



COSA NEWS **PRESIDENT'S REPORT**



Professor Bogda Koczwara, President, COSA

Dear Colleagues,
Welcome to the Christmas edition of the Marryalyan. This year we thought we would bring you not only the news of COSA activities but also a little Festive Cheer and just a little bit of silliness.

It has been a busy year for COSA full of opportunities and growth but also a time for some reflections on who we are, where we are going and what defines us as an organisation. Many of these have culminated in a vigorous discussion at the Annual General Meeting regarding the organisational governance and the proposed amendments of the Constitution. It is a sign of a vibrant and mature organisation to have robust discussion of this type and I am glad to see that COSA members are prepared to have a say and be involved, and by doing so indicate that they care deeply about our unique organisation. We hope to continue these discussions throughout 2012 and hope that many of you join in the debate.

COSA sees itself as a voice of all cancer professionals and the ASM in Perth has clearly shown how powerful this voice can be when it represents a united vision of the profession. The meeting tackled the most important, yet often difficult challenges of the profession including workforce, cancer coordination, prevention and early detection and engagement with consumers. Nik

Zeps and his team put forward an excellent program, strengthened by the strong partnership with ANZUP and PC4, whose insightful contributions have broadened the scope and raised the standards of the meeting. Most importantly, the meeting was a warm, collegial event, where many friendships were reacquainted and where, in line with Phyllis Butow, the recipient of Tom Reeve Award remarking at the dinner, one could feel that "COSA was home".

We need to ensure that our COSA home is welcoming for all and that our members feel that they can benefit from the support of COSA. Some of the newer developments within COSA lead us to reflection of this very issue. The recent decision of CNSA to establish itself as an independent organisation may be seen as a testament to the nurturing environment of COSA within which nurses have grown in strength and confidence to seek their own independent voice. We see that growth in other COSA groups, notably Pharmacy, Psycho-Oncology and Geriatric Oncology. On the other hand, a desire for independence raises a question, do we have what is needed to attract members to COSA or will they seek their voice elsewhere? It is good to ask these questions as they keep us sharp and "on our toes". We are not here for the sake of being, we have a job to do, and the best way for us to judge if we are doing it is to consider the feedback of our members and we need to respond to this feedback. I am reassured by the indications from other organisations of their interest in engaging with COSA that COSA has something valuable to offer. This year COSA Council had been approached by the Metastasis Research Society to engage in closer collaboration. This approach indicates that there is the desire from others to work together, but to do so, COSA needs to have the flexibility to deliver to its members what they uniquely might need.

We are constantly embarking on initiatives that are focussed on specific needs of COSA members. In March 2012, COSA will host the Cancer Care Coordinators conference in Melbourne which will explore the challenges of cancer coordination nationally

drawing on the best standards locally and around the world. Later in the year, we will be focussing on care delivery in the rural setting to support implementation of the rural infrastructure funding. Our existing projects are progressing on target. The Adolescent and Young Adult project is releasing guidelines on management of this unique cohort of patients. The Cancer Australia sponsored project on consumer engagement in research is developing resources focussed on strengthening consumers' capacity to effectively contribute to cancer research. These projects illustrate what is unique about COSA that cannot be achieved elsewhere and that is, its multidisciplinary nature that allows us to focus on aspects of care that go beyond one discipline, one profession, one geographical area. But to be truly effective in addressing these multidisciplinary projects, we do need strong representation from all key stakeholders. This is where YOU come in. We need YOU! Your voice, your opinion, your praise and your criticism.

So, have a great rest, lie yourself in the shade (sunblock SPF+30 of course), get some rest over summer, have a wonderful break and then return to COSA invigorated, energised and ready to join in. It is going to be a great (and busy) year!

Wishing you all a Happy, Safe and Relaxing Festive Season,

Bogda Koczwar
President

PS. And if you think that nothing much happens at COSA over summer, here is a little jingle that the Ghost of Christmas Present brought to me the other night ... it is easy to sing, just use that little familiar tune...

It was the 1st day of Xmas when COSA said to me
And what a fine New Year it will be....

It was the 2nd day of Xmas when COSA said to me
Source a grant or two
And what a fine New Year it will be....

It was the 3rd day of Xmas when COSA said to me
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 4th day of Xmas when COSA said to me
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 5th day of Xmas when COSA said to me
Run ASM
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 6th day of Xmas when COSA said to me
Send COSA news
Run ASM
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 7th day of Xmas when COSA said to me
Put it on the website
Send COSA news
Run ASM
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 8th day of Xmas when COSA said to me
Take it to the Council
Put it on the website
Send COSA news
Run ASM
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 9th day of Xmas when COSA said to me
Develop some guidelines
Take it to the Council
Put it on the website
Send COSA news
Run ASM
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 10th day of Xmas when COSA said to me
Draft the Marryalyan
Develop some guidelines
Take it to the Council
Put it on the website
Send COSA news
Run ASM
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 11th day of Xmas when COSA said to me
Write in Cancer Forum
Draft the Marryalyan
Develop some guidelines
Take it to the Council
Put it on the website
Send COSA news
Run ASM
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....

It was the 12th day of Xmas when COSA said to me
Plan Senate submission
Write in Cancer Forum
Draft the Marryalyan
Develop some guidelines
Take it to the Council
Put it on the website
Send COSA news
Run ASM
Get budget right
Form new groups
Source a grant or two
And what a fine New Year it will be....





2011 COSA Council

Executive Officer's Report

WOW what a year!

2011 started with a bang when I joined COSA in March and the excitement has continued throughout the 10 months I've been in the role. As well as myself there have been a few other new faces join the team this year.

- Hayley Griffin is a full time permanent COSA Project Coordinator. Hayley's main activities presently involve: clinical trials activities, ie ongoing projects from the Enabling Grant, particularly the Executive Officer's Network and the Cancer Trials Consumer Network; and the development of the AYA Early Detection Guidance for GPs. The project portfolio may be expanded once the GP guidance is complete to include Complementary and Integrative Medicines Interest Group (an area of interest for Hayley)
- Jenny Hughes is in a 12 month contract position as COSA Project Coordinator, Consumer Engagement. This position is responsible for the development and implementation of the Cancer Australia funded Consumer Engagement in Clinical Research. Jenny has been very effective in ensuring we meet the project deliverables
- Jessica Harris started just after the ASM in a 12 month maternity relief contract position as a COSA Project Coordinator while Rhonda DeSouza (nee Cousins) is on maternity leave. Jessica is mainly responsible for NETs, Regional and Rural, Biobanking and Complementary and Integrative Medicines
- Announcing the newest addition to the COSA team. Rhonda DeSouza gave birth to a beautiful baby girl on 1 December 2011 – Madeleine Grace DeSouza weighing 2.99kg. We wish Rhonda and her family all the very best (and hope that she comes back as promised in 12 months!)
- As valuable members of the COSA team, Kathy Ansell and Fran Doughton continue to do a sterling job

I'm sure you'll enjoy reading the COSA team profiles provided in this edition of the Marryalyan.

I am constantly in awe of the efforts of those closely engaged with COSA for us to have achieved so much this year, some examples of which include:

- Mr Nguyen Thanh Binh (Binh), a Radiation Physicist from Vietnam, took part in a 10 week fellowship largely undertaken at the Radiation Oncology Unit at Liverpool Hospital. COSA thanks the Royal Australian and New Zealand College of Radiologists (RANZCR) for their financial support for Binh's fellowship. In December we'll say goodbye to Dr Kanakorn (Bank) Runglodvatana from Thailand, whose 12 week fellowship at Royal Adelaide Hospital has been another rewarding experience for both COSA and the Fellows
- COSA's continued facilitation of the CCTG Executive Officer Network and Cancer Trials Consumer Network and their meetings and activities
- COSA continues to represent its members through submissions such as the recent contribution regarding the Tripartite National Strategic Plan for Radiation Oncology
- The ASM in Perth was a real highlight for me both personally and professionally. The success of the meeting can be contributed to Nik Zeps and his insightful planning; Bogda Koczwarra and her excellent stewardship; the ASN Events team for their high quality planning and professionalism; and the COSA staff for their dedication and unwavering support

Thank you to everyone that offered me your personal support this year. I look forward to meeting more of you throughout 2012 and working with you all to ensure COSA continues to reach new heights.

Best wishes for the Festive Season,

Marie Malica
Executive Officer



Marie Malica, Executive Officer

Changes to COSA Governance and outcomes of the AGM

As reported in the August Marryalyan the COSA Council, Executive, management and staff have been working on a revised governance structure to better support COSA as it moves to become a Company Limited by Guarantee. Following much consultation and research, COSA Council approved a revised Constitution and agreed it should be presented to the 2011 AGM for voting by the membership.

The revised Constitution put to the 2011 AGM vote included:

- The establishment of a smaller Board to govern the day to day business of the Society as this task is currently not possible to deliver in a timely fashion by a Council comprising 41 members. As a result, the day to day operations are delegated to a smaller COSA Executive.
- Recognition of the importance of the COSA Council and the role that it serves. It was recommended that Council be retained as an advisory body and also have the power to appoint the board members. In doing so the Council will retain a high level of control over the organisation's affairs.
- Without the need to contain the number of seats at the Council, COSA's membership could broaden, potentially engaging with other organisations/ groups who share similar interests as COSA.
- The Constitution could be briefer by introducing "schedules" for details regarding specific membership costs and the rules for COSA Groups.
- Name change to the Clinical Oncology Society of Australia which had been raised at the last 2010 AGM.

The 2011 AGM afforded valuable discussion from the members in attendance. While some members indicated support of a change to the governance structure and the introduction of a smaller Board, there were a number of questions seeking clarification of the role of the Board versus the role of Council and length of term for each position, how will the smaller Board be elected, how will the President be elected, how financial delegations are defined to ensure the funds are spent appropriately.

The motion for the approval of the new Constitution was not carried at the AGM. It was proposed that a further consultation period should be opened to the membership with all of the abovementioned issues addressed. COSA will develop a number of communication strategies with the intent of reaching all members and engaging them in the discussion on this important issue. For further information please contact Marie Malica on marie.malica@cancer.org.au



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Congratulations to the following COSA members

The Cancer Institute NSW Premier's Awards for Outstanding Cancer Research

Held annually the Cancer Institute NSW Premier's Awards for Outstanding Cancer Research celebrate the amazing work of researchers in NSW and their achievements in making sure people with cancer have the latest and best treatment options available to them.

We wish to acknowledge and congratulate two COSA members who received awards in 2011.

- Dr Alexander Swarbrick, Garvan Institute Medical Research

CINSW 2011 Premier's Fellow of the Year Award (\$20,000)

- Dr Meera Agar, Sydney South West Palliative Care Service

CINSW 2011 Innovation in Cancer Clinical Trials (\$20,000)

Tri-Society Head and Neck Oncology Meeting

Congratulations to Merran Findlay who recently won the “Prize for Allied Health Best Oral Presentation” at the Tri-Society Head and Neck Oncology Meeting awarded by the Australia & New Zealand Head and Neck Cancer Society for the amount of \$500.

Merran said “it was great to receive this recognition and take our partnership with COSA in developing the guidelines to an international audience.” Congratulations again Merran.

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- Search for resources relating to prevention, screening, diagnosis and treatment of all cancers
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 - published in 46 different languages
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 - specifically for men, women and children
- If you would like to publish your resources on this site, contact us at directory@nswcc.org.au

A national website developed and maintained by Cancer Council NSW

www.cancerdirectory.com.au



Ho!
Ho!
Ho!

WINSTON CHURCHILL MEMORIAL TRUST 2012 FELLOWSHIPS

Fellowships of interest to members include:

Bob and June Prickett Churchill Fellowship to investigate any aspect of human genetics or metabolic diseases.

Bob and June Prickett Churchill Fellowships for an aspect of health of Australians.

Jeannie Ferris, Cancer Australia Churchill Fellowship in Gynaecological Cancers.

Dr Dorothea Sandars Churchill Fellowship for the study of medical and veterinary parasitology or Parkinson's Disease or advances in medicine in general.

Dr Dorothea Sandars and Irene Lee Churchill Fellowship for the study or update of skills for the enhancement of the delivery of palliative care.

James Love Churchill Fellowship (QLD residents only) for any field in Queensland.

Leslie (Les) J. Fleming Churchill Fellowship for the study of oncology and cancer research.

Vincent Fairfax Churchill Fellowship for the study of a project to enrich the quality of life for Australians in their advancing years.

Mr and Mrs Gerald Frank New Churchill Fellowship for an aspect of the health of Australians with a preference for research into cancer.

Jack Brockhoff Foundation Churchill Fellowship (VIC residents only) for projects in the fields of health and / or community welfare for the benefit of Victorians (2 Fellowships).

Applications close Wednesday 29 February 2012

For general information about the Trust and Fellowships, please visit <http://www.churchilltrust.com.au/>

ASM 2011

COSA 2011 ASM Convenor's Report

It was my honour and privilege to be the program convenor of the 2011 COSA-ANZUP Annual Scientific Meeting 'Partnerships against cancer – bridging gaps, breaking barriers' held in my home town Perth from the 15-17 November 2011. Over 900 delegates registered for the ASM and a further 99 attended the Advanced Trainees Workshop, 'Everything you need to know about colorectal cancer' the weekend prior giving us a combined registration of over 1000 people, a fantastic result considering the distance many people travelled.

This year's scientific program focussed on urological and prostate cancer, as well as the role of primary care in cancer. COSA was proud to continue its tradition of partnering with relevant organisations, this year joining with the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) and the Primary Care Collaborative Cancer Clinical Trials Group (PC4).

This year the program organising committee aimed to build upon the legacy of previous meetings and provide a forum at which our broad range of disciplines could come together to hear from opinion leaders about key issues in cancer control as well as to engage with one another in breakout sessions that always maintained a multidisciplinary theme.

We were honoured that so many international speakers accepted our invitation to present. The breadth of presentations from the internationals as well as our respected local talent really added to the meeting. The opening plenary, with presentations from Ian Olver, Jon Emery and David Weller really set the scene for the primary care theme; followed by an excellent concurrent session on working with GPs to care for the carers of advanced cancer patients. Delegates had many opportunities to hear about the latest in prostate cancer from international guests such as Isabel White presenting on the consequences of prostate cancer treatment and David Sandoe bringing in the personal perspective.

Several of our international guests commented to me that they had never attended a meeting like it and applauded COSA for its vision in taking such a valuable approach. In particular, we were very pleased to bring consumers into the meeting in an integrated way that recognised them as key partners in our work, and we hope this continues for future ASMs. The consumer led plenary, "Closing the Gap – Consumers in Cancer Care", featured Jessica Corner and Karl Lorenz from the international faculty and Helen Zorbas and Ian Roos spoke on the Australia experience.

Delegates that were able to stay for the Thursday afternoon sessions had the privilege of hearing Professor Barry Marshall AC Nobel Laureate deliver the informative and entertaining Presidential Lecture, and

participate in the Hot Topic discussion "Doctors know best – or do they" facilitated by ABC science journalist and broadcaster Robyn Williams. I understand many had to leave early to get back to the east coast, but I'm sure those that stayed on will agree this was a fitting close to an excellent conference.

A meeting like this only happens through the hard work of many people and I would like to again thank the program organising committee, COSA staff, our ASM partners ANZUP and PC4, our sponsors and exhibitors, who this year broke an all-time sponsorship record and our conference organisers ASN Events. Also thanks to the Perth Convention and Exhibition Centre and its staff who provided what I hope you will all agree was a fantastic venue.

I look forward to seeing everyone next year in Brisbane where COSA is partnering with the International Psycho-Oncology Society (IPOS).

Nik Zeps
2011 ASM Convenor

Advanced Trainees Workshop

On the weekend prior to the Annual Scientific Meeting (ASM) COSA hosted the second Advanced Trainees Workshop "Everything you need to know about colorectal cancer". The conference hall was full with 99 trainees in surgery, medical oncology, radiation oncology as well as allied health staff. There were a range of national speakers, all specialists in the area of colorectal cancer, and we were delighted to welcome Miss. Sue Clark from St Mark's Hospital as the international speaker. The highlight of the conference was a mock Multi Discipline Team meeting (MDT) on the final afternoon, where the debates were vocal and enthusiastic with the expected differences in opinions (just how real MDTs should be). All the participants thoroughly enjoyed themselves and we look forward to repeating the event prior to next year's ASM.

Thank you to Roche for sponsoring this event.

Marina Wallace
Workshop Convenor

International Speaker Profile

For those not fortunate enough to attend this year's ASM or those just wanting to know a little more about one of our international guests, COSA took 5 minutes to speak with Dr Karl Lorenz, a palliative consultant at the VA Greater Los Angeles, Associate Professor of Medicine at UCLA, and adjunct staff at RAND Health.

Dr. Lorenz lived in Canberra and was a Commonwealth Packer Health Policy Fellow in 2007–2008 with Cancer Australia. He directs the VA Comprehensive End of Life Care (CELC) Initiative Quality Improvement Resource Center (QuIRC) which was established in 2009 to focus on developing provider-facing software tools for use



with the United States Department of Veteran Affairs' electronic medical record system in order to improve the delivery of palliative care throughout the 135 hospital system. His research encompasses understanding challenges in implementing and interpreting routine pain measurement in general practice and specialty settings, the development of standards including guidelines and process quality indicators for symptom management and information and care planning, and the development, implementation, and use of clinical informatics tools for improving palliative care practice.



Dr Karl Lorenz

Was this your first time to Perth?

Thankfully I had the chance to travel to Perth and spend a week in 2008 when I was a packer policy fellow during which time I gave some talks about my research and met many new colleagues, some of whom I had the pleasure of seeing again at COSA.

Was this your first COSA conference?

Yes, it was

What was your overall impression of the conference?

It was a tremendous pleasure to participate in the COSA conference with a program that provided such depth and breadth for understanding contemporary challenges and opportunities to improve cancer care, and a stimulating view of those challenges from an Australian perspective. I particularly enjoyed the extent to which the conference engaged diverse groups and diverse issues. The breadth of the concerns as well as the spirit in which they were engaged reminded me of the vigor with which Australians are addressing challenges in cancer care as persistent and troubling as aboriginal health to how to assure that Australia provides leadership in research in tumor biology and emerging treatments. Thanks to my year as a packer policy fellow, I learned a deep respect for both the energy and dynamism of Australia and the profound sense of decency that animates the Australian healthcare system, qualities on full display at the COSA meeting.

Highlights of the meeting?

Participating as a reviewer of the Best of the Best oral abstracts in supportive care provided a view of some truly world class research in both the topics and rigor of the methods on display. It's fantastic that work of this

quality is being generated in Australia and no doubt I'll see this work represented again in leading publications.

Any other comments?

I was re-engergized to see a convergence in the lessons of my work as a researcher and in advocating for and implementing quality improvement and issues germane in Australia including assuring patient-centered measurement including pain assessment and management in oncology practices, and how to actually implement such care routinely. In my work in the United States identifying resources for improving support to families and caregivers and patients living with advanced illness, after returning to the States, I was able to connect and share resources with Australian colleagues. There is much we have in common, especially in our VA system and the Australian public health system, and many mutual lessons to be learned that can improve care.

I can't wait to return! Plus, I discovered more great Australian wines in WA! I hope some of my new and old Australian colleagues will be visiting me here – we have better burritos and guacamole!

COSA & Cancer Voices Consumer Forum



Anne McKenzie speaking at the Consumer Forum

Cancer Voices Western Australia was privileged to organise the Consumer Forum for the 2011 ASM and wish to thank COSA and the Organising Committee for their help in making this event the success that it was.

The forum was held in one of the River View rooms from which the view of the Swan River failed to interfere with a compelling need to listen to a group of extremely interesting speakers as they spoke around the theme of the forum which was "The Consumer/Clinician Coalition – Partners against Cancer".

The proceedings opened with a short address from the President of COSA, Bogda Koczwarra from South Australia. Bogda acknowledged the growing ground swell towards greater consumer involvement in cancer control and confirmed COSA's commitment to supporting developments in this regard throughout Australia.



The Forum was chaired by Michele Kosky who is well known in Perth as the Executive Director of the WA Health Consumers' Council (HCC). The WA HCC is very much involved in consumer representation in all areas of health services in the State and Michele got the ball rolling by giving some very clear reasons why consumer involvement is of value to the community at large.

The first person to present was Dr David Weller, an academic GP who has had a distinguished career in Adelaide, Nottingham and Edinburgh since graduating from the University of Adelaide Medical School in 1982. David spoke eloquently about consumer involvement in cancer research in the UK and particularly small groups of people called "Consumer Research Panels" – a concept which could well be explored within our communities. Dr Weller was followed by Anne McKenzie, Chair of the WA HCC and a stalwart of the School of Population Health at the University of Western Australia. Anne is deeply involved in cancer research in WA and gave a series of revealing insights into the work performed by the organisations with which she is active. A second, highly eminent international speaker, Dr Isabel White, concluded the first half of the programme with a riveting talk about body image and sexuality issues for men living with prostate cancer. Dr White's talk kept the entire room engrossed and everyone applauded the frank and honest way in which she addressed a topic which has a massive impact on married couples but which is so rarely discussed in public.

After a short break, the audience then heard from a consumer, Tony Hughes, who has been living with prostate cancer for 12 years. Tony revealed much about his personal journey and the way in which his cancer has affected his life with his wife, Bernie, and also emphasised how, in his opinion, men with prostate cancer will benefit from setting and achieving personal exercise-related goals.

Two professionals from the WA Cancer & Palliative Care Network, Jo Keyser and Alison Murray, gave the last of the scheduled talks with a very positive presentation about the regional CanNET services delivered by their network into regional and rural WA where the tyranny of distance poses many challenges. People like Jo and Alison have a valuable understanding of just how a cancer journey can be made better from a patient's – or consumer's – point of view and this knowledge will happily be captured for the benefit of those people who take the journey following a cancer diagnosis.

The forum closed with a panel session where all the speakers answered questions – without notice - from the audience. The discussion, facilitated by Michele Kosky, was robust and comprehensive whilst not delivering one clear over-riding message for people to take away with them.

The Consumer Forums are a standard inclusion in the programme at all COSA Annual Scientific Meetings and have traditionally been that part of the event where issues of interest to consumers have been addressed. The inclusion in the main body of the ASM

programme, of a full plenary focused on consumer issues was however a first in 2011 and COSA are to be congratulated for giving clinicians this added, new opportunity to hear more about cancer-related issues from the customer's perspective.

Tony Addiscott
Cancer Voices WA



Congratulations Albert Michail from South Australia

The recipient of the 'New Member Hamper' drawn post ASM.

COSA welcomes all of its new members.

Clinical Professional Days

COSA Psycho Oncology Group - OZPOS/PoCoG

The initiative of COSA Council to provide funding for Professional Days for member groups provided the impetus for the development of a Professional Day for the Psychosocial Oncology Group (OZPOS) in collaboration with PoCoG. The OZPOS/PoCoG Professional Day was held immediately prior to the COSA 2011 ASM in Perth, attracting 60 registrants. The broad aims of the day allow oral presentation of emerging research not being presented in the ASM Program; provide opportunities for networking and discussion of strategies of clinical pathways to support successful implementation of routine screening for distress.

The day commenced with a plenary session built around the work of our own members, Patsy Yates, Afaf Girgis, and Catherine Burns. Each presented work on different aspects of the long-term cancer journey including, a survivorship self-care plan, psychological adjustment in caregivers and the perspective of caregivers at end of life, setting the scene for further discussion about supporting people longer-term after a cancer diagnosis and screening for distress in routine care.

In a new initiative, OZPOS and POCOG partnered with the Australian New Zealand Urogenitary and Prostate Trials Group (ANZUP) to run "Below the belt: what are we missing in caring for GU cancer patients?" This session really brought a focus on the psychosocial, sexual and supportive care needs of people experiencing these cancers. It was a great opportunity for diverse, multi-disciplinary interaction, with the case presentations generating vibrant discussions.

After lunch the group got involved with active and in depth discussions about clinical pathways needed to support routine screening for distress in the oncology setting. The participants generously shared their experience and expertise, with the result being a report to guide future work in this area to support implementation of distress screening.

Participants in the Professional Day included researchers, nurses, social workers, students, psychologists and psychiatrists, all of whom endorsed the quality of the presentations, and the value of opportunities to extend clinical and research collaborations.

OZPOS wishes to congratulate COSA Council on the initiative to establish Professional Days, and to thank COSA for generously providing funding for the third OZPOS/PoCoG Professional Day. OZPOS thanks PoCoG for the provision of additional funding to support the day, including conducting evaluation. The major organisational and administrative contribution of Monika Dzidowska and Melanie Price from PoCoG is especially acknowledged and appreciated.

Haryana Dhillon
Chair, COSA Psycho Oncology Group

COSA Urologic Oncology Group/ ANZUP Clinical Trials Group

On Monday 14 November, the ANZUP Cancer Trials Group and COSA's Urologic Oncology group convened a Clinical Professional day (CPD) as a satellite to the 38th COSA Annual Scientific Meeting in Perth. The day focused on case-based discussion on genito-urinary cancer, and was well subscribed with over 60 registrants from all the relevant medical and allied health specialties in attendance. Amgen sponsorship allowed the use of audience responder panels, which allowed for plenty of interactive input.

A particularly pleasing aspect of the day was the ANZUP PoCoG and OZPOS joint session: **"Below the belt" - what are we missing in caring for GU patients?** focusing on psychosocial aspects of testicular and prostate cancer. Chaired by Dr Jane Turner, psychiatrist, the session started with informative presentations by Mr. Ben Smith and Dr Addie Wooten. A panel discussion followed involving A/Prof Mark Frydenberg (urologist), Ms Kim Hobbs (social worker), A/Prof Nigel Spry (radiation oncologist), Dr Siobhan Ng (medical oncologist), Dr Isabel White (nurse practitioner) and Dr Wooten (psychologist) on relevant cases.

The prostate cancer session **"That old chestnut"** was chaired by A/Prof Nigel Spry with panellists Mr. Paul Sved (urologist), Dr Siobhan Ng, Dr Emma Hamilton (endocrinologist), A/Prof Mark Frydenberg, Dr Serena Sia (radiation oncologist), and Ms Kath Schubach (nurse practitioner). Topics addressed through case-based discussion included early detection, decision-making

for early prostate cancer, adjuvant & salvage therapy for recurrent or residual disease and systemic therapy for M0 & asymptomatic M1 disease.

After lunch, the program was split between urothelial cancer of the bladder and renal cancer. The first half was chaired by A/Prof Mike Wallace, urologist, with a panel including Dr Seth Lerner (urologist), Dr Liz Hovey (medical oncologist), Dr Ronnie Cohen (pathologist), A/Prof Nigel Spry and Ms Fran Lee (nurse practitioner). Topics covered early diagnosis & haematuria assessment, NMIBC – treatment decision-making, MIBC – reconstructive options after cystectomy and systemic therapy – what's on the horizon.

The Renal Cancer session: **"The nephron-sparing imperative"** was chaired by Dr Simon Troon, medical oncologist, and a panel including Prof Tim Eisen (medical oncologist), Dr Ronnie Cohen, A/Prof Mike Wallace, A/Prof Mark Frydenberg, A/Prof Nigel Spry, Mr. Gregory Bock (nurse), and Dr James Anderson (Radiologist). Topics included the incidental small renal mass – diagnostic dilemma, surgical alternatives for localised disease, management of local recurrence and systemic therapy – neoadjuvant use and management of toxicity.

The final session on germ cell tumours, **"Options for playing hard ball"** was chaired by A/Prof Guy Toner, medical oncologist. The panel included Mr. Shane La Bianca (urologist), Dr Serena Sia, Ms Afaf Girgis (psycho-oncology) and Mr. Justin Vivian (urologist). Topics covered included decision-making for Stage I disease, treatment modality of choice for nodal mass, post-chemotherapy recurrence and fertility and sexual function.

The day was made possible by funding from COSA, and a lot of hard work from A/Prof Ian Davis in putting the cases together. Session chairs and panellists are to be commended for their input in preparing the cases, for their valuable time on the day and most of all for informative and stimulating discussion. Feedback from those attending was "very good" to "excellent"; with the main criticism being the lack of time to adequately cover the full breadth of the information. We are hopeful that we can run similar workshops in the future, and this years' experience and feedback will help to build on and improve the program content for future meetings.

ANZUP acknowledges and thanks COSA for the CPD grant. ANZUP also acknowledges the funding received from the Australian Government through Cancer Australia.

We thank Novartis, Pfizer, Amgen and Pierre Fabre for their generous support for our Clinical Professional Day.

Shomik Sengupta, Convener
Deputy chair, COSA Urologic Oncology Group



THE TOM REEVE ORATION AWARD FOR OUTSTANDING CONTRIBUTIONS TO CANCER CARE

Professor Phyllis Butow was announced the 2011 recipient of the Tom Reeve Award for Outstanding Contributions to Cancer Care at the conference dinner held on the Wednesday evening of the ASM. Professor Butow delivered a very entertaining and humble speech highlighting many of her COSA colleagues who have contributed and supported her over the years.

Professor Butow is recognised internationally as an outstanding cancer research leader in psycho-oncology and in doctor-patient communication, particularly decision making about cancer care.

She has been a leader in many initiatives that have contributed to improvements in psycho-oncology and cancer care in Australia and overseas.

In 2008 she was awarded the International Psycho-Oncology Society (IPOS) Bernard Fox Memorial Award for outstanding contributions to education,



2011 Tom Reeve Award recipient Professor Phyllis Butow with Professor Bogda Koczwarra

research and leadership. This is the highest international award for researchers in this field.

Professor Butow is the inaugural Chair of the Psycho-oncology Co-operative Research Group (PoCoG) and a valued member of the COSA Council.



Eli Lilly Luminous Awards 2011



(L-R) Mr John Stubbs, Professor Bogda Koczwarra, Mr Daniel Williams, Ms Karen O'Sullivan and Mr Peter Vermeer from Eli Lilly

Men's Health feature writer, Daniel Williams, and Seven News health reporter, Karen O'Sullivan, were awarded first prize in the print and broadcast categories respectively of the Luminous Awards for 2011.

"Daniel and Karen's entries clearly met the award criteria and were undoubtedly high quality examples of oncology journalism," said John Stubbs, Chair of the Luminous Awards Australia judging panel.

Williams' article 'Big C or Little C' was the judges' unanimous decision in the print category. The article interviewed four cancer experts for their personal approach to potentially-carcinogenic

lifestyle risks, such as burnt meat, alcohol and deodorant.

O'Sullivan's news story 'A second chance' highlighted the importance of donating lifesaving resources such as bone marrow and platelets through the story of a young girl with leukaemia. Her follow-up to this story was also highly commended.

Australian Financial Review's Jill Margo was named as a highly commended entrant in the print category for her article 'Curing Cancer and Other Dreams'.

The Luminous Award Australia is hosted by COSA in partnership with Eli Lilly Australia.

COSA/PFIZER “BEST OF THE BEST” AWARDS

Poster Oral Presentations – each to the value of \$500

Best of Best – Decision Making and Education – Anna Ugalde

Development and validation of a new instrument to assess self-efficacy in caregivers of people with advanced cancer – Abs #154

Best of Best – Patterns of Care – Deborah Baker

Cancer incidence, mortality and survival in Aboriginal people in NSW – Abs #163

Best of Best – Primary Care and Health Services – Rachel Dear

Landscape of cancer clinical trials in Australia: using trial registries to guide future research – Abs #166

Best of Best – Translational – Muhammad Khattak

Utilisation of systemic anti-cancer therapy in patients with stage IV Non-small cell lung cancer (NSCLC) presenting to a tertiary care centre in South Australia between 2008-2010 – Abs # 160

Oral Presentations – each to the value of \$1000

Best of Best – Basic and Translational Research – Arun Azad

Targeting DNA-dependent protein kinase promotes accelerated senescence in irradiated human cancer cells – Abs # 013

Best of Best – Educational and Professional Development – Tim Shaw

Improving the impact of a face to face workshop on breast cancer for trainee clinicians using online Spaced Education: a randomised trial – Abs #051

Best of Best – Health Services – Michael Back

Progress in multidisciplinary management of glioblastomamultiforme translating to improvement in median survival – Abs #112

Best of Best – Clinical Science /Colorectal – Carlos Cabalag

The utility and impact of staging laparoscopy and peritoneal cytology in gastric cancer – Abs # 020

Best of Best – Epidemiology – Susan Jordan

How often do women with epithelial ovarian cancer receive guideline-recommended chemotherapy? A population-based study – Abs #142

Best of Best – Primary Care – Kylie Vuong

Feasibility of tailored skin cancer prevention in general practice – Abs #110

Best of Best – Urologic Oncology – Peter Grimison

Accelerated BEP for advanced germ cell tumours: An Australian multicentre phase I/II trial - Abs #086

Best of Best – Supportive Care– Janette Vardy

A radomized double-blind placebo controlled cross over trial of the impact on quality of life (QOL) of continuing dexamethasone beyond 24 hours following moderately emetogenic chemotherapy in women with breast cancer – Abs #045



Professor Bogda Koczwara and Ms Doreen Akkerman AM with the 2011 Best of the Best award winners.

Doreen Akkerman Award for the Best Overall Oral Abstract Presentation in Supportive Care – to the value of \$3500

Georgia Halkett

- Pilot randomised controlled trial of a radiation therapist led educational intervention for breast cancer patients prior to commencing radiotherapy – Abs #136

COSA ASM 2011

“Thank you for my first conference in oncology it was highly informative and inspiring indeed” – Carlos Cabalag, VIC



“2011 was my first COSA ASM and I have to say I thought it was very informative and enjoyable. It was really well organised and a great event” – Kate Morrow, NSW





“The COSA team should be very proud of yet another fantastic conference – it was a highlight of the year so congratulations to all” – Merran Findlay, NSW



COSA ASM 2011

*“Much thanks for a fantastic conference, it was a great learning & networking event”
– Katie Shaw, WA*



*“Congratulations to you and your team for a great COSA ASM in Perth. I was particularly pleased that I stayed on to hear Barry Marshall speak. He was very inspirational, funny and down to earth”
– Rajah Supramaniam, NSW*





*“The ASM gives one the opportunity to catch up with clinicians, researchers and other consumers at the forefront of Cancer ‘policy’ in this country. ASN Events were excellent, and the COSA staff most engaging and helpful”
– John Stubbs, Executive Officer, Cancer Voices Australia*



COSA 2011 Travel Grant Recipients

The following COSA members received travel grants to attend either the 2011 ASM or the Advanced Trainee Weekend. COSA acknowledges IPSEN and the Victorian Department of Health for their support through educational grants in 2011.

COSA/IPSEN Travel Grants:

Jenelle Loeliger, VIC
Jennifer Mooi, QLD
Jeanette Vardy, NSW



COSA Travel Grants:

Shusuke Akamatsu, Japan
Barbara Bennett, NSW
Anna Boltong, VIC
Teresa Brown, QLD
Joanna Fardell, NSW
Zeyad Ibrahim, WA
Brett Janson, VIC
Victoria Jones, NSW
Daniel McKavanagh, QLD
Louisa Robinson, NSW
Gail Rowan, VIC
Joanne Shaw, NSW
Andrea Tazbirkova, QLD

COSA/ Victorian Department of Health Trainee Travel Grants:

Bavanthi Balakrishnar, NSW
Adam Cooper, ACT
Divyanshu Dua, NSW
Abraham Jacob, VIC
Adnan Khattak, SA
Aparna Rao, NSW
Catherine Malden, SA
Cindy Tan, NSW
Eva Yuen, VIC
Sem Liew, VIC
Shweta Gupta, USA
Steven Kao, NSW
Susie Bae, VIC
Weranja Ranasinghe, VIC



Recipients of the 2011 Travel Grants with Professor Bogda Koczwara



GROUP REPORTS

Cancer Biology Group

Last year the Cancer Biology Group was born from the previous 'Cancer Research' Group to more clearly identify that it represents laboratory based research into cancer, a return to its roots so to speak as one of the founding groups of COSA. Since the change was ratified at the AGM in 2010 the group has been in something of a hiatus. Perhaps the major issue facing this group is the difficulty with defining a core membership. Prior to the name change 300 COSA members had ticked the 'cancer research' box; since its inception a further 36 members have selected cancer biology as an area of interest. It is clear that cancer biology as a primary affiliation represents a very small number of the COSA membership. That is, most COSA members have either a disease or discipline as their core group with relatively few having 'cancer biology' as even a secondary interest.

In these days of targeted therapies and genomics, cancer biology is more than ever of key importance in cancer control; however, as a discipline, bench scientists aren't typically COSA members or even come to the COSA ASM. Some may feel that this is not a problem as those involved in clinical oncology disciplines who also have an interest in laboratory based cancer biology are COSA members. It gets the question though whether 'cancer

biology' still warrants a group of its own within COSA or whether instead it would be better to simply have specific biology oriented activities of other core COSA groups. We have also been approached recently by Prof Rik Thompson of the St Vincent's Institute Melbourne regarding a closer affiliation with the Australian Chapter of the Metastasis Research Society. Clearly there are potential merits with having closer engagement with laboratory based research scientists and how we work with groups like this, perhaps in holding joint meetings or workshops as we have done with the Australasian Biospecimen Network (ABN), will need to be defined. Certainly there is a lot the Cancer Biology group can offer COSA but how it does so is a discussion that we will be having next year as we continue to look at how we can serve the broader interests of COSA in fostering a multidisciplinary approach to cancer control.

One activity of the Cancer Biology Group that continues is to look at biobanking from clinical trials run by the Cancer Cooperative Trials Groups (CCTGs). Essentially this project is an extension of the COSA CCTG enabling grant and has been led by myself and Prof David Goldstein with significant input from Profs Steve Ackland and John Zalcborg. 2011 has been a difficult year for biobanking in Australia as the principal source of funding, the NHMRC, has been reviewing its funding policy toward biobanks. This process is still underway and will not likely introduce a new scheme until March



2012 at the earliest. In the absence of clear funding sources we have been working up various business cases and exploring potential partnerships with other divisions of government such as the Department of Innovation, Industry and Resources (DIISR). We have recently submitted a joint funding application to the Nectar scheme of DIISR which would see support for a database to track clinical trial samples from CCTG trials, and the results of that application should be known early in the New Year. We have also made submissions to the NHMRC in regard to the development of their new biobank funding scheme. In these uncertain economic times and amidst some reorganisation of funding mechanisms at the NHMRC for biobanking, progress may be slower than we like but we are steadfast in our aim as we believe that this is of fundamental importance to cancer research in the 21st Century as confirmed at our recent workshop held with the ABN at the Perth ASM.

I look forward to the continued challenges of bringing the bench to the bedside and would welcome any comments or suggestions from COSA members as to how best we may achieve this.

Nik Zeps, Chair

Email: Nikolajs.Zeps@sjog.org.au

Cancer Nurses Society of Australia

2011 has been a busy time for CNSA. The constitutional changes proposed and approved by members at the AGM in Sydney in July 2011 has launched the Society into a flurry of activity that has seen the recent nomination and appointment of the first CNSA President Elect and Secretary to the NEC. Many congratulations to Sandy McKiernan, currently the Perth and Environs Representative to the NEC on her appointment to President Elect. Sandy will take up her role as President Elect in January 2012 and as President in January 2013. Congratulations also to Anne Mellon, currently the NSW Representative to the NEC, who was appointed to the position of inaugural NEC Secretary. Anne will begin in her new role in January 2012.

I am also delighted to announce that we will welcome some new faces to the NEC in 2012. Mary Ryan was successful in her nomination for the position of NSW Representative; Amanda Robertson will join us as the SA Representative and, Renae Grundy comes on board as Tasmanian representative. Mary, Amanda and Renae begin their terms of office in January 2012. A very warm welcome to them all!

With change comes recognition of those who have served the CNSA with incredible energy and commitment for many years. Louise Nicholson stands down from the NEC at the end of 2011. Louise has represented Tasmania for two consecutive terms of office. Louise's contribution to the Society is remarkable, working not only as Tasmanian representative, but also as a member of the Editorial Board of the Australian

Journal of Cancer Nursing (AJCN, the Official Journal of the CNSA); as Chair of the Clinical Practice Committee; and as Chair of two Local Organising Committees for Winter Congress in Tasmania in 2005 and for our 2012 Congress Meeting. Louise has lead and contributed to several important position statements and has been instrumental in sustaining the profile of CNSA across Tasmania. The NEC is very pleased that Louise will stay on as Editorial Board member for the AJCN and that the Society will continue to benefit from her clinical expertise and vision for Cancer Nursing. Anne Mellon has been an incredibly active and dynamic representative for NSW. During her term in office, Anne took on responsibility for coordinating the CNSA website. As a result of Anne's commitment, the New Year will see an exciting over-hall of the CNSA website. In her new role as Secretary, Anne will work closely with the CNSA EO to ensure that the CNSA communications' capacity grows and diversifies as we prepare for the future. Tracey Doherty stands down as SA Representative on the NEC at the end of this year. Tracey has made an invaluable contribution to the CNSA not only as SA representative but as Specialist Interest Groups coordinator. Tracey played a lead role in the constitutional reform proposal put to members at the AGM in July 2011 and, has been instrumental in enabling the NEC to work towards our vision for the future. On behalf of the CNSA, I extend sincere thanks to Louise, Anne and Tracey for their significant contributions.

Plans are well underway for the 15th CNSA Annual Winter Congress. The meeting will be held from 26-28th July 2012 in Hobart and promises to be an excellent meeting. The theme this year will be "Promoting Partnerships for Optimal Patient Outcomes" and our invited international key note speaker is Dr Donna Berry, Director of the Phyllis F. Cantor Center for Research in Nursing and Patient Care Services at Dana-Farber Cancer Institute. She is also Associate Professor of Medicine at Harvard Medical School. In 2011, Dr. Berry was the recipient of the Distinguished Researcher Award from the Oncology Nursing Society and she led the first national research agenda for the Oncology Nursing Society from 2002-2008. Other invited speakers include, Dr Michal Boyd a Gerontology Nurse Practitioner and a Senior Lecturer with the Department of Geriatric Medicine at the University of Auckland, New Zealand and, Associate Professor Declan Murphy, Consultant Urologist at the Peter MacCallum Cancer Centre and the Royal Melbourne Hospital, and Director of Outcomes Research at the Australian Prostate Cancer Research Centre. For more information about the Congress, please visit: www.dconferences.com.au/cnsa2012/Speakers.

In November, two research grants were awarded to CNSA members. For the first time, a grant was awarded to a CNSA collaborative research team, to enable the development and psychometric evaluation of a nursing cancer care complexity index. The project will engage CNSA members from across Australia enabling the Society to publish evidence to inform patient triage and

contribute to national initiatives regarding appropriate workforce allocation that contribute to optimal patient outcomes. The second successful submission came from Amanda Robertson for a study entitled: A prospective cohort study of return to employment after curative treatment with chemotherapy and/or radiotherapy for cancer. Many thanks to IPSEN for its support of the CNSA Research Grants program.

In November the Australian Journal of Cancer Nursing published its final edition for 2011. The focus of the latest edition was End of Life Care. For further information about how to publish in the Journal please visit: www.cnsa.org.au/documents/august2008/38_Australian%20Journal%20of%20Cancer%20Nursing.doc.

The Specialist Interest Groups of CNSA (Breast, Gynaecology and Radiation Oncology) have been busy establishing new projects and building membership numbers. Plans are also underway to establish a skin and complex wound management SIG. If you are interested in knowing more about this or would like to become involved in any of the CSNSA SIGs please visit the CNSA website. CNSA members continue to take an active role in state, national and international initiatives, demonstrating the contribution of nurses to excellent cancer care. The Regional Groups continue to work with great enthusiasm to deliver educational opportunities for nurses working with patients diagnosed with cancer, irrespective of where they live.

As the CNSA looks ahead to a year of new opportunities, our relationship with COSA remains a priority for the Society. The multidisciplinary nature of cancer care demands that developments in service delivery and workforce capacity are informed by multidisciplinary dialogue and consumer engagement. CNSA looks forward to contributing to COSA's ongoing program of work across its many diverse projects in 2012.

With all best wishes for Christmas and the New Year

**Mei Krishnasamy, Chair
President, Cancer Nurses Society of Australia
A Shared Voice ... A Shared Vision
Email: meinir.krishnasamy@petermac.org**

Cancer Pharmacists Group

This report brings us to the end of a very busy 2011. On behalf of the CPG committee, I would like to wish all of our members a very Merry Christmas and a Happy New Year. I hope many of you get the chance to take some time off over the festive season to recharge your batteries and spend some much deserved time with family and friends. I am certain that 2012 will be a year full of challenges and exciting new opportunities for the CPG.

Welcome to our new members who have recently joined the CPG. Our group membership is now at 128 pharmacists (a new record). Please continue to encourage other pharmacists to join, especially at the

start of 2012, the beginning of the COSA membership year. Encourage new pharmacists working in cancer to join COSA, and remind those old pharmacists that haven't yet joined COSA of the benefits membership brings! The benefits of membership are numerous, and membership costs are relatively cheap. Other member benefits include access to the Asia Pacific Journal of Clinical Oncology, access to the CPG discussion forum on the website, reduced registration at COSA events (the Annual Scientific Meeting, CPG seminars), access to Cancer Forum (the official journal of COSA and the Cancer Council Australia), opportunity to join and participate in COSA's multidisciplinary interest groups, and even a 10% discount at Cancer Council stores! All members also have web-access to the Natural Medicines Database, a leading source of evidence-based information on complementary and alternative medicines.

CPG Committee News

At our recent AGM in Perth we said goodbye to two long standing committee members: Ben Stevenson and Jim Siderov, our outgoing Chair. I would like to thank both of them again for all of the work they did on behalf of the CPG and our members. This year we welcome Michael Powell, Gail Rowan, Geeta Sandhu, and Zeyad Ibrahim to the CPG committee for a two-year term. Jude Lees, Dan McKavanagh, Maria Larizza all had their re-nominations accepted for a further two-year term. Dan Mellor (me!) was nominated as the new Chair of the CPG. As some of you will be aware, COSA is currently in the process of updating its Constitution. Please make sure as members you read any correspondence in regards to the Constitution. Once ratified it may impact upon the committee structures of the various groups under the COSA umbrella – watch this space!

ASM 2011

The COSA ASM 2011 was held on 15-17 November at the Perth Exhibition and Convention Centre. The CPG assisted in the organisation of a number of sessions and I would like to take this opportunity to thank our colleagues in WA who worked hard to ensure that pharmacy was well represented in the program: Debbie Bajrovic, Michael Cain and Phil Roberts. Prof Judith A Smith, a pharmacist/researcher from the MD Anderson Cancer Centre in Texas gave a number of well-received presentations. She also made the national news with her work on chemotherapy during pregnancy: <http://www.theaustralian.com.au/news/health-science/common-chemotherapy-safe-for-pregnant-women/story-e6frg8y6-1226197219530> and <http://www.abc.net.au/news/2011-11-16/pregnancy-chemotherapy-study/3675540>. The CPG Committee would like to thank her for travelling to Perth. Abstracts for presentations are available in the Asia Pacific Journal of Clinical Oncology. The CPG AGM was held on Tuesday 15 November and draft minutes will be circulated to CPG members in the near future.



ASM 2012 – Brisbane, 13–15 November

Planning for the next COSA Annual Scientific Meeting in Brisbane is about to get underway, so start organising your abstracts now. CPG member and past-Chair, Christine Carrington, has agreed to be the convenor for this meeting. Keep an eye out on the COSA web page for further information. We hope to see many of you in Brisbane for this event.

CPG course ‘Advanced Clinical Practice for Cancer Pharmacists’ Melbourne, Sept 2011

Following the success of the foundation clinical skills weekend, this course provided an expert-led forum for advanced-level practitioners to expand their practical knowledge and clinical skills in cancer pharmacy. Informative lectures focused on the dynamic situations encountered in the treatment of the cancer patient. The course was aimed at advanced-level pharmacists who have at least 5 years clinical experience in Cancer Care.

The inaugural two day advanced course was held on 17-18 September in Melbourne. The course content was based on feedback from CPG members and will be updated and refined based on feedback from participants. The course was fully subscribed and will be run again in late 2012. Thanks to all speakers for giving up their time to present on the weekend. If you or your staff would like to register your interest in attending the next course please email me at the address at the end of this report.

We also intend to run our foundation “Clinical Skills for Cancer Pharmacy Practitioners Course” in the first half of 2012 – we will be sending out a flyer as soon as the date is finalised.

Dan Mellor, Chair
Email: dan.mellor@petermac.org

Clinical Research Professionals Group

Greetings everyone! I trust many of you were able to attend the COSA ASM and had an enjoyable and stimulating time. Unfortunately, I was unable to attend but the feedback has been very positive. CRPG was very active at the ASM with Executive Committee members Hema Rajandan and Sam Ruell participating in two of the concurrent sessions. Hema discussed the role of credentialing for clinical trial coordinators, doctors and others involved in the care of a clinical trial patient. Sam discussed the barriers to effective clinical trial coordination and participation, and potential solutions from a site staff perspective. Janey Stone another committee member presented her poster with the intriguing title “Faster than a speeding bullet. More powerful than a locomotive: the integrated management database of the Australasian Leukaemia and Lymphoma Group (ALLG)”. Janey’s presentation was the end result of her 2011 COSA HOTTAH Grant project. I am aware

of at least another two poster presentations by general members of the group. Well done everyone!

As I complete my term as Chair, 2012 heralds a few changes to the Executive Committee. We are sad to lose the expertise and valuable input of Annette Cubitt, Chris Hodgkins, Christine Norris and Janey Stone. The new Executive Committee elected at the AGM is:

Name	Position
Deborah Howell	Chairperson
Sam Ruell	Deputy Chairperson
Dianne Lindsay	Secretary
Hema Rajandran	Member
Jill Davison	Member
Maria Cronin	Member
Valerie Jakrot	Member
TBC	Co-opted Member (2012 ASM CRPG convenor)

I would like to extend my gratitude to everyone who has contributed to our group during my time as Chair, particularly my colleagues on the Executive Committee. I am also appreciative of the opportunity to participate in COSA Council. This has been an invaluable experience. I have gained an understanding of the important and effective contribution COSA makes to cancer in Australia.

Although the new Executive Committee will meet in early 2012 to set their goals for the next two years I believe our profile within COSA and methods of communication are already on the agenda. All that is left for me to say is, welcome to the new Executive Committee and good luck to the CRPG with all future endeavours.

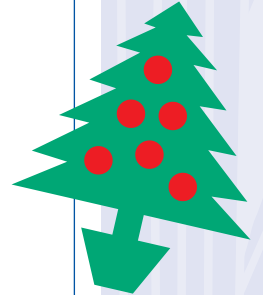
Best wishes to you and yours for a safe, happy and healthy 2012!

Sandie Grierson, Chair
Email: Sandie.Grierson@smu.org.au

Familial Cancer Group

The second half of the year has seen a lot of activity for the Familial Cancer Group. We have had our Clinical Professional Day alongside the annual Familial Cancer Research and Practice meeting in August followed by a strong Familial Cancer showing at the COSA Annual Scientific Meeting in November and then the publication of the positive results from the CAPP2 aspirin chemoprevention study in Lynch Syndrome.

(continued over page)



Clinical Professional Day, Kingscliff NSW August 2011

The COSA Familial Cancer Group organised the "Familial Cancer Clinic Day" at the Annual FCC meeting where the focus was on practical issues facing us in the clinic. The day started with an overview of the current issues surrounding breast cancer and ovarian cancer risk prediction in breast cancer families where no BRCA gene mutation has been identified, the clinical management of colorectal cancer families with no detectable genetic predisposition and the update on the unexpectedly high frequency of germline p53 mutations in adults with sarcoma. Discussion around the breast cancer risks and increasing number of families with germline p53 mutations is leading to two grant applications in 2012 to address the clinical issues associated with these.

The pre-lunch session was a psychosocial session of experiences around risk reducing bilateral mastectomy and salpingo-oophorectomy and important insights were shared from interview studies about coping strategies post-surgery and the motivations for choosing the radical surgical approach to prevention.

After lunch we heard some fascinating talks about the rarer cancer syndromes. One of these in particular has immediate clinical relevance with the presentation of the results of immunohistochemistry of SDH proteins in ascertaining patients with SDH-driven paragangliomas. This does appear to be a very robust technique and we will need to collaborate with our surgical and pathology colleagues to develop protocols for more routine use of IHC in this patient group – similar to the approach taken for IHC of mismatch repair proteins to indicate the potential diagnosis of Lynch syndrome in early-onset colorectal cancer.

The final session of the day was focussed on the current evidence in support of tamoxifen and other SERMs for the medical prevention of breast cancer in the high risk population and the breaking news on the results of aspirin medical prevention of colorectal and other cancers in Lynch syndrome which was finally published in the Lancet last month. Both of these approaches are ready for immediate clinical translation and the familial cancer fraternity will need to be at the forefront of developing protocols and mechanisms both for informing at risk individuals of these interventions as well as facilitating their prescription and monitoring. This will be a challenge as it is outside of the usual frame of clinical practice for most familial cancer specialists, but we will have to take the lead and guide the rest of our clinical colleagues until it becomes a routine discussion and prescription by the general medical profession.

COSA Annual Scientific Meeting, Perth November 2011

This was an extremely interesting meeting that was well attended and I am very pleased to report that the FCC-focussed session on next generation sequencing and its implications for clinical practice was so popular

that there was standing room only! I would like to congratulate Nick Pachter for organising the familial cancer contribution to this meeting and ensuring that familial cancer-related talks were present in many of the specific sessions as well as one of the plenary talks. I think that this really highlights that familial cancer/consideration of hereditary cancer syndromes is becoming much more integrated into clinical oncology practice and I hope that this is a trend that continues to develop. It is very exciting to think that the developments in technology are leading to the possibility of more extensive (and cheaper!) germline genetic testing which will start to take us away from selecting a single gene to test in a single family member to try and find the inherited genetic predisposition to the cancer cluster that has driven a family to seek advice from a familial cancer clinic. It has been like a needle in a haystack for many families and very unsatisfactory from the clinicians' point of view, so we all hope that these advances will mean we will have an answer for more of our families in the future.

One of the other talks which we hope will translate quickly into clinical practice is the BRCA genotyping of participants in the Australian Ovarian Cancer Study which has shown a high rate of germline BRCA mutations in this cohort – 14% overall and 16% of women with serous ovarian cancer. Dr Helen Zorbas, CEO of Cancer Australia, was present at the talk and is now aware of the clinical and resource implications of these findings as they are likely to lead to a recommendation to offer BRCA genetic testing to all women with invasive ovarian cancer once published. This shows the advocacy and policy-driving potential of COSA and hopefully will encourage more of the familial cancer professional community to consider using and supporting COSA in this regard.

2012 will be a busy year for the FCC community as we try and integrate the clinical practice changes outlined above and develop the familial cancer agenda for the annual meetings. We will also start to develop an agenda of clinical issues that require national consensus or at least national action to lead to evidence to support a national consensus and so welcome any feedback/contributions from anyone working in this field for suggestions and offers to drive any individual issue forward.

Gillian Mitchell, Chair
Email: gillian.mitchell@petermac.org



Gynaecology Group

It has been an extraordinarily busy time for everyone associated with ANZGOG... community meetings, grant applications, Annual Scientific Meeting preparation, fundraising, extraordinary general meetings etc etc.

We have been so fortunate to have such amazing help from our acting Executive Officer Margaret McJannett and from Heshani and Joy, who have been working so very hard to keep us up to date and from all at the CTC

who have ensured our ongoing trials run smoothly and that future new trials requirements are met.

Dianne Merrick has recently resigned due to family commitments and we thank her and wish her well.

Our next ASM will be in the Gold Coast at the end of February. We have a galaxy of international stars appearing including Gillian Thomas from Toronto, and Rob Coleman and Pedro Ramirez from the MD Anderson. The scientific content is quite outstanding so please come and bring your junior staff.

The Board has been working hard behind the scenes to ensure a thriving and productive organisation and I thank them for all their hard work and commitment. Special thanks to Alison Brand our next Chair and to Michael Friedlander for outstanding support.

Michael Quinn, Chair

Email: maquinn@unimelb.edu.au

Lung Group

My apologies to the lung group for my editorial absence. This brief update is intended to remind the group that we do exist, to provide some updates on key events in lung cancer this year and to engage the COSA Lung Group to think about what it wants to aim for and achieve within COSA.

On the first matter, the most exciting recent event in lung cancer was of course the IASLCs 14th World Conference on Lung Cancer in July. Australia was well represented both administratively and academically with faculty representation, Executive representation and with a number of invited talks and submitted abstracts. This was a great opportunity for us to showcase our lung cancer expertise as we work toward the 2013 meeting that Australia will be hosting. A special congratulations to all those who submitted and presented abstracts and to the invited faculty members.

At the recent COSA Council meeting in Perth, the discussion during the meeting regarding the COSA constitution prompted me to think about what the role is or should be for the COSA Lung Group in the next few years and in particular during the year of the next World Conference. It is important that the COSA Lung Group establish its role to work in parallel with the ALF and ALTG, particular given COSA's track record in political lobbying.

To that end I intend to send a survey to the membership on this question, with some suggestions to stimulate discussion/debate. For example, on the topic of mutation testing for NSCLC, as an organisation, what is our role in lobbying for this through government? Do we intervene or volunteer to advise the process or passively await any requested engagement.

In the meantime those amongst you who feel our role is clear or who have strong suggestions, please email me in advance.

Nick Pavlakis, Chair

Email: nick.pavlakis@sydney.edu.au

Medical Oncology Group

Welcome to the last edition of the MOGA Newsletter in the Marrayalyan for 2011. As we near the end of another busy year it is good to know that there are no more major meetings to attend either at home or abroad and hopefully no surveys to be distributed. It was good to catch up with those of you who attended the MOGA members' meeting at the COSA ASM on 15 November in Perth. The MOGA Executive's last meeting for this year was also held on 25 November and the number of issues that need to be addressed seems to have increased exponentially over the last twelve months. On behalf of the membership I thank all the Executive members for their continued support and assistance on a diversity of matters of importance to Australian medical oncologists.

Training

Applications for the ACORD Workshop, to be held on 9-15 September 2012 at Coolool on the Sunshine Coast opened online on 7 November and will remain open until 27 February. The Association encourages junior clinicians and young to mid-career consultants trained in all oncology disciplines to consider making an application for a place at this career changing Workshop. ACORD provides a unique opportunity to develop expertise in clinical trials design and research. At the same time, offering an unprecedented opportunity to learn from and develop professional networks with leading cancer researchers from North America, Europe, Asia and Australia. MOGA thanks and congratulates A/Prof Martin Stocker, the ACORD Convenor, for his continuing hard work and the three overseas workshop programs to be held in China, India and Pakistan this December that he has recently organised.

MOGA would like to especially thank and acknowledge Dr Craig Lewis, who stepped down from the position of Chairman of the Special Advisory Committee-Medical Oncology, Royal Australasian College of Physicians in November. Craig has been tireless in battling the College bureaucracy and ensuring that the highest standards of training have been made available to Australian medical oncology trainees. His legacy is substantial and all the members thank him for his herculean efforts. We would also like to acknowledge Dr Linda Mileschkin who will be taking over from Craig and Professors Paul de Souza, Philip Beale and Phil Parente for their continuing contribution to the Special Advisory Committee. The Association also thanks and recognises the many Trainee Supervisors located around the country for their contribution to educating and mentoring the growing number of trainees entering medical oncology.

Ho!
Ho!
Ho!

MOGA would like to thank Professor Stephen Clarke for accepting the role of Convenor for the Sciences of Oncology Program from 2012 onwards. The Sciences of Oncology Program is an exceptionally well regarded education program offered by MOGA to medical oncology trainees which has been generously supported by an unrestricted education grant from GlaxoSmithKline Australia since 2008. The Association is delighted to have an individual of Professor Clarke's calibre and stature to take on the leadership role and be the public face of this important program. As the new Program Convenor, Stephen will undoubtedly bring invaluable expertise and professional knowledge to the task of communicating new developments in the field that will impact on advanced medical oncology trainees.

Advocacy

In late October 2011, MOGA wrote to the Prime Minister ahead of her participation in the recent G20 Summit in Cannes. G20 nations represent some 85 percent of global economic output and two-thirds of the world's population and therefore share a collective responsibility to provide leadership in global development and poverty eradication. Last month, more than thirty Heads of State, including several from the G20, attended a UN High-Level Meeting in New York to pledge their support for concrete action to prevent and control a major cause of world poverty: non-communicable diseases (NCDs), which include cancer, cardiovascular disease, chronic respiratory diseases and diabetes.

NCDs are a significant driver of economic loss and instability. A recent study by the World Economic Forum and Harvard University estimates that NCDs will cost the world economy \$47 trillion over the next 20 years, representing 75 percent of annual global GDP and surpassing the cost of the global financial crisis. Yet, the World Health Organization estimates that a basic package of cost effective strategies to prevent and treat NCDs would cost only \$11.4 billion a year across all low- and middle- income countries.

This year's G20 Chair, France, along with other members such as Germany, South Africa and Australia, requested support for a Financial Transactions Tax that would ensure a renewed global effort in the fight against poverty and ill-health.

Access to New Therapies

This is the time of the year when MOGA's activities with oncology drugs and treatments are most to the fore. The Annual Horizon Scanning Report is now available to MOGA members and we can all take pride in the number of significant drugs and treatment developments that are outlined in this report which will impact clinical practice.

I was fortunate enough to meet with Dr Suzanne Hill, the new Chair of the PBAC, to raise a number of issues prior to the Annual Drugs Roundtable which Dr Hill was not able to attend due to an overseas commitment.

Since the inception of the round table meeting with the PBAC instituted by Professor Ian Olver, a very positive, open and productive dialogue has developed between MOGA and the PBAC. MOGA has been working through a range of issues with Professor Sansom and PBAC staff and made good progress in many areas. I am pleased to advise that Dr Hill is more than open to building this relationship and agrees that our mutual priority should be to allow patients access to oncology drugs without bankrupting the national health system.

In our meeting I took the opportunity to highlight some key issues, including:

1. The need for regular and more frequent meetings between MOGA and the PBAC. Commencing in early 2012 a small MOGA Working Group will meet 3-4 times a year with the PBAC Chair and Secretary to share updates and discuss current as well as emerging issues. Dr Hill highlighted that one of the key elements of the Australian pharmaceutical sector that is missing is effective engagement with the specialists, particularly with regard to treatment guidelines that can be fed into and through the PBAC's decisions and processes.
2. Identification of sub-groups benefiting from specific drugs. MOGA is keen to look at sub-group drug access and how to put in place appropriate guidelines to allow access to a greater number of drugs. Dr Hill noted that the trade-off for this type of arrangement would need to be effective pricing, use and monitoring by the profession for its own purposes.
3. Encouragement of post-marketing research after a drug is approved. Many clinical trials have narrow eligibility criteria that are not realistic in terms of patient populations with certain types of cancer. For this reason, ongoing data needs to be collected regarding efficacy and toxicity.
4. The overall budget for the PBAC is static, hence the only way to allow entry of new drugs is to lower the price of others, use them more judiciously, or remove them from reimbursement. One clear issue we need to address is when to stop biologicals. The usual oncology dogma of ceasing a treatment when tumour progression occurs is being challenged by the newer biologicals. As a profession we have to ask the benefit of continuing therapy. Stopping earlier may free up money for other drugs to be approved. Dr Hill noted that this is critical for managing treatment and community expectations, above all because of high community expectations with regards to new treatments. MOGA is of the view that it is important to educate the community about the variability of wonder drugs, appropriate drugs and treatment options and that not every patient needs treatment and alternatives such as palliative care need to be considered.
5. Authority Streamlining. PBAC recommends whether an authority should be streamlined or not. Once

streamlined, the administration is out of the PBAC's hands and this is handled by Medicare Australia. Dr Hill indicated that the PBAC is interested in considering a batch approach when possible but there are criteria that would need to be addressed concerning issues such as leakage and safety. The criteria are to be reviewed and a list that complies developed for consideration. MOGA would like to be involved in streamlining, in particular to address concerns such as leakage and members' practices. MOGA wishes to contribute to the process to reduce leakage as much as possible to achieve cost savings to benefit and facilitate funding for other drugs. To do this, there is a need for the development of some regulatory guidelines. MOGA will assist with developing these. This will be the subject of further discussions.

6. Electronic scripting and E-signatures. With the increasing use of E-subscribing for chemotherapy, the current paper based system is proving inefficient and time wasting for clinicians. There is a need to link script submissions to the PBS, provide better data capture and enhance monitoring. Dr Hill was strongly in favour of this.

The Annual Oncology Drugs Roundtable meeting was held on 25 November and was attended by representatives from professional organisations such as the HSAZ and FRO, consumer groups, such as Cancer Voices and BCNA and the key regulatory bodies including the TGA, the PBAC, Medicines Australia and the Department of Health and Ageing. There were a number of key issues addressed during the meeting, including:

1. Drug streamlining: 18 drugs have been streamlined for the public system and 11 for the private system. Although these are positive steps, MOGA and PCPA voiced strong concerns regarding the disparity between the public and private arrangements. The Department was also made aware of the additional work that the revised scripting arrangements will entail for medical oncologists.
2. The Intravenous Chemotherapy Supply Program: Through a collaborative effort from MOGA, PCPA, COSA and the Pharmacy Guild, significant changes were made to the ICSP. Further discussions occurred before the 1 December rollout, particularly around amnesty period for current scripts and overcoming shortfalls in electronic prescribing through practice management systems. I would encourage any of our members to inform us of problems with the new arrangement.
3. Concern was raised by MOGA and Medicines Australia with regard to the new combined MSAC and PBAC approval process for co-dependent technologies and drugs. There was great concern that this process would slow down the approval of important drugs for our patients. It was suggested

that MOGA could act as an advisor to MSAC and the PBAC in this area.

4. Off label drugs: A/Prof Michael and the Peter McCallum Cancer Centre's Pharmacy Unit have gathered data on off label drug usage, recording usage of drugs for indications that were considered off label (no authorised indication) but were in standard protocols developed from phase III trial data and were standard treatments globally for a particular disease. Approximately 40% of the protocols had off-label usage. The current system of having to submit each of these drugs to the TGA and PBAC is not workable as the drugs are off patent, the companies are not interested in pursuing this and the cost of submissions precludes organisations such as MOGA from being able to take this on. The list has been sent to the Drugs Utilisation Sub-Committee of the PBAC to review and will be considered at its next meeting. With the data under review, priorities, key issues and potential actions will then be identified. The next step would be to determine what the usages are and what drugs can go direct to the PBAC/PBS if a mechanism can be developed, without having to go to the TGA for an extension of indications.
5. There was discussion around MOGA acting as an advisor to the PBAC, particularly with regard to identifying areas of need in medical oncology. There was a sense of renewed collaboration between the two organisations, and quarterly meetings are planned for the future between the PBAC and a subcommittee of MOGA, comprising Michael Michael, and myself representing MOGA, John Bashford representing PCPA, and David Ritchie representing HSAZ.
6. Although not in the PBAC playing field, the issue of new item numbers was discussed with DOHA and Robyn Ward, the chairperson of MSAC. This would include item numbers for administration of intravenous bisphosphonates, subcutaneous administration of chemotherapy and biological, and administration of oral chemotherapy and biological agents. MOGA will partner with PCPA to develop submissions for these numbers.
7. In order to assist in addressing the range of issues around Medicare items numbers for chemotherapy treatments that we know are of concern to many MOGA members (eg., MBS item numbers/funding for IV bisphosphonate administration, cytotoxics not given by the intravenous route, oral chemotherapy agents and the EGFR monoclonal antibodies), the Association was successful in bringing senior representatives from the Medicare Program into the Oncology Drugs Roundtable process for the first time.
8. We thank Associate Professor Kelly Anne Phillips for writing and presenting the position paper "Tamoxifen for the Prevention of Breast Cancer".



Kelly's presentation provided a very succinct and convincing case for extending or changing the current indication for Tamoxifen. It also highlighted the usual range of systemic barriers that beset the Australian regulatory process and the need for the Association to lobby and advocate on a drug by drug basis. However, there was good support from around the table for MOGA to pursue proposed changes to the listings and indications of a range of oncology drugs.

And finally...

On behalf of the MOGA Executive I would like to extend our congratulations to Associate Professor David Ritchie, the new Chair of the Haematology Society of Australia and New Zealand.

I would like to thank Michael Michael and Christopher Steer for their tireless work over the last year. And finally my sincere thanks to Kay Francis and the MOGA staff, who spend their time making me look good.

On a personal note, I would like wish our members, along with their families, friends and colleagues a relaxing and joyous festive season.

Gary Richardson, Chair

Email: gary.richardson@ocv.net.au

Neuro-Oncology Group

2011 has proven to be an eventful year of progress across clinical care, neuro-oncology trials, research and patient advocacy in neuro-oncology.

Progress has been made on the development of a national network of health professionals providing care coordination and psycho-social support to brain tumour patients and carers across Australia and New Zealand. So far the response through calls via COSA, statewide networks, Cancer Councils and the Australasian Neuroscience Nurses' Association (ANNA) have been very positive. The listing currently contains over 80 health professionals and consumer advocates across all Australian states/territories and NZ; (from both adult and paediatric/AYA sectors). The aims are to build collegial support and sharing of common experiences and resources going forward.

Update on current active COGNO (Cooperative Trials Group for Neuro-Oncology) trials:

1. CATNON, Australian PI Professor Anna Nowak from WA, is a Phase III study addressing the role of the EORTC protocol (adjuvant chemo-radiation proven in Glioblastoma) in the setting of anaplastic astrocytoma (in patients who do not have the 1p19q co-deletion). There are currently nine activated sites recruiting around Australia with two more sites to be opened soon. As at November 2011, 50 patients have been registered and 27 patients randomized.

2. CABARET, PI Dr Kathryn Field, from Victoria, is a Phase II randomized study addressing the use of carboplatin and bevacizumab (versus bevacizumab alone) in the setting of recurrent glioblastoma. The CABARET study now has 17 active sites across Australia, and at late November 2011, has recruited 66 patients on Part 1 of the study and 7 patients on Part 2 of the study.
3. SEED, PI Palliative care specialist A/Professor Meera Agar, opened in July 2011 as a pilot study of a steroid-sparing protocol in recurrent glioma, brain metastases and metastatic cancer. The study has recruited 13 patients across 5 active sites in NSW.

Important upcoming 2012 Events: Mark your diaries and Register now!

A COSA Neuro-oncology Clinical Professional Day will be held on Friday 9 March 2012 at the Sydney Convention and Exhibition Centre, in conjunction with the RCPA Pathology Update Meeting and the "Genetics and Genomics in Personalised Medicine" Conferences.

The title for the Day's program is "**Brain Tumours: New tools for Diagnosis, Treatment and Research**". We are particularly excited and honoured to have two of the world's leading clinicians in the field of neuro-oncology confirmed as our international guest speakers! **Professor Martin van den Bent, Neuro-oncologist, The Netherlands, and Professor Paul Kleihues, Neuro-pathologist, Switzerland.** The program for the COSA Professional Day will also feature a range of prominent Australian clinicians.

For further information including program and registration details, please see:

<http://www.cosa.org.au/asm/cosa-neuro-oncologyclinical-professional-day.html>

or

<http://www.rcpa.edu.au/Continuing/PathologyUpdate/PathologyUpdate2012/COSA.htm>

The **Cooperative Trials Group for Neuro-Oncology (COGNO) will hold its fifth Annual Scientific Meeting from Wednesday 8th August to Thursday 9th August 2012 in Brisbane** with planned joint sessions with the Medical Oncology Group of Australia (MOGA) ASM earlier that week. Local co-convenors will be Dr Zarnie Lwin, Medical Oncologist and Dr Matthew Foote, Radiation Oncologist. Confirmed esteemed international guest speakers to the COGNO ASM will be neurosurgeon Dr Michael Vogelbaum from Cleveland Clinic, Ohio and Dr Susan Chang, neuro-oncologist from University of San Francisco. Further details to follow in the New Year.

Please contact Dr Koh if you have suggestions regarding any aspect of COSA Neuro-Oncology for 2012.

Seasons Greetings to all,

**Eng Siew Koh, Chair; Kate Drummond, Deputy Chair
Email: eng-siew.koh@sswahs.nsw.gov.au**

Paediatric Oncology Group

Australian and New Zealand Children's Oncology Group (ANZCHOG) has continued to develop its research agenda across multi-disciplinary groups in 2011. With the early phase trials group, Australian Children's Cancer Trials (ACCT), the focus has been on developing international relationships.

The ACCT Phase I Study of LBH589 in Paediatric Patients with Refractory Solid Tumours and CNS Tumours is expected to open to recruitment in New Zealand and possibly Europe and the US for Part 2.

ACCT is working with the European early phase trial group Innovative Therapies for Children with Cancer (ITCC) to design and develop a Phase II study for high grade glioma.

ANZCHOG will sponsor a Phase III randomised ALL study run by the large Berlin-Frankfurt-Munster (BFM) consortium. This is an important step in the relationship between ANZCHOG and BFM as it has facilitated discussion on national membership and for ANZCHOG to sponsor further BFM studies in Australia.

In addition, ANZCHOG has developed relationships with international group collaborators; Canadian C17, European group ITCC and US-based Therapeutic Advances in Childhood Leukemia and Lymphoma (TACL). ANZCHOG hosted a meeting in Auckland October 2011 which all international groups attended and agreed to continue collaborations in 2012. A proposed follow-up meeting is being planned to coincide with ASCO in Chicago, in 2012.

As part of the SIOP Congress in October 2011, ANZCHOG held pre-conference satellites for radiation oncology, nursing, junior oncologists, trainees, and bone marrow transplant. The Annual Scientific Meeting was held in conjunction with SIOP, and provided excellent opportunities to contribute to the international scientific program.

ANZCHOG has also received support from both the Cancer Research Economic Support Team (CREST) to develop health and pharmacoeconomic analyses into trial protocols, and the Quality Of Life (QOL) Office for QOL analysis. In addition, ACCT has also undertaken a major national project to determine the barriers and enablers to paediatric oncology clinical trial participation.

The Australian Children's Cancer Trials Registry is live and lists all open trials in Australia. ANZCHOG is currently working with the New Zealand children's cancer centres to include their studies on the Registry. The Registry provides information for the public as well as health professionals as to current trial status and availability and can be found here:

<http://www.anzchogtrials.org>.

ANZCHOG is growing in the areas of research development and clinical trial capability and we hope to strengthen these foundations further in 2012.

Peter Downie, Chair

Email: peter.downie@rch.org.au

Palliative Care Group

Activity of the Palliative Care Group in 2011 has continued to have a focus on cancer pain, corresponding to the release of the National Pain Strategy (www.painaustralia.org.au/strategy/). The COSA Palliative Care Group continues to highlight the issues important to the multidisciplinary cancer professional community in the management, policies and problems faced when managing cancer pain or pain related to cancer treatment. The Palliative Care Group continues to provide input into strategies arising out of the National Pain Summit; working with the cancer pain and palliative care group, led by Dr Melanie Lovell (Palliative Medicine physician, Sydney) to address the specific actions and strategies put forward for cancer pain management. COSA is a foundation member of Painaustralia (www.painaustralia.org.au), which will be working to implement the national pain strategy.

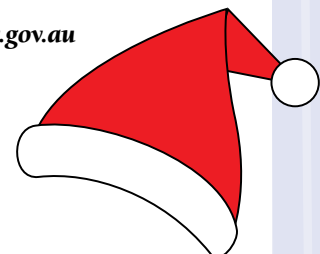
This month has brought an announcement of a senate enquiry into palliative care provision in Australia. The enquiry will be conducted by the Senate's Community Affairs References Committee and chaired by Australian Greens spokesperson for health and ageing, Senator Rachel Stewart. The terms of reference outline eight factors the committee will review and cover: the efficient use of palliative, health and aged care resources; the effectiveness of various palliative care arrangements; the composition of the palliative care workforce; the adequacy of standards applying to palliative care provision; and the availability and funding of research, information and data about palliative care in Australia. Advance care planning will also be considered, including end-of-life communication conversations between health care professionals and dying patients; national consistency in law and policy supporting advance care directives; and scope for including advance care plans in personal electronic health records. The terms of reference are available from:

http://www.aph.gov.au/senate/committee/clac_ctte/palliative_care/tor.htm

The Palliative Care Group would be interested in receiving comments from COSA members to compile into a written submission. Please send such comments through to me.

Meera Agar, Chair

Email: Meera.agar@sswhs.nsw.gov.au





PaCCSC

Palliative Care Clinical Studies Collaborative

PaCCSC 3rd Research Forum
15th and 16th March 2012
Sydney

Venue: Stamford Plaza Sydney
Airport, Sydney

For program information:
[http://www.caresearch.com.au/
caresearch/tabid/758/Default.aspx](http://www.caresearch.com.au/caresearch/tabid/758/Default.aspx)

Cost: \$99.00

Members and associate members no cost.

Individuals can register their interest by emailing:

rhiannon.haines@flinders.edu.au

Closing date for registration:

17th February 2012

Further information can be obtained by calling Belinda Fazekas on 08 8275 1396



Flinders University receives funding for the PaCCSC project under the National Palliative Care Program and is supported by the Australian Government Department of Health and Ageing.

Psycho-Oncology Group

Inquiry into Commonwealth Funding and Administration of Mental Health Services

During November 2011 the Federal Senate Community Affairs Reference Committee conducted an inquiry into administration of mental health services. This included analysis and review of access to and outcomes of mental health services financed through the Medicare system. Under the terms of the inquiry the two-tiered system of rebates for psychologists (clinical psychologists compared with others) was considered. While the committee have not yet released recommendations from the inquiry, the views both for and against a two-tiered system of Medicare rebate have been documented. Please keep abreast of developments in this arena and make your views known to your federal member and senators.

Professional Day:

COSA Council is thanked for generously providing funding for a third Professional Day. See full report in this issue.

OZPOS AGM 2011

Thank you to the members who attended the OZPOS AGM in Perth this year. The group continues to maintain high volume of membership and activity. We discussed expanding our linkages with other professional groups and aiming to increase the profile of psycho-oncology as a subspecialty amongst the range of health professionals engaged in delivering this kind of care. We will actively pursue relationships with the Australian Psychology Association, National Social Work groups through OSWA, links with Nursing through CNSA and Psychiatry through the College of Psychiatrists. If you have suggestions and contacts to assist in this process please get in touch, this is a long-term strategy to build the profile of our workforce as well as increase our membership.

IPOS 2012:

We are very excited to report that Australia will be hosting IPOS 2012. We are undertaking this initiative in collaboration with POCOG, Cancer Council Queensland and COSA. International and national program committees have been organised and we are making good progress with the program. It will be a major undertaking for our groups and I hope that all members will be willing to contribute in any way they can. We aim to showcase the outstanding psycho-oncology research undertaken internationally and here in Australia.

Haryana Dhillon, Chair

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Surgical Oncology Group

After three years as Chair of the Surgical Oncology Group I am stepping down from this position effective December. It has been an honour to have served with COSA and I thank particularly Bruce Mann and Bogda Koczwara for their leadership.

COSA's great strength is its multidisciplinary engagement across the spectrum of cancer care and its ability to advocate for improvements in prevention and management.

Surgeons across almost every discipline encounter cancer as part of their practice. Indeed surgery is often the primal treatment of malignancy and it is important that surgeons who practice in this area embrace all the aspects of cancer care for their patients. These include multidisciplinary activities in all medical and supportive services, and participation in collaborative clinical trials.

Involvement in the collaborative trials groups provides surgical leadership in the care of cancer and ensures ongoing education, which is critical to effective progress in the field.

COSA plays an important role in providing, nurturing and supporting these important linkages and collaborations. Over recent years, the multidisciplinary educational meetings held prior to the COSA AGM have been well attended by young surgeons. This demonstrates the success of these collaborations and the ongoing need for close engagement with the Royal Australasian College of Surgeons.

I wish COSA and the COSA leadership all the very best for the future. It has been an honour to have been involved.

Susan Neuhaus, Chair

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Urologic Oncology Group

This time of year is always the most active for the Group, as our members get together for the ASM and we start thinking about opportunities to work together in the New Year.

The highlight for the Group since the August report was of course the joint COSA/ANZUP ASM in Perth. 2011 had for a long time been planned to be a year in which genitourinary cancers were featured at the ASM, and the opportunity to run the meeting in formal partnership with ANZUP was too good an opportunity to miss. This collaboration has led to great advantages for both sides, with the genitourinary cancer program interweaved throughout the three days of the meeting and allowing opportunities for ANZUP international speakers to participate in other aspects of the meeting also. Unfortunately Howard Scher, one of our keynote international speakers, was unable to attend at the last minute however with the quality and very generous

support of our other international and national speakers we were more than capable of replacing him.

The meeting kicked off on Monday 14 November with the Urologic Oncology Group Clinical Professional Day, funded by COSA and run jointly with ANZUP. The day consisted of interactive case-based discussions involving both national and international panels of speakers across all disciplines. The day was aimed primarily at trainees but was open to anyone interested. A highlight was the session jointly held with PoCoG/OZPOS relating to psychosocial issues in genitourinary cancer. We thank everyone who attended and participated, our Convenor Shomik Sengupta, and all those involved in putting the cases together along with our enthusiastic panel participants. In particular we would like to thank Amgen for supplying the interactive response devices, to Pierre Fabre Medicament for supplying the satchels, and our other sponsors Pfizer and Novartis. This was a highly successful initiative and we plan to continue to adapt and evolve it for future meetings.

The main program began early on Tuesday 15 November, with a breakfast session on "Evolving perspectives in the treatment of urothelial cancer," supported by Pierre Fabre Medicament. Speakers were Chris Sweeney (medical oncologist, Harvard / Dana Farber) and Mike Wallace (urologist) who spoke on improving cure for both localised and advanced disease. A keen group of attendees found this to be a highly stimulating discussion.

Later that morning was a concurrent session on "Prostate cancer: old problems and new possibilities," chaired by Shomik Sengupta. I spoke on new developments in advanced prostate cancer but was overshadowed by our other fantastic speakers: Gillian Mitchell (clinical oncologist: genetics and screening), Isabel White (nurse: continence and sexual function), and David Sandoe of PCFA who spoke under the title, "It's personal!" This session beautifully illustrated some of the breadth and depth of clinical and research questions in prostate cancer, and reinforced the personal aspect of the cancers that we treat.

Following the Group AGM at lunchtime, Tuesday 15 November afternoon sessions included the ANZUP plenary session entitled, "Urologic Oncology: beyond the medical oncologists." The basis for this session was a recognition that many conference sessions are dominated by medical oncologists discussing advanced disease. ANZUP and COSA recognise that there is far more to cancer than this and our memberships and our research and advocacy interests reflect that. I had the pleasure of chairing this most interesting session. The speakers were Seth Lerner (urologist: molecular biology and genomics), Isabel White (sexual recovery after cancer diagnosis and treatment), Andrew Kneebone (radiation oncologist: new approaches) and Gillian Mitchell (psychosocial concerns around familial cancer).

Following this was another concurrent session on bladder cancer, chaired by Manish Patel. Again we had the opportunity to look at a range of clinical scenarios



from early non-muscle-invasive cancer (Mike Wallace) through to localised muscle-invasive disease (Seth Lerner), issues surrounding systemic therapy (Chris Sweeney) and nursing issues in the context of a case study (Kath Schubach).

A busy program on the Tuesday was concluded with the ANZUP/AstraZeneca Evening Symposium entitled, "Kindest cuts in prostate cancer: Learning from the surgeon and pathologist." Seth Lerner's voice managed to hold out for yet another presentation, this time on issues relating to surgical quality in radical prostatectomy; while pathologist Chris Womack discussed the pathologist's contribution to prostate cancer diagnosis, management and research. A great dinner and outstanding company drew a very busy day to a close. Thanks again to AstraZeneca for their support of this event.

With very little rest for the more wicked amongst us, Wednesday 16 November kicked off with another breakfast session chaired by Jeremy Shapiro on "New treatments for metastatic castrate-resistant prostate cancer: What does this mean for my patients?" Thanks to Sanofi for supporting this session. Chris Sweeney spoke on new horizons and mirages in prostate cancer treatment, followed by a stimulating discussion of several cases.

Later on Wednesday was a concurrent session of the "Best of the Best Orals – Urologic Oncology." Chaired by Damien Bolton with Seth Lerner and Tim Eisen as discussants, the speakers included:

- **Joanne Dickinson:** Epigenetic regulation of the integrin, ITGA2 in prostate cancer;
- **David Goldsbury:** Who are the men aged over 75 who are having PSA tests?;
- **Peter Grimison:** Accelerated BEP for advanced germ cell tumours: An Australian multicentre phase I/II trial;
- **Gary Richardson:** Comparison of denosumab versus zoledronic acid (ZA) for the prevention of skeletal-related events in patients with bone metastases from solid tumours;
- **Shomik Sengupta:** Quantification of the effect of hypertension and diabetes on the degree of renal function deterioration post unilateral nephrectomy;
- **David Smith:** Patient reported quality of life in men diagnosed with advanced prostate cancer: 5 year results of the NSW Prostate Cancer Care and Outcomes Study.

Congratulations to **Peter Grimison** on being awarded the distinction of being the Best of a truly Best group. A concurrent session held later on Wednesday called "Status Quo on Testicular Cancer: ANZUP's Perspective" was chaired by Guy Toner. Speakers were Chris Sweeney, who spoke eloquently on collaboration and treatment driven by a good understanding of the biology; Ben Smith (psychologist) on the psychosocial impact of testicular cancer survival; Peter Grimison

on ANZUP germ cell trials; Guy Toner on improving management plans; and concluding with a question and answer session for the panel.

The conference dinner on Wednesday is best passed over without comment. It was a great night, and we have photographic evidence relating to certain members that will be handed over only if required by law, or for extortion.

The final day of the main meeting commenced with a breakfast session hosted by Cancer Australia discussing the future of cooperative trials research. David Goldstein later chaired a concurrent session on renal cell carcinoma subtitled "Learning from the community." Tim Eisen spoke on cooperative group trials and on translational cancer research; Ginaluca Severi (Cancer Council Victoria) spoke on RCC epidemiology; and I concluded the session with a discussion of ANZUP and its trial program, concentrating on RCC. It was very clear that the community contributes enormously to the development of cancer treatment and the lessons we can learn from research.

ANZUP and COSA would like to take this opportunity to thank all our generous and very supportive sponsors of the 2011 ASM, in particular we would acknowledge Amgen, AstraZeneca, Novartis, Prostate Cancer Foundation of Australia, Sanofi and Pfizer for their additional support to ensure our excellent faculty of international speakers. Thanks also to our members for attending and making this a great meeting for both groups. **Put the 2012 COSA Brisbane ASM into your diaries now 13-15 November.**

Don't forget to **SAVE THE DATE** for ANZUP's standalone Annual Scientific Meeting 15-17 July 2012 in Sydney. Planning is well advanced and we are anticipating a great few days celebrating our multidisciplinary research and collegiality. Encourage your friends, colleagues and particularly your trainees to join ANZUP and come along.

Please do not hesitate to contact me if you want further information on COSA or Margaret McJannett margaret@anzup.org.au if you would like to participate more actively with ANZUP.

Ian Davis, Chair
Email: ian.davis@ludwig.edu.au



COSA Interest Group Updates

Cancer Care Coordination Interest Group

The three working groups of the Cancer Care Coordination Interest Group have enjoyed a busy and productive year.

The Education and Conference Working Group led by Douglas Bellamy have put together an excellent program for the Cancer Care Coordination Conference to be held 6 & 7 March 2012 at the Novotel, St Kilda Melbourne. Professor Emma Ream, University College London will be speaking on subjects most relevant to the role of cancer care coordinators. Her current projects focus on Experience Based Co Design for service improvement, Survivorship Needs Assessment and MDT effectiveness. The conference will feature innovations from across the country to support improvements in cancer care coordination.

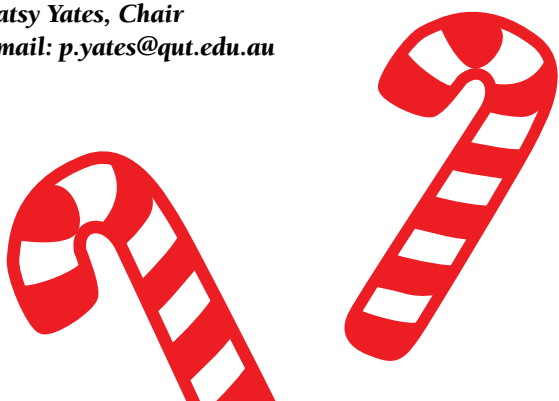
The Networking and Communication Group led by Jacinta Elks plan to build on the features of the care coordination contact database that was launched this year. In 2012 the group plans to develop an E-newsletter to provide a snapshot of service improvements drawn from projects outlined on the database. The newsletter will provide a mechanism for regular communication with the group members.

A literature review led by my Research team was undertaken to identify current information on cancer care coordination outcome measures. In 2012, the findings from this literature search will be used to develop a toolkit for cancer care coordinators to assist in evaluation of care coordination interventions. A report on progress will be presented at the March conference.

This year's COSA ASM included a session with reports from Queensland, Western Australia and New South Wales on outcomes from their respective Statewide cancer care coordinator evaluation projects. The presentations highlighted many common themes regarding progress to date and proposed future directions for improving the patient journey.

I wish all COSA members a safe and happy Christmas and thank COSA for its ongoing support.

Patsy Yates, Chair
Email: p.yates@qut.edu.au



Developing Nations Interest Group

This year has seen the successful completion of the two pilot fellowships for the COSA Asia Pacific Mentoring Program. It has been a great success.

2011 Pilot Fellowships

- Dr Kanakorn Runglodvatana, Medical Oncologist, Vajira Hospital, Bangkok, Thailand. Dr Runglodvatana is currently participating in a 12 week fellowship at Royal Adelaide Hospital Cancer Centre (RAHCC). His fellowship is fully supported through COSA funding.
- Mr Nguyen Thanh Binh, Radiation Physicist, K Hospital, Hanoi, Vietnam. Binh's 10 week fellowship was largely undertaken at The Radiation Oncology Unit, Liverpool Hospital with two week visits at the radiation oncology departments at Royal Prince Alfred Hospital and Royal North Shore Hospital, Sydney. His fellowship was funded through The Royal Australian & New Zealand College of Radiologists (RANZCR) and coordinated by COSA.



(L-R) Ms Marie Malica (COSA), Dr Nimit Singhal (Royal Adelaide Hospital Cancer Centre), Dr Kanakorn Runglodvatana and Ms Kathy Ansell (COSA)

I am pleased to announce the COSA Executive has approved the continuation of the Fellowships in 2012. Details of the Fellowships and announcements for a call of submissions will be made through the COSA website and the Marryalyan in early 2012.

COSA hopes to build relations with cancer leaders from the Asia Pacific Region.

We welcome members to join the Developing Nations Interest Group, please feel free to contact me or Kathy Ansell at COSA office. May I take this opportunity to wish you a safe and happy holiday.

Matthew Links, Chair
Email: Matthew.Links@SESIAHS.HEALTH.NSW.GOV.AU



Geriatrics Oncology Interest Group

Looking back on the past few months activities, I have been fortunate to present at two conferences – MOGA in August and SIOG (International Society of Geriatric Oncology) in November. I took the opportunity to visit two centres of excellence in France prior to attending the SIOG meeting in Paris. I was able to present the geriatric assessment audit that the interest group performed in 2010 and the work we have been doing here at Border Medical Oncology. We have been studying the feasibility and effectiveness of performing routine screening for supportive care issues using the Adelaide Tool in all patients over the age of 70 presenting to our service...with interesting results.

The Geriatric Oncology working group's main objective is to provide mentorship in the support of clinical practice and see the development, testing and dissemination of easy screening tools. This will enable proper referrals to multidisciplinary clinics. This objective will be supported by the formation of a Research Group lead by Professor Jane Phillips. We thank Jane for taking on this role.

Our priority is validating the Adelaide Screening tool as it is an important next step before it is adopted more widely across Australia. We welcome interested parties who are prepared to work collaboratively.

The Executive would like to hold a forum on the practical issues of caring for the elderly patient which includes both chemotherapy & surgery in 2012 and continue running an education session at least once a year. We welcome COSA members to join the interest group, please contact myself or Kathy Ansell at the COSA office.

Best wishes,

Christopher Steer, Chair

Email: CSteer@bordermedonc.com.au

Consumer Engagement Project Update

In June 2011, COSA was successful in receiving funding from Cancer Australia for a project to enhance consumer engagement in clinical cancer research (\$270,000 over 12 months).

The Enhancing Consumer Engagement in Clinical Cancer Research Project aims to develop a comprehensive strategy for increased consumer involvement at all levels of clinical cancer research through increased training, mentoring and collaboration across the fourteen Cancer Cooperative Trial Groups (CCTGs) in order to enhance knowledge, skills and confidence of consumers involved in clinical trial research development and oversight.

The project will focus on cancer specific consumer involvement with particular emphasis on consumer roles in CCTGs, and will consist of 3 phases:

1. Detailed needs analysis including literature review, consumer feedback, researchers and other stakeholders feedback
2. Development, piloting and evaluation of educational resources and tools for networking and support (examples of tools that may be developed include consumer registry, clinical trial educational modules that are cancer specific, networking tools, clinical trials dictionary, standards of consumer involvement in research – ie core knowledge requirements)
3. Development of recommendations for long term sustainability and dissemination of project recommendation and deliverables through national dissemination using existing consumer, cooperative trial and COSA networks as well as new means identified in the course of the project.

Current Status

Jenny Hughes commenced in the role of Project Coordinator in early September 2011 and is responsible for managing this project. Some of the project achievements to date include:

- Project Governance structure has been established including the appointment of the Chair, Mr John Stubbs, and development of steering committee and advisory group terms of reference
- The Project Steering Committee held its first meeting on 29 September. Membership of this important committee includes consumers and Executive Officers from the CCTGs, as well as representatives from COSA and Cancer Australia.
- Regular project review meetings are being held with Cancer Australia
- Phase 1 of the project is nearing completion; the final Literature Search Report has been submitted to Cancer Australia; and a consumer Needs Assessment Workshop is being held on 13 December 2011

Planned activities

- Report on findings from Consumer Needs Assessment Workshop to Steering Committee and Cancer Australia
- Synthesis workshop findings into the next phase of the project that will look more closely at the Development, piloting and evaluation of educational resources and tools
- Review meetings with Cancer Australia and report on: project activities, budget acquittal; identified risks and mitigation strategies
- Facilitate Steering Committee and Advisory Group meetings

Jenny Hughes, COSA Project Coordinator



Team Profiles



COSA Team (L- R): Fran Doughton, Vicki Newman, Hayley Griffin, Jenny Hughes, Marie Malica and Kathy Ansell (Absent: Jessica Harris)

Marie Malica

Executive Officer

Date joined COSA: 1 March 2011

Project portfolio: COSA Executive Officer

Career background: Marie has extensive senior management experience working in the charitable cancer research arena and in state government health and medical research. Marie also has broad experience in business management, sales and marketing. Her roles within NSW Health, Cancer Council NSW (CCN) and the NHMRC Clinical Trials Centre (CTC) have required her to establish new programs within the health and medical research environment and consult with senior researchers, academics leaders and other relevant stakeholders. Prior to joining COSA Marie was based in the South Eastern Sydney and Illawarra Area Health Service (SESAHS) Northern Hospital Network and established a new Research Support Office for the campus and convened a new Human Research Ethics Committee (HREC) which successfully applied for HoMER accreditation. There Marie was responsible for the oversight of all human research ethics, governance and scientific support for the major hospitals within SESAHS. Prior to SESAHS Marie was with CCN for 7 years managing their Research Strategy Unit which was responsible for research grant funding, policy and administration, as well as the CCN clinical trials infrastructure program then known as Cancer Trials NSW.

Kathy Ansell

Project Coordinator

Date joined COSA: March 2008

Project portfolio: Kathy has participated in the coordination of a number of COSA led workshops and enjoys supporting and progressing the aims of three COSA interest groups:

- Cancer Care Coordination Interest Group
- Developing Nations Interest Group
- Geriatric Oncology Interest Group

Career background: Kathy joined the COSA team in 2008, having worked within the areas of clinical cancer care and supportive care for over 15 years. Her professional background is nursing with post grad studies in midwifery, intensive care and clinical trials data management. Prior to joining the COSA team Kathy coordinated the health information service at the Cancer Council NSW and during this period completed a Masters in Public Health.

The creation of COSA interest groups was a new concept when Kathy began at COSA and it has been rewarding to see the achievements of the seven interest groups over the last four years. Kathy greatly appreciates the unique insight and vision derived from COSA's multidisciplinary membership to provide leadership and direction for professional colleagues, patients and carers.

Fran Doughton

Administration Assistant

Date joined COSA: September 2008

Project portfolio: Secretariat support to COSA Council and Executive committee, COSA membership database, website maintenance, member communications including Marryalyan, Annual Report and ACTNOW 2012.

Career background: Frans background is human resources and retail management. She spent 16 years working for Woolworths in various roles including 4 years in training and development before moving into Store Management. Fran then moved into the corporate world as NSW Training Manager for BankWest. In September 2008, wanting a change of pace, she took the role of personal assistant to the Executive Officer of both Cancer Council Australia and COSA. In January this year Fran became solely employed by COSA. Growing up in Melbourne she has lived in Sydney since 2005.

Hayley Griffin

Project Coordinator

Date joined COSA: 1 August 2011

Project portfolio: Clinical trials activities (including supporting the Executive Officers Network (EON) and Cancer Trials Consumer Network (CTCN)) and AYA projects such as the Early Detection of Cancer Guidance for GPs and National AYA workshop.

Career background: As an Accredited Practising Dietitian, Hayley started her career working at Cancer Council NSW for over six years developing evidence-based position statements on nutrition and cancer prevention and lecturing at Sydney University. Having completed critical appraisal training during this time, she joined the working party at Cancer Council NSW



for the development of Clinical Practice Guidelines for the management of advanced prostate cancer and contributed to a consumer guide version. Hayley recently completed her PhD at Sydney University, which involved conducting an RCT and cross sectional study on weight management in obese young women (18-25 years). Volunteer roles she has held previously with the Dietitians Association of Australia have also given her excellent public relations (including stakeholder management) and event planning experience.

Jessica Harris

Project Coordinator

Date joined COSA: 21 November 2011

Project portfolio: Biobanking, Complementary Therapies, NETs, Regional and Rural

Career background: Jessica began her career with the completion of an Honours degree in Molecular Genetics from the University of NSW. From there she started work as a Research Assistant and then as a PhD Student at the Garvan Institute, investigating changes in gene expression in breast epithelial cells during pregnancy. After completing her PhD in 2005, Jessica moved to Scotland to take up a postdoctoral position in the laboratory of Professor Sir David Lane. Returning to Sydney in 2010 she commenced with the National Breast Cancer Foundation where she was responsible for research evaluation and communication. Jessica recently joined COSA as Project Coordinator, replacing Rhonda DeSouza who is currently on maternity leave. While at COSA Jessica hopes to broaden her experience of cancer control in the clinical setting.

Jenny Hughes

Project Coordinator

Date joined COSA: 5 September 2011

Project portfolio: Consumer Engagement in Cancer Research Project

Career background: Most recent employer was the NSW Department of Health now the NSW Ministry of Health where Jenny worked in a number of policy areas relating to Health Promotion and Medical Workforce Development. Jenny holds a number of qualifications that reflect a range of different careers these include a Masters of Public Health (UNSW); Graduate Diploma in Health Promotion (QUT); Bachelor of Education (Edith Cowen University) and a Diploma of Teaching (Griffith University). Jenny grew up in Brisbane, Queensland and after living in Adelaide for a few years has lived in Sydney since 1997.

Other Reports

Cancer Voices Australia

1. Cancer Voices Australia (CVA) and Others v. Myriad - Gene patenting

Myriad's appeal to the Federal Court was successful but CVA is continuing with its case against Myriad and the Court date has been rescheduled for February 2012.

2. Pharmaceutical Benefits Advisory Committee Recommendations – Minister's Reaction

CVA and over 60 consumer groups lobbied the Minister to reverse her decision to delay listing of drugs on the PBS. On 1 September she approved the PBAC recommendations and the medicines will be available from 1 November

3. National Cancer Expert Reference Group (NCERG)

CVA has been represented by its Chair on this project, which is looking at a national perspective on cancer care and control and reports to COAG.

4. Cancer Australia – Consumer engagement – National Framework

Released – copies available from EO – John Stubbs

5. CeHA – Consumers e-Health Alliance

The Secretary of the Department of Health and Ageing has sought support from (CeHA) CVA re the engagement of Primary Care in this matter. Negotiations continue.

6. Radiation Oncology - Stereotactic Radiotherapy Position Statement released

7. ANROTAT Project

CVA has been involved, through its Chair, and EO with the, "Assessment of New Radiation Oncology Treatments and Technologies (ANROTAT)" which the Trans-Tasman Radiation Oncology Group is conducting on behalf of the Department of Health and Ageing. Further meetings to be held this month

8. Health Workforce Australia – Review of Cancer workforce

CVA's Chair is a member of this national working party reviewing the status of the cancer workforce. HWA is due to report in April 2012.

9. COSA – Cancer Australia Enhancing Consumer Engagement in Clinical Cancer Research

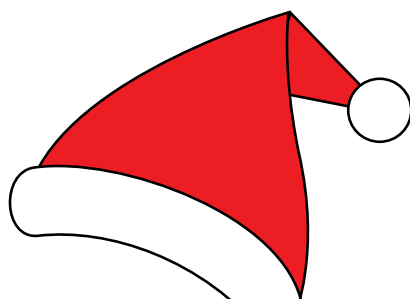
COSA is funded by CA for this project. CVA's EO, is the Chair and there have been 2 meetings to date. The Committee comprises consumer members of the CTGs many who are members of state CVs. This project is designed to develop effective resources and training programs that could facilitate greater consumer participation in trials and research. It is due to report by June 2012

10. COSA – ASM

CVA members had 3 posters accepted for COSA EO was the first consumer to Chair a plenary at COSA

Ian Roos, Chair

Email: i.roos@bigpond.com



MEDIA RELEASE

Continuing education in rural and remote health – Third round opens 9 January to 1 March 2012



The Rural Health Continuing Education Stream Two (RHCE2) program, funded by the Australian Government through the Department of Health and Ageing, supports qualified health professionals working in rural and remote Australia to undertake continuing professional development and inter-professional learning activities – see RHCE2 website <http://rhce.ruralhealth.org.au>.

In 2012, RHCE2 grants are available for eligible individuals, groups of individuals and organisations to access or to develop and/or provide continuing professional development (CPD), continuing professional education (CPE), multi-disciplinary training or inter-professional learning (IPL) and orientation activities that meet the needs of:

- Aboriginal and Torres Strait Islander Health Workers;
- allied health professionals;
- general practitioners, or
- nurses and midwives who practise in rural and remote areas of Australia.

In Round 3, **priority will be given to eligible applications for grants for groups of individuals and organisations** that will be:

- providing training and support for health professionals in more remote areas (RA 3-5). Applications for projects in RA2 areas and national projects will also be considered;
- funding gaps in existing arrangements and supporting initiatives that are demonstrated by evidence-based research as needing urgent intervention;
- providing inter-professional learning or multi-disciplinary teams activities, especially projects jointly proposed by two or more professional organisations or groups of individuals;
- delivered as far as practicable in the participants' local areas and working environments in Australia; and
- wherever possible, incorporating follow-up elements to improve the ongoing support for participants and sustainability of outcomes once the RHCE2 funding is finished. All RHCE2 projects must be completed by 30 April 2013.

Multiple applications will be accepted but, given the strongly competitive nature of the RHCE2 grants, no single entity will be allocated more than one grant.

Applications must be made on the online application form on the RHCE2 website at <http://rhce.ruralhealth.org.au/>.

Further information:

<http://rhce.ruralhealth.org.au/> or Wendy Downs – RHCE2 Program Manager: 02 6162 3374

**Ho!
Ho!
Ho!**

COSA MEMBERSHIP

COSA Membership renewals will open in January 2012!

For those members that are due to renew their COSA or COSA/CNSA membership in 2012, an email will be sent to you in early 2012.

Renewing your membership is easy, and takes no more than 5 minutes if you follow these simple steps:

1. Click on the link that is emailed to you
2. Sign into the members area of the COSA website – remember your username is your email and your password should be your membership number
3. Select the membership you require; ie COSA Medical, COSA Non-Medical or COSA/CNSA

- Please take a moment to update your preferred professional and interest groups

- Review your details and preferences
- Complete the payment.

By renewing your COSA membership you will receive:

1. Reduced registration at COSA ASM in Brisbane from 13-15 November 2012
2. Lobbying for better services for you and your patients
3. Representation on COSA Council
4. Information on a range of educational opportunities
5. Opportunities to apply to a range of fellowships, grants and awards
6. The Marryalyan newsletter, COSA's official newsletter (three times a year)
7. Cancer Forum (three times a year)
8. A print copy of Asia Pacific Journal of Clinical Oncology
9. 20% discount on hard copies of any other Blackwell publications
10. 10% discount at Cancer Council shops

Also, through the COSA website, www.cosa.org.au you receive:

1. Free online access to the Asia Pacific Journal of Clinical Oncology
2. Free online access to the Natural Medicines Database
3. Free access to discuss issues on COSA's group forums
4. Free access to 22 cancer professional groups
5. Free access to daily Cancer in the News articles
6. The opportunity to participate in polls

If you purchase a COSA/CNSA membership you will also receive in addition:

1. Reduced registration at the CNSA Winter Congress in Hobart from 26-28 July 2012
2. CNSA Newsletter (4 times a year)
3. Opportunities to apply to a range of cancer nursing grants and awards
4. Australian Journal of Cancer Nursing (2 times a year)
5. Online access to Australian Journal of Advanced Nursing
6. Opportunity to lobby for better services for you and your patients
7. Opportunity to participate in a wide-range of vibrant committees dedicated to the development of cancer nursing practice and cancer care

2012 Membership fees:

COSA - medical (1 year)	\$160
COSA - medical (2 years)	\$304
COSA - non medical (1 year)	\$100
COSA - non medical (2 years)	\$190
COSA/CNSA - non medical (1 year)	\$185
Student (1 year) -	\$50

If you have any queries or concerns regarding your membership, please do not hesitate to contact the COSA office on 02 8063 4100 or email cosa@cancer.org.au

Calendar of Events

Date	Event	Venue
2012		
9-11 February	National Bladder & Kidney Cancer Symposium www.bkcs2012.org/	Melbourne, Victoria
22-25 February	ANZGOG Annual Scientific Meeting www.anzdog.org.au	Gold Coast, Queensland
2-4 March	St Jude-Viva Forum in Pediatric Oncology www.viva.sg/stjude/	Shangri-La Hotel, Singapore
6-7 March	COSA Cancer Care Coordination Conference http://cosacc2012.org/	St Kilda, Victoria
9 March	COSA Neuro oncology Clinical Professional Day	Sydney, New South Wales
16-18 March	Women's Health 2012: The 20th Annual Congress www.bioconferences.com/conferences/WomensHealth/	Washington DC, USA
1- 4 May	TROG 24th Annual Scientific Meeting www.trog.com.au	Darwin, Northern Territory
9-13 May	ESTRO 31 International Oncology Forum www.estro.org	Barcelona, Spain
15-18 May	ALLG Scientific Meeting www.allg.org.au	Sydney, New South Wales
1-5 June	ASCO Annual Conference www.asco.org	Chicago, Illinois, USA
28-30 June	MASCC/ISOO International Symposium 'Supportive Care makes excellent cancer care possible' www.mascc.org	New York City, USA
15-17 July	ANZUP Annual Scientific Meeting www.anzup.org.au	Sydney, New South Wales
17-20 July	Pan Pacific Lymphoma Conference www.unmc.edu/cce/panpacific/	Maui, Hawaii, USA
18-21 July	ANZ BCTG Annual Scientific Meeting www.anzbctg.org/content.aspx?page=asm	Hobart, Tasmania
26-28 July	CNSA 15th Winter Congress 2012 www.cnsa.org.au	Hobart, Tasmania
7-11 August	COGNO 5th Annual Scientific Meeting www.cogno.org.au	Brisbane, Queensland
8-10 August	MOGA Annual Scientific Meeting www.moga.org.au	Brisbane, Queensland
23-25 August	Australian Lung Cancer Conference www.alcc.net.au	Adelaide, South Australia
24-26 August	ANZCHOG Annual Scientific Meeting www.anzchog.org	Gold Coast, Queensland
27-30 August	UICC World Cancer Congress www.uicc.org	Montreal, Canada
30 Aug - 2 Sep	14th Congress of the Asian Oceanian Society of Radiology - Combined with RANZCR 63rd Annual Scientific Meeting 'Safe and Sound: Radiology in the 21st Century' www.aocr2012.com	Sydney, NSW
9-15 September	Australia & Asia Pacific Clinical Oncology Research Development (ACORD) Workshop 2012 www.acordworkshop.org.au	Sunshine Coast, Queensland
19-21 September	16th Congress of the European Society of Surgical Oncology (ESSO) www.essoweb.org/eursso	Valencia, Spain
25-27 September	12th Meeting of the International Society of Geriatric Oncology www.siog.org/	Manchester, UK
28 Sep - 2 Oct	37th ESMO Congress www.esmo.org/events/vienna-2012-congress.html	Vienna, Austria
13-16 October	14th Biannual Meeting of the International Gynecologic Cancer Society www2.kenes.com/igcs2012/Pages/home.aspx	Vancouver, Canada
23-26 October	Sydney International Breast Cancer Congress 2012 www.sydneybreastcancer2012.com	Sydney, New South Wales
13-15 November	COSA 39th Annual Scientific Meeting	Brisbane, Queensland
2013		
19-22 June	10th International Gastric Cancer Congress www.1oigcc.com	Verona, Italy
26 Sept - 1 Oct	ECCO 17 - 38th ESMO Multidisciplinary Congress www.ecco-org.eu	Brussels, Belgium
2014		
8-11 November	15th Biannual Meeting of the International Gynecologic Cancer Society	Melbourne, Victoria



Save the date!

COSA's 39th Annual Scientific Meeting

***Impact through Translation: Cancer
Research Informing Practice***

13-15th November 2012

Brisbane Convention and Exhibition Centre

In 2012, COSA will be partnering with the International Psycho-Oncology Society (IPOS) and their Australian partners Cancer Council Queensland, POCOG (Psycho-Oncology Cooperative Research Group) and OZPOS (COSA's Psycho-Oncology Group).

For more information visit:

www.cosa.org.au

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