited international speakers, Professors Carla Prado and Chris Jackson, and to receive their amazing feedback. Carla praised the "warmth and professionalism of everyone involved" and said that "the sense of community was palpable." Chris was "really impressed by the comprehensive interdisciplinary nature of the meeting" and thanked the COSA-IPOS community for "making [him] feel very much at home". Indeed warmth and professionalism typify the COSA community, and I hope the multidisciplinary cancer community in Australia considers COSA its home.

Our co-convenors, Lisa Beatty and Wendy Lam, and the COSA-IPOS Program Committee served up an exceptional program with many inspiring and thought-provoking sessions with a number focused on person-centred care. The COSA Program Committee also put together engaging sessions on important topics including exercise as medicine and caring for carers, in addition to the popular clinical updates.



While he could not be there in person, Health Minister Mark Butler recorded an opening address that made special mention of the new Optimal Care Pathway for older people with cancer. COSA led the development of the OCP with funding from Cancer Australia. The OCP sets a benchmark for delivering consistent, high-quality care to older Australians.

The OCP multidisciplinary expert working group was comprised of national leaders in cancer care and consumer representatives. Co-chairs, Professor Meera Agar and A/Professor Christopher Steer, ably led the development alongside other members of the COSA Geriatric Oncology Group Executive. The next step will be seeing how COSA members can help ensure the OCP is implemented.

In March, COSA partnered with Flinders University, the Australian Cancer Survivorship Centre based at Peter MacCallum Cancer Centre, and the VCCC Alliance to stage a unified national survivorship conference, Cancer Survivorship 2025. The event attracted a capacity crowd of 390 delegates to explore the theme of 'Building capacity and capability in survivorship care and research'. I encourage you to read the co-convenors' report in these pages.

Our scientific meetings and the OCP are some highlights of the year, alongside many others.

## 2025 Highlights

COSA is an organisation of its members, and we continue to grow with 1,090 individuals registered at the end of 2025. Our membership is truly multidisciplinary with members ranging from medical oncologists, cancer pharmacists, nurses and palliative care physicians to exercise physiologists and epidemiologists.

In 2025, COSA invested in a new member portal built in iMIS, a leading association management system. The new portal will improve the member experience and lays the foundation for the COSA website which will be moved to the new system.

Through COSA Groups many of our members make enormous contributions to improving

outcomes for people with cancer and the people who care for them. Some Groups have submitted reports, and you can read about their activities in detail in these pages. Below is a brief roundup of some COSA family highlights of 2025.

- COSA-IPOS 2025 held in Adelaide in November with 1,255 delegates from 37 countries
- The unified national survivorship event, Cancer Survivorship 2025, attracted a capacity crowd of 390 delegates to Melbourne in March
- Optimal Care Pathway for older people with cancer completed, including consumer guides in 11 languages in audio and written formats
- Updated and expanded COSA Guidelines on the Psychosocial Management of AYAs Diagnosed with Cancer published
- Cancer Pharmacists Group Clinical Practice Course held in Melbourne in May with Advanced and Foundation streams for pharmacists at all stages of their career
- COSA Research Report, E-Cigarettes and Cancer: A Qualitative Risk Assessment published, distilling the current scientific knowledge on vapes and cancer risk
- COSA Breast Cancer Masterclass for advanced trainees and junior consultants held in Sydney in September – the first since pre-COVID
- Cancer-related Malnutrition and Sarcopenia Toolkit Stage 2 implementation activities underway
- Financial Toxicity Webinars and Panel Discussions conducted, exploring the next steps for collaboration, policy, and practice to reduce the financial burden of cancer
- Collaborative webinars held with the Cancer Nurses Society of Australia, Australian Cancer Survivorship Centre, Cancer Council, British Oncology Pharmacy Association, Canadian Association of Pharmacy in Oncology, and International Society of Oncology Pharmacy Practitioners

## **COSA Board**

The COSA Board is responsible for setting the organisation's strategic direction, ensuring financial sustainability, overseeing the secretariat and ensuring compliance with COSA's legal obligations.

The Board held five virtual and one in-person meeting in 2025, with the in-person meeting in Sydney in March including strategic planning and director education sessions.

## **Audit, Risk and Finance Committee**

The Audit, Risk and Finance Committee, a subcommittee of the Board, met five times in 2025. As the majority of COSA directors are health professionals, we rely on the complementary knowledge and skills of our co-opted directors, Ms Sandie Angus and Mr Peter Hooker. The Committee also benefits from the involvement of a co-opted non-Director, Ms Alison Hamill. We thank them for their steadfast support with their independent expertise in financial management, corporate governance and legal issues being important to the organisation.

## **Membership Committee**

The Membership Committee, a subcommittee of the Board, is responsible for supporting COSA staff on membership related issues, advising the Board on attracting, retaining and engaging members, and helping identify member needs and opportunities. The Committee has nine members representative of COSA's multidisciplinary membership. In

July, Professor Haryana Dhillon replaced the inaugural Chair, Professor Michael Jefford. The Committee met virtually twice in 2025 with discussions focused on membership opportunities and offerings, member engagement at the ASM, and strategies for attracting a broad membership to COSA.

Thank you to those who have recently joined the Membership Committee, Abby Fyfe, Dr Poorva Pradhan and Dr Favil Singh, and our outgoing members, Christelle Greeff and Michael Jefford, for their contributions.

## **COSA Council**

COSA Council is comprised of the COSA Group Chairs, an Advanced Trainee Representative and Consumer Representatives, and a representative from each of the Affiliated Organisations. COSA Council is our main clinical and scientific advisory group providing a body of expertise to respond to national cancer control policy and advocacy issues. Council met twice in 2025, once virtually and once in person prior to COSA-IPOS.



There were a few changes to COSA Council in 2025.

### Group Chairs

Group	Incoming Chair	Outgoing Chair
Adolescent & Young Adult	Prof Kate Thompson	Dr Wayne Nicholls
Breast Cancer	Dr Belinda Yeo	Dr Sue Fraser
Exercise and Cancer	Prof Tina Skinner	Dr David Mizrahi
Lung Cancer	A/Prof Bryan Chan	A/Prof Malinda Itchins
Regional and Rural	Dr Shiv Pathmanathan	Dr Wei-Sen Lam

### Advanced Trainee Representative

Incoming representative	Outgoing representative
Katherine Wright	Dr Paul Viray

### Affiliated Organisation Representatives

Affiliate	Incoming representative	Outgoing representative
ANZCHOG	A/Prof Andy Moore	Prof Nick Gottardo
MOGA	A/Prof James Lynam	A/Prof Melissa Eastgate

### Thank you

I extend my thanks to the COSA Board and Council for their guidance and support, to the ever helpful and professional COSA staff, and to our members and stakeholders for their unwavering commitment to providing quality multidisciplinary cancer care for all.

Please encourage others to join our COSA family, and to attend the 2026 COSA ASM in Sydney.



**Sabe Sabesan**  
President  
2025-2026



# CHIEF EXECUTIVE OFFICER'S REPORT

We ended 2025 with 1,090 registered members, and the Board and I are pleased to see COSA membership continue to track so high. COSA brings together multidisciplinary health professionals across all cancers, and our membership is not only multidisciplinary but representative of diverse institutions including universities and private research facilities, government organisations, and public and private health services. Our members have an enormous breadth of expertise and knowledge which they contribute to our endeavours to advance cancer care and improve outcomes for people with cancer and those who care for them.

We know that many members join to access discounted ASM registration and while there is some attrition many remain with us and access the many opportunities available to network and collaborate across disciplines to advance their professional development and to enhance efforts in research and advocacy.

COSA engages with members through surveys, newsletters and webinars, and of course at our scientific meetings which have a reputation for providing high-quality programs in a collegial atmosphere. Members can also join COSA Groups. The pan cancer Groups including our Survivorship and Geriatric Oncology Groups are among our most active Groups capitalising on the multidisciplinary COSA membership. You can read about some of our Groups' activities in these pages.

We have a dedicated Member Engagement Officer, Maryanne Doherty, and in 2025 we invested in a new member portal to improve the member experience. The portal, built on the iMIS association management system, was successfully activated in 2025 and will be the foundation of our new COSA website. As we move fully to the new platform, we will harness its capability to extend our member benefits.

Our Membership Committee, established in 2024 as a sub-committee of the COSA Board, advises COSA staff and the Board on member attraction, retention and engagement and on the Committee's advice we are currently exploring options for extending organisational membership to consumer and industry organisations. Watch this space.

## **Fellowships**

In 2020, the COSA Survivorship Group established the first COSA Fellowships. COSA Fellowships are not financial; however Fellows receive expert mentoring and career advancement that may help them secure funding in the future. Fellows act as first authors on any peer reviewed manuscripts resulting from their work, and they receive complimentary registration to the COSA ASM if they are presenting their work.

In 2025, we announced five new Fellowships including two new Survivorship Fellows and inaugural Exercise and Global Oncology and Cancer Pharmacists Group Fellows. We look forward to sharing the outputs of these relationships.

## **Cancer Survivorship 2025**

We had a capacity crowd at our Cancer Survivorship Conference in Melbourne in March with 390 delegates including a wide range of health professionals and those with lived experience. Some of our Queensland delegates and presenters were bunkering down against ex-tropical cyclone Alfred and some speakers had to join us online. One upside was it allowed us to accommodate our local waitlist. The conference provided a platform for consumers and health professionals to share the amazing work being done in the survivorship space and to discuss areas where we need to make progress. Be sure to diarise the next Survivorship Conference, 18-19 March 2027 in Adelaide.

## **COSA-IPOS 2025**

Unfortunately I was not able to attend the joint COSA ASM and IPOS Congress in Adelaide in November, but I heard plenty of positive feedback from local and international delegates. Our Co-convenors, Professor Lisa Beatty and Dr Wendy Lam, and the multidisciplinary COSA-IPOS and COSA Program Committees put together a program that was so jam-packed with content that delegates said they struggled to decide what to attend.

I heard our invited international speakers entertained and inspired delegates. Professor Carla Prado's presentations on body composition and nutrition in cancer care were said to be practical and particularly memorable with Carla employing karaoke to impart some important messages. Professor Chris Jackson gave two thought-provoking presentations including the final presentation of the meeting where I heard he had the audience rapt as he explored what it means to lead and collaborate in an age of fragmentation which is threatening to undo decades of progress in the fight against cancer.

## **Optimal Care Pathway for Older People with Cancer**

COSA-IPOS 2025 provided a platform for launching the Optimal Care Pathway for older people with cancer. We were honoured to have Minister Mark Butler officially launch the OCP in his opening ceremony address. The OCP is a framework for the delivery of consistent, safe, high-quality and evidence-based care for older people with cancer. Put simply, it is aimed at ensuring older patients receive the right care at the right time, and in the right place. COSA developed the OCP with funding from Cancer Australia, you can read more about the development in other sections of this report.

## **E-Cigarettes and Cancer Research Report**

In August we published a COSA Research Report, E-Cigarettes and Cancer: A Qualitative Risk Assessment, that distils the current scientific knowledge on vapes and cancer risk. COSA Cancer Prevention Chair, Professor Bernard Stewart AM, authored the report with input from a multidisciplinary working group of oncology and public health professionals.

This project follows on from COSA's formal endorsement of a Cancer Council position paper in 2022 on the alarming uptake of e-cigarettes by adolescents and the proven adverse health effects. Professor Stewart and colleagues are now progressing with a journal publication and a shortened COSA position statement on e-cigarettes and cancer.

## **Groups and Affiliated Organisations**

Our Groups and Affiliated Organisations have achieved an impressive amount throughout the year. Reading through their submissions tells a story of dedication and commitment, and of truly putting the person before the disease.

Several of our Groups and Affiliated Organisations published e-newsletters and reports throughout the year, keeping members updated on their activities, sharing articles of interest and promoting opportunities for networking and collaboration.

## **Thank you**

I am forever impressed by the efforts of our members, who alongside their clinical, research or administrative roles support the work of COSA. Whether it is through attending meetings, responding to surveys, reviewing publications, advising on guidelines, programming sessions at our scientific meetings, or the myriad other things we ask them to do, we could not function without their knowledge and expertise.

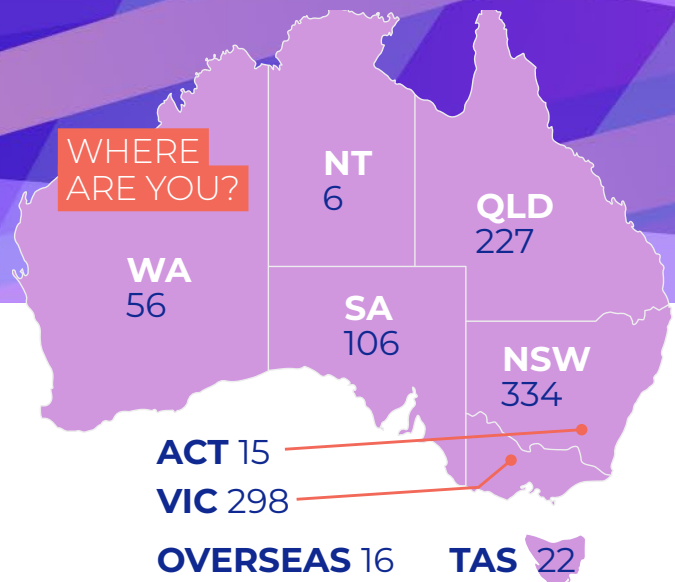
We truly appreciate the support, collaboration and friendship of our COSA members.

In closing I want to thank the fabulous COSA team – Fran Doughton, Gillian Mackay, Hayley Griffin, Maryanne Doherty, Rhonda DeSouza, and Susan Woodland. We cannot do the work we do at COSA without the COSA staff and members.

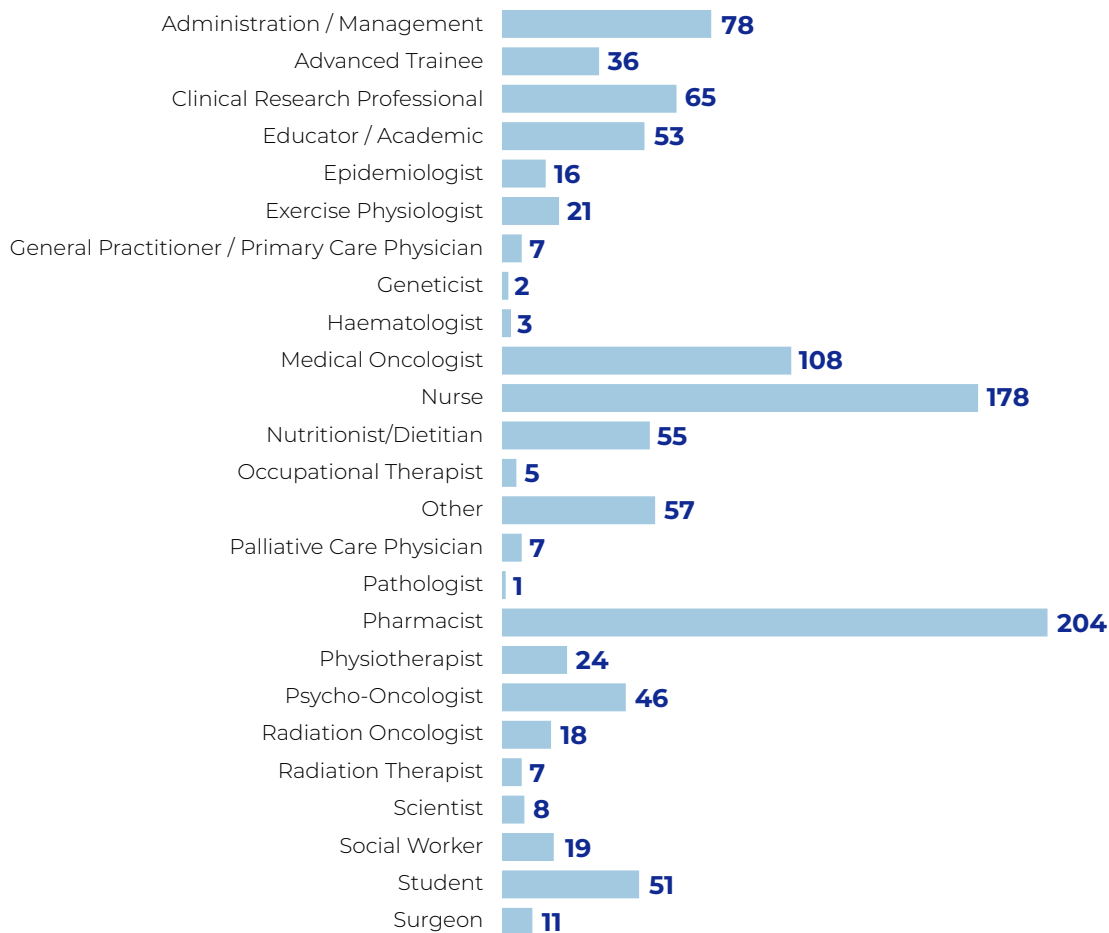


**Marie Malica**  
Chief Executive  
Officer

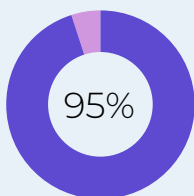
# COSA SNAP SHOT



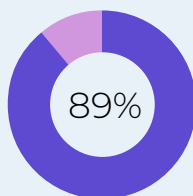
## WHO ARE YOU?



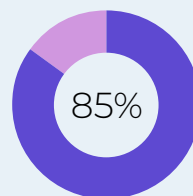
## IPOS+COSA



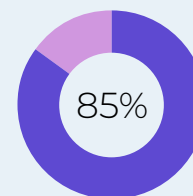
Respondents found it worthwhile attending



Found the education content was of high quality



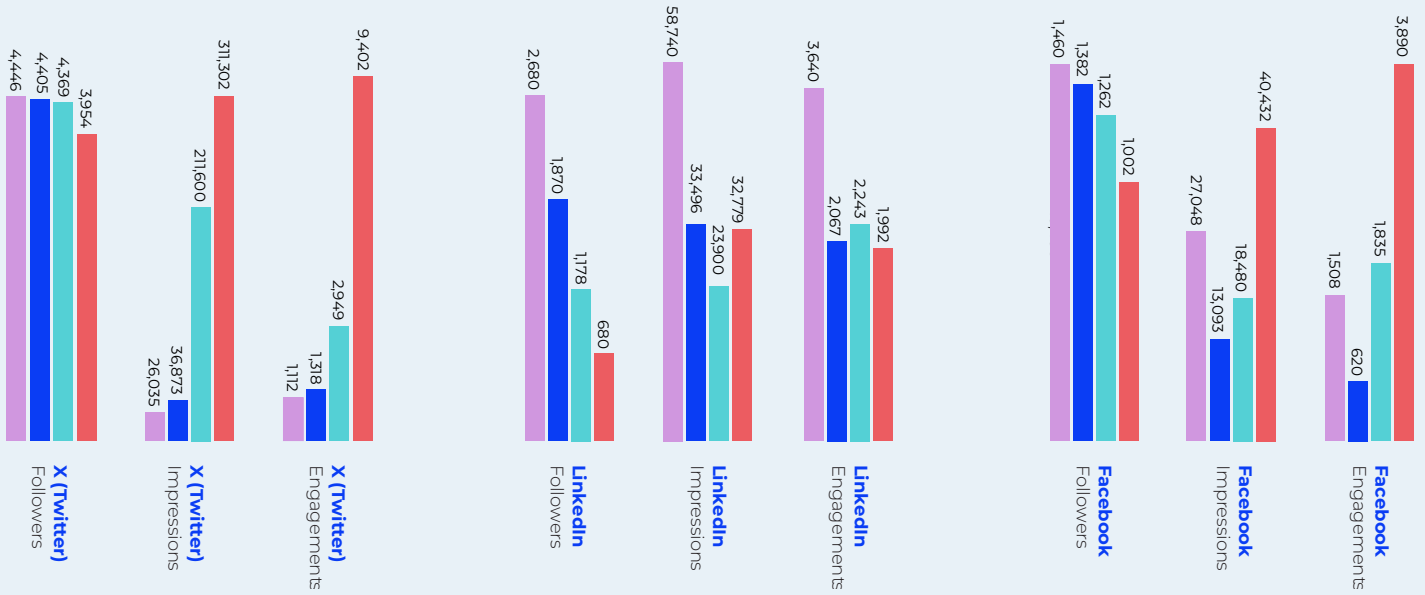
Felt the sessions were well structured



Expressed satisfaction in the multidisciplinary integration

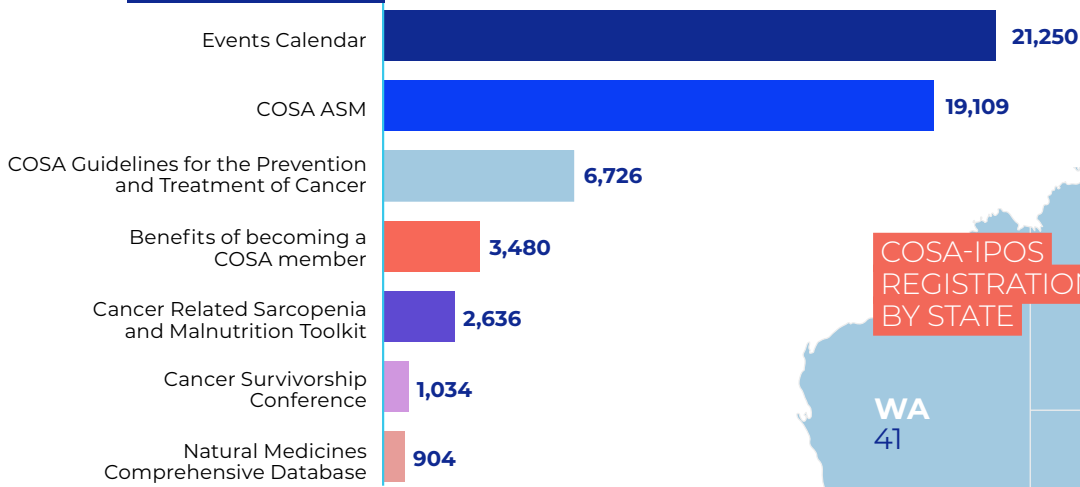
# SOCIAL MEDIA REACH

Key 2025 2024 2023 2022

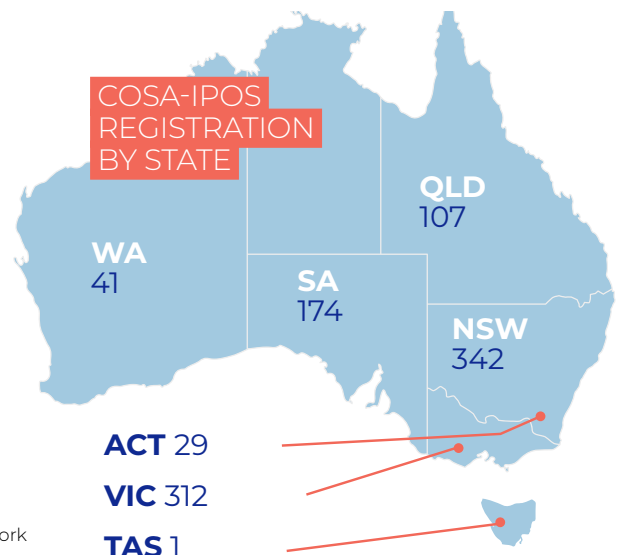


# COSA.ORG.AU PAGE VIEWS

TOTAL VIEWS **170,180**  
ACTIVE USERS **65,364**



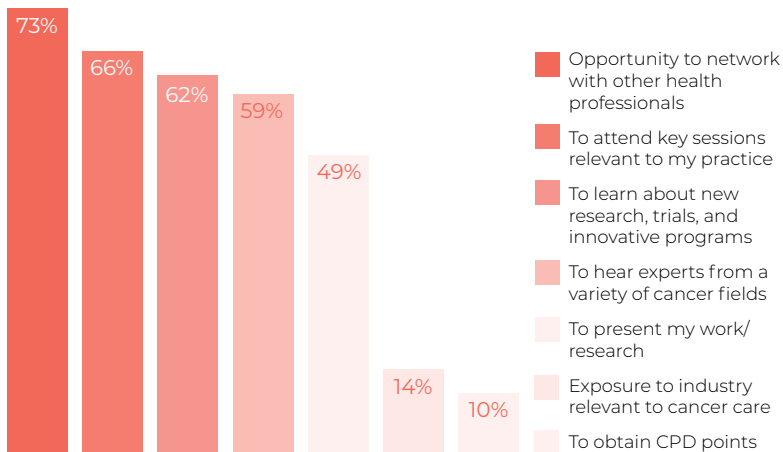
# COSA-IPOS REGISTRATION BY STATE



**ACT 29**  
**VIC 312**  
**TAS 1**  
**OVERSEAS 249**

**TOTAL REGISTRATIONS 1,255**

# WHAT MOTIVATED YOU TO ATTEND THE ASM?



# CANCER SURVIVORSHIP CO-CONVENORS' REPORT

We were honoured to co-convene, Cancer Survivorship 2025 in Melbourne on 6-7 March 2025. For more than 10 years there have been two Australian cancer survivorship conferences hosted by different organisations in different cities. Cancer Survivorship 2025 brought these two events together to deliver one unified national event.

We had a capacity crowd of 390 delegates including health professionals and those with lived experience. We even had a waitlist. We were able to accommodate some of our Melbourne-based waitlist when a threatened tropical cyclone closed Queensland airports. Some speakers had to present virtually as they bunkered down.

The conference theme was, 'Building capability and capacity in survivorship care and research', and together with the Program Committee we put together an exciting program that showcased innovation in survivorship care, research, advocacy and policy.

We highlighted the importance of advancing survivorship care from the individual to the health system perspective with the following plenaries:

- **What is capacity and capability?** Exploring capacity and capability at the individual and system level from patient and provider perspectives, with a focus on how we can build this collectively.
- **Are we walking the talk when it comes to implementation of survivor-centred, coordinated and accessible care?** Looking at how much progress has been made towards implementing the COSA Model of Survivorship Care in the real world.

The increasingly important topic of metastatic cancer survivorship was discussed as an exemplar of how effective advocacy has expanded the focus of cancer survivorship, and how this enhanced focus should translate to improved care and outcomes.

We also had a session on the basic science of cancer survivorship which explored how our understanding of survivorship in the lab can improve care and outcomes for cancer survivors in the clinic. The speakers are all excellent science communicators, and this session was very well received.

The conference prompted bold discussions and the lively exchange of ideas among clinicians, researchers, policymakers, and consumers to truly advance survivorship care and truly strengthen capability and capacity in this important field.

We thank all those who joined us in Melbourne and look forward to Cancer Survivorship 2027 in Adelaide.



**Bogda Koczwara AM**  
2025 Cancer Survivorship  
Co-Convenor



**Michael Jefford**  
2025 Cancer Survivorship  
Co-Convenor



Cancer Survivorship Group 2025



Co-Convenors Michael Jefford and Bogda Koczvara with two Best of the Best winners Chad Han (left) and Ben Smith (right)

# COSA-IPOS CO-CONVENORS' REPORT

It was our privilege to co-convene COSA-IPOS 2025, the joint meeting of the 52nd COSA ASM and IPOS Congress which was held in Adelaide in November, the first time our organisations have joined forces for an annual meeting since 2012. COSA-IPOS 2025 was themed, 'Optimising care, optimising outcomes – Partnering to improve outcomes for all' and we hope this event, which attracted 1,255 delegates from 37 countries, has imparted knowledge, fostered networks and sparked collaborations that will lead to better outcomes for people with cancer.

With the support of our multidisciplinary COSA-IPOS Program Committee we were able to curate a really diverse and integrated program with joint plenaries and concurrent sessions, as well as COSA-designed sessions. We received a massive 650 abstracts to select from for the COSA Best of the Best sessions, and the IPOS abstract-populated sessions.

This conference brought clinical oncology and psycho-oncology together and has shown that we can work together, in the field of cancer care, towards achieving our mission of embedding psychosocial aspects of care into routine care. Psychology is not just the concern of mental health specialists.

Delegates said they enjoyed meeting with so many people with different backgrounds, from different cultures and from different healthcare systems. People were encouraged and inspired seeing the work others are doing around the world and saw opportunities for taking some of what they learned and adapting it to their own practice.

One of the most popular sessions was the Myths and Misunderstandings plenary with conference favourite Carla Prado presenting on body composition with some signature sung passages; Maree Grier debunked misconceptions in psycho-oncology; and Ben Bravery described his experience as a young colorectal cancer patient – an experience which led him to become a doctor.

Sessions dealing with digital health interventions were also popular as we see how contemporary tools can extend our reach and support patients in a meaningful way.

Some 84 per cent of respondents to our post-event survey said the material was up to date, objective, balanced and independent, and 81 per cent said their learning objectives were met. But we know that learning is not everyone's key reason for attending. For many people, including three-quarters of survey respondents, the opportunity to network with other health professionals was their main motivation for coming to COSA-IPOS. And anecdotally we are told that the event was friendly, relaxed and collegiate. One first-time conference attendee said she "was a little nervous to come, but that it was such a welcoming community."

So thank you to everyone who joined us in Adelaide, you were the welcoming community. We hope COSA-IPOS 2025 is the start of lots of collaborations to come.



**Lisa Beatty**  
COSA-IPOS 2025  
Co-Convenor



**Wendy Lam**  
COSA-IPOS 2025  
Co-Convenor



# TOM REEVE AWARD

for Outstanding Contribution  
to Cancer Care

COSA established the Tom Reeve Award in 2005 to formally recognise a national leader who has made significant contributions to cancer care. The Tom Reeve Award is presented annually at COSA's Annual Scientific Meeting, and the recipient is invited to give an oration.

Professor Gail Garvey AM was the very worthy recipient of the 2025 Tom Reeve Award. Unfortunately, Professor Garvey was unable to attend COSA-IPOS 2025 to receive her award, however, one of her nominators and the 2024 Tom Reeve recipient, Professor Jane Turner AM, spoke about her achievements and how deserving she is of this prestigious award.

Professor Gail Garvey AM is a proud Gamilaroi woman, an NHMRC Research Leadership Fellow, Professor of Indigenous Health Research in the Faculty of Health, Medicine and Behavioural Sciences at the University of Queensland, and Chair of First Nations on COSA Council.

Gail has established an extensive and targeted research program focused on cancer and the wellbeing of Australia's First Nations people. Gail was among the first researchers to recognise the substantial impact of cancer on Aboriginal and Torres Strait Islander people, and her work has contributed greatly to key policy and practice changes to improve their cancer outcomes.



Tom Reeve Award recipient Gail Garvey AM

Gail's research into the psychosocial aspects of cancer care for First Nations people with cancer is a critical component of improving their cancer outcomes. Gail and her team have developed and validated new supportive care needs and wellbeing measures for First Nations Australians. These measures are being implemented in cancer services to support culturally safe, evidence-based care and to drive improvements in outcomes for First Nations people with cancer.

Gail also helped establish the inaugural World Indigenous Cancer Conference in 2016. The most recent conference was a sold-out event in Melbourne in 2024 that brought together researchers and clinicians from around the globe.

Originally trained as a teacher, Gail began her research career at the University of Newcastle in the 1990s where she was one of the first researchers to examine issues around the recruitment and retention of Aboriginal and Torres Strait Islander medical students. Since then, she has been involved in a wide array of collaborations both within Australia and overseas.

Perhaps even more remarkable than her academic achievements spanning three decades, is her measured, kind and inclusive approach to all those with whom she works. She is a source of wisdom and inspiration to her colleagues and the broader community. She is a very worthy recipient of the Tom Reeve Award.

# 2025 COSA PSYCHO- ONCOLOGY AWARDS

The COSA Psycho-Oncology Awards are presented every two years to members of COSA or PoCoG (Psycho-Oncology Co-operative Research Group) who have made outstanding contributions to ongoing development and excellence in the field of psycho-oncology. We were delighted to acknowledge the 2025 recipients at COSA-IPOS.



COSA Psycho-Oncology Group Chair, Laura Kirsten, and COSA President, Sabe Sabesan, presented Sarah Ellis (centre) with her award at COSA-IPOS 2025. Joanne Shaw was unable to attend to accept her award.



Professor Joanne Shaw

## **2025 Melanie Price Psycho-Oncology Award Recipient**

Professor Joanne Shaw, Executive Director Psycho-Oncology Co-operative Research Group (PoCoG), The University of Sydney

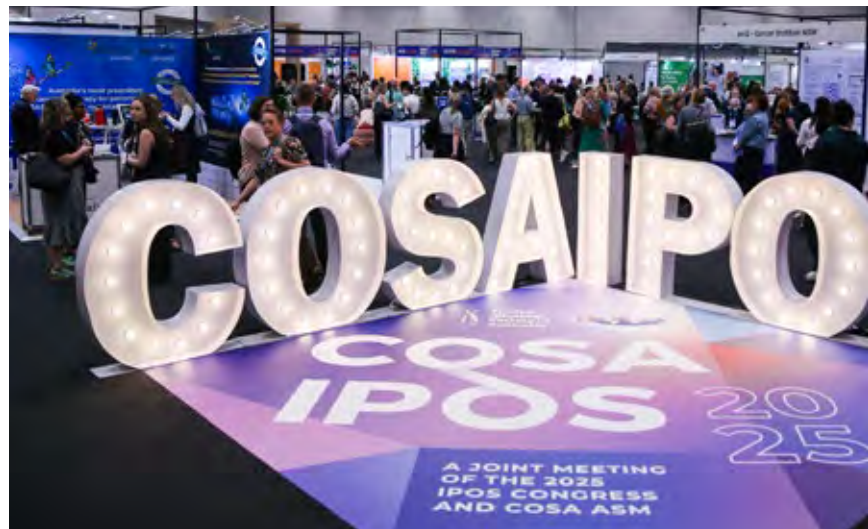
This award recognises the highest level of contribution to psycho-oncology from within the membership of COSA and PoCoG and is named for our colleague, peer and good friend, the late Melanie Price.

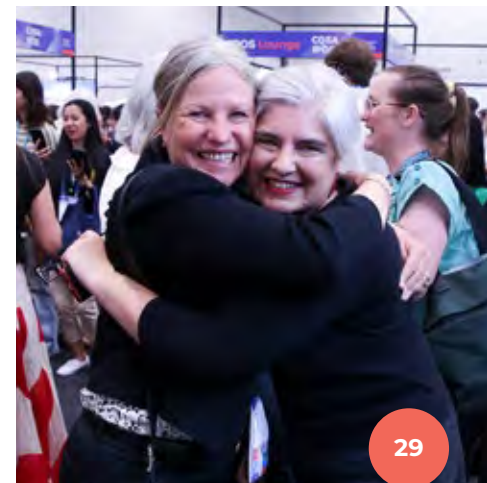
## **2025 Phyllis Butow New Investigator in Psycho-Oncology Award**

Dr Sarah Ellis, Post-doctoral Research Fellow and Clinical Psychologist, Behavioural Sciences Unit, Kids Cancer Centre, Sydney Children's Hospital

This award recognises research achievements and potential for an ongoing contribution to the discipline of psycho-oncology in Australia and is named for Professor Phyllis Butow AM in recognition of her leadership and generous mentoring of many, many psycho-oncology researchers in Australia and internationally.

# COSA-IPOS 2025 IN PICTURES





# COSA GROUP REPORTS

## ADOLESCENT AND YOUNG ADULT GROUP

In 2025, the COSA Adolescent and Young Adult (AYA) Group underwent a leadership transition. A/Professor Wayne Nicholls stepped down as Chair in July, with A/Professor Kate Thompson assuming the role in August. We extend sincere thanks to A/Professor Nicholls for his leadership, dedication, and substantial contributions to advancing AYA cancer care. His advocacy for multidisciplinary, evidence-based practice and collaboration across paediatric and adult sectors has had a lasting impact on the field.

This year COSA released the updated and expanded Guidelines for the Psychosocial Management of AYAs Diagnosed with Cancer, replacing the original 2012 guidance. Developed in partnership with the Behavioural Sciences Unit at UNSW Sydney and funded by Canteen through the Australian Government-funded Youth Cancer Services program, the guidelines provide contemporary evidence-based recommendations and good practice statements across nine key domains of psychosocial care. The rigorous development process included comprehensive meta-review searches and input from a multidisciplinary expert working group.

The updated guidelines were presented at the COSA-IPOS meeting through dedicated sessions attended by more than 120 attendees. These sessions explored priority areas including life outside cancer (education, vocation, and financial outcomes), enhancing wellbeing (exercise, creative, and integrative therapies), and workforce capacity (knowledge, skills, and support for health professionals). Discussions highlighted areas of rapid growth in research,

critical evidence gaps, and strategies to strengthen psychosocial care across the AYA cancer sector.

Continuing its strong partnership with Canteen, the AYA Group hosted the fourth annual Youth Cancer Service (YCS) Community of Practice Meeting in September. This national forum brought together 105 clinicians from all states and territories, reflecting strong multidisciplinary engagement across Australia. Guided by the 2025 theme, 'Caring Together: A Collaborative Approach', the meeting promoted shared learning and collaboration in AYA cancer care. Presentations, case studies, panel discussions, and Special Interest Group sessions addressed a broad range of clinical and service priorities including shared care in AYA sarcoma, the rising incidence of bowel cancer in AYAs, engagement with primary care, palliative and end-of-life care, and emerging issues such as cannabis use.

Looking ahead to 2026, the AYA Group will welcome new members and renew its focus on advocacy for AYA oncology priorities. Key objectives include strengthening evidence-based professional education and workforce development, supporting equitable access to high-quality, youth-responsive cancer care for all AYAs, and promoting the implementation and uptake of national guidelines and models of care that advance multidisciplinary, person-centred approaches across Australia.



**Kate Thompson**  
Chair, Adolescent and Young Adult Group



## CANCER PHARMACISTS GROUP

With a strong membership of 168 cancer pharmacists, 2025 was another productive year for the Cancer Pharmacists Group. Our members played an integral role in delivering and attending high-quality continuing education, driving and supporting impactful research, and fostering meaningful collaborations with fellow COSA groups and international cancer pharmacy organisations.

### CPG Executive Committee Update

In December 2025, Zainab Reslan completed her two-year term on the Committee. We extend our sincere thanks to Zainab for her outstanding contributions, particularly in the Sponsorships and Partnerships portfolio – a role that perfectly complemented her cheerful and positive disposition.

Marliese Alexander, Kate Wright, and Neil Lam also concluded their two-year terms. We are pleased to share that all three will continue their service on the Committee following a successful Expression of Interest process.

The CPG Executive Committee includes the following members:

- Marissa Ryan (Chair)
- Kimberley-Ann Kerr (Deputy Chair)
- Chi Hao La
- Neil Lam
- Gail Rowan
- Kate Wright
- Marliese Alexander
- Paul Firman
- Jenny Casanova

### CPG Clinical Practice Education

CPG delivered its 17th Foundation Stream: Clinical Practice for Cancer Pharmacists Course, led by Gail Rowan, alongside the 13th Advanced Stream: Clinical Practice Education, led by Kate Wright, in Melbourne from 3-4 May 2025. This was the second year the two programs were held concurrently, and the format again proved highly successful. Delegates benefited not only from the engaging educational content but also from networking opportunities with invited speakers and sponsors in the combined break sessions, including the Welcome Function.

For the Foundation Clinical Practice Stream, among the 62 pharmacists in attendance, there was one delegate each from Papua New Guinea, the Solomon Islands and New Zealand. Ahead of the course, delegates were provided with pre-recorded video lectures, and during the course they enjoyed face-to-face interactive workshops and panel discussions. The Advanced Clinical Practice Stream featured highly engaging sessions, including on the topics of cancer genomics, precision medicine, and direct oral anticoagulant monitoring and reversal.

### COSA-IPOS 2025

Thanks to CPG members Jenny Casanova and Kimberley-Ann Kerr who helped with organising speakers and presentations for both the Pre-Conference Workshop and the ASM. The Pre-Conference Clinical Development Workshop included a well-balanced program of gynaecologic oncology, therapeutic drug monitoring of anti-infectives in haematology, and the promise and perils of AI-produced health information which sparked excellent discussions between delegates and presenters.

With the ASM, CPG members took part as presenters, panel members, chairs, and discussants in several sessions. One of these was the solidly attended Medicine Matters session which included a presentation on considerations for patients undergoing systemic anti-cancer treatment with serious mental illness.

## Collaborations

In 2025, CPG continued collaborations with other COSA Groups including the Geriatric Oncology, Membership, and Global Oncology Groups. Collaborations also extended internationally with joint webinars with the British Oncology Pharmacy Association (BOPA), the Canadian Association of Pharmacy in Oncology (CAPHO), Hematology/Oncology Pharmacy Association (HOPA), and the International Society of Oncology Pharmacy Practitioners (ISOPP). Such collaborations foster a truly international community of practice and enhance professional development.

## Mentorship

CPG members participated in mentoring activities with mentee cancer pharmacists in the Pacific Islands including Papua New Guinea, the Solomon Islands, and Samoa, helping Pacific Islands pharmacists build capability to deliver patient-focused cancer services. Two mentees experienced a one-day site visit to the Peter MacCallum Cancer Centre, following attendance at the CPG Foundation Clinical Practice Course.

## A warm thanks

On behalf of the CPG Executive Committee, we extend our sincere appreciation to all our members for their dedication and ongoing commitment to CPG. We also warmly acknowledge the COSA team – particularly Marie Malica and Fran Doughton – for their unwavering support in helping us deliver on our priorities and continue advancing excellence in cancer pharmacy.



**Marissa Ryan**  
Co-Chair, Cancer  
Pharmacists Group



CPG members at COSA-IPOS 2025

## CANCER PREVENTION

Cancer prevention is multifaceted, encompassing characterisation of cancer risk factors and causative agents, minimisation of relevant exposure, identification of high-risk individuals, screening where practicable, and early diagnosis. Though COSA is rightly focused on the wellbeing and optimal support and care for those who have cancer, for a comprehensive perspective on cancer control prevention is crucial. Accordingly, the past year has witnessed the Cancer Prevention Group partnering with other COSA Groups and Affiliated Organisations in an effort to further reduce the burden of cancer in the Australian community.

This year, most of our attention has been on two matters: the recognition of cancer attributable to the use of e-cigarettes or 'vapes' and the ramifications of 'prevention' being specified in the theme adopted for the 2026 COSA Annual Scientific Meeting.

As far back as early 2024, COSA Council saw fit to address whether e-cigarette usage should be seen as contributing to the incidence of cancer in the Australian community. Did e-cigarettes account for some cancer cases over and above the scenario involving people initially using e-cigarettes and then becoming smokers? COSA Council initially approved the development of a Position Statement, and a 13-member multidisciplinary working group was appointed with Professor Bernard Stewart AM as Chair and Dr Hayley Griffin as Project Manager in collaboration with COSA CEO, Ms Marie Malica.

The body of pertinent research proved to be so extensive as to warrant a separate Research Report on E-cigarettes and Cancer followed by a briefer Position Statement. The Research Report, having been duly approved by COSA

Council and endorsed by The Lung Foundation, was published on the COSA website in July 2025. The Report specifies that e-cigarettes are likely to be cancer-causing in their own right and are anticipated to increase the risk of oral and lung cancer in those who vape irrespective of any risk consequent upon smoking.

Following completion of the Research Report, Council approved the appointment of a committee for the corresponding Position Statement. Reflecting the broad context and scope of the Position Statement, the committee includes experts in public health and related fields who are not COSA members and certain COSA members who were involved in the development of the Research Report along with Professor Bernard Stewart, Dr Hayley Griffin and Marie Malica. Council endorsed an outline of the Position Statement with e-cigarettes to be assessed in reference to:

- Prevalence and regulation of vaping
- Cancer risk from vaping
- Endorsed preventive measures
- Smoking cessation

The Position Statement is expected to be finalised in 2026.

The 2026 COSA ASM will be held in Sydney with the theme, 'The precision generation: From cancer prevention to personalised care.' This will be the first time prevention has been so specified and the context is telling. Cancer prevention is thus notified as part of the continuum that identifies the multidisciplinary approach taken by COSA in respect of all aspects of cancer control. The Cancer Prevention Group is among those Groups represented on the 2026 ASM Program Committee.

For the ASM, incorporation of sessions oriented toward cancer prevention is being pursued through wide consultation. Central to such sessions being endorsed by the Program Committee is broad engagement with the COSA community which is antithetical to sessions oriented toward any single Group within COSA. Accordingly, for example, patient perceptions of what may have caused their cancer or increased their risk, and what may be done to reduce risk for other patients exemplifies a COSA-based approach to cancer prevention. More broadly, the ASM will provide opportunities to assess evidence-based initiatives to reduce the burden of cancer in the Australian community.

Other matters the Cancer Prevention Group has contributed to in the past year include the desirability and means by which individual smoking status should be recorded in cancer clinical trials. The worth of recording such data has been clearly established. However, optimal methodology for data capture is far from clear to relevant clinicians. Also addressed, during 2025, has been the perception of a carcinogenic risk associated with use of cosmetics and the possibility that tattoo inks may account for an increased risk of skin cancer. Finally, evidence was provided to the Senate Committee enquiring into the health consequences of exposure to per- and poly-fluoroalkyl substances, commonly referred to as PFAS.



**Bernard Stewart AM**  
Chair, Cancer Prevention



## EXERCISE AND CANCER GROUP

Our COSA Exercise and Cancer Group formed in 2015, and we now have 230 members, which makes us the fourth largest COSA Group. We are proud that our members come from diverse disciplines including, but not limited to, medical oncology, radiation oncology, exercise physiology, physiotherapy, nursing, pharmacy, and dietetics.

### **COSA Exercise Fellowships and Global Oncology Project**

Dr Kim Edmunds from The University of Queensland completed her COSA Exercise Fellowship project under the supervision of Professor Haitham Tuffaha, Dr David Mizrahi and Professor Sandie McCarthy. The project calculated the costs and benefits of implementing the COSA exercise guidelines and the expected losses from suboptimal implementation. The findings are being prepared for publication and will make an important contribution to the exercise oncology literature.

We have been working with Dr Desmond Yip, COSA Global Oncology Group Chair, to identify priority projects, training opportunities, and resource adaptations to support the incorporation of exercise into cancer care in Pacific Island nations. Central to this collaboration was awarding the current COSA Exercise Fellowship to Dr Alanah Pike from the University of Technology Sydney. Alanah is exploring exercise oncology initiatives in the Solomon Islands and is supervised by A/ Professor Kellie Toohey, Dr David Mizrahi and Dr Jasmine Yee.

### **Exercise Implementation Working Group**

The COSA Exercise in Cancer Care Position Statement is intended to provide guidance to the entire multidisciplinary cancer team to view exercise as an adjunct therapy and to incorporate exercise into routine cancer care.

Our Exercise Implementation Working Group, led by chair Dr Lisa Guccione from Peter MacCallum Cancer Centre, is creating the Implementation Action Plan, using organisational priority setting and implementation science frameworks. The implementation plan aligns with the national cancer care quality goals and supportive care guidelines. The plan will include specific target behaviours, barriers and enablers, resource mapping, implementation prioritisation and recommendations on where and how to progress the work on implementation and embed exercise into routine cancer care.

### **Executive Committee Update**

Our Exercise Executive Committee had several membership changes in 2025. I was welcomed as the new Chair, and I congratulate A/ Professor Kellie Toohey on her appointment as Deputy Chair. We give thanks and acknowledgement to Dr David Mizrahi for his contributions as former Chair and for his ongoing active membership of the Executive Committee. We also welcomed Professor Kim Alexander, our new nursing representative, replacing Professor Sandie McCarthy who stepped down earlier this year as a long-term Executive Committee member.

## Exercise Oncology at the ASM

The overarching aim of our group is to incorporate exercise into standard care for people with cancer. The COSA ASM with its multidisciplinary delegation is an important platform to disseminate this message.

Exercise oncology content featured prominently in the COSA-IPOS 2025 program, indicating the breadth, quality and interest in exercise as medicine for people with cancer. We thank Dr Kate Bolam, Dr Ashley Bigaran and Dr Morgan Farley for their contributions to the COSA Program Committee.

Notable exercise oncology content included:

- Symposium led by Dr Morgan Farley on 'Exercise as medicine for cancer'
- Interactive workshop led by the Exercise Implementation Working Group on 'Moving Exercise into Practice: Advancing the COSA Exercise and Cancer Position Statement'
- Breakfast session led by A/Professor Rosa Spence and Professor Sandi Hayes on 'The role of the MDT in supporting beneficial exercise and diet behaviours'
- Three Best of the Best Orals on exercise oncology-related topics by Christie Mellerick, Nazib Khan, and Blake Binion.
- There were more than a dozen posters on topics relating to exercise and cancer from exercise professionals and researchers across Australia.

## Exercise Oncology Research

2025 was a big year for exercise oncology research. A groundbreaking study with an enormous global impact was the CHALLENGE trial. This 3-year structured exercise program initiated soon after adjuvant chemotherapy for colon cancer resulted in significantly longer disease-free and overall survival, with survival benefits comparable to several current standard anticancer therapies. This study was initially presented at the 2025 ASCO conference and published in the prestigious *New England Journal of Medicine*. Congratulations to lead investigators Professors Kerry Courneya, Chris Booth and Janette Vardy, and a big shout out to all the Australian researchers, clinicians and exercise professionals who contributed to the success of this study. We thank Professor Janette Vardy for presenting the CHALLENGE trial findings at COSA-IPOS 2025. We are excited to see the flow-on effect from the results of this study contributing to changes to oncology guidelines and standards of care.



**Professor Tina Skinner**  
Chair, Exercise  
and Cancer Group



(Left to right) Tina Skinner, Janette Vardy, Ashley Bigaran and Shelley Kay at the 'Exercise as medicine for cancer' symposium at COSA-IPOS 2025



## GERIATRIC ONCOLOGY GROUP

Developing the Optimal Care Pathway (OCP) for older people with cancer was the primary focus for the Geriatric Oncology Group in 2025, and we were delighted to launch this important resource at COSA-IPOS 2025. The OCP is comprised of a detailed [clinical OCP](#) and [Quick Reference Guide](#) for healthcare providers, and [consumer guides](#) in 11 languages including audio recordings.

The vast majority of people diagnosed with cancer in Australia are older adults, yet until now there has been no standardised pathway for providing optimal care to this population. Professor Meera Agar and A/Professor Christopher Steer led the development of the OCP and guided a multidisciplinary expert working group including members of our Group Executive and consumer representatives. The team mapped the cancer journey for older adults using the National OCP Framework comprising seven key steps which outline nationally agreed best practice to achieve safe and quality cancer care; and seven key principles which are central to the delivery of quality care and are the right of all patients. The OCP was also designed around 'what matters most' to older people – the [4Ms framework](#): what Matters, Medication, Mentation and Mobility – highlighting the importance of addressing each person's unique circumstances and emphasising shared decision-making to ensure individual values, preferences and goals are central to a person's cancer care. The consumer guide was informed by the [OlderCan resource](#), which was developed with and for older Australians affected by cancer. The resulting OCP resources are a global first in geriatric oncology and the Group was proud to lead the way in

Australia. We sincerely thank everyone involved for contributing their time and expertise to this important project.

COSA's Geriatric Oncology Community of Practice (CoP), led by Dr Paul Viray, contributed to our stakeholder consultation during the OCP development. The CoP convened again after the launch of the OCP to enable members to connect and discuss potential implementation opportunities. The CoP was created to provide active support for members developing geriatric oncology services or projects. We expect there will be frequent opportunities to engage the CoP in the coming year.

We congratulate Geriatric Oncology Group Executive member, Dr Wee Kheng Soo, who is now the International Society of Geriatric Oncology (SIOG) Australian National Representative. The role was previously held by Dr Heather Lane (another Group Executive member). This representation provides an important connection with the international geriatric oncology community, enabling us to collaborate, share learnings on issues of mutual interest, and link with experts around the globe. Our OCP work has generated a great deal of interest and resonated widely in the SIOG community, and SIOG members have conveyed their congratulations to the OCP team. It is hoped the OCP may help support international efforts to highlight geriatric oncology issues and guide similar initiatives that support optimal care for older people with cancer.

Our Group advocated for the development of an OCP for older people with cancer in our submissions to the Australian Cancer Plan consultation, and we have long advocated for the systemic reform of cancer care in Australia to improve outcomes for this population. Developing the OCP highlighted current

inequities for older people with cancer from ageism in health systems, through to inequities in care and disproportionate funding for research. Support for implementation of the OCP and its translation into practice will be vital to realising its potential and to helping reduce treatment variability, enhance clinician decision-making, and align with the Australian Cancer Plan's 10-year ambition for integrated, data-driven health systems. As such, successful implementation of the OCP will be multifactorial and will require upskilling and cultural and system change. The Group

will continue to advocate for these changes and for more equitable support for research and initiatives that help ensure optimal care for older people with cancer.



**Meera Agar**  
Chair, Geriatric  
Oncology Group



OCP Co-Chair, Christopher Steer at COSA-IPOS 2025

## GLOBAL ONCOLOGY GROUP

The Global Oncology Group worked on a number of new and continuing projects in the Asia Pacific Region in 2025.

### **Samoa**

Professor Desmond Yip and A/Professor Bianca Devitt from Eastern Health, Victoria undertook a scoping visit to Samoa, a small Polynesian nation of 220,000 people over two main islands. Samoa has two referral hospitals and six district hospitals, but no local cancer services apart from surgery for breast, colon and ovarian cancer. The majority of patients are sent offshore to New Zealand or India for curative treatments including chemotherapy and radiotherapy. Stakeholders from the Tupua Tamasese Meaole Hospital including specialists, nurses, pharmacists and pathologists, GPs, Samoa Cancer Society and Dean of Oceania University of Medicine, Department of Foreign Affairs and Trade (DFAT) officers at the Australian High Commission were all involved. The work being undertaken builds upon the scoping visit by the Royal Australasian College of Physicians Pacific Islands Program in 2018 which produced a detailed report on medical oncology and palliative care. The Samoa National Cancer Policy and Action Plan released in 2024 was developed by the Ministry of Health and Australian Government. In July 2025 the Kirby Institute rolled out the cervical cancer test and treat program in Samoa.

Following the scoping visit the COSA Global Oncology Group recommended mentoring and training medical, nursing and pharmacy staff in chemotherapy provision and palliative care using our models established across the other islands. The recommendations have been

accepted and will be taken forward. A Samoan registrar has enrolled in the Master of Cancer Sciences degree through the University of Melbourne, and another registrar has enrolled in the WHO Collaborative Centre Institute of Palliative Medicine Fellowship in Palliative Care for 2026. These are the first steps in training specialists for the nation in these areas.

### **Papua New Guinea**

A number of groups are supporting medical, cancer nursing, psychology and pharmacy training for staff in Papua New Guinea (PNG). Those groups include SIOP-Oceania (International Society of Paediatric Oncology), COSA Cancer Pharmacists Group, the Asia Pacific Radiation Oncology Special Interest Group (APROSIG) and the Cancer Nurses Society of Australia (CNSA). A paediatric cancer registry has been developed for the Port Moresby General Hospital and is in use. The Papua New Guinea Oncology Nurses Association (PaNGONA) is delivering an online education program supported by Dr Pauline Rose.

Médecins Sans Frontières (MSF, Doctors without Borders) is proceeding with the Morobe Cancer Initiative at the ANGAU Memorial Hospital in Lae. There have been initial discussions around how COSA can partner with MSF on this project.

### **Solomon Islands**

A Solomon Islands Breast Cancer Multidisciplinary Team Meeting was established this year by Professor Matthew Links. The meeting runs monthly with local staff supported by Australian medical oncologists, surgeons, a pathologist and breast nurse.

Our members assisted with submissions and cost-effectiveness modelling that resulted in the breast cancer drugs docetaxel and trastuzumab being placed on the Essential Medicines List for use in adjuvant therapy and rituximab for B-cell lymphomas.



**Desmond Yip**  
Chair, Global  
Oncology Group

### **Palliative Care**

The American Society of Clinical Oncology conducted a 12-week online certificate course in palliative care run out of Indonesia. Two nurses from PNG and a doctor and two nurses from the Solomons Islands successfully completed the course this year. Staff from both nations received Palliative Care Australia scholarships to attend the Oceanic Palliative Care Conference (25OPCC) in Brisbane this year; the closing plenary was titled, 'In the Neighbourhood – Palliative Care in Oceania'. Two staff from the Solomon Islands participated in this session; this followed an observership visit to Canberra Health Services.

### **Cancer Pharmacy**

The COSA Cancer Pharmacist Group has been mentoring pharmacists from Fiji, PNG, the Solomon Islands, and Samoa in anticancer systemic therapies. A pharmacist from PNG and another from the Solomon Islands attended the COSA CPG Clinical Practice for Cancer Pharmacists Foundation Course in Melbourne this year followed by an observership visit to the Oncology Pharmacy at VCCC. A Pacific Islands Cancer Pharmacists Community of Practice is being formed.

### **Pacific Islands Sarcoma Guidelines**

COSA Global Oncology Group and Pacific Islands Orthopaedic Association produced a joint resource, stratified guidelines covering surgery, radiation and chemotherapy regionalised for the Pacific islands.





The pre-conference Muscle Matters workshop drew a full house

## NUTRITION GROUP

Our Group has made fantastic progress in 2025, and it has been a privilege to continue in the role of Chair. I would like to thank all of the dedicated Nutrition Group members who led, supported and took massive steps forward in delivering advancements in cancer nutrition care, education and research this year.

### 2025 Nutrition Group highlights

COSA-IPOS 2025 in Adelaide was an epic celebration of how important nutrition is in cancer care. Professor Carla Prado from the University of Alberta in Canada creatively shared her expertise with the COSA community, emphasising why body composition and nutrition is a critical part of an assessment and treatment plan for people with cancer.

### Nutrition at COSA-IPOS 2025

The pre-conference workshop, 'Muscle matters: practical approaches to body composition, nutrition and optimising muscle health in cancer care' attracted a full house to hear speakers Professor Carla Prado, Dr Kate Lambell, Professor Judy Bauer, A/Professor Merran Findlay, A/Professor Nicole Kiss, Professor Sandi Hayes, and Jane Stewart. Professor Judy Bauer and I chaired the workshop with the team of experts highlighting the latest research and best practice approaches in the measurement of body composition and physical function; discussing how we can work to optimise muscle health and manage cancer-related malnutrition with patients; and providing pragmatic actions for attendees to take away.

Professor Carla Prado gave two presentations in the main program: 'Reimagining Nutrition in Cancer Care: From Supportive to Strategic'

and 'Moving Beyond the Scale: Obesity Assessment and Management through the Lens of Body Composition' in the Myths and Misunderstandings Plenary.

Overall, nutrition was firmly embedded throughout the program with many Nutrition Group members, dietitians and other multidisciplinary health professionals showcasing a range of innovative nutrition initiatives and research in oral and poster formats. A massive thanks to Dr Kate Furness, our nutrition champion on the COSA Program Committee. Congratulations to Professor Nicole Kiss who was awarded the Dietitians Australia Research Prize for her presentation, 'Establishing Pathways to Improve Care for Cancer-related Sarcopenia (EPICCS) Program'.

### Malnutrition and Sarcopenia Implementation Toolkit

Stage 2 of the [Cancer-related malnutrition and sarcopenia position statement: Implementation Toolkit](#) project commenced in May 2025. This work aims to build upon the toolkit resources already available and to support health professionals and health services in implementing the recommendations within the [COSA position statement on cancer-related malnutrition and sarcopenia](#). Supported by a second education grant from Abbott Australasia, this stage is planned to be completed in May 2026, with Jane Stewart leading its development as Project Dietitian.



Nutrition Group members at the 2025 AGM

### **Nutrition Group Fellow**

Dr Emily Jeffery commenced as the inaugural COSA Nutrition Group Fellow in 2024, assessing the provision of nutrition and dietetic services to people with cancer within acute health services, under the mentorship of A/Professors Nicole Kiss and Merran Findlay. The work continued in 2025 with some fascinating insights into access to nutrition care and workforce, and into where targeted service improvement and advocacy are most needed.

### **Head and Neck Cancer Nutrition Guidelines**

A/Professor Merran Findlay and Professor Judy Bauer continue to lead work on updating the Evidence-based practice guidelines for the nutritional management of adult patients with head and neck cancer, and on transferring the guidelines to the Magic App. The update will support the transition from the NHMRC to GRADE levels of evidence.

### **Speed Networking and Joint Webinar**

In 2025, in addition to our quarterly e-newsletters, we explored strategies for enhancing engagement and communication within and external to the Nutrition Group. We held a Nutrition Group Speed Networking Event and a joint webinar with the Dietitians Australia Oncology Interest Group on 'Current innovations in cancer nutrition research.' Thanks to the event organisers, Dr Emily Jeffery, Lauren Atkins, Dr Irene Deftereos, and Belinda Steer, and to everyone involved.

### **Nutrition Group Executive**

We thank Dr Emily Jeffery, Dr Irene Deftereos and Lauren Atkins who have completed their terms on the Nutrition Group Executive. Their collective contribution has added depth, enthusiasm and expertise to our group. We appreciate the positive impact you have all made.

We warmly welcome our new Executive members: A/Professor Hattie Wright, Dr Lauren Hanna, and Rebecca McIntosh. We are also excited to have A/Professor Teresa Brown step into the Deputy Chair role.

Thank you for supporting the COSA Nutrition Group in 2025. We have enjoyed driving the advancement of nutrition initiatives within the field of cancer. Please reach out if you are planning multidisciplinary collaborations where nutrition could play a role. We look forward to connecting with you at the 2026 COSA ASM in Sydney.



**Jenelle Loeliger**  
Chair, COSA Nutrition Group

## SURVIVORSHIP GROUP

The Survivorship Group continues its work to advance quality survivorship care, and we sincerely thank all our members for contributing their time and expertise to support our initiatives.

### Survivorship Executive Committee

We welcomed five new members to the Executive who will help ensure the Committee continues to represent the diverse interests of our multidisciplinary membership across Australia. In particular, we welcome Dr Ashfaq Chauhan, Siona Hardy, Dr Darren Haywood, Dr Vanessa Johnston, Dr Monica Tang and Lebogang Thomy, and we thank our outgoing members Professor Gail Garvey AM, A/Professor Mahesh Iddawela, and Rebecca McIntosh for their valuable contributions throughout their terms.

### Working Groups

Professors Raymond Chan and Megan Varlow co-chair the **Financial Toxicity Working Group** which continues its work supporting implementation of the [Roadmap to Reducing Financial Toxicity](#), and exploring opportunities to support Australian Cancer Plan-aligned activities that progress shared goals. The Working Group hosted two live webinars in 2025: a rapid-fire showcase highlighting financial toxicity-related research underway across Australia; and an exploration of current financial navigation services and how they align with the implementation of the Financial Toxicity Roadmap.

Professor Bogda Koczwara AM chairs the **Patient Reported Outcomes (PRO) Working Group** which published the viewpoint [Patient-reported outcomes \(PROs\) as personalised](#)

[cancer care: report from a 2023 Australian consensus meeting \(PROActive\)](#) and which continues to progress a strong program of work including advocacy to support national implementation of PROs into routine clinical practice. This Working Group continues to engage with the Movember Foundation to support Australian Cancer Plan implementation activities.

This year we established the **Survivorship Policy and Implementation Working Group**, chaired by Dr Carolyn Mazariego, to advance cancer survivorship policy and practice. This Working Group builds on the priorities outlined in our submissions in the development of the Australian Cancer Plan with a focus on two major projects: mapping survivorship priorities within the Australian Cancer Plan; and reviewing and updating the COSA Survivorship Model of Care.

Also this year, the Survivorship Group has been establishing a **Transitions Working Group**, chaired by A/Professor Tom Walwyn and focused on survivorship care transition between paediatric, adolescent and young adult, and adult cancer services. Work has been progressing to conduct a systematic review of contemporary guidelines and trials, with a view to developing a COSA position statement for the transition of paediatric and adolescent cancer survivors to adult cancer care services. This work will be done in collaboration with the COSA Adolescent and Young Adult Group, and in partnership with ANZCHOG, Canteen, Youth Cancer Services, and others, to establish a strong foundation and wide adoption of the position statement in Australia.

Next year, we will establish an **Advanced and Metastatic Cancer Working Group**, chaired by Professor Nicolas Hart and A/Professor Mahesh Iddawela. The Working Group's mission and

goals are defined in alignment with the [COSA endorsed joint MASCC-ASCO Care Standards and Practice Recommendations](#).

### National Conferences

Congratulations to co-convenors Professors Bogda Koczwara AM and Michael Jefford, and our committed program committee for delivering a strong program on the theme 'Building Capability and Capacity in Survivorship Care and Research' at **Cancer Survivorship 2025**, the national cancer survivorship conference held in Melbourne in March.

Many Group members enjoyed another opportunity to connect at **COSA-IPOS 2025** in November, with the program delivering an enormous selection of sessions of interest. Many thanks to COSA convenor Professor Lisa Beatty, and to our representatives on the COSA Program Committee, Dr Chad Han and Dr Ashfaq Chauhan for helping represent COSA Survivorship on this year's program.

### Survivorship Fellows

COSA Survivorship Fellowships have proved valuable to help advance our research priorities as we mentor and support the development of promising early career researchers. We appointed four new Fellows in 2025 that are directly aligned to our working groups and priorities.

Two new Survivorship Fellows will support the Financial Toxicity Working Group in advancing activities outlined within the Financial Toxicity Roadmap:

- **Ashleigh Sharman** is conducting research into solutions that aim to reduce financial toxicity. Co-mentors: Dr Jordana McLoone and Dr Carla Thamm.

- **A/Professor Laurelie Wishart** is conducting an options analysis to identify and determine feasible and beneficial options to enhance job and income security and mitigate the risk of financial toxicity. Co-mentors: Professors Raymond Chan, Louisa Collins and Megan Varlow.

Our other new Survivorship Fellows will support the Survivorship Policy and Implementation Working Group's priority projects:

- **Joseph Elias** is supporting the review and update of the COSA Model of Survivorship Care and will co-develop a national implementation plan to support its translation into routine practice. Co-mentors: Dr Carolyn Mazariego and A/Professor Ben Smith.
- **Dr Chandrika Gibson** is conducting a national review of cancer survivorship content in current Australian State and Territory cancer plans, and comparing these findings with the Australian Cancer Plan, to identify opportunities for constructive alignment, enhancement, and national consistency. Co-mentors: Dr Carolyn Mazariego and Kelly Skelton.

### Collaborative Webinars

Our collaborative webinar partnership with the Australian Cancer Survivorship Centre (ACSC), Cancer Nurses Society of Australia (CNSA) and Cancer Council Australia produced survivorship webinars in May and September. [Recordings are available via the COSA website](#): 'Conversations in cancer survivorship' delved into practical communication strategies, tips and resources aimed at supporting cancer survivors; and 'Evidence and outcomes: Implementing nurse-led survivorship models' shared evidence behind nurse-led and nurse-

enabled survivorship care models and their role in addressing growing system pressures.

## Survivorship News

We produced three *Survivorship eNews* for our members in 2025, sharing Group updates and news, events, and publications on survivorship-related topics. Many thanks to our co-editors Dr Mijan Rahman and Dr Carla Thamm for their leadership.

## Endorsed Publications

COSA endorsed two important survivorship resources in 2025:

- [Quality Survivorship Care for People Affected by Advanced or Metastatic Cancer: A Clinical Oncology Society of Australia Endorsement of the Joint Multinational Association of Supportive Care in Cancer and American Society of Clinical Oncology Care Standards and Practice Recommendations](#) (led by Professor Nicolas Hart)
- [The MASCC COG-IMPACT: The COSA Endorsement of a MASCC Developed Unmet Needs Assessment Tool for Cancer-Related Cognitive Impairment Impact](#) (led by Dr Darren Haywood)

## Joint Position Statement

We are pleased to be collaborating with the CNSA to jointly develop a Position Statement on the Role of Nurses in Delivering Cancer

Survivorship Care in Australia. This statement builds upon research led by previous COSA Survivorship Fellow, Professor Gemma McErlean, and recognises that nurses are pivotal providers of cancer survivorship care.

Lastly, Professor Nicolas Hart was appointed as the new Editor-in-Chief for COSA's endorsed journal, the *Asia-Pacific Journal of Clinical Oncology (AJCO)*, providing further opportunities for survivorship research developed by COSA members to influence practice and policy in the region. *AJCO* aims to have stronger engagement with COSA through this appointment and aims to enhance the survivorship presence within the journal.

It has been a productive year, with many wonderful engagements and achievements, conferences, and collaborations. We also wish to particularly thank Gillian Mackay, our wonderful COSA Project Manager, who supports this busy group and our activities. We look forward to another excellent year in 2026.



**Nicolas Hart**  
Chair, Survivorship  
Group

# OTHER REPORTS

## MULTIMORBIDITY SPECIAL INTEREST GROUP

Multimorbidity in people affected by cancer is common and currently not well addressed. It is associated with greater complexity of care, inferior survival and quality of life, greater health care utilisation and greater health care costs. The Multimorbidity Special Interest Group was formed to determine COSA member interest in addressing this issue before proceeding to the establishment of a formal COSA Group.

The Multimorbidity Special Interest Group is focusing on how to best integrate effective cancer care with the care of multiple chronic conditions and aims to:

- Establish clinical and research priorities for the management of multimorbidity in cancer survivors
- Identify policy priorities related to multimorbidity care in cancer
- Consider and expand current and future partnerships for advancement of multimorbidity management in people with cancer

- Build advocacy agenda regarding multimorbidity in cancer

At its November 2025 meeting, COSA Council agreed that the Special Interest Group should continue to operate in its current form and for its progress to be revisited at a future date. The work of the Special Interest Group is relevant to many COSA Groups and there may be opportunities for others to get involved and for cross-Group collaboration as the work progresses.



**Bogda Koczvara AM**  
Chair, Multimorbidity  
Special Interest Group



# AFFILIATED ORGANISATION REPORTS



## AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP (ALLG)

### Global Leaders, Global Impact

In 2025, ALLG solidified our role as a leader in collaborative blood cancer clinical research in Australasia and on the international stage. Through strong partnerships, active engagement in the global scientific community, and successful delivery and presentation of high-impact clinical trial results, ALLG is accelerating research that improves treatments, survival and quality of life for patients with blood cancer.

### Advancing Innovation

Supported by an active development pipeline ALLG's extensive clinical trial portfolio has seen consistent growth of clinical trials in 2025. Key 2025 successes include:

- BM12 CAST stem cell transplant trial results published in *New England Journal of Medicine* and set to change 40 years of practice.
- Six new clinical trials opened in 2025 in acute myeloid leukaemia (AML), chronic lymphocytic leukaemia (CLL), follicular lymphoma, diffuse large B-cell lymphoma (DLBCL) and myelodysplastic syndromes (MDS).
- National Blood Cancer Registry surpassed 5,150 registered participants, and in 2026 the registry will commence data collection for chronic leukaemias (CLL and CML).

- ALLG's trial work highlighted extensively within the scientific community, with 25 presentations at key conferences and 12 journal publications.
- Second ALLG HSANZ Clinical Trials Fellow appointed. Dr Safia Belbachir from Fiona Stanley Hospital, Perth, WA will undertake a research project to investigate how pharmacogenomics influences the metabolism, efficacy, and toxicity of post-transplant cyclophosphamide.

Read more about ALLG's work as 'Global Leaders with Global Impact' at [allg.org.au](http://allg.org.au).

### Scientific Meetings

ALLG's Scientific Meetings play a crucial role in advancing blood cancer research, bringing together clinicians, trial coordinators and researchers to share insights, build knowledge and support trial conduct that improves patient outcomes and quality of life. In 2025, our ALLG Scientific Meetings saw members engage in plenary sessions across eight disease areas: Acute Leukaemia and Myelodysplastic Syndromes (MDS), Lymphoma, Myeloma, Chronic Myeloid Leukaemia (CML) and Myeloproliferative Neoplasms (MPN), Stem Cell Transplantation, Chronic Lymphocytic Leukaemia (CLL), Supportive Care, and Laboratory Science. ALLG members also enjoyed a range of engaging guest speakers across our 2025 Scientific Meetings, including:

- The Hon Rebecca White MP, Assistant Minister for Health – Key role of medical research in Australia
- Dr Mark Dowling – Australian Outcomes of CAR T Cell Therapy in Lymphoma



- Dr Cathy Burton, St James's University Hospital, Leeds, UK – International Lymphoma Insights
- Professor Andrew Spencer – Update on the Australian Myeloma Registry
- Dr Mark Nolan – Cardiovascular Management of BTKi and best practice approaches
- Professor Stephen Mulligan – The evolution of CLL management, past, present and future
- Dr John F DiPersio, Washington University School of Medicine – Baricitinib for GVHD prophylaxis
- Professor Simon Stanworth - Developments in supportive care and transfusion practice in the UK

ALLG Members also heard keynote addresses from Professor Tony Lawler on the TGA's role in regulating treatments in a changing world in May, and Tiffany Boughtwood, inaugural Australian Health Genomics Commissioner, on genomic-informed healthcare for Australians in November.

We celebrated the achievements and commitment of our community by welcoming new ALLG Life Members in 2025. Congratulations to ALLG Board Chairman Peter Kempen, Board Director Geraldine Gray, and Chair Finance and Audit Committee, Malcolm McComas.

### **ALLG Driving Global Collaboration – Trials and Real-World Impact**

A highlight of 2025 was the active presence of ALLG members at major international conferences, including the American Society of Hematology (ASH) Meeting and the European



Professor David Curtis  
Chief Investigator BM12 CAST Trial

Hematology Association (EHA) Meeting. ALLG trial results were delivered to a global audience, representing the most novel and impactful research worldwide.

### **ALLG at EHA 2025**

ALLG BM12 CAST trial results were presented at the EHA 2025 Meeting in an invited oral presentation, with simultaneous publication in *NEJM*. Results of this ground-breaking trial are set to change 40 years of standard practice globally for stem cell transplants in leukaemia, with the new combination treatment of cyclosporin and post-transplant cyclophosphamide tripling the chance of patients being alive, healthy and free of life-threatening complications, such as GVHD, three years after transplant.

Congratulations to Professor David Curtis and the investigating team on the successful results of this important clinical trial.

## ALLG at ASH 2025

Ten ALLG members were accepted to deliver trial results at ASH 2025. Congratulations to Dr Shirlene Sim and Dr Katharine Lewis on successful podium presentations for the MM25 Viber-M and NHL35 PACIFIC trials. Congratulations also to Dr Arina Martynchyk, Professor Andrew Wei, Professor David Ritchie, Dr Matthew Rees, Dr Victoria Ling, Professor Stephen Lane, Dr Sueh-Li Lim and Professor Judith Trotman on being accepted to deliver abstracts as poster presentations on the ALLG HSANZ Fellow Project, AMLM31 / HO181 Blex, ALL08 BLAM, MM23 SeaLAND, AMLM22 D4 CADENCE, AMLM27 Impress, MM22 FRAIL-M and NHL27 RELEVANCE trials.

Our 2025 achievements highlight our progress towards our mission of 'Better treatments, Better lives for people with blood cancer'. The collaboration and innovation of our ALLG members, combined with a patient-centric approach to clinical research, continues to drive breakthroughs for blood cancer treatment and care globally. Thank you to our ALLG members for their dedication and contributions throughout the year.



**Judith Trotman**  
Chair, ALLG Scientific  
Advisory Committee



**Dr Katharine Lewis,**  
Co-Chief Investigator  
NHL35 PACIFIC Trial



**Dr Shirlene Sim,**  
Co-Chief Investigator  
MM25 VIBER-M Trial



## AUSTRALIAN AND NEW ZEALAND CHILDREN'S HAEMATOLOGY/ONCOLOGY GROUP (ANZCHOG)

In 2025, the Australian and New Zealand Children's Haematology and Oncology Group (ANZCHOG) continued to strengthen its role as the national peak professional body and cooperative trials group supporting paediatric haematology and oncology clinical trials, research, and professional collaboration. The year was characterised by continued growth in clinical trial activity, significant funding success, expanded collaboration, and continued advocacy for equitable access to trials and new treatments for children and adolescents with cancer and blood disorders.

An important leadership transition also occurred in 2025, with Professor Nick Gottardo stepping down as Chair after five years of service and A/Professor Andy Moore being appointed to the role.

### Research and Clinical Trials

ANZCHOG's National Trials Centre experienced another productive year, expanding trial activity across Australia and New Zealand.

Throughout 2025, our clinical trial program continued to expand, with 41 studies operating under our sponsorship. We also supported the ongoing coordination of 17 active trials including CONNECT TarGeT study, aiming to find better, more personalised treatments for children who have been newly diagnosed with high-grade glioma (HGG), including Diffuse Intrinsic Pontine Glioma (DIPG) and Diffuse Midline Glioma (DMG).

We continued to maintain oversight of 14 studies in follow-up, and with 13 additional

trials advancing through various stages of development, 2026 is shaping up to be another significant and progressive year for our research portfolio.

Quality and oversight were strengthened through the establishment of a Quality Assurance Working Group and a SiteDocs Working Group, supporting consistent, high-quality trial conduct across the network.

### Funding and National Initiatives

In 2025, ANZCHOG secured seven new grants totalling \$20,181,677. This funding supported infrastructure and major national initiatives, including CoACT-Brain Cancer (The Consortium for Australian Children's Trials in Brain Cancer) and the CONNECT TarGeT Suite.

Generously funded by the MRFF grants, RUN DIPG, Robert Connor Dawes Foundation (RCD) and the Mark Hughes Foundation (MHF), CoACT represents an alliance of childhood brain cancer specialists from ANZCHOG's multidisciplinary membership, leading Australian research groups, international clinical trial consortia, and the nine Australian children's cancer treatment centres. CoACT will connect over 70 investigators with diverse expertise from more than 30 institutions, all working toward a common goal: to increase opportunities for children with brain cancer to participate in clinical trials to improve outcomes.

Key programs progressed during the year, including Equitable Pathways and the Community Collaboration Program, directly reflecting ANZCHOG's commitment to reducing barriers to trial participation and improving equitable access to research for children and adolescents.

The Equitable Pathways project is improving access to clear, evidence-based information on paediatric oncology clinical trials by developing shared educational resources for families and healthcare professionals. With dedicated funding, the program brings together clinicians, nurses, pharmacists, psycho-oncology experts, clinical research staff and patient advocates to co-create two national resource hubs: an open-access

platform for families and a member-only database for health professionals.

### **Professional Activities and Collaboration**

ANZCHOG continued to support collaboration across disciplines and institutions, facilitating more than 100 Disease, Discipline, and Special Interest Group meetings. These groups play a critical role in advancing best practice by identifying emerging priorities and supporting collaborative research and care improvement.

With over 1,100 members, ANZCHOG's engagement at national and international meetings has strengthened professional networks and reinforced its vital contribution to global paediatric haematology and oncology research.

### **Annual Scientific Meeting**

The 2025 Annual Scientific Meeting was held in Brisbane under the theme 'Clinical Trials Informing Comprehensive Care'. The meeting attracted more than 400 delegates and featured five international and 11 local speakers, with a comprehensive program spanning paediatric oncology, haematology, precision medicine, supportive care and equitable health.

This year's pre-conference workshops were our most extensive to date, bringing together families, clinicians, nurses, allied health professionals and early-career researchers for a program focused on strengthening multidisciplinary practice and enhancing patient-centred care in paediatric oncology.

Across the four workshop streams, participants explored evolving scientific advances, communication and psychosocial needs, practical clinical innovations and strategies to support research capability and career development. The sessions also reinforced the importance of national collaboration, shared learning and the integration of patient and family perspectives.

Overall, the meeting provided a key forum for professional development, knowledge exchange and collaboration across the sector, continuing to draw industry leaders from across Australia and around the world.

### **Looking Ahead**

ANZCHOG remains focused on expanding its clinical trial portfolio, strengthening collaboration, and supporting its members to deliver high-quality, equitable care

With strong governance and sustained investment in growing initiatives, ANZCHOG is well positioned to continue improving outcomes for children and adolescents with cancer and blood disorders.



**Andy Moore**  
Chair, ANZCHOG



## AUSTRALIA AND NEW ZEALAND HEAD SARCOMA ASSOCIATION (ANZSA)

Our Annual Scientific Meeting, 'Patient-centred care in sarcoma management,' was held in Hobart. The meeting opened with ANZSA Director and ASM convenor, Professor Fiona Maclean, and Tasmanian Senator, Wendy Askew, highlighting teamwork and research in improving outcomes. Long-time Consumer Advisory Panellist, Natalia Dewiyani, shared her inspiring 10-year cancer-free journey reminding everyone of resilience and connection.

Sessions across two days showcased cutting-edge research and clinical advances. International guest speaker, Professor Jason Yustein from Emory University in Atlanta, USA, presented new therapies for high-risk paediatric sarcomas, while sessions on pathology, CRISPR research, and precision immunotherapy highlighted innovations in diagnosis and treatment. ANZSA Sarcoma Research grant recipients also presented their work, including strategies to enhance immune responses in rhabdomyosarcoma.

Patient-centred care was a strong focus. Presentations on Patient-Reported Outcome Measures and AI in early sarcoma were explored across clinical workflows, and integrating palliative care emphasised holistic approaches, particularly for adolescents and young adults.

The Community Connect event presented a wonderful opportunity for sarcoma consumers and researchers to share experiences. ANZSA Director and CAP Chair, Sarah Cheung,

explained the Consumer Advisory Panel's role within ANZSA; psychologist, Dr Toni Lindsay, shared coping strategies for fear of recurrence; and researcher, Dr Ian Parish, presented new immunotherapy approaches for liposarcoma.

The Great Debate sparked lively discussion about centre-based versus shared regional care. Dr David Coker and Dr Hilde Kleiven went head-to-head, followed by a Consumer Panel reflecting on real-world challenges of accessing treatment close to home.

The meeting concluded with the Judges' Awards: Barnaby Kelly won the Choong-Dickinson Best Oral Presentation Award for 'Genome-wide pooled genetic screening reveals mediators of cisplatin resistance in osteosarcoma'. Best Poster Awards went to Lylee Le, Dr Selvi Jegatheeson, and Tiruneh Adane Birlie.

We look forward to welcoming you to the 2026 Annual Scientific Meeting in Cairns, QLD. To view more and stay up to date, please follow us on our social media: [Instagram](#), [LinkedIn](#), [Facebook](#) and [Twitter](#).

## 2025 Research Developments

### LMS Biomarker Clinical Study

In 2025, the LMS Biomarker Clinical Study continued to progress following the enrolment of the first patient at Chris O'Brien Lifehouse. Conducted in collaboration with investigators from the University of Michigan, this international observational study is evaluating circulating tumour DNA (ctDNA) as a biomarker to predict chemotherapy benefit and correlate changes in ctDNA with progression-free survival. Blood and tissue collection will continue across multiple timepoints, with international sample shipment to the United States planned before the end of 2025.

### Myxoid Liposarcoma (MLS) Registry

Throughout 2025, the MLS Registry continued to expand its contribution to understanding optimal treatment strategies for myxoid liposarcoma. Delivered in collaboration with The Netherlands Cancer Institute, the registry is open across six Australian sites, with ongoing

patient enrolment building on early milestones achieved at participating centres.

### **ReLaPSe – Recurrent Retroperitoneal Liposarcoma**

In 2025, the ANZSA-led ReLaPSe Study continued recruiting patients across Australian and international sites. Now open at the Peter MacCallum Cancer Centre, this prospective study is evaluating whether surgery alone or surgery with preoperative radiotherapy provides the best outcomes for patients with first localised, resectable recurrent retroperitoneal liposarcoma. Site activation continued throughout the year with international recruitment anticipated.

### **QUEST – Quality of Life and Experiences of Sarcoma Trajectories**

In 2025, the QUEST study moved into its next phase following the successful completion of recruitment. Findings from this study will contribute valuable insights into improving the diagnostic journey and overall experience of sarcoma patients.

### **FLORRAL– Risk Stratification in Retroperitoneal Liposarcoma**

The FLORRAL study will continue to gain momentum in 2026 as an ANZSA-led international collaborative effort. This retrospective study aims to characterise patterns and anatomical locations of first local recurrence in retroperitoneal sarcoma, as well as to explore treatment approaches for these recurrences. Participation is expected to grow further across national and international sites, building on the substantial dataset already collected.

### **2025 Sarcoma Research Grant Recipients**

**Dr Paul Daniel** A postdoctoral fellow developing CD70-targeted antibody-drug conjugates for sarcomas. Leveraging the Childhood Cancer Model Atlas (CCMA), his team identified high CD70 expression in chordoma and is creating sarcoma-specific therapies.

**Dr Cui Tu (Maxine)** An early-career cancer immunologist at the Frazer Institute, University of Queensland, Maxine investigates the tumour microenvironment in rhabdomyosarcoma. Early results show that combining chemotherapy with a STING-activating drug can enhance immune activation and slow tumour growth.

### **Great Sarcoma Plank-A-thon**

Our inaugural [Great Sarcoma Plank-a-thon](#) was a tremendous success, raising \$130,000. We are tremendously proud to have had Paralympian and sarcoma survivor, Ellie Cole, MC our Melbourne event, and world record holder, Daniel Scali, plank for the full 60 minutes of the challenge. We are grateful for everyone who embraced this initiative, our fundraisers and all those on the ground who worked together to achieve such an impactful result. We hope we can have an even better result in 2026!



**Angela Hong**  
COSA Council Representative,  
ANZSA



Great Sarcoma Plank-a-thon



## AUSTRALIAN AND NEW ZEALAND HEAD AND NECK CANCER SOCIETY (ANZHNCs)

### ANZHNCs 2025 Achievements and New Directions

Reflecting on 2025, the Australian and New Zealand Head and Neck Cancer Society (ANZHNCs) continues to leverage its strengths as the peak multidisciplinary body advancing head and neck cancer care. With thanks to the leadership of current President, Dr Julia Crawford, this year has been characterised by strong engagement in partnerships, education, growing research sustainability and preparation for hosting an international congress in 2026.

### 2025 Highlights

#### Annual Scientific Meeting, Adelaide, 29-31 August 2025:

Convened by Professor Eng Ooi, this year's ASM was a major success and delivered on the theme 'Shaping the Future of Head and Neck Cancer Treatment.' The meeting showcased high-quality scientific content across surgery, radiation and medical oncology, nursing and allied health, reinforcing the Society's commitment to multidisciplinary care.

#### Webinar Program – Multidisciplinary Education:

ANZHNCs continued its commitment to accessible, high-quality professional development through a series of well-attended webinars. Topics included lymphoedema management and dental complications after head and neck cancer treatment. The webinar program remains an important mechanism for fostering collaboration and knowledge translation across disciplines and geographic regions.

**Research and Fundraising:** In collaboration with Head and Neck Cancer Australia (HANCA), the inaugural ANZHNCs/HANCA Gala Ball was held on Saturday 1 November 2025 at NSW Parliament House. The landmark event raised \$135,000 to support vital head and neck cancer research. The evening also recognised outstanding contributions to the head and neck cancer community including Health Professional Awards to A/Professor Dion Forstner and Tracey Nicholls.

**Chris O'Brien Fellowship:** The Society continues to promote the Chris O'Brien Travelling Fellowship, enabling members to undertake international fellowships and bring global expertise back to Australia and New Zealand, strengthening clinical innovation and collaboration within the specialty.

### Looking Ahead to 2026

#### International Federation of Head and Neck Oncology Societies (IFHNOS) 8th World Congress, Brisbane, 26-29 August 2026:

Planning is well underway for the IFHNOS 2026 congress convened by Professor Sandro Proveddu, themed 'Global harmonization of head and neck cancer care through international collaboration.' The congress is an exciting opportunity to welcome international head and neck cancer colleagues to Australia and showcase the strength of our region's multidisciplinary model of care.

As we conclude another productive year, ANZHNCs extends sincere thanks to its members for their ongoing engagement and leadership across disciplines. The Society remains committed to collaboration with COSA and aligned organisations as we work collectively to improve outcomes for people affected by head and neck cancer. ANZHNCs warmly invites new members from all disciplines to join us in building on this momentum and shaping the future of head and neck cancer care.



**Merran Findlay**  
Executive Committee  
Member, ANZHNCs



## AUSTRALIAN AND NEW ZEALAND UROGENITAL AND PROSTATE CANCER TRIALS GROUP (ANZUP)

In April, ANZUP proudly launched our new three-year Strategy (2025–2028). This strategy sets out how we will continue to improve the lives of people affected by Below the Belt cancers (bladder, kidney, testicular, penile and prostate cancers) and move closer to our vision of **living life without fear of cancer**.

Guided by our values of Commitment, Collaboration, Integrity, Respect and Agility, the strategy focuses on four key areas: Cancer Research, Reach and Relevance, Capacity Building and Sustainability, and People and Partnerships.

We are deeply grateful to everyone who contributed to shaping this strategy, particularly our Consumer Advisory Panel, whose insights helped guide our vision and priorities and are committed to turning this plan into action.

### Advancing Cancer Research

ANZUP's clinical trial portfolio continued to grow in 2025. We currently have **five ANZUP-led trials and one co-badged trial recruiting participants**, with a further **17 trials in follow-up** and several new studies in development. These trials are helping answer important questions about how to treat and care for people with Below the Belt cancers.

This year also saw several important research milestones, including:

- A new treatment approach showed that most people with **high-risk prostate cancer** do not

need an additional drug alongside standard radiotherapy and hormone treatment, while those at highest risk benefited from adding enzalutamide, reducing the risk of cancer spread (ENZARAD)

- A new combination treatment for **high-risk non-muscle invasive bladder cancer** was shown to be safe and effective, used fewer BCG doses, helped more patients complete treatment, and may improve access to care during global BCG shortages (BCG+MM)
- A new combination treatment approach for people with **muscle invasive bladder cancer** (PCR-MIB)
- A trial combining **immunotherapy with a medication used for osteoporosis** to treat kidney cancer showed encouraging results, with no new side effects aside from what would already be expected (KEYPAD)
- More than **2,500 people enrolled** in a registry to improve understanding of germ cell tumours (ITESTIS)
- A new treatment approach that **improved survival and quality of life** for people with high-risk advanced prostate cancer (ENZA-p)
- Progress towards **advancing non-invasive kidney cancer care** through patient-centred resources (OAK)
- The development of a **new blood test** to help predict how people respond to prostate cancer treatment (TheraP translational research)

### Sharing Research on the Global Stage

ANZUP research was well represented at major international conferences throughout the year. At **ASCO GU (San Francisco)**, ENZA-p was presented orally, alongside posters for P3BEP, WOMBAT, G-DISCO and SUBDUE-3. At **ASCO (Chicago)**, ANZUP delivered four oral

presentations (BCG+MM, EVOLUTION, TheraP, ENZA-p) and four posters (three for ENZAMET, one for PCR-MIB), and facilitated International Steering Committee meetings for ENZAMET, ENZARAD and DASL-HiCAP. At **ESMO (Berlin)**, ENZARAD was presented orally, with posters for ENZA-p, TheraP and two for ENZAMET.

### **Bringing People Together Through Events**

ANZUP hosted a wide range of educational and collaborative events in 2025, designed to share knowledge, spark new ideas and strengthen connections across the community.

### **Ideas Generation Workshops**

Our Ideas Generation Workshops continued to play a vital role in developing future ANZUP trials. These workshops bring clinicians, researchers and consumers together to explore new research ideas. In 2025, we held **eight workshops**, both in person and online.

### **New Zealand ANZUP Workshop 'Putting the NZ in ANZUP'**

In September, we hosted our inaugural New Zealand ANZUP Workshop, 'Putting the NZ in ANZUP' in Auckland. The workshop brought together cancer clinicians, researchers, health system leaders, industry partners and patient representatives to explore how New Zealand's unique healthcare, clinical trials and research environment can create impactful cancer clinical trials and translational research.

### **ANZUP Annual Scientific Meeting**

Our 2025 Annual Scientific Meeting, held in Sydney and themed 'Listen, Reflect, Connect', welcomed **480 delegates** and featured **77 abstracts**.

We were privileged to host **90 national speakers** who contributed as chairs and panellists, alongside **an international faculty** sharing vital global insights. We sincerely thank Alison Tree, Bishal Gyawali, Emily Grist, Marniza Saad, Roger Li, Tian Zhang, and Bertrand Tombal for their invaluable contributions.

For more information about the program, please refer to the [#ANZUP25 ASM program book](#). The success of the event would not have been possible without the wonderful Co-Convenors, Carole Harris and Laurence Krieger, the ASM Convening Committee, and the active contributions of our Consumer Advisory Panel members, whose involvement was key to the program's impact.

You can catch videos and highlights from the ASM on the [ANZUP YouTube channel](#).

### **Asia-Pacific Advanced Prostate Cancer Consensus Symposium**

In September, ANZUP hosted the 4th Asia-Pacific Advanced Prostate Cancer Consensus Satellite Symposium in Singapore, bringing together close to **30 experts** from across the APAC region to discuss how international guidelines apply in real-world clinical practice.

### **Best of GU Oncology Symposium**

Held in Adelaide in partnership with USANZ, the symposium attracted over 80 multidisciplinary attendees and featured updates on the latest management approaches, clinical trials and translational research in urogenital and prostate cancers.

### **Kidney Cancer Masterclass**

This two-day program in Adelaide brought together **nine speakers and 32 attendees**



to share knowledge, explore new approaches, and strengthen efforts to improve outcomes for people with kidney cancer.

### Publications for Our Community

ANZUP released its **2025 Annual Report** in July, highlighting the collective impact of our members, supporters and partners.

In December, we also published our consumer magazine, **A Little Below the Belt**, which was warmly received by readers. The magazine features practical information, real patient stories, and updates on how ANZUP research is making a difference for people affected by genitourinary cancers.

Together, these achievements reflect the strength of the ANZUP community and our shared commitment to improving the lives of people affected by Below the Belt cancers, now and into the future.



**Ian Davis**  
Chair, ANZUP



Advancing research  
*saving lives*

## AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP (ANZGOG)

2025 was a year of significant growth and development for the Australia New Zealand Gynaecological Oncology Group (ANZGOG). Working alongside our community of more than 1,500 members, national and international collaborators, and people with lived experience, we continued to strengthen our pivotal role in improving outcomes and quality of life for everyone affected by gynaecological cancer. For more information, visit [www.anzgog.org.au](http://www.anzgog.org.au) #AdvancingResearchSavingLives

### Catalysing innovative, practice-changing research

ANZGOG's clinical trials portfolio continued to evolve in 2025. Two new studies opened to recruitment during the year: DOVE, addressing gynaecological clear cell carcinoma, and REPURPOSE, focused on ovarian cancer.

### ANZGOG Trial Updates

ANZGOG clinical trials currently open to recruitment:

#### Ovarian cancer trials

- **REZOLV3R** in collaboration with the University of Sydney, NHMRC Clinical Trials Centre and the Genomic Cancer Clinical Trials Initiative
- **RAMP-301** a global study sponsored by Verastem Therapeutics, in collaboration with ANZGOG, European Network of Gynaecological Oncological Trial Groups (ENGOT) and GOG Foundation (GOG-F)

- **REPURPOSE** a philanthropic funded study open at Calvary Mater Newcastle

#### Endometrial cancer trials

- **EN.10/TAPER** in collaboration with the Gynecologic Cancer InterGroup (GCIg)
- **XPORT-EC-042** a global study sponsored by Karyopharm Therapeutics, in collaboration with ANZGOG, European Network of Gynaecological Oncological Trial Groups (ENGOT) and GOG Foundation (GOG-F)
- **ENDO-3** in collaboration with Queensland Centre for Gynaecological Cancer

#### Vulval cancer trials

- **ANVU** in collaboration with Queensland Centre for Gynaecological Cancer

#### Combined ovarian and endometrial cancer trials

- **PARAGON-II** in collaboration with the University of Sydney, NHMRC Clinical Trials Centre

#### Gynaecological clear cell carcinoma trials

- **DOVE** sponsored by Korea Clinical Research Network in collaboration with the Asia Pacific Gynaecological Oncological Trial Groups (APGOT) and European Network of Gynaecological Oncological Trial Groups (ENGOT)

The following ANZGOG trials have successfully completed recruitment, marking significant milestones for the women who participated and the multidisciplinary teams who supported them:

- **EPOCH** a Phase II open labelled study investigating the use of single agent eribulin and eribulin in combination with pembrolizumab in relapsed tubo-ovarian or uterine carcinosarcoma



ANZGOG 2025 ASM

- **IGNITE** a Phase II signal-seeking trial targeting recurrent high grade serous ovarian cancer (HGSC) with Cyclin E1 (CCNE1) over-expression with and without gene amplification – IGNITE
- **DOMENICA** a randomised Phase III trial in MMR deficient endometrial cancer patients comparing chemotherapy alone versus Dostarlimab in first line advanced/metastatic setting
- **ADELE** a randomised Phase II trial to determine the effects of adding tislelizumab to standard adjuvant chemotherapy after post-operative pelvic chemoradiation for high-risk endometrial cancer
- **PEACE** a quality-of-life study designed to study the feasibility of collecting data on patient/carer satisfaction with end of life (EOL) care and of collecting details of that care in women with advanced gynaecological malignancies

ANZGOG extends sincere thanks to the women and families who contributed to these studies, and to the hospitals, trial sites and research teams whose long-term commitment makes this work possible.

### **Annual Scientific Meeting: 25 years of impact**

Our 2025 Annual Scientific Meeting (ASM), held in Canberra from 5–7 March, marked a significant milestone as we celebrated 25 years of advancing gynaecological cancer research. Delivered under the theme ‘Reflections and Projections: Looking Back to Move Forward’, the meeting provided an opportunity to reflect on a quarter-century of progress while setting a clear direction for the future.

The ASM brought together more than 330 national and international delegates, including distinguished international keynote speakers Associate Professor David Tan, Professor Carien Creutzberg and Dr Lisa Bazzett-Matabele, who shared global perspectives on innovation, collaboration and equity in gynaecological oncology. Delegates described the ASM as an essential forum for gynaecological oncology, offering invaluable opportunities for learning, collaboration and sharing insights that will shape research and practice into the future.

### **Community engagement program**

People with lived experience of gynaecological cancer remain central to everything we do. In 2025, our Community Engagement Program

continued to expand, enabling meaningful contributions to research, education and advocacy. A key milestone was achieved through the Survivors Teaching Students program, with more than 20,000 students across Australia and New Zealand having heard directly from people affected by gynaecological cancer since the program's inception in 2017. Together, this work strengthens the quality and impact of ANZGOG's research and reflects our commitment to work shaped with, and for, the community.

### **Gynaecological Cancer Reports**

We developed and published three landmark evidence-based reports designed to raise awareness, highlight the need for further research and investment, and support policy discussion and action to improve the lives and health outcomes of people affected by gynaecological cancers.

- **The Gynaecological Cancer Transformation Initiative (GCTI)**, outlining a once-in-a-generation opportunity to transform diagnosis, treatment and care pathways, to significantly reduce the devastating impact of these diseases and save lives.
- **State of the Nation: Uterine Cancers in Australia 2025**, the first comprehensive national analysis of uterine cancers. This evidence-based report explores the risk factors, diagnosis, treatment, outcomes, projections, and survivorship of uterine cancers across the country.
- **Gynaecological Cancer in Australia Overview 2025**, providing the most up-to-date national snapshot of the incidence, prevalence and impact of gynaecological cancers.

### **On The Down Low podcast**

We also released Season Two of our award-winning podcast *On The Down Low – Speaking Up About Gynaecological Cancer*. Focusing on uterine cancers, the largest and fastest-growing gynaecological cancer group, the series combines lived experience with expert insight to build understanding, awareness and momentum for change.

### **WomenCan – funding cancer research**

WomenCan, our fundraising arm, plays a vital role in supporting gynaecological cancer research. In 2025, generous community support through Run for Research, fundraising appeals, merchandise purchases, and donations helped enable critical research and clinical trials. We sincerely thank everyone who has contributed; this support is deeply valued and essential to advancing research and improving outcomes.



**Clare Scott AM**  
Chair, ANZGOG



## AUSTRALIAN PHYSIOTHERAPY ASSOCIATION (APA)

The Australian Physiotherapy Association (APA) is the peak professional body representing more than 35,000 physiotherapists across Australia. The APA Cancer, Palliative Care and Lymphoedema (CPCL) Group represents over 300 physiotherapists working across oncology, palliative care and lymphoedema management. Membership growth of approximately 20 per cent per annum reflects increasing demand for rehabilitation and supportive care services across the cancer continuum.

The APA became an affiliate member of the Clinical Oncology Society of Australia (COSA) in 2023. This affiliation reflects a shared commitment to multidisciplinary, evidence-based cancer care and has strengthened collaboration across policy engagement, workforce development and research translation. APA CPCL members actively contribute to COSA special interest groups, including Exercise, Geriatric Oncology and Multimorbidity, supporting integrated care approaches for people with complex needs.

The release of the APA Strategic Plan *Towards 2030* in 2025 provided a clear framework for our work. Its four pillars: **Advocate, Educate, Connect and Deliver** closely align with the priorities of the APA CPCL Group and continue to guide our strategic direction.

### The Role of Physiotherapists in Cancer Care

Physiotherapists practise across acute and subacute hospitals, rehabilitation services, community health, private practice, aged

care and palliative care. Physiotherapy is a core component of cancer care, addressing functional impairment, treatment-related morbidity, and quality of life across all stages of disease and survivorship.

### Key areas of contribution include:

- **Peri- and post-operative care and discharge planning**, supporting recovery and reducing preventable complications
- **Exercise prehabilitation and rehabilitation**, improving treatment tolerance, physical function and long-term health outcomes
- **Lymphoedema and scar management**, particularly following breast, gynaecological and pelvic cancer treatments
- **Pelvic health and continence management**, addressing treatment-related pelvic floor dysfunction
- **Pain management**, using evidence-based physical and exercise interventions
- **Palliative and end-of-life care**, supporting symptom control, functional capacity and quality of life

Despite a growing evidence base, access to rehabilitation and supportive care services remains inconsistent across jurisdictions. Physiotherapists are well placed to contribute to equitable, integrated and person-centred cancer care, particularly as cancer prevalence and survivorship continue to rise.

### Education and Workforce Capability

In 2025, the APA CPCL Group prioritised workforce capability development through targeted professional education aligned with emerging evidence and evolving models of care. Education topics included:

- Axillary Web Syndrome
- Breast cancer and pelvic health
- Cardiotoxicity and exercise in cancer care
- Pain assessment and management in palliative care
- Advances in breast cancer surgery and reconstruction

- Melanoma management, including immunotherapy and recovery
- Sarcoma management
- Skin integrity across the lifespan
- Updates on vaping and smoking

Sessions were delivered by multidisciplinary experts, including surgeons, oncologists, palliative care physicians and exercise physiologists, supporting shared understanding and integrated practice across professional groups.

## Advocacy and Policy Engagement

The APA CPCL Group contributed to national and state advocacy initiatives focused on strengthening access, integration and sustainability of rehabilitation and supportive care services. Key submissions in 2025 included:

- **National Lung Cancer Screening Program** Guidelines, advocating for inclusion of physiotherapy and allied health expertise
- **Lymphoedema Assistive Technology and Home Modifications Funding**, supporting access to essential management equipment
- **NDIS Allied Health Funding**, responding to funding changes impacting people with cancer and complex disability

These contributions supported system-level objectives of equity, workforce sustainability and service integration.

## Research and Knowledge Translation

The APA supports member engagement in research and translation of evidence into clinical practice. Key publications in 2025 included:

- [Finding the right time to initiate exercise rehabilitation following a cancer diagnosis: a systematic review and meta-analysis](#)
- [A systematic review of exercise-based cancer rehabilitation programs worldwide: availability and content](#)

Targeted knowledge translation resources were also produced:

- [Five facts about prostate cancer and pelvic health physiotherapy](#)
- [Five facts about cancer in men](#)

Cancer and pelvic rehabilitation were prominent themes at the APA's Annual Scientific Conference (APASC25) and the World Physiotherapy Congress 2025, where members presented research relevant to multidisciplinary cancer care.

## Reflections on 2025

2025 was a year of consolidation, growth and system-level contribution for the APA Cancer, Palliative Care and Lymphoedema Group and we are excited to continue the work in 2026. We value COSA's leadership in advancing multidisciplinary cancer care and appreciate the opportunity to contribute as an Affiliated Organisation.

As always, the APA is eager to connect with other organisations and to support efforts that align with our mission to improve cancer care. If your organisation is engaged in advocacy, projects, or educational initiatives that could benefit our members and support the broader multidisciplinary team, we welcome the opportunity to collaborate.

For more information or to engage with the APA Cancer, Palliative Care and Lymphoedema Group, [please email](#).



**Germaine Tan**  
Chair, APA Cancer, Palliative  
Care and Lymphoedema  
National Group



Australian researchers involved in the AllClear project.



## BREAST CANCER TRIALS (BCT)

2025 was a year defined by scientific progress, strategic collaboration, and unwavering commitment to improving outcomes for people affected by breast cancer. Across our research network, Breast Cancer Trials (BCT) continued to advance world-class clinical trials, strengthen international partnerships, and accelerate the translation of evidence into practice.

### Research Update

We are excited to be part of the AllClear project led by A/Professor Christine Chaffer, which is a five-year project that brings together multiple research groups, with the aim of preventing early breast cancer from recurring. The groundwork for this research will collect data that will inform clinical trials research, that will test new treatments to eradicate dormant cells.

Professor Sherene Loi presented the results of the DIAmOND clinical trial at the ESMO Breast Cancer Congress. The study was a world-first clinical investigation and found that adding dual immunotherapy to Trastuzumab may offer a new treatment option for patients with treatment resistant HER2-positive breast cancer.

Sherene also led the Neo-N clinical trial, which has shown that a series of blood tests to detect circulating tumour DNA, could help inform the future of triple negative breast cancer treatment. This study examined whether adding newer immunotherapy treatments to shorter duration chemotherapy before surgery, can safely and effectively treat early-stage

triple negative breast cancer – an aggressive form of the disease. The primary study results demonstrated excellent pathological complete response rates indicating a strong response to treatment and were announced at the San Antonio Breast Cancer Symposium.

The results of the FINER clinical trial have shown that the addition of the drug ipatasertib to standard treatment extends how long we can control oestrogen receptor positive (ER+) and HER-2 negative metastatic breast cancer. This study was led in Australia by A/Professor Andrew Redfern and was conducted in partnership with the Canadian Cancer Trials Group.

### 46th Annual Scientific Meeting and Awards

Our Annual Scientific Meeting (ASM) continues to grow from strength to strength and the 2025 conference in Hobart attracted our largest ever number of delegates. The program is growing each year with more abstracts and scientific workshops to discuss the latest in breast cancer and clinical trials research. Thank you to our organising committee and BCT staff for organising and managing such an engaging and energising conference.

Also, thank you to our international speakers for enriching the conference program and travelling such long distances to be there: Adam Brufsky from the United States, Stephen Chia from Canada, Javier Cortes from Spain, Dame Lesley Fallowfield from the United Kingdom, Reshma Jagsi from the United States, Stuart McIntosh from the United

Kingdom and Shelley Potter also from the United Kingdom.

The ASM is a wonderful opportunity to recognise the outstanding efforts of our members, who share a commitment to improve and save the lives of people diagnosed with breast cancer, through our clinical trials research program. In 2025, we honoured the following people for their contributions to BCT:

- Professor Bruce Mann received the Alan Coates Award for Excellence in Clinical Trials Research
- Professor Sarah-Jane Dawson received the Robert Sutherland Award for Excellence in Translational Research
- Dr Sia Kim received the John Collins Medal
- Ms Amy Wallace received the Study Coordinator Prize

We hope COSA members will be able to join us at the 47th ASM, which will be held in Brisbane from 29-31 July 2026.

## Governance

We welcomed two new members to the Board of Directors: A/Professor Andrew Redfern and A/Professor Nicole McCartney. Both Andrew and Nicole have led clinical trials in Australia and have made tremendous contributions to BCT through the Scientific Advisory Committee. The Board looks forward to working with them both in this new capacity.

Thank you to A/Professor Nicholas Wilcken and Professor Sherene Loi, who both completed their terms on the Board in 2025. We sincerely thank them for their significant contributions to our organisation over many years.

Also thank you to Ms Leslie Gilham, who completed her term as the Chair of the Consumer Advisory Panel (CAP). CAP plays a very important role in our research program and Leslie has been an exceptional leader for our consumer advocates for many years. We welcome Ms Merryn Carter as the new Chair of CAP. Merryn brings tremendous personal and professional experience to the role.

## Farewell

After three decades of remarkable contributions, our Head of Fundraising and Philanthropy, Julie Callaghan, has bid BCT farewell. Julie started her career with us in 1992 and played a pivotal role in shaping the foundations of our fundraising program alongside one of our founders, Professor John Forbes. Julie has led our fundraising team with purpose, warmth and vision, and has always kept the beneficiaries of our research at the front and centre of what we do. She leaves an incredible legacy behind and an unwavering belief in the power of research to change lives. Thank you, Julie.



**Sunil Lakhani**  
Chair, BCT



## CANCER NURSES SOCIETY OF AUSTRALIA (CNSA)

We are pleased to share key highlights for the Cancer Nurses Society of Australia (CNSA). Throughout the year, CNSA continued to advocate for the cancer nursing workforce, invest in capability building, and strengthen national infrastructure to support high-quality cancer care.

### Policy and Advocacy

In 2025, CNSA maintained a strong national advocacy presence, ensuring the voice of cancer nurses informed key policy reforms and clinical standards.

CNSA contributed to consultations with the Department of Health, Disability and Ageing supporting the launch of the National Lung Cancer Screening Program, including input into program guidelines, the role of Nurse Practitioners, and supporting resources.

We also provided input into the development of new Cancer Optimal Care Pathways for priority populations, including older people, people living in rural and remote communities, and LGBTQI+ people affected by cancer.

Through our Specialist Practice Networks, CNSA contributed to national safety and quality initiatives, including submissions to the Australian Commission on Safety and Quality in Health Care on the NSQHS Standards (Third Edition), and feedback on radiotherapy guidelines relating to brachytherapy.

### Workforce and Capability Building

Strengthening the cancer nursing workforce remained a core priority in 2025.

CNSA delivered its second National Cancer Nursing Workforce Survey, with more than 900 cancer nurses participating from across Australia. This remains the only national survey focused exclusively on the cancer nursing workforce and will provide critical insights to inform advocacy, workforce planning, and policy in 2026 and beyond.

Significant progress was also made on two major national capability-building initiatives:

- **Australian Cancer Nursing Framework**

Development of the Australian Cancer Nursing Framework continued throughout 2025, providing a nationally consistent foundation to support career development, education alignment, and workforce progression across all cancer nursing roles and settings.

- **Cancer Nursing Education Portal**

CNSA progressed the build of the Cancer Nursing Education Portal, designed as a central hub to connect nurses with education aligned to the Framework. The Portal will support ongoing professional development, workforce retention, and equitable access to education regardless of location.

Together, these initiatives represent a long-term investment in a sustainable and skilled cancer nursing workforce.

### Membership and Engagement

In 2025, CNSA continued to focus on strengthening member engagement and value, with particular emphasis on face-to-face and hybrid opportunities to connect, learn, and collaborate. This work supports both membership retention and the ongoing growth of the organisation.

### Early Career Cancer Nurses

Supporting early career cancer nurses remained a strategic priority in 2025.

CNSA continued to invest in education, mentoring, and leadership opportunities for nurses in the early stages of their cancer nursing careers. Since introducing the Early Career membership category, this cohort has continued to grow and now represents a meaningful and increasing proportion of CNSA's membership.

### **CNSA + ISNCC Conference**

A major highlight of 2025 was the delivery of the joint CNSA + ISNCC Conference, which brought together cancer nurses from Australia and over 30 other countries.

The Conference provided a global platform to share best practice, research, innovation, and leadership in cancer nursing, while reinforcing the value of international collaboration. It also aligned strongly with CNSA's broader focus on capability building, advanced practice, and workforce sustainability.

### **Cancer Nurses Day**

The second annual Cancer Nurses Day was held on 14 August 2025, once again centred on the theme, 'Strong. Skilled. Specialised.'

The day recognised the vital contribution of more than 7,700 cancer nurses across Australia. Over 4,000 nurses participated in more than 300 events held across metropolitan, regional, and rural settings, bringing together healthcare professionals, consumers, and industry partners to celebrate excellence in cancer nursing.

*Save the date: Cancer Nurses Day 2026 will be held on 13 August 2026.*

### **Continuing Professional Education**

Continuing professional education remained a core pillar of CNSA's work in 2025, supporting cancer nurses to maintain and build the knowledge and skills required to deliver safe, contemporary cancer care across diverse practice settings.

Throughout the year, CNSA delivered a broad and accessible education program that included webinars, podcasts, practical Difficult Intravenous Access (DIVA) workshops, and locally delivered state-based events. These activities supported nurses across different career stages and areas of practice, with a strong emphasis on practical application, contemporary treatments, and real-world clinical challenges.

This blended approach to education, combining national online delivery with hands-on workshops and local engagement, reflects CNSA's commitment to equitable access to learning opportunities and ongoing support for the cancer nursing workforce.

We would like to thank our members, Board, volunteers, partners, and stakeholders for their ongoing commitment and support. The strength of CNSA lies in the collective expertise, leadership, and dedication of cancer nurses across Australia, and we will continue to build our capacity to represent and work alongside this community to our fullest potential.



**Jemma Still**  
CEO, CNSA



## CANCER SYMPTOM TRIALS (CST)

This year has been defined by meaningful achievements, continued growth, and strong collaboration across the Palliative Care Clinical Studies Collaborative (PaCCSC) and Cancer Symptom Trials (CST), all in service of improving outcomes for patients and families living with cancer and chronic illness.

### CST Strategic Plan

We were pleased to launch the CST Strategic Plan 2024-2029 at the PaCCSC & CST Research Forum in March.

The plan sets our goals and objectives for 2024-2029. We are playing a crucial role in addressing a significant gap in cancer care by focusing on symptom management and supportive care for people with cancer. The plan is now published on the CST website. [Read the CST strategic plan](#)

### Recognition and Awards

The CST Emerging Trialist Award was awarded to Dr Aaron K Wong from the Peter MacCallum Cancer Centre, who was recognised for his groundbreaking work in personalising cancer pain relief through pharmacogenomics.

Aaron, a Palliative Care Physician and Medical Oncologist, was honoured for his leadership in developing and evaluating an innovative therapeutic approach to deliver optimal pain relief with minimal side effects. Congratulations to Aaron. [Read more.](#)

### PaCCSC & CST Research Forum 2025

The 2025 PaCCSC & CST Research Forum brought together researchers, clinicians, consumers, and advocates to share the latest advances in cancer symptom management and palliative care research.

Over two inspiring days, delegates engaged with innovative research, heard from international keynote speakers, and celebrated strong consumer leadership woven throughout the program. It was a space where every voice, from early-career researchers to lived-experience advocates, played a vital role.

A standout highlight this year was the record number of delegates and abstract submissions, the highest to date. This milestone reflects the continued growth of our collaboratives and the strength of research across our community. [Read more.](#)

### Clinical Trial Coordination

All PaCCSC and CST studies are coordinated through our in-house trials coordination centre, ITCC. In 2025, the successful implementation and use of our new Clinical Trial Management Software System (CTMS) enhanced trial management, oversight, and efficiency across ongoing studies and trials in start-up and development.

Throughout the year, the ITCC team coordinated a broad portfolio of active trials, oversaw the closure of several studies and managed the startup activities of multiple new trials due to open to recruitment in 2026.

ITCC also welcomed new trial partners, including Alice Springs Hospital in the Northern Territory, marking an important step toward expanding trial access and supporting more inclusive research participation across Australia.

## Key Events and Webinars

- In March, we hosted the *PaCCSC & CST Geriatric Oncology Concept Development Workshop*. Held in person on Gadigal land at the UTS City campus, this workshop featured five study concepts, three of which were subsequently awarded funding. These achievements showcase how effectively our community collaborates to shape research concepts into compelling grant applications. We extend our thanks to Dr Belinda Butcher for facilitating the workshop, our international guests Professor William Dale, Professor Catherine Walshe, and Professor Steve Pantilat, and the experts from CQUEST, CREST, and the IMPACCT Consumer Advisory Group. We also acknowledge our academic and professional staff, whose invaluable support ensured the event's success.
- In September, we hosted the webinar: 'Consent Conversations in Clinical Trials – What's Changing and What's Emerging'. This one-hour webinar explored how consent conversations in clinical trials are evolving in response to changing regulatory frameworks (R3), a growing emphasis on inclusion and diversity among trial participants, and the emergence of AI technologies. With more than 80 attendees, the webinar saw an excellent turnout and strong engagement. We extend our thanks to Dr Charmain Strauss (ITCC Project Officer) for facilitating the webinar and to guest presenters Dr Sophie Mephram, Ms Gordana Vasic and Ms Lana Tikhomirov for their insightful contributions.

## IMPACCT Rapid Program

Our Rapid Program is a collaborative international quality improvement program that studies the use of interventions commonly used in palliative care and cancer symptom management. Now in its 14th consecutive year, the IMPACCT Rapid Program successfully launched two new series, Fans for Breathlessness and Ranitidine or Famotidine for Malignant Bowel Obstruction.

In addition, three further series were piloted and are scheduled to launch in 2026, including Interventions for Sialorrhea in Motor Neuron Disease (MND), Lidocaine for Pruritus, and Paediatric Fans for Breathlessness. A further three were in development, focusing on anti-epileptics, bronchiectasis, and nursing interventions.



**Rayan Saleh Moussa**  
COSA Council Representative,  
CST



## COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY (COGNO)

The past 12-15 months have been a time of significant transition and exciting expansion for COGNO. Under the leadership of the COGNO Management Committee, COGNO Board, and Executive Officer, Dr Vino Pillay, the COGNO team has been expanded to include Research Development, Operations and Strategy, Communications, and Member Engagement and Project Officer functions.

Regarding COGNO's trial portfolio, we have seen strong recruitment across both Australia and Canada (via the Canadian Cancer Trials Group) into the LUMOS2 (Low and Anaplastic Grade Glioma Umbrella Study of Molecular Guided TherapieS) study in recurrent lower grade glioma, led by COGNO Principal Investigator, Professor Hui Gan. We are now seeking to expand the platform with the addition of new arms.

The COGNO Scientific Advisory Committee continues to support the development of a range of concepts spanning primary and secondary brain cancer with the highest number of new concepts per annum discussed. Competitive grant applications were submitted across brain tumour cohorts including glioblastoma, lower grade glioma, and a theranostics trial in meningioma.

### COGNO Trial Portfolio

#### Trial open to recruitment

- **LUMOS2** Low and Intermediate Grade Glioma Umbrella Study of Molecular Guided TherapieS study with active arms across both

Australia and Canada. Study contact: [lumos2.study@sydney.edu.au](mailto:lumos2.study@sydney.edu.au)

#### Trial in start-up, multisite phase I trial

- **OPAL** A national, multisite Phase 1 clinical trial of CT-179, a first-in-class orally bioavailable brain penetrant small molecule targeting OLIG2, a key protein associated with glioblastoma cancer stem cells. The OPAL study is supported by a COGNO grant from the Australian Brain Cancer Mission to enhance international collaboration and expand access to new therapies for Australian patients. Importantly, OPAL marks COGNO's and ABCARA's first ever Phase 1 trial – bridging groundbreaking pre-clinical discoveries to early phase clinical testing and helping translate key discoveries from bench to bedside, a vision shared by both COGNO and ABCARA.

#### Trial in start-up, multisite pilot HEARTY trial in adult glioblastoma

- This MRFF-funded trial will be designed for patients younger than 55 years with newly diagnosed IDH-wildtype glioblastoma, where participants will undergo tumour profiling, with a focus on BRAF, TRK, and dMMR phenotypes. Patients will then receive matched investigational therapies with known efficacy, aiming to improve survival whilst delaying treatment-related toxicity.

#### Trial in start-up, multisite Phase III VIGOR trial in adult low-grade glioma

- This trial, led by A/Professor Eng-Siew Koh in Australia, will be for patients with newly diagnosed grade 2 or 3 astrocytoma, where participants will be randomised to adjuvant radiation and chemotherapy plus vorasidenib versus placebo. This will be an EORTC-led trial, in collaboration with COGNO in Australia and CCTG in Canada.

## Trial in follow up

- **MAGMA** (Multi-Arm GlioblastoMa Australasia Trial) Funded by MRFF, MAGMA is a multi-arm multi-stage, multicentre, Phase III platform trial that aims to assess hypotheses against a common standard-of-care control arm for the management of people with newly diagnosed glioblastoma. This has been the largest COGNO-led trial to date, successfully completing recruitment in July 2023 with 338 patients across 28 sites. The trial remains in follow up with results expected in 2026. Study contact: [magma.study@sydney.edu.au](mailto:magma.study@sydney.edu.au)

## COGNO 2025 Events

- **Masterclass in Management of Low-Grade Glioma** virtual webinar, May 2025.
- **COGNO Ideas Generation Workshop**, June 2025. Two glioma concepts discussed.
- **Post WFOS/SNO 2025 Webinar**, December 2025. Coordinated by COGNO's Outreach and Education Committee, providing an update on the most significant treatment advances in primary brain cancer presented at the World Federation of Neuro-Oncology Societies (WFOS) and Society for Neuro-Oncology (SNO) meetings in November 2025 in Honolulu, USA.

Eclipsing the record attendance from 2024, the largest standalone ASM, COGNO's **17th Annual Scientific Meeting** themed, 'New Horizons, Novel Therapies', was held from 15-16 September 2025 on the Gold Coast in conjunction with and the fourth Australian Brain Cancer Research Alliance (ABCARA) Research Symposium, and the concurrent BTAA and COGNO co-sponsored Patient Education and Information Forum.

Notably, at the 2025 COGNO ASM, COGNO presented a particularly special award, the

inaugural Jenny Chow Award. This award acknowledges an individual who has made a sustained and significant contribution to COGNO and the neuro-oncology community in Australasia, and who has demonstrated community spirit and been an unsung hero to their peers. The recipient of the 2025 award was A/Professor Elizabeth Hovey, Medical Oncologist, Prince of Wales Hospital, and Conjoint A/Professor, University of New South Wales.

## Publications and Presentations

COGNO-led trial related presentations and publications in the last 12 months have included:

- Low & Anaplastic Grade Glioma Umbrella Study of MOlecular Guided Therapies (LUMOS-2): study protocol for a phase 2, prospective, multicentre, open-label, multiarm, biomarker-directed, signal-seeking, umbrella, clinical trial for recurrent IDH mutant, grade 2/3 glioma McParland K, Koh E-S, Kong B, et al. *BMJ Open* 2025;15:e087922. doi: 10.1136/bmjopen-2024-087922
- Contemporary Patterns of Care for Low-Grade Glioma in Australia and New Zealand Maddula M, McNamee N, Gan HK, Satgunaseelan L, Koh E-S, Han CH, Thavaneswaran S. *Current Oncology* 2025. 32 (3), 183. doi:10.3390/curroncol32030183
- LUMOS2 trial update [Poster presentation] COGNO Annual Scientific Meeting, Gold Coast, QLD, September 2025
- Low and Intermediate Grade Glioma Umbrella Study of Molecular Guided Therapies (LUMOS2) study [Poster presentation] World Federation of Neuro-Oncology Societies / Society for Neuro-Oncology Annual Scientific Meeting, Honolulu, USA, November 2025



COGNO Chair, Eng-Siew Koh with inaugural Jenny Chow Award recipient, Elizabeth Hovey

In 2025, COGNO developed a multidisciplinary expert Position Statement on the Management of Low-Grade Glioma with a particular focus on the Australian context, led by a working group including A/Professor Hao-Wen Sim and senior author, Professor Hui Gan. This position statement has been accepted for publication in 2026 in the *Asia-Pacific Journal of Clinical Oncology*.

We thank and acknowledge the entire COGNO leadership team and staff, in particular, Professor Rosemary Harrup in her role as COGNO Deputy Chair and COGNO Board Chair, and to the entire COGNO Network for their contributions to COGNO's success and growth, and for their strong commitment to improving outcomes for all those affected by brain cancer.



**Eng-Siew Koh**  
Chair, COGNO Network  
Chair, COSA Neuro-Oncology  
Group



The Royal Australian and New Zealand  
College of Radiologists\*

The Faculty of Radiation Oncology

## FACULTY OF RADIATION ONCOLOGY AT RANZCR

Over the past year, the Faculty of Radiation Oncology at RANZCR has continued to advance the profession and strengthen the role of radiation oncology in modern cancer care. As treatments advance and patient needs become more complex, the Faculty remains focused on delivering high-quality care and supporting the profession's growth.

Workloads continue to expand, yet through collaboration and shared expertise, we have made meaningful progress across policy development, advocacy, standards, and education. The following highlights showcase some of the key initiatives and achievements shaping the future of radiation oncology in 2025 and beyond:

### **RANZCR ASM**

The RANZCR 2025 Annual Scientific Meeting marked the 75th ASM alongside the College's 90th anniversary, attracting a record 2,000+ delegates and showcasing RANZCR's long-standing contribution to cancer care and medical imaging.

### **Benign and Functional Conditions + Low Dose RT**

The Faculty of Radiation Oncology approved the establishment of the Benign and Functional Conditions Working Group, due to the growing global momentum for low dose radiotherapy in non-malignant conditions and a need to prepare the sector for any likely future increase in demand for this treatment.

### **RANZCR Strategic Plan 2025-2040**

Alignment and foundations: Year 1 of the Strategic Plan is focused on establishing strong foundations across the College, with active engagement of the Board, Councils, Committees and members to align efforts to the 15-year objectives. The March 2025 planning days and Joint Faculty meeting were valuable opportunities to engage with the Plan and explore priorities.

Horizon 1 priorities and delivery: Horizon 1 focuses on Member Fulfilment, Lifelong Education and Training, and Voice of the Sector. Work is underway to better understand member needs, shape education and training initiatives, and strengthen advocacy and sector leadership, supported by the Advocacy Charter, workforce initiatives, and the new Wellbeing Framework. The Plan can be found [here](#).

### **Particle Therapy**

The College has been in communication with DoHAC to discuss making the Medical Treatment Overseas Program (MTO) process more efficient. Amendments to the application form for proton therapy are being proposed.

The Medical Treatment Overseas Program (MTO) Guidelines and application form were updated to streamline processes and reflect revised comparative planning requirements. The need to submit a comparative proton versus photon plan has been removed for specific paediatric and young adult cohorts where benefit is well established, while remaining mandatory for all other patients. The revised materials are available on the [Department of Health, Disability and Ageing website](#).

### **Targeting Cancer**

The Targeting Cancer Reference Panel, with representation from RANZCR, ACPSEM, ASMIRT, CNSA and a consumer representative has been formed. The group held their first meeting in early 2025. This group will play an integral role in promoting the website to patients, identifying contacts for TC Video ideas (including patient videos) and providing input into updating TC material eg pamphlets, etc.

- The Targeting Cancer Fun Run formed part of the RANZCR 2025 Annual Scientific Meeting and was well attended. Radiation oncologists, radiologists, allied health practitioners, families and general members of the public all gathered to walk or run, raising awareness for the importance of radiation therapy in modern cancer treatment.
- RANZCR supported World Radiotherapy Awareness Day (WRAD) on 7 September 2025, highlighting the critical role of radiotherapy in cancer care and advocating for equitable access to safe, high-quality radiation services globally.

### **RANZCR Education and Training Strategy 2025-2027**

The RANZCR Education and Training Strategy 2025-2027 was approved by the Faculty of Radiation Oncology at their last meeting of 2025. This strategy has been developed to meet the objectives for Excellence in Education and Training, under Horizon 1 of the RANZCR Strategic Plan 2025-2040.

Informed by extensive member feedback through the Member Experience Design Project and targeted consultation with College leadership and Fellows, the Strategy focuses on lifelong learning, regulatory updates, technology-enabled education, rural training, Māori, Aboriginal and Torres Strait Islander participation, and support for International Medical Graduates. Implementation planning and resource allocation will progress through 2026, supported by ongoing work including learning management system analysis, refinement of external education activity approval processes, and the establishment of a Regional and Rural Working Group.

### **FROGG guidelines update: Post-prostatectomy radiation therapy**

The Australian and New Zealand Radiation Oncology Genito-Urinary Group (FROGG) recently released updated guidelines on post-prostatectomy radiation therapy (PPRT) after a thorough review of the existing literature. This comprehensive document outlines the optimal timing, dose, and fractionation of PPRT, the role of androgen deprivation therapy (ADT), and the use of pelvic lymph node irradiation.

### **New Zealand Cancer Network**

At a recent presentation to the NZ Radiation Oncology Executive (NZROE), the Co-Leads of the New Zealand Cancer Network outlined their priorities, acknowledging the challenges posed by the fiscal environment while maintaining a strong commitment to prioritising patient care and improving survival rates. They welcomed the College's collaboration and were open to working together.

### **Māori, Aboriginal and Torres Strait Islander Empowerment Committee (MATEC) Update**

- The annual MATEC Cultural Session was held at the RANZCR ASM on Friday 24 October 2025. The session was titled: 'From Compliance to Commitment: Cultural Competency in Practice' and was very well attended.
- Inclusive Hiring training, which included unconscious bias, was held for RANZCR Senior Project Officers, Managers and General Managers in August 2025. Core inclusion training, which will also include unconscious bias, is proposed for all staff.
- The recently launched RANZCR Accreditation Standards for both training programs includes cultural safety training requirements for all training sites.
- MATEC circulated a short survey to all Indigenous members and trainees of the College in August 2025 to gain insight into what mentoring opportunities may already exist within RANZCR and determine whether there is a role for external mentorship.



**Tuan Ha**  
Dean, Faculty of Radiation  
Oncology at RANZCR



## GI CANCER TRIALS (GCT)

### Introducing our new name: GI Cancer Trials

The Australasian Gastro-Intestinal Trials Group (AGITG) and the GI Cancer Institute will now be known under a single name, speaking directly to our purpose: **GI Cancer Trials (GCT)**.

With it, we are making it easier for partners, collaborators, and the public to immediately understand who we are and the vital role we play.

We are grateful for the support of our partners in cancer research and look forward to continuing our important work together under the banner of GI Cancer Trials.

[Learn more about the name change](#) / [Read about our 2025–2030 Strategy](#)

### Trial News

#### New studies opened in 2025

The international [Neo-POLEM study](#), led in Australia by Professor Timothy Price, is exploring the use of PD1-Vaxx for patients with dMMR colorectal cancers. This treatment option has previously shown a preliminary promising response in lung cancer.

The [MR STAR study](#), led by Dr Trang Pham, is investigating the impact of MRI-guided radiotherapy on oligometastatic abdominal cancers. It is among the first studies worldwide to assess whether MRI-guided stereotactic radiotherapy is more effective in cancer control than standard CT-guided stereotactic radiotherapy.

The international [PemOla study](#), led in Australia by Dr Daniel Croagh, is investigating a potential combined immunotherapy treatment for metastatic pancreatic adenocarcinoma (mPDAC). Using a precision medicine approach, the trial is investigating whether patients with mismatch repair deficiency or a TMB of  $\geq 4$  mutations/Mb may respond well to a combination of the immunotherapy drug, pembrolizumab, and the PARP inhibitor, olaparib.

### Our research on the world stage: Highlights from 2025

- The [ASCO 2025 Meeting](#) saw DYNAMIC-III presented at the Oral Abstract Session, NEO-IMPACT and STOPNET accepted for poster presentation, and endorsed study CHALLENGE presented at the Clinical Science Symposium. We are also proud of our Community Advisory Panel Deputy Chair, Jodie Collins, who was awarded a scholarship to attend through the Conquer Cancer Patient Advocate Award Program.
- At the 2025 ESMO GI Congress, the ASCEND trial [presented positive preliminary Cohort B results](#).
- At the 2025 ESMO Congress, [results from the DYNAMIC-III ctDNA-negative cohort](#) were presented at the Presidential Symposium, and [INTEGRATE IIb results](#) were presented in a Proffered Paper session with a discussant. Abstracts were accepted for ASCEND, ASCOLT TR, Neo-POLEM, and TOPGEAR QoL.

### New Publications

- ALT-GIST was [published in the \*British Journal of Cancer\*](#).
- ASCOLT was published in [The Lancet Gastroenterology & Hepatology](#).



Dr Thomas Hansen and Chair, Professor Lorraine Chantrill

- DYNAMIC-III was published in *Nature Medicine*.
- INTEGRATE and INTEGRATE IIa were published in *Gastric Cancer* and *JNCI Cancer Spectrum*.
- MONARCC was published in *Clinical Colorectal Cancer*.
- RoLaCaRT-1 was published in *Surgical Endoscopy*.
- TOPGEAR was referenced in the [new ASTRO Clinical Practice Guideline](#) for radiation therapy for gastric cancer.

### **Russell Conley Anal Cancer Grant**

We were proud to announce Dr Thomas Hansen as the recipient of the Russell Conley Anal Cancer Grant. Dr Hansen's research will investigate how subtle differences between human papillomavirus (HPV) subtypes may affect both risk and treatment outcomes for people diagnosed with anal cancer.

This community-funded grant was established in memory of our long-serving Chief Executive Officer, Russell Conley, who passed away in November 2024 following a diagnosis of anal cancer.

[Read more about Dr Hansen's research](#)

### **27th Annual Scientific Meeting**

Our 2025 Annual Scientific Meeting took place in Tarntanya / Adelaide between 24–27 November, convened by medical oncologist A/Professor Sina Vatandoust. The meeting theme, 'Transforming Trials through Collaboration', highlighting the significance of collaborating for a greater global impact.

Thank you to all delegates, presenters, speakers, international guests and our sponsors for a wonderful ASM. We look forward to welcoming you back this year 24–27 November 2026 in Nipaluna / Hobart.

[Read the Meeting recap](#) / [View all award winners](#)

## Idea Generation Workshop on Early-Phase Study Designs

Five exciting ideas were presented at the 2025 Idea Generation Workshop, addressing unmet needs for GI cancer. Thank you to our convenors, Dr Charlotte Lemech and Dr Abhijit Pal, and our presenters, Dr Claudia Leslie, Dr Jessie Nguyen, Dr John Mak, and Dr Samuel Smith.

Presented ideas will be further developed with the support of the Concept Development groups, then progressed through the Working Parties. We are excited to host our next Workshop on 15 May 2026 on ideas addressing young-onset GI cancers.

[Read the IGW recap](#)

## Preceptorship in Colorectal Cancer

The 2025 Preceptorship in Colorectal Cancer brought together 29 early-career researchers and 11 experts across medical oncology, surgery, radiation oncology and radiology. Thank you to all our participants, convenors, and Preceptors for another successful Preceptorship this year.

[Read the Preceptorship recap](#)

## Seedpod of Yarns: Patient resources available

A trusted doctor-patient relationship and an understanding of treatment options can change everything for a cancer patient.

Launched in 2025, 'Seedpod of Yarns' a series of recorded yarns aiming to facilitate self-determination in cancer journeys for everyone who must walk one. This video library is intended for patients, carers, kin and community, and clinicians and researchers with honest, actionable and culturally specific advice.

Brochures for patients and community members are now available for request via [info@gicancer.org.au](mailto:info@gicancer.org.au).



**Lorraine Chantrill**  
Chair, GCT





## MEDICAL ONCOLOGY GROUP OF AUSTRALIA (MOGA)

MOGA is the national professional organisation for Australian medical oncologists, and a Specialty Society of the Royal Australasian College of Physicians (RACP). This report provides highlights of our 2025 activities.

### **Workforce, Workload and Wellbeing**

MOGA is responsible for monitoring and planning the workload, wellbeing and workforce needs of the Australian profession to ensure the membership can sustainably deliver clinical best practice given the ever-increasing complexity and burden of cancer care. On a practical level this entails establishing national and local initiatives to support wellbeing and safe productive cultures within Australian workplaces. Now in its third year, the MOGA-led National Oncology Mentorship Program (NOMP,) guided by A/Professor Jenny Liu and Dr Udit Nindra, proactively provided workplace training and support to our members.

Our Workforce Committee has expanded its representation and scope to include both workforce and workload faced by Medical Oncologists. The Committee is aiming to develop national benchmarks of Medical Oncologist workload as it pertains to the increasing complexity in cancer care, identifying workforce gaps and future challenges.

### **Advocacy**

In the first half of 2025, MOGA monitored and responded to negotiations surrounding a new industrial award for NSW medical staff.

MOGA members proactively maintained cancer services throughout the state during the NSW Staff Specialist strike. This is despite media reports suggesting otherwise. MOGA will continue to support our members during negotiations on the new NSW Staff Specialist Award.

Our Oncology Drugs Working Group continues to provide regular feedback to the Pharmaceutical Benefits Advisory Committee (PBAC) on proposed new listings and met several times this year with PBAC Chair, Professor Robyn Ward. Drs Anupriya Agarwal and Lucy Corke currently lead the development of submissions provided to the PBAC, highlighting medicines that are of high priority nationally for Pharmaceutical Benefits Scheme (PBS) listing. The group is also proactively working with the PBAC to move towards more pragmatic listings of established drugs on the PBS. The group has also been collaborating with the Therapeutic Goods Administration (TGA) Shortages Section to develop better policy regarding national drug shortages to ensure patients can access key cancer medicines when needed. Dr Jennifer Soon contributed to the review of minimum stockholding requirements in Australia with the aim of avoiding shortages of important drugs like carboplatin and capecitabine.

MOGA has and will continue to work with both the PBAC and sponsors on the new expanded immunotherapy indications. It is aware of the significant responsibility that the Medical Oncology community faces with the new pan-tumour indications.

The new Advanced Therapeutics In ONcology (ACTION) working party was convened to advocate for Australian access to advanced cellular therapies, specifically Tumour Infiltrating Lymphocytes.

Our Young Oncology Group of Australia (YOGA) committee continues to address the educational needs and advocate for our new Staff Specialists as they traverse the complexities of transitioning from Advanced Trainees to independent decision makers. Through the committee's efforts, our YOGA membership has grown dramatically in 2025.

## Educational Initiatives

- **Medical Ethics Committee webinar series**

'Conflicts of Interest in Medical Oncology' chaired by Professor Michael Millward, with Professor Wendy Lipworth and Dr Lisa Parker sharing insights on the definition and clinical implications of COIs, and how medical oncologists can identify and manage them.

'Hope, Truth-Telling and Navigating Dilemmas When These (Seem to) Contradict Each Other in the Everyday Practice of Oncology' discussing the ethical and practical challenges in oncology of maintaining hope while conveying difficult truths, with a presentation by Professor Justin Oakley and response from Dr Linda Sheahan, followed by a panel discussion featuring A/Professors Abhijit Pal and Zarnie Lwin.

2025 Sciences of Oncology Workshop, convened by MOGA Education Lead, A/Professor Connie Diakos, and attended by 30 young medical oncologists and trainees. This one-day program offered practical, real-time education focused on emerging developments in the sciences that underpin oncology and how they are transforming clinical practice.

- **2025 Annual Scientific Meeting 'Beyond the Checkpoints – Navigating the Immunotherapy Revolution'** in Melbourne on 12-14 August. Drs Miles Andrews and Lavinia Spain convened the meeting

which explored how immunotherapy has not replaced but enriched cancer care alongside more established treatment approaches, as well as providing insights on how to stay ahead of the next wave of immunotherapeutics, and how to navigate ever-changing treatment options. The meeting drew national and international experts including Dr Ecaterina Dumbrava, MD Anderson Cancer Center; Dr Andrew Furness, The Royal Marsden NHS Foundation Trust; Dr Fay Hlubocky, University of Chicago Medicine; and Dr Ishwaria Subbiah, The US Oncology Network, Sarah Cannon Research Institute.

- **MOGA Breast Cancer Preceptorship**

A/Professor Connie Diakos and Dr Lina Pugliano convened this program and 18 young medical oncologists took part. With 14 early- to mid-career medical oncologists with expertise in the treatment of patients with breast cancer as preceptors.

## Representing the Profession

In 2025, MOGA leadership represented the Australian medical oncology profession at major international and national initiatives. In March, MOGA Past-Chair, A/Professor Melissa Eastgate attended the Japanese Society of Medical Oncology Annual Meeting in Kobe, and had discussions with colleagues from Japan, Singapore, Taiwan and Korea about the workforce issues that are impacting medical oncologists in our region and globally.

Later that month, Professor Phil Parente participated in the Council of Presidents of the Medical Colleges and Special Societies meeting on the critical issue of the supply of specialists in Australia. MOGA Chair, A/Professor James Lynam attended the RACP and Societies Presidents' Forum where education, training,

leadership and development collaborations for trainees and Fellows were reviewed. The forum included a Workforce breakout session which identified priorities across sub-specialties encompassing national clinical needs, international benchmarking, mapping, and measuring demand.

In May, the MOGA leadership joined the Federal Health Department to review Medicare compliance in the Medical Oncology sector and plan for future collaboration. A/Professor Tim Clay attended Medicines Australia's Oncology Industry Taskforce meeting to discuss the challenges of the national regulatory system and applications for combination therapies where there is more than one sponsor, and cross industry support for liquid biopsy for lung cancer patients.

In November, A/Professor James Lynam represented MOGA at the Korean Society of Oncology annual meeting, discussing the complexities of population based comprehensive genomic profiling in cancer patients. In December, A/Professor Connie Diakos represented MOGA at the ESMO Asia Congress in Singapore.



**James Lynam**  
Chair, MOGA





## MELANOMA AND SKIN CANCER TRIALS (MASC TRIALS)

### Conquering melanoma and skin cancer

For more than 25 years, Melanoma and Skin Cancer Trials (MASC Trials) has collaborated with over 1,000 researchers to deliver 30 practice-changing trials that improve prevention, early detection and treatment of melanoma and skin cancer. As the only independent, not-for-profit, cancer cooperative clinical trials group in Australia and New Zealand, we unite 3,172 members across 35 countries to generate evidence that shapes treatment standards and improves patient outcomes.

Supported by sound governance and international partnerships, we bring together expertise and lived experience to drive progress and remain steadfast in our mission to eliminate melanoma and skin cancer.

Further details can be found in our [2024-2025 Annual Report](#).

### 2025 Highlights

The past year was one of transformation for MASC Trials, strengthening our global reach and advancing our clinical trials program. Supported by our academic affiliation with Monash University and national and international collaborations, our trials program recruited 616 participants from 36 Australian sites and 186 international sites.

Our partner, Avène contributed \$38,659 to our trials program in June 2025 through its 2024 [Avène SunSitive® Sunscreen campaign](#). We are

so thankful to Avène for their commitment and support of our clinical trials program.

### Clinical Trials

[MelMarT-II](#), investigating whether a 1cm or 2cm excision margin is optimal for Stage II melanoma, strengthened our global network across nine countries, reached its first participant 10-year follow-up milestone in February, and completed recruitment with 3,000 participants in September.

[BETTER](#) opened its first site at the Alfred Hospital in Melbourne in February, with a second site to open at Westmead Hospital in Sydney in 2026.

The [I-MAT](#) trial successfully completed recruitment in April with 122 participants. Findings will determine if a six-month regime of the immunotherapy drug, Avelumab, is well-tolerated and help guide global treatment strategies for early-stage Merkel cell carcinoma.

Also in April, [IMAGE](#) completed its 24-month follow-up phase. Sponsored by Monash and coordinated by our MASC Research Centre, results will inform future recommendations for melanoma surveillance and public funding for melanoma screening photography.

[SiroSkin](#) completed recruitment in September with 146 participants across six Australian sites. It is evaluating whether a topical treatment can reduce facial skin cancers in solid organ transplant recipients and be integrated into routine care.

Our [EAGLE-FM](#) study, measuring leg lymphoedema, a chronic swelling that can occur after surgical removal of groin lymph nodes for melanoma, published in the [Annals of Surgical Oncology](#). The findings revealed a trend of higher lymphoedema detection in patients who had additional removal of pelvic nodes compared to those who did not, although this trend did not reach statistical significance due to small sample size. The main study results will be published in early 2026.

[RADICAL](#) trial results were published in [the Journal of the American Academy of Dermatology](#) in September. Sponsored



AOMA Focus Hobart

and coordinated by MASC Trials, the study compared imiquimod cream to radiotherapy in treating lentigo maligna when surgery is not possible. Both treatments showed a 95% response rate at six months, with no significant differences in treatment failure, skin symptoms, or quality of life after 24 months.

### Discipline-Specific Advisories

Our [Discipline-Specific Advisories](#) remain central to fostering collaboration in melanoma and skin cancer research, with 266 active members across eight advisories, including two special interest groups: [Australasian Ocular Melanoma Alliance \(AOMA\)](#) and [Australasian Merkel Cell Carcinoma Interest Group \(AMIGOs\)](#). These forums bring together experts and consumers to share ideas and advance prevention, diagnosis, and treatment efforts. This year, 16 meetings delivered trial updates, identified unmet needs, supported emerging researchers, and peer-reviewed new proposals.

### Consumer Engagement

Our [Consumer Advisory Panel](#) welcomed two new members and continued to provide critical patient insight to guide our research and Discipline Specific Advisory discussions.

We also highlighted the [experiences](#) of an ocular melanoma patient and a stage IV melanoma patient, both strong advocates for improving clinical trial access in regional Victoria.

### Events

The Australasian Ocular Melanoma Alliance (AOMA) hosted its inaugural **AOMA Focus** in February in Hobart with 29 experts to share

knowledge and advance care. AOMA Focus will continue to create more opportunities for clinicians and researchers nationally.

The [AOMA Virtual Summit](#) in November attracted 317 registrations from 19 countries and offered CPD hours and points through Optometry Australia and the Optometrists and Dispensing Opticians Board of New Zealand.

A Concept Development Workshop at the Paula Fox Melanoma and Cancer Centre in October examined three new concepts. 2026 events will be announced on our [website](#).

### Governance

We farewelled long-serving Board members, Professor Andrew Spillane and Dr Richard Martin, and thank them for more than a decade of dedicated service.

### The Year Ahead

In 2026, we will accelerate innovation, expand teletrial capabilities across our program, and improve equitable access to trials. Guided by our vision to eliminate melanoma and skin cancer, we continue to advance trials in areas of greatest need to deliver meaningful change.



**Gabrielle Byars**  
CEO, MASC Trials



PoCoG Management Team

## PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP (POCOG)

2025 was a landmark year for PoCoG, with significant leadership transitions and continued research excellence. We welcomed Professor Haryana Dhillon as PoCoG Chair, alongside Dr Laura Kirsten (Deputy Chair), Professor Lisa Beatty (Scientific Advisory Committee [SAC] Chair), and Professor Amanda Hutchinson (SAC Deputy Chair). We farewelled Professor Brian Kelly, former PoCoG Chair, and Professor Joanne Shaw, Executive Director. We thank Brian and Jo for their incredible contributions and friendship and wish them the best in all their future endeavours.

Our diverse membership community continues to expand. We established Australia's first national Head and Neck Cancer Psychosocial Research Working Group and our Special Interest Groups continued to grow. We are delighted to have collaborated with Professor Christian Nelson (USA) to adapt an existing psychotherapy intervention for older adults with cancer to the Australian context. Ongoing collaboration with our clinical trials group partners, notably COGNO, CST, and PC4, has been a standout experience in 2025.

It has been an incredibly rewarding year, and we are delighted to share our highlights, showcasing the collective impact of our work.

### Research

Our research mission continues to bridge the gap between clinical research evidence and real-world supportive care. We have prioritised extending the reach of our work through

national and international collaborations and digital innovation.

- **CHALLENGE Study:** Published in the *New England Journal of Medicine*, this landmark 17-year international trial of 889 colon cancer patients proved that structured exercise significantly improves long-term survival, establishing physical activity as a vital clinical component of survivorship.
- **CARE Adaptation:** Collaborating with Professor Christian Nelson, we culturally adapted the CARE intervention for older Australians. Now provisionally accepted for publication in *Psycho-Oncology*, this work is informing Australian RCT grant applications and supporting international adaptations in India and China.
- **BRAINS Program:** Our MRFF-funded initiatives further strengthened brain tumour support, specifically through **LaTCH** (memory rehabilitation strategies) and **Caring for the Carer**, addressing profound psychosocial burden in family caregivers.
- **Hereditary Cancer Risk:** In collaboration with kConFab and Inherited Cancers Australia, we completed a qualitative co-design study to adapt US risk-communication tools for the Australian context. Presented at the 18th International Meeting on Psychosocial Aspects of Hereditary Cancer, this work improves communication and long-term support for people with hereditary cancer risk, with resources set for release in early 2026.

### PoCoG Special Interest Groups

Our Special Interest Groups (SIGs) drive innovation across the cancer trajectory,



providing an opportunity for members to collaborate on research projects and connect across shared interests.

This past year, our Early-Mid Career Researchers (EMCR) group continued to support and promote the next generation of psychosocial researchers, while the Implementation Science and Clinicians in Research groups focused on translating evidence into practice.

We were thrilled to launch the Cancer-Related Cognitive Impairment (CRCI) SIG, which is currently mapping national resources and identifying the needs of underrepresented populations, including AYA and paediatric groups.

Specialist groups, including Cancer Carers, Cancer Prevention, and Fear of Cancer Recurrence (FCR), continue to set national priorities, ensuring our work addresses the most pressing challenges for patients and their families.

### **Concept Development Workshops (CDWs)**

Held twice a year, PoCoG Concept Development Workshops (CDWs) continued to provide a unique platform for members to evolve their study concepts in a supportive, multidisciplinary environment. Expert feedback from community members, clinicians, researchers, and national technical services (CREST and CQUEST) ensures the strongest, most feasible study designs. These workshops are central to our mission of fostering large-scale, multi-centre studies and mentoring the next generation of researchers in developing clinically significant projects.

Our 2025 workshops showcased a remarkable breadth of innovation across the psycho-oncology landscape. Our May workshop brought forward a range of impactful concepts, such as peer-support interventions for people living with and beyond cancer and new communication pathways for families navigating a brain cancer diagnosis.

Our December event featured several standout projects, including a culturally grounded digital health intervention for Aboriginal and Torres Strait Islander communities, a program focused on endometrial cancer risk awareness and lifestyle prevention, and the use of immersive virtual reality to prepare paediatric patients for radiation therapy.

We remain committed to providing continuous guidance to these research teams through the PoCoG Office and Scientific Advisory Committee as they transition from initial concepts into full-scale studies.

### **Looking Ahead: 2026 and Beyond**

In 2026, our focus remains firmly on the people at the heart of our work, ensuring all our research translates into better outcomes for people living with and beyond cancer. We are excited to continue fostering our local and international collaborations, and to launch new resources that help families navigate the complexities of cancer care.

PoCoG's strength has always been its people. We are a collaborative community of researchers, physicians, surgeons, nurses, psychologists, allied health professionals, and community members. We remain deeply grateful to our members and partners for their dedication to helping all Australians affected by cancer live their best lives possible.



**Haryana Dhillon**  
Chair and Executive  
Director, PoCoG



Thoracic Oncology Group Australasia

## THORACIC ONCOLOGY GROUP OF AUSTRALASIA (TOGA)

This is the combined report of the Thoracic Oncology Group of Australasia (TOGA) and the COSA Lung Cancer Group.

In 2025, A/Professor Malinda Itchins stood down as COSA Lung Cancer Group Chair after five years, passing on the position to A/Professor Bryan Chan. Bryan has been a committed and valued member of COSA and we welcome him to this role.

In 2025, A/Professor Itchins represented COSA on the National Advisory Board and Expert Executive Committee for the National Lung Cancer Screening Program, which went live on 1 July 2025. This was a valuable opportunity for her to also represent the broader multidisciplinary cancer community in shaping the program.

A/Professor Itchins remains on Council as the Thoracic Oncology Group of Australasia (TOGA) Affiliated Organisation Chair.

To share an update on TOGA, and reflection on the inaugural five years, certainly our education programs and expanding membership base stand as defining successes. Our educational suite now includes virtual events, the Annual Scientific Meeting (ASM), face-to-face workshops, and an established podcast series. Together, these platforms reach a global audience of clinicians, researchers, and individuals affected by lung cancer.

Because TOGA's strength lies in its community, we are proud to report a 6.3 per cent growth in membership this year. With representation

across 26 disciplines from every Australian state and New Zealand, this growth reinforces our commitment to a truly multidisciplinary approach to thoracic oncology.

For the first time, the Annual Scientific Meeting (ASM) was held outside of New South Wales or Victoria. A/Professor Bryan Chan from the Sunshine Coast University Hospital convened the meeting in Brisbane in August with the support of an enthusiastic local organising committee.

The theme of the meeting was 'Implementing Change in Thoracic Cancer Care Through Multidisciplinary Innovation' with attendees having the opportunity to hear from outstanding international and local speakers. The meeting opened with an insightful and inspirational presentation by Consumer Advocate Martha Parsons. We were fortunate to have two international speakers, Dr Kelvin Lau, Lead Thoracic Surgeon at St Bartholomew's Hospital, London who presented on 'Robotic Bronchoscopy, Cone Beam CT' and 'Nodule Diagnosis and Robot-Assisted Endobronchial Intervention', and Professor Solange Peters, Oncology Director at Lausanne University Hospital who presented on 'Treatment Advances in SCLC' and 'Enhancing Treatment in Non-Oncogene-Driven NSCLC'. It was wonderful to have them share their expertise and international perspective.

The ASM was preceded by a workshop focused on barriers to meet Optimal Care Pathway timelines 'The Optimal Care Pathway for Lung Cancer in an Evolving Field'. This was well-attended by clinicians from various disciplines and provided an opportunity to learn how others had overcome bottlenecks in diagnosing and commencing treatment of lung cancer patients to adhere to Optimal Care Pathway timelines. The workshop also outlined continuing



Malinda Itchins (left), Nick Pavlakis (second left) and Bryan Chan (right) with colleagues at the 2025 World Conference on Lung Cancer, Barcelona. TOGA ASPIRATION trial poster (background)

challenges, and areas expected to be placed under pressure with the launch of the National Lung Cancer Screening Program.

The podcast saw a new look and a new name, ‘A Conversation in Lung Cancer Research’. The series and listenership continues to grow as we highlight in-depth conversations with leading experts and inspiring stories.

Our most listened to episodes were ‘Vaccines in Thoracic Oncology: The Next Frontier in Immunotherapy’ and ‘The Role of Liquid Biopsy in Modern Oncology’. These two episodes highlighted the interest in trending topics from our listenership.

A new initiative in podcasts this year has been a series of interviews with various members of the thoracic malignancy community. Hosted by A/Professor Mel Moore, these conversations brought together friends and colleagues to discuss their careers, interests and insights.

In 2025, the TOGA Scientific Committee, under the steadfast leadership of Professor Thomas John, continued to drive excellence in thoracic oncology through the evaluation of research concepts and oversight of our expanding portfolio. This year was marked by a high level of productivity, with the committee facilitating four key meetings. Our Working Groups remained highly active, reviewing 21 research concepts, with 19 receiving formal endorsement – a testament to the high calibre of innovation within our membership as these projects advance toward seeking funding.

The ASPIRATION study results were presented at the World Conference on Lung Cancer. The study provided comprehensive genomic (CGP) profiling for 779 patients, with the aim to identify a mutation that could be treated with targeted therapy (AGA; actionable genomic alteration). An AGA was identified in 49 per cent of patients. Sixty-six per cent of

these patients commenced targeted therapy, with a median overall survival of 34 months. In comparison, patients who received non-targeted treatment or no treatment had median overall survival of 16 months and 8.2 months respectively. Importantly the study showed that tissue-based CGP could be delivered at national scale in Australia- an important finding as genomics increasingly identifies 'druggable targets' in all cancers.

Building on the foundation of our flagship ASPIRATION trial, we are thrilled to announce that Prof Ben Solomon and Prof Nick Pavlakis secured a landmark \$14.7 million MRFF grant for the ASPIRATION 2-Liquid (ASPIRATION 2L) clinical trial. By evaluating the use of serial liquid biopsies to guide therapy, this trial aims to revolutionise personalised treatment for patients with lung cancer through non-invasive monitoring. This pioneering project, in collaboration with the University of Sydney and the University of Melbourne, will position Australia as a global leader in precision medicine.

Led by Professor Chee Khoon Lee and coordinated by the NHMRC Clinical Trials Centre, SHERLOCK completed recruitment this year. Results were proudly presented at the 2025 World Conference on Lung Cancer (WCLC). With a median follow-up of 19 months, the trial demonstrated a confirmed Overall Treatment Response Rate (OTRR) of 64 per cent and a 30 per cent intracranial response rate, offering promising new data for patients with metastatic KRAS G12C NSCLC.

In December 2024, TOGA opened recruitment for the ETOP ADOPT-Lung trial. This international study investigates whether adjuvant immunotherapy, following neoadjuvant chemo-immunotherapy and surgery, improves disease-free survival for patients with early-stage NSCLC.

We look forward to continuing to represent lung cancer and collaborate with TOGA on COSA Council.



**Malinda Itchins**  
COSA Council Representative,  
TOGA



**Bryan Chan**  
Chair, COSA Lung Cancer  
Group

## TROC CANCER RESEARCH (TROC)

### **TROC 2025 ASM fosters collaboration between consumers and researchers**

A record number of consumers joined the TROC 2025 Annual Scientific Meeting in Brisbane in March, as we focused on ways to boost inclusivity, access and consumer collaboration in clinical trials.

We were thrilled that more than 15 consumers from across NSW, Queensland and New Zealand were able to participate in the meeting as speakers, panellists and delegates.

A session on clinical trial access and inclusivity for unrepresented groups explored ways of increasing trial participation among rural and remote Australians, First Nations people and older people, who are often excluded from trials.

Mr Karl McKenzie, a Koori Man of the Parundji people and Chair of the Townsville Community Justice Group shared his personal, harrowing story of the racism and abuse he was subject to from childhood, providing valuable insights into experiences endured by First Nations people.

Dr Laird Cameron, a Thoracic Medical Oncologist from the University of Auckland (Waipapa Taumata Rau) described an innovative project called Te Rōpu Kāwanatanga (TRK), in which a group of Māori patients with lung cancer are guiding research priorities and governing lung cancer research in northern New Zealand.

Another highlight was the panel session which explored ways to improve partnerships and collaborations between researchers and consumers, facilitated by Professor Sandra Turner, Radiation Oncologist from Westmead Hospital.

TROC President A/Professor Puma Sundaresan said sessions offered valuable learnings on how to achieve greater consumer engagement, co-design and collaboration in clinical trials. "I feel privileged to learn from your experience and insights" she told the consumer panellists. [Read more](#)

### **TROC collaboration brings important skin cancer trial to Australia**

TROC Cancer Research has opened the Australian arm of an international trial aimed at preventing skin cancer recurrence, following a groundbreaking collaboration with the US cancer clinical trials group, NRG Oncology.

The [NRG-HN014 trial](#) is a phase III clinical trial targeting patients with cutaneous squamous cell carcinoma (CSCC) that is locally advanced (stage III or IV), but still removable by surgery. The trial is investigating whether adding immunotherapy drug Cemiplimab prior to surgery for CSCC – either with or without radiation therapy – can extend the length of time patients remain cancer-free and improve outcomes with fewer side effects.

The trial is led by NRG Oncology and already underway at cancer centres across the US and Canada. TROC Cancer Research became the first cooperative clinical trials group in the

world to be accepted as a full (main) member of the NRG Oncology Group. In its role as the Australian local sponsor, TROG subsequently opened the trial at Chris O'Brien Lifehouse (Sydney) in October 2025. By late 2025, six participants had been recruited to the trial from three Australian sites, including COBLH.

The trial is expected to expand to 11 Australian sites and involve a total of 420 participants internationally, including up to 123 from across Australia.

We were also thrilled to forge international partnerships with EORTC (European Organization for Research and Treatment of Cancer) and HNCIG (Head & Neck Cancer International Group) during 2025.

### **TROG Emerging Investigators Group to support new researchers**

We were excited to launch a new Emerging Investigators Special Interest Group (EI SIG) in 2025, to support and connect early-career researchers working across the field of radiation medicine.

The first meeting of the Group was held in September, bringing together 14 members from a range of disciplines, including radiation oncology, radiation therapy, physicists and trial management.

EI SIG Chair, Dr Anna Lawless, said the group would become a true hub for early-career researchers, connecting people not only across Australia, New Zealand and beyond, but also across all areas of radiation oncology.

Read insights from the [EI SIG Chair Dr Anna Lawless](#)

### **TROG Concept Development Workshop success**

TROG's Concept Development Workshop held in December 2025 provided a great kick-start for a number of exciting new research ideas.

A total of 11 research concepts were submitted by TROG members from across a variety of disciplines, covering areas included breast cancer, salivary gland carcinoma, glioblastoma, endometrial cancer, adverse reactions, and data collection.

By the end of the [workshop](#), the research proponents each developed a one-page outline of their concept for further development into a trial protocol, proposal or grant proposal.

"At TROG, we understand this whole process is about sowing as many seeds as possible so that some will germinate, grow and develop into something significant," said co-convenor and TROG Scientific Committee Chair, A/Professor Hien Le.

### **Community gets behind Km's for Cancer Research fundraiser**

TROG Cancer Research's inaugural [Km's for Cancer Research](#) challenge, held throughout October 2025, was a great success with 90 individual participants and nine passionate teams getting active to raise awareness and vital funds for research into better cancer outcomes.



Consumer Panel Session at the TROG 2025 Annual Scientific Meeting

Participants jogged, walked, pushed prams, hiked, ran, cycled, swam, and powered through training sessions, logging every step of their journey. Together, they achieved inspiring results:

- **6,761 km** covered – an average of more than **75 km per person**
- **\$9,930** raised to support TROG's cancer research

TROG CEO Susan Goode thanked all who took part and supported the event, saying the overwhelming support had secured the challenge as an annual TROG event.



**Puma Sundaresan**  
President, TROG

# FINANCIAL STATEMENTS AT 30 JUNE 2025 AND INDEPENDENT AUDIT REPORT

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# ABOUT CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

## 30 JUNE 2025

### **Background**

The Clinical Oncology Society of Australia (COSA) is the national oncology community bringing together multidisciplinary health professionals across all cancer to advance care and improve outcomes.

### **Our vision**

Quality multidisciplinary cancer care for all.

### **Our mission**

To improve cancer care and control through collaboration.

COSA achieves this by:

- supporting the professional and educational needs of cancer health professionals
- enhancing cancer care and control through network development
- advocating for improvements in cancer care and control
- facilitating research across the spectrum of cancer

### **Guiding Principles**

As a membership organisation, COSA's activities are driven by the needs of our members.

The following guiding principles are intended to provide an overarching direction for all COSA activities.

- COSA activities should have a multidisciplinary focus
- COSA activities should have a clinical focus
- COSA activities should have outcomes relevant to its members, patients and carers
- COSA will act as a hub and facilitator for idea generation

### **Strategic Directions 2024-2029**

1. Advocate for policy and evidence informed practices that improve cancer care and cancer outcomes
2. Support the educational needs of the multidisciplinary cancer workforce
3. Promote and facilitate cancer research
4. Ensure the sustainability of COSA

# CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED CORPORATE INFORMATION 30 JUNE 2025

## **Corporate Information**

### **Clinical Oncology Society of Australia Limited**

(A company limited by guarantee)

**ABN 97 631 209 452**

**The following persons were Directors of COSA during or since the end of the financial year:**

Professor Sabe Sabesan  
Professor Haryana Dhillon  
A/Professor Dion Fostner  
Ms Sandie Angus  
Professor Judy Bauer  
A/Professor Prue Cormie  
A/Professor Connie Diakos  
Clinical Associate Professor Merran Findlay  
Mr Peter Hooker  
Dr Malinda Itchins  
Professor Michael Jefford  
Mr Daniel McKavanagh  
Professor Timothy Price  
A/Professor Christopher Steer  
Professor Haitham Tuffaha

### **Company Secretary & Chief Executive Officer**

Ms Marie Malica

### **Registered Office**

320 Pitt Street  
Sydney NSW 2000

P: +61 (0)2 8256 4100

### **Company contact details**

GPO Box 4708  
Sydney NSW 2001  
E: [cosa@cancer.org.au](mailto:cosa@cancer.org.au)  
W: [www.cosa.org.au](http://www.cosa.org.au)

### **Auditors**

BDO Audit Pty Ltd  
Level 25  
252 Pitt Street  
Sydney NSW 2000

# DIRECTORS' REPORT

## 30 JUNE 2025

The directors present their report, together with the financial statements, on Clinical Oncology Society of Australia Limited ('COSA' or 'the Company') for the year ended 30 June 2025.

### Strategy for achieving the objectives

- 1.1 Undertake advocacy work to support COSA's vision.
  - 1.2 Strengthen COSA's position as the peak national body representing multidisciplinary health professionals whose work encompasses cancer care and control.
  - 1.3 Strengthen and expand mutually beneficial relationships with organisations relevant to cancer care and control.
  - 1.4 Advocate for improvements to health systems that support delivery of best practice cancer care and workforce wellbeing outcomes.
  - 1.5 Ensure COSA's advocacy work is in accordance with best practice.
- 
- 2.1 Deliver successful COSA Annual Scientific Meetings.
  - 2.2 Build a strong portfolio of sponsored events outside the COSA ASM.
  - 2.3 Ensure COSA's educational opportunities remain relevant to the membership.
  - 2.4 Ensure COSA's events provide the best opportunity for connection, networking and collaboration.
  - 2.5 Provide the membership opportunity to educate in their fields of expertise.
- 
- 3.1 Provide a forum for the discussion of, and action on, priority areas in cancer research.
  - 3.2 Foster and develop the research capabilities of COSA members.
  - 3.3 Promote research concerning cancer care and control.
- 
- 4.1 Ensure COSA provides compelling value to current and prospective members across the breadth of cancer care professionals.
  - 4.2 Align COSA's governance and operational structure with best practice.
  - 4.3 Ensure COSA remains a dynamic and financially viable not-for-profit organisation.

### Principal activities

The principal activities of the Clinical Oncology Society of Australia during the year were focused on furthering the objectives referenced above.

### Review of financial operations and results of Clinical Oncology Society of Australia Limited

The total income for the financial year ended 30 June 2025 was \$986,916 (2024: \$1,085,723). In the same period, expenditure was \$1,054,766 (2024: \$1,020,504) leaving a deficit of \$67,850 (2024: \$65,219 surplus). The level of spending for the organisation varies from year to year as the range of activities to support our members, and the costs associated with them, also vary.

### Matters Subsequent to the end of Financial Year

As at the date of this directors' report, the directors are not aware of any matter or circumstance that has arisen that has significantly affected, or may significantly affect, the operations of the Company, the results of those operations or the state of affairs of the Company in the financial years subsequent to 30 June 2025.

### Contributions on winding up

In the event of the Company being wound up, ordinary members are required to contribute a maximum of \$10 each.

# DIRECTORS' REPORT

## 30 JUNE 2025 (CONT.)

### Directors

The names of the Directors of the Company in office during or since the end of the year are:

				Board Attended / Eligible to attend	Audit, Risk & Finance Committee Attended / Eligible to attend
Name, Qualifications and Experience	Role	Date Joined	Date Ceased		
<p><b>Professor Sabe Sabesan</b> BMBS(Flinders) PhD FRACP Professor Sabesan is a senior Medical Oncologist, department of medical oncology at the Townsville Cancer Centre, and Clinical Dean, at James Cook University and Townsville Hospital and Health Services. His interests include design, implementation and publication on various teleoncology models to enhance regional and rural access to cancer services closer to home. In collaboration with Clinical Oncology Society of Australia (COSA), he led the development of the teleoncology guidelines and the Australasian Teletrial model. Telesupervision guidelines and modules have been his contribution to the Royal Australian College of Physicians. Currently, he is a co-chair of the Australian Teletrial Program (led by Queensland Health). To improve workplace culture as the foundation for wellbeing, he led the development of the COSA healthy workplace culture framework in partnership with several national peak bodies and Universities.</p>	President and Board Chair (2025-2026), Director	31-Jul-19	-	5/5	2/2
<p><b>Professor Haryana Dhillon</b> Professor Dhillon is a Senior Research Fellow in the Survivorship Research Group and Chair of the Psycho-Oncology Cooperative Research Group, School of Psychology, Faculty of Science at the University of Sydney. They are a former Chair of the COSA Survivorship Group.</p>	President Elect (2025-2026) Member, Audit, Risk & Finance Committee, Director	22-Nov-24	-	2/3	3/3
<p><b>Associate Professor Dion Forstner</b> MBBS (Hons) FRANZCR Associate Professor Dion Forstner is a radiation oncologist with GenesisCare with his practice based at St Vincent's Sydney, Macquarie University Hospital and Mater. He is Director of Cancer Services at St Vincent's Hospital Sydney. He is a past Dean of Faculty of Radiation Oncology at Royal Australian and New Zealand College of Radiologists (RANZCR) and a current Director of RANZCR. He is chair of Head and Neck Cancer Australia. His clinical areas of specialisation are in the management of head and neck and skin cancers.</p>	Immediate Past President, Member Audit, Risk & Finance Committee, Director	25-Jul-19	15-Nov-24	2/2	2/2
<p><b>Ms Sandie Angus</b> LLB, GAICD Ms Angus is an experienced strategic leader and non-executive director with significant legal, governance, and risk management expertise. She is admitted as a solicitor and has over thirty years' experience working in law firms and in the government finance and electricity sectors. She sits on the boards of various not-for-profit companies in the health, sports and disability sectors. She was appointed as a Director to the COSA Board for her legal expertise.</p>	Director, Member, Audit, Risk & Finance Committee	20-Mar-18	-	3/5	5/5

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p><b>Professor Judy Bauer</b> BSc, GradDipNutr&amp;Diet, MHLthSc, PhD, FDA Professor Judy Bauer is Discipline Lead, Nutrition &amp; Dietetics, Monash University. She is recognized internationally for translational research and innovative nutrition models of care particularly in malnutrition and oncology. Judy's current research focuses on body composition assessment methods and outcomes in patients with cancer with a specific interest related to malnutrition and sarcopenia. She is a past Chair of the COSA Nutrition Group, life member and past director of Dietitians Australia.</p>	Director, Member Audit, Risk & Finance Committee	30-Jul-19	20-Jun-25	3/5	2/5
<p><b>A/Professor Prue Cormie</b> PhD, AEP, FESSA Associate Professor Prue Cormie is a Principal Research Fellow at Peter MacCallum Cancer Centre. She is an accredited exercise physiologist whose research and clinical work focuses on the application of exercise as medicine for the management of cancer. She aims to enhance the lives of people with cancer through innovative research and effectively translating research into practice. Prue was the inaugural Chair of the COSA Exercise and Cancer Group, leading its establishment in 2015 with the aim of incorporating exercise as a standard component of care for people with cancer.</p>	Director	10-Jun-25	-	1/1	-
<p><b>A/Professor Connie Diakos</b> BSc (Hons 1), PhD, MBBS, FRACP A/Prof Connie Diakos is a medical oncologist and senior staff specialist at Royal North Shore Hospital and conjoint associate professor at the University of Sydney. She specialises in the treatment of patients with gastrointestinal, gynaecological and breast cancers and is a clinician scientist whose translational research focuses on prognostic and predictive biomarkers of the immune and inflammatory effects of malignancy. Connie is Chair of the COSA GI Group and active member of the Australian Gastrointestinal Trials Group (AGITG).</p>	Director	12-Jun-25	-	1/1	-

# DIRECTORS' REPORT

## 30 JUNE 2025 (CONT.)

					Audit, Risk & Finance Committee
Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board Attended / Eligible to attend	Attended / Eligible to attend
<p><b>Clinical Associate Professor Merran Findlay</b> PhD MSc (Nutr &amp; Diet) BSc (Nutr) AdvAPD Clinical Associate Professor Merran Findlay is an Advanced Accredited Practising Dietitian and clinician-researcher who has specialised in the nutrition care of people with cancer for more than 25 years. Her research focuses on the impact of cancer-related malnutrition and sarcopenia on clinical, cost, and patient-centred outcomes, and the development of data-driven, value-based models of care to support evidence translation. Following a longstanding career in NSW Health, she currently holds appointments as Senior Research Fellow – Living Better With and After Cancer, Maridulu Budyari Gumal (SPHERE) Cancer Clinical Academic Group at UNSW Sydney, Chris O'Brien Lifehouse and the University of Sydney. Merran has been an active contributor to the COSA community for many years serving in various roles including Board Director and Chair/Deputy Chair of the COSA Nutrition Group. She is also a Board Director of the Australia and New Zealand Head and Neck Cancer Society and a founding member of the Implementation Science networks at both the University of Sydney and UNSW.</p>	Director	08-Mar-23	20-Jun-25	4 / 5	-
<p><b>Mr Peter Hooker</b> BSc BE (Hons) GradDipFinance&amp;Investment GAICD Mr Hooker has been a finance and investment professional for over 35 years, and has significant experience in governance, strategy, regulation and risk management, particularly in the health sector where he served as Treasurer of Médecins sans Frontières Australia and on the Psychology Board of Australia, and currently serves on the Psychology Council of NSW. He is a member of a pre-qualified panel eligible to serve on Audit and Risk committees of NSW government enterprises and also has a particular interest in values-based leadership and organisational culture. Peter has been appointed to the COSA board for his finance, risk, and governance expertise.</p>	Director, Chair Audit, Risk & Finance Committee	18-Mar-22	-	5 / 5	5 / 5

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p><b>A/Professor Malinda Itchins</b> BMedSci MBBS FRACP PhD A/Professor Itchins is a Medical Oncologist at Royal North Shore Hospital, and Chris O'Brien Lifehouse, Sydney. She was awarded her Fellowship in 2016. She is a Senior Clinical Lecturer with the University of Sydney and received her Doctorate in 2020 under an inaugural NSW Health Scholarship investigating drug resistance in lung cancer pre-clinically and via a clinical trial for which she received the Peter Bancroft Prize for research work. Malinda is the advanced lung cancer group co-chair on the Thoracic Oncology Group of Australasia (TOGA) Scientific Committee, and Primary Investigator and Investigator on several investigator-initiated and industry lead lung cancer clinical trials. Malinda's research focus is in engaging in clinical trial development, as well as real world data collaboration and is on the Scientific Committee for the Australasian thoRacic cancers lOngitudinal cohoRt study and biobank (AURORA). She passionately contributes to patient advocacy and survivorship in lung cancer and joined the Clinical Oncology Society of Australia (COSA) Council in 2020 as the Lung Cancer Chair, stepping down in 2025, continuing to represent TOGA on Council.</p>	Director	02-Jul-21	-	5 / 5	-
<p><b>Professor Michael Jefford</b> MBBS, MPH, MHIthServMt Monash, PhD, GCertUniTeach Melb, GAICD, FRACP, FASCO Professor Michael Jefford is a Consultant Medical Oncologist, Director of the Australian Cancer Survivorship Centre, and a research lead with the Centre for Health Service Research – all at Peter MacCallum Cancer Centre in Melbourne. He is a Professorial Fellow at the University of Melbourne. His major clinical focus is on the management of people with gastrointestinal cancers; most of his research has a cancer survivorship focus. He leads the survivorship study group with the Multinational Association of Supportive Care in Cancer, and has held similar roles with COSA, the American Society of Clinical Oncology and the International Psycho-Oncology Society. He was previously Deputy Director of Medical Oncology at Peter Mac and has held senior leadership roles with cancer-related organisations including Cancer Council Victoria and BreastScreen Victoria, and professional organisations such as the Royal Australasian College of Physicians and the Medical Oncology Group of Australia.</p>	Director	02-Jul-21	20-Jun-25	3 / 5	-

# DIRECTORS' REPORT

## 30 JUNE 2025 (CONT.)

				Board	Audit, Risk & Finance Committee
Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Attended / Eligible to attend	Attended / Eligible to attend
<p><b>Daniel McKavanagh</b> BPharm, DipClinPharm CHIA MSHP            Dan McKavanagh is the Director Clinical Informatics in Queensland Health's Office of the Chief Clinical Information Officer, based in Brisbane. Dan has extensive experience in medicines management, cancer pharmacy and clinical informatics, having served as a clinical pharmacist, leader of clinical systems implementation, and manager of clinical informaticians. Dan also provides education to undergraduate and post-graduate clinicians in cancer pharmacy and clinical informatics. He is a past chair of the COSA Cancer Pharmacists Group.</p>	Director			-	-
<p><b>Professor Timothy Price MBBS FRACP DHlthSc (Med)</b>            Professor Price is the Clinical Director of the BRAGG Comprehensive Cancer Centre and Medical Oncologist at The Queen Elizabeth and Lyell McEwin Hospitals in Adelaide. His clinical research is focussed on Gastrointestinal and Neuroendocrine cancers. He heads the Solid Cancer Team at the Bazil Hetzel Institute where the group undertake translational and new drug research together with a focus on colorectal cancer of younger patients. He has been a member of the Board and COSA NET and Rare Cancer Groups. He is the immediate past Chair of the AGITG Board and Scientific Advisory Committee, and is a Board member of the Jodi Lee Foundation. He Chairs the NHMRC Cancer Council Colorectal Cancer Guidelines.</p>	Director	29-Jul-19	20-Jun-25	2 / 5	-
<p><b>Associate Professor Christopher Steer MBBS, FRACP</b>            Associate Professor Steer is a medical oncologist at Border Medical Oncology at the Albury Wodonga Regional Cancer Centre in Albury. He is Associate Professor at the UNSW School of Clinical Medicine, Rural Clinical Campus, Albury and an Adjunct Professor at La Trobe University, Wodonga Campus. After completing a clinical research fellowship at King's College London, Guy's and St Thomas' Hospital in 2003, Christopher returned to clinical practice in Albury. Christopher is the president of the Private Cancer Physicians of Australia (PCPA) and has served on the board of the Medical Oncology Group of Australia (MOGA), the Australia and New Zealand Gynaecological Oncology Group (ANZGOG) and the International Society of Geriatric Oncology (SIOG). He has also been the chair of the geriatric oncology study group of the Multinational Association for Supportive Care in Cancer (MASCC) and the equivalent Group at COSA. Christopher is a principal investigator at the Border Medical Oncology Research Unit that has enabled clinical trials to be conducted in the region for over 20 years. He is the clinical lead in the Regional Trials Network VIC REVITALISE project Geriatric Oncology Initiative.</p>	Director	02-Jul-21	-	5 / 5	-

				Board Attended / Eligible to attend	Audit, Risk & Finance Committee Attended / Eligible to attend
Name, Qualifications and Experience	Role	Date Joined	Date Ceased		
<p><b>Professor Haitham Tuffaha BSc, MSc, MBA, PhD</b> Professor Haitham Tuffaha leads the Effective and Efficient Healthcare Stream and the Health Technology Assessment Group at the University of Queensland. As a health economists with oncology pharmacy background, Professor Tuffaha's research is focused on improving patient access to novel cancer treatments by connecting evidence to action across research, policy, and practice. He is a past chair of the COSA Epidemiology Group, and the past chair of the Oncology Group at the International Society for Pharmacoeconomics and Outcomes research.</p>	<p>Director, Member, Audit, Risk &amp; Finance Committee</p>	<p>12-Jun-25</p>	<p>-</p>	<p>1 / 1</p>	<p>-</p>

Directors are appointed on an honorary basis and as a result do not receive any remuneration either directly or indirectly from the Company.

**Company Secretary and Chief Executive Officer**

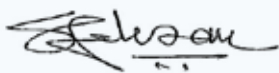
Ms Marie Malica is the Company Secretary and Chief Executive Officer of the Company. Ms Malica joined the Company in March 2011 and has 20 years' experience working in the cancer not-for-profit sector and state government having previously held the position of Manager, Research Strategy Unit at Cancer Council NSW and Manager, Research Support Office with South Eastern Sydney Area Health Service, Northern Hospital Network.

**Auditor's independence declaration**

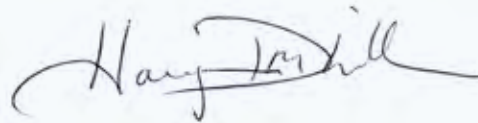
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors.

On behalf of the directors



Prof Sabe Sabesan  
President



Prof Haryana Dhillon  
President-Elect

10 October 2025



Tel: +61 2 9251 4100  
Fax: +61 2 9240 9821  
www.bdo.com.au

Parkline Place  
Level 25, 252 Pitt Street  
Sydney NSW 2000  
Australia

30 June 2025

DECLARATION OF INDEPENDENCE BY LEAH RUSSELL TO THE DIRECTORS OF CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA

I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit of Clinical Oncology Society of Australia for the year ended 30 June 2025.

Leah Russell  
Director

A handwritten signature in black ink that reads 'Leah Russell' in a cursive script.

BDO Audit Pty Ltd  
Sydney  
10 October 2025

## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
<b>Revenue</b>			
Member body subscriptions	4	195,483	176,854
Annual Scientific Meeting and other conference revenue	4	517,756	545,011
Other grant & project revenue	4	194,563	283,658
Interest income	4	79,114	80,200
		<u>986,916</u>	<u>1,085,723</u>
<b>Expenses</b>			
Administration expenses		(93,850)	(85,051)
Employment costs		(747,045)	(719,794)
Depreciation		(3,245)	(2,864)
Annual Scientific Meeting		(13,363)	(25,866)
Other grant & project expenses		(113,117)	(168,670)
Other expenses from ordinary activities		<u>(84,146)</u>	<u>(18,259)</u>
<b>Surplus/(deficit) before income tax expense</b>		(67,850)	65,219
Income tax expense		-	-
<b>Surplus/(deficit) after income tax expense for the year attributable to the members of Clinical Oncology Society of Australia Limited</b>		(67,850)	65,219
Other comprehensive income for the year, net of tax		-	-
<b>Total comprehensive income for the year attributable to the members of Clinical Oncology Society of Australia Limited</b>		<u>(67,850)</u>	<u>65,219</u>

# STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	384,020	342,655
Trade and other receivables	6	7,065	70,588
Other current assets	7	1,838,350	1,777,787
Total current assets		<u>2,229,435</u>	<u>2,191,030</u>
<b>Non-current assets</b>			
Property, plant and equipment	8	1,537	4,783
Intangibles	9	7,320	-
Total non-current assets		<u>8,857</u>	<u>4,783</u>
<b>Total assets</b>		<u>2,238,292</u>	<u>2,195,813</u>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	10	70,537	57,766
Contract liabilities	11	429,261	367,843
Borrowings	12	9,155	-
Provision for employee benefits	13	177,013	151,421
Total current liabilities		<u>685,966</u>	<u>577,030</u>
<b>Non-current liabilities</b>			
Employee benefits	14	1,451	58
Total non-current liabilities		<u>1,451</u>	<u>58</u>
<b>Total liabilities</b>		<u>687,417</u>	<u>577,088</u>
<b>Net assets</b>		<u>1,550,875</u>	<u>1,618,725</u>
<b>Equity</b>			
Grants & special projects reserve		15,000	15,000
General funds		1,535,875	1,603,725
<b>Total equity</b>		<u>1,550,875</u>	<u>1,618,725</u>

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2025

	<b>General Funds \$</b>	<b>Grants &amp; Special Projects Reserves \$</b>	<b>Total Funds \$</b>
Balance at 1 July 2023	1,538,506	15,000	1,553,506
Surplus after income tax expense for the year	65,219	-	65,219
Other comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	65,219	-	65,219
Balance at 30 June 2024	<u>1,603,725</u>	<u>15,000</u>	<u>1,618,725</u>
	<b>General Funds \$</b>	<b>Grants &amp; Special Projects Reserves \$</b>	<b>Total Funds \$</b>
Balance at 1 July 2024	1,603,725	15,000	1,618,725
Deficit after income tax expense for the year	(67,850)	-	(67,850)
Other comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	(67,850)	-	(67,850)
Balance at 30 June 2025	<u>1,535,875</u>	<u>15,000</u>	<u>1,550,875</u>

### Nature and Purpose of Reserves

#### Grants & Special Projects Reserve

This reserve relates to funds received by the Company and designated for use for a specific purpose. This may include grant monies received but not yet spent. These funds are held in reserve until spent appropriately, or in line with funding agreements.

# STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
<b>Cash flows from operating activities</b>			
Receipts from member subscriptions and other income (inclusive of GST)		962,831	1,132,359
Payments to suppliers, employees and member bodies (inclusive of GST)		(1,063,171)	(978,922)
Interest received		79,114	80,200
Other income		69,911	-
		<u>48,685</u>	<u>233,637</u>
<b>Cash flows from investing activities</b>			
Payments for term deposits		-	6,287
Payments for intangible assets	9	<u>(7,320)</u>	<u>-</u>
		<u>(7,320)</u>	<u>6,287</u>
<b>Net cash from/(used in) investing activities</b>			
		<u>-</u>	<u>-</u>
<b>Net cash from financing activities</b>			
		<u>-</u>	<u>-</u>
Net increase in cash and cash equivalents		41,365	239,924
Cash and cash equivalents at the beginning of the financial year		<u>342,655</u>	<u>102,731</u>
Cash and cash equivalents at the end of the financial year	5	<u><u>384,020</u></u>	<u><u>342,655</u></u>

# NOTES TO THE FINANCIAL STATEMENTS

## 30 JUNE 2025

### **Note 1. Statement of significant accounting policies**

The Company is a not for profit entity and an incorporated company limited by guarantee domiciled in Australia.

The financial report was authorised for issue by the directors on 10 October 2025.

#### New, revised or amending Accounting Standards and Interpretations adopted.

The Company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

#### **Basis of preparation**

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012, The company is a not-for-profit per financial reporting purposes under Australian Accounting Standards.

No other Accounting Standards and other professional reporting requirements in Australia have mandatory applicability because the company is not a reporting entity.

#### **Reporting Basis and Conventions**

The financial report has been prepared on an accruals basis (except the statement of cash flows) and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period, unless otherwise stated, have been adopted in the preparation of this report.

All amounts are in Australian dollars.

#### **Accounting Policies**

##### *Taxation*

The Company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended; it is therefore exempt from income tax. This exemption has been confirmed by the Australian Taxation Office.

##### *Comparative figures*

Comparative figures of the Company for the previous 12 month period are included throughout these statements.

##### *Critical accounting judgements, estimates and assumptions*

The directors evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and with the Company.

The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed in the relevant notes.

##### *Use of the term 'surplus'*

The Company is a not-for-profit organisation. As such, the term "profit" is not applicable and the term "surplus" is used where required.

# NOTES TO THE FINANCIAL STATEMENTS

## 30 JUNE 2025 (CONT.)

### Note 2. Nature and objects of the Company

The Company is an incorporated Company Limited by Guarantee under the Corporations Act 2001. Its objects are:

- to promote excellence in the multidisciplinary care and research relating to cancer – from prevention, diagnosis and treatment to follow-up, palliation and survivorship;
- to encourage multidisciplinary collaboration of all professionals involved in cancer care and research; and
- to foster and promote cancer research.

In the event of the Company being wound up, the members undertake to contribute an amount not exceeding \$10.00 to the assets of the Company.

There were 1168 financial (and 96 free memberships) members of the Company at 30 June 2025 (2024: 897, and 96 free memberships).

### Note 3. Economic dependence

The ability of the Company to maintain its operations is dependent inter alia on the continuing support of its members by way of voluntary membership subscriptions.

### Note 4. Revenue and other income

	2025 \$	2024 \$
Revenue from contracts with customers		
Grants	124,652	217,408
Annual Scientific Meeting and other conference revenue	517,756	545,011
Membership subscriptions	195,483	176,854
	<u>837,891</u>	<u>939,273</u>
Other income		
Interest revenue	79,114	80,200
Recoveries of clinical trials insurance cover	69,911	66,250
	<u>149,025</u>	<u>146,450</u>
	<u>986,916</u>	<u>1,085,723</u>
	<b>2025</b> \$	<b>2024</b> \$
Timing of revenue and other income recognition		
Revenue and other income recognised at a point in time	666,781	691,461
Revenue and other income recognised over time	320,135	394,262
	<u>986,916</u>	<u>1,085,723</u>

### Revenue recognition

The Company is required to assess contracts to determine whether they are revenue or income contracts. Contracts are revenue contracts when there is an enforceable contract with sufficiently specific performance obligations in which case it is accounted for as contract revenue (AASB 15). If there is not an enforceable contract with sufficiently specific performance obligations, revenue is accounted for under AASB 1058.

Contract revenue is recognised when control of a promised good or service is passed to the customer at an amount which reflects the expected consideration. The customer for these contracts is the fund provider.

For each contract with a customer, the Company: identifies the performance obligations in the contracts; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a

#### **Note 4. Revenue and other income (continued)**

manner that depicts the transfer to the customer of the goods or services promised.

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the company have any significant financing terms as there is generally less than 12 months between the receipt of funds and the satisfaction of performance obligations.

Revenue that is not contract revenue is recognised when received, or gains control of the revenue.

##### *(i) Grants*

Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the Company is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

##### *(ii) Contract Revenue - Member Subscriptions*

Member subscriptions are recognised over the period of the membership subscription.

##### *(iv) Contract Revenue - Annual Scientific Meeting and other events income*

The Company contracts a Professional Conference Organiser to manage the staging of the Annual Scientific Meeting, Cancer Pharmacists Workshop and Cancer Survivorship Conference, including the receipt of revenue and payment of expenses in relation to the event. Documents detailing the income and expenses have been received from the Events Co-ordinator together with a reconciling statement.

Revenue and expenses associated with these events are recognised through the Statement of profit or loss and other comprehensive income for the financial year the Annual Scientific Meeting is conducted.

Net Annual Scientific Meeting income is calculated as the excess of revenue in relation to the Annual Scientific Meeting less COSA internal expenses associated with the meeting. The net income for the 2024/25 Annual Scientific Meeting was \$404,372 (2023/24: \$506,203).

##### *(v) Interest*

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

##### *(vi) Other Revenue*

Other revenue is recognised when it is received or when the right to receive payment is established.

#### **Judgement and estimates**

The interaction between AASB 15 and AASB 1058 require the management to assess whether the government grants and other funding received need to be accounted for under AASB 15 or AASB 1058. Key to this assessment is whether the government grants and other funding agreements contain:

- a contract with a customer that creates 'enforceable' rights and obligations, and
- the contract includes 'sufficiently specific' performance obligations.

Critical judgement was applied by management in assessing whether a promise is 'sufficiently specific', taking into account all facts and circumstances and any conditions specified in the arrangement (whether explicit or implicit) regarding the promised goods or services, including conditions regarding:

- the nature or type of the goods or services
- the cost or value of the goods or services
- the quantity of the goods or services
- the period over which the goods or services must be transferred.

# NOTES TO THE FINANCIAL STATEMENTS

## 30 JUNE 2025 (CONT.)

### Note 5. Current assets - cash and cash equivalents

	2025 \$	2024 \$
Cash at bank	<u>384,020</u>	<u>342,655</u>

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of less than 90 days that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

### Note 6. Current assets - trade and other receivables

	2025 \$	2024 \$
Trade receivables	7,065	26,799
Other receivables	<u>-</u>	<u>43,789</u>
	<u>7,065</u>	<u>70,588</u>

Trade and other receivables are recognised at amortised cost, less any expected credit loss.

### Note 7. Current assets - other current assets

	2025 \$	2024 \$
Prepayments	180,292	119,729
Held to maturity investments - term deposits	<u>1,658,058</u>	<u>1,658,058</u>
	<u>1,838,350</u>	<u>1,777,787</u>

Prepayments relate to prepayments for future Annual Scientific Meetings and other activities. Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the Company's management has the intention and ability to hold to maturity.

### Note 8. Non-current assets - property, plant and equipment

	2025 \$	2024 \$
Computer equipment - at cost	8,594	8,594
Less: Accumulated depreciation	<u>(7,057)</u>	<u>(3,811)</u>
	<u>1,537</u>	<u>4,783</u>

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

#### Depreciation

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

<u>Class of property, plant and equipment</u>	<u>Useful life</u>
Computer equipment	3 years

**Note 8. Non-current assets - property, plant and equipment (continued)**

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit and loss.

**Movements in carrying amounts**

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	\$	Total \$
Balance at 1 July 2024	4,783	4,783
Depreciation expense	<u>(3,245)</u>	<u>(3,245)</u>
Balance at 30 June 2025	<u>1,538</u>	<u>1,538</u>

**Note 9. Non-current assets - intangibles**

	2025 \$	2024 \$
Website - at cost	<u>7,320</u>	<u>-</u>

**Note 10. Current liabilities - trade and other payables**

	2025 \$	2024 \$
Trade creditors & accruals	65,206	57,766
GST payable	<u>5,331</u>	<u>-</u>
	<u>70,537</u>	<u>57,766</u>

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

**Note 11. Current liabilities - contract liabilities**

	2025 \$	2024 \$
Contract liabilities	<u>429,261</u>	<u>367,843</u>

**Note 12. Current liabilities - borrowings**

	2025 \$	2024 \$
Credit Card	<u>9,155</u>	<u>-</u>

Loans and borrowings are initially recognised at the fair value of the consideration received, net of transaction costs. They are subsequently measured at amortised cost using the effective interest method.

# NOTES TO THE FINANCIAL STATEMENTS

## 30 JUNE 2025 (CONT.)

### Note 13. Current liabilities - provision for employee benefits

	2025 \$	2024 \$
Employee benefits	<u>177,013</u>	<u>151,421</u>

#### *Short term employee benefits*

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

#### *Defined contribution superannuation expense*

Contributions to defined superannuation plans are expensed in the period in which they are incurred.

#### *Judgement and estimates*

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

### Note 14. Non-current liabilities - employee benefits

	2025 \$	2024 \$
Employee benefits	<u>1,451</u>	<u>58</u>

### Note 15. Events after the reporting period

As at the date of this directors' report, the directors are not aware of any matter or circumstance that has arisen that has significantly affected, or may significantly affect, the operations of the Company, the results of those operations or the state of affairs of the Company in the financial years subsequent to 30 June 2025.

### Note 16. Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by , the auditor of the Company:

	2025 \$	2024 \$
<i>Audit services -</i> External audit of the financial statements	<u>20,000</u>	<u>15,515</u>

**Note 17. Reconciliation of the surplus/(deficit) for the year to net cash flows from operating activities**

	2025 \$	2024 \$
Net surplus/(deficit) for the year	(67,850)	65,219
Non-cash flows in surplus from ordinary activities:	-	-
Depreciation	3,245	2,864
Transfer from reserves	-	-
Changes in assets and liabilities:	-	-
(Increase)/decrease in trade and other receivables	63,521	(14,894)
(Increase)/decrease in trade and other current assets	(60,563)	(4,043)
Increase/(decrease) in trade and other payables	12,774	166,324
Increase/(decrease) in provisions	26,985	18,169
Increase/(decrease) in borrowings	9,155	-
Increase/(decrease) in contract liabilities	61,418	-
Net cash (used)/provided by operating activities	<u>48,685</u>	<u>233,639</u>

**Note 18. Related party transactions**

*Key management personnel*

Directors do not receive any remuneration. There is only one key management personnel paid through the Company, which is not required to be disclosed in accordance with the ACNC.

*Transactions with related parties*

There were no transactions with related parties during the current and previous financial year.

*Receivable from and payable to related parties*

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

*Loans to/from related parties*

There were no loans to or from related parties at the current and previous reporting date.

## NOTES TO THE FINANCIAL STATEMENTS 30 JUNE 2025 (CONT.)

In the directors' opinion:

- the attached financial statements and notes comply with the Corporations Act 2001, the Australian Accounting Standards - Simplified Disclosures, the Australian Charities and Not-for-profits Commission Act 2012 and associated regulations, the Corporations Regulations 2001 and other mandatory professional reporting requirements;
- the attached financial statements and notes give a true and fair view of the Company's financial position as at 30 June 2025 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

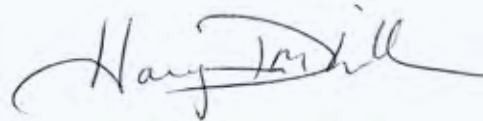
Signed in accordance with a resolution of directors made pursuant to section 295(5)(a) of the Corporations Act 2001.

On behalf of the directors



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Prof Sabe Sabesan  
President



Prof Haryana Dhillon  
President-Elect

10 October 2025





Tel: +61 2 9251 4100  
Fax: +61 2 9240 9821  
www.bdo.com.au

Parkline Place  
Level 25, 252 Pitt Street  
Sydney NSW 2000  
Australia

## INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncology Society of Australia

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of Clinical Oncology Society of Australia (the Entity), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including material accounting policy information, and the declaration by those charged with governance.

In our opinion the accompanying financial report presents fairly, in all material respects, the financial position of the Entity as at 30 June 2025 and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards - Simplified Disclosures.

#### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Other information

The responsible entities of Clinical Oncology Society of Australia are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the registered entity's directors report, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of management and those charged with governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Simplified Disclosures and for such internal control as management determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

[http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf)

This description forms part of our auditor's report.

BDO Audit Pty Ltd

A handwritten signature in black ink that reads 'Leah Russell'. The signature is written in a cursive style.

Leah Russell  
Director

Sydney 20 October 2025



**Clinical  
Oncology  
Society of  
Australia**

# **COSA** **ANNUAL REPORT 2025**

GPO Box 4708  
Sydney  
NSW 2001  
[www.cosa.org.au](http://www.cosa.org.au)

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