



Clinical  
Oncological  
Society of  
Australia

EDUCATION

PROFESSIONAL DEVELOPMENT

# COSA ANNUAL REPORT

2012

RESEARCH

COLLABORATION



## **PRESIDENTS OF COSA**

November 1973 - November 1976	Mr WB Fleming AM	MBBS FRACS FRCS(Eng) FACS
November 1976 - November 1979	Professor L Atkinson - Deceased	FRCS FRACS FACR
November 1979 - November 1981	Dr RP Melville - Deceased	MBBS FRCS FRACS FACS
November 1981 - November 1983	Professor MHN Tattersall AO	MA MD MSc FRCP FRACP
November 1983 - November 1985	Professor GJ Clunie	CHM(Ed) FRCS(Ed) FRCS FRACS
November 1985 - November 1987	Dr JVM Coppleson	MBBS MD FRCOG FRACOG
January 1988 - December 1989	Dr JA Levi	MBBS FRACP
January 1990 - December 1991	Professor RM Fox AM	BSc(Med) PhD MBBS FRACP
January 1992 - December 1993	Professor WH McCarthy AM	MEd FRACS
January 1994 - December 1995	Professor AS Coates AM	MD FRACP
January 1996 - December 1997	Professor RJS Thomas	MBBS MS FRACS FRCS
January 1998 - December 1999	Professor H Ekert AM	MBBS MD FRACP FRCPA
January 2000 - December 2001	Professor J Zalcborg OAM	MBBS, PhD, FRACP, FRACMA, FAICD
January 2002 - December 2003	Dr L Kenny	MBBS FRANZCR
January 2004 - December 2005	Dr S Ackland	MBBS FRACP
January 2006 - 20 July 2006	Professor D Currow	BMed FRACP MPH
21 July 2006 - December 2008	Professor D Goldstein	MBBS MCRP(UK) FRACP
January 2009 - December 2010	Professor B Mann	MBBS PhD
January 2011 - December 2012	Professor B Koczwara	BMBS FRACP GAICD MBioethics
January 2013	Associate Professor SV Porceddu	MBBS FRANZCR

# THE MEMBERSHIP OBJECTS OF COSA

**The overarching mission of COSA is to improve the care of Australians affected by cancer.**

In order to improve cancer care and control in Australia COSA seeks to:

- Understand and provide for the professional needs of its multidisciplinary membership;
- Promote and facilitate research across the spectrum of cancer care;
- Promote and provide multidisciplinary and interdisciplinary education;
- Contribute to, and advocate for, national issues surrounding cancer care policy in Australia; and
- Enhance the quality of cancer care.

## There are five categories of membership of COSA:

**(1) Ordinary Membership:**

A person is eligible as an Ordinary Member if the person, being normally a resident within Australia or New Zealand, has a specific interest in oncology and has professional qualifications in accordance with the objects of COSA.

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**(2) Honorary Membership:**

A person is eligible for admission as an Honorary Member if the person has made significant and sustained contributions to the Society or to cancer in general.

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**(3) Student Membership:**

A person whom is undertaking full time studies with a stream of cancer-related management. Documented evidence of their status will be required upon application annually.

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**(4) Overseas Membership:**

A person is eligible for admission as an Overseas Member if the person would otherwise be eligible to become an Ordinary Member but who is not normally a resident of Australia or New Zealand.

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**(5) Sustaining Membership:**

A not for profit company, institution or organisation is eligible for admission as a Sustaining Membership if the company, institution or organisation has similar interests or objects to those of COSA.

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# MEMBERSHIP OF COSA

## MEMBERS

As at 31 December 2012 there were 1675 registered members of COSA. Members are drawn from the many disciplines in medicine engaged in cancer treatment and from associated research, patient care and support areas. They come from universities, private practice, government and private laboratories and other health services.

## EXECUTIVE COMMITTEE

### President:

Professor B Koczwara  
BMBS FRACP GAICD MBioethics

### President Elect:

A/Professor S Porceddu  
MBBS FRANZCR

### Council Nominees:

Professor I Davis  
MBBS(Hons) PhD FRACP FChPM

Dr Haryana Dhillon  
BSc MA (psych) PhD

A/Professor M Krishnasamy  
RN PhD

Professor I Olver AM  
MD BS PhD FRACP MRACMA FChPM

Professor J Zalberg OAM  
MBBS, PhD, FRACP, FRACMA, FAICD

Ms M Malica – Executive Officer

## COUNCIL

Council comprises the Executive Committee, Chairs of the Groups, representatives of the Cancer Council Australia and co-opted members.

### BREAST CANCER GROUP

Chair: Position Vacant

### CANCER NURSES SOCIETY OF AUSTRALIA

Chair: A/Professor M Krishnasamy RN PhD

### CANCER PHARMACISTS GROUP

Chair: Mr D Mellor MPharm(Hons) SpecCertCR(Onc)  
MRPharmS

### CANCER BIOLOGY GROUP

Chair: Dr N Zeps BSc (Hons) PhD

### CLINICAL RESEARCH PROFESSIONALS GROUP

Chair: Ms D Howell (Jan - Sept 2012)

Chair: Ms S Ruell (Oct - Dec 2012)

### EPIDEMIOLOGY GROUP

Chair: Ms H Farrugia BAppSc HIM Dip BIT

### FAMILIAL CANCER GROUP

Chair: Dr G Mitchell BSc MRCP FRCR PhD FRANZCR  
FRACP

### GASTROINTESTINAL CANCER GROUP

Chair: A/Professor E Segelov MBBS (Hons1) FRACP PhD

### GYNAECOLOGICAL ONCOLOGY GROUP

Chair: Dr A Brand MD FRCS(C) FRANZCOG CGO

### LUNG CANCER GROUP

Chair: Dr N Pavlakis BSc MBBS FRACP

### MEDICAL ONCOLOGY GROUP OF AUSTRALIA

Chair: A/Professor G Richardson MBBS FRACP

### MELANOMA & SKIN CANCER GROUP

Chair: A/Professor D Speakman MBBS FRACS

### NEURO-ONCOLOGY GROUP

Chair: Dr E S Koh FRANZCR

### NUTRITION GROUP

Chair: A/Professor J Bauer PhD AdvAPD

### PAEDIATRIC ONCOLOGY GROUP

Chair: Dr P Downie MBBS FRACP

### PALLIATIVE CARE GROUP

Chair: A/Professor M Agar MBBS (Hons) M Pall Care  
FRACP

### PSYCHO-ONCOLOGY GROUP

Chair: Dr H Dhillon BSc MA (psych) PhD

### RADIATION ONCOLOGY GROUP

Chair: A/Professor S Porceddu MBBS FRANZCR

### REGIONAL & RURAL ONCOLOGY GROUP

Chair: Dr A Boyce BSc (Med) MBBS FRACP

### SOCIAL WORKERS GROUP

Chair: Ms A Cotroneo BSW

### SURGICAL ONCOLOGY GROUP

Chair: Position Vacant

### SURVIVORSHIP GROUP

Acting Chair: Dr H Dhillon BSc MA (psych) PhD

### UROLOGIC ONCOLOGY GROUP

Chair: Professor I Davis MBBS (Hons) PhD FRACP  
FChPM

## MEMBERSHIP OF COSA continued...

### **CANCER COUNCIL AUSTRALIA REPRESENTATIVE**

Professor I Olver AM, MD BS PhD FRACP MRACMA  
FChPM

### **CANCER VOICES AUSTRALIA (until July 2012)**

Chair: Dr I Roos OAM, PhD

### **CANCER FORUM REPRESENTATIVE**

Professor B Stewart MSc PhD FRACI Dip Law

### **IMMEDIATE PAST PRESIDENT**

Professor B Mann MBBS PhD FRACS

## COOPERATIVE TRIALS GROUPS – Sustaining Members of COSA

### **ANZ BREAST CANCER TRIALS GROUP (ANZBCTG)**

Chair: A/Professor F Boyle AM, MBBS FRACP PhD

### **ANZ CHILDREN'S HAEMATOLOGY & ONCOLOGY GROUP (ANZCHOG)**

Chair: Dr P Downie MBBS FRACP

### **AUSTRALASIAN GASTROINTESTINAL TRIALS GROUP (AGITG)**

Chair: Professor J Zalcborg OAM, MBBS PhD FRACP  
GAICD MRACMA

### **ANZ GYNAECOLOGY ONCOLOGY GROUP (ANZGOG)**

Chair: Dr A Brand MD FRCS(C) FRANZCOG CGO

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

Chair: Professor M Hertzberg MBBS PhD FRACP FRCPA

### **AUSTRALASIAN LUNG TRIALS GROUP (ALTG)**

Chair: Dr M Millward MBBS MA FRACP

### **ANZ MELANOMA TRIALS GROUP (ANZMTG)**

Chair: Professor J Thompson MBBS BSc (Med) MD  
FRACS FACS

### **AUSTRALASIAN SARCOMA STUDY GROUP (ASSG)**

Chair: Dr J Desai MBBS FRACP

### **ANZ UROGENITAL & PROSTATE CANCER TRIALS GROUP (ANZUP)**

Chair: Professor I Davis MBBS (Hons) PhD FRACP  
FChPM

### **COOPERATIVE TRIALS GROUP FOR**

### **NEURO-ONCOLOGY (COGNO)**

Chair: A/Professor M Rosenthal MBBS PhD FRACP

### **PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE (PaCCSC)**

Chair: Professor D Currow BMED MPH FRACP

### **PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP (PC4)**

Chair: Professor J Emery MBBCh DPhil FRACGP  
MRCGP MA

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

Chair: Professor P Butow BA (Hons) Dip Ed MCLinPsych  
MPH PhD

### **TRANS TASMAN RADIATION ONCOLOGY GROUP (TROG)**

Chair: Professor B Burmeister FF Rad (T) SA  
FRANZCR MD

### **EXECUTIVE OFFICER**

Ms M Malica

### **PUBLIC OFFICER**

Dr D Yip  
Medical Oncology Unit  
The Canberra Hospital  
Yamba Drive  
GARRAN ACT 2605

### **AUDITORS**

BDO  
Level 10  
1 Margaret St  
Sydney NSW 2000

# REPORT OF THE PRESIDENT

Now that my two year tenure as COSA President has drawn to a close I am delighted to present to you my final report.

## 2012 – Another busy year

In 2012 COSA led the way in collaborative approaches in many priority areas notably the support for regional and rural cancer centres, cancer care coordination, geriatric oncology, and survivorship.

Under the leadership of Adam Boyce and Craig Underhill, COSA hosted the successful “More than bricks and mortar” workshop in Canberra on 3 August 2012. Attended by 60 people, this workshop to discuss cancer service development in regional and rural Australia resulted in tangible recommendations on which COSA has already commenced working. Participants included doctors, nurses, allied health professionals and administrators working in cancer service delivery around Australia as well as consumer representatives and research professionals. Participants agreed that the outcomes by which the success of a regional cancer centre is measured must be determined by the local community and incorporate safety and quality end-points in addition to conventional clinical end-points. You can learn more about the workshop in Adam’s report on page 20.

The Cancer Care Coordination Conference hosted by COSA in Melbourne, 6-7 March was another highlight on the COSA 2012 agenda. Patsy Yates’s report on page 24 includes a summary of the conference so I won’t duplicate that here, suffice to say I found the conference professionally and personally rewarding with the opportunity to present on one of my areas of interest, that of survivorship care. Based on the success of this COSA event dedicated to care coordinators, COSA has agreed to host a similar conference every two years with a professional development day every other year (hopefully in collaboration with CNSA in July 2013).

COSA activities in geriatric oncology continue to expand to meet the interests of our membership. Last year our Geriatric Oncology Interest Group had just over 100 members, which was anecdotally the largest interest group within a cancer society worldwide. I am pleased to report that by December 2012 membership of the group had grown to 135 individual COSA members. While 2012 was a busy year for them, 2013 will prove to be even busier: the 2013 ASM in Adelaide has a geriatric theme under the guidance of our convenor Nimit Singhal; the group are hosting a concept development workshop in March 2013; and the Interest Group Executive are coordinating a geriatric oncology themed issue of Cancer Forum in November 2013.

## Governance Structure

I am delighted that the COSA membership approved the revised Constitution at the AGM in November 2012. As many members would appreciate we had been working on these changes for some time and the Council are pleased we can now move ahead with the changes and register as a Company Limited by Guarantee.

In summary the approved changes are:

- Members will be individuals who join COSA
- Sustaining membership will be replaced by “Affiliated Organisation” membership and be expanded to include other organisations in addition to the Cancer Cooperative Trials Groups (for example CNSA and MOGA)
- Members of Affiliated Organisations will be eligible for discounted COSA membership
- COSA members will continue to elect the President
- COSA Council will be the main advisory body of COSA and be responsible for electing the Board from within its current or previous membership
- The name of the Society will be changed from the Clinical Oncological Society of Australia to the Clinical Oncology Society of Australia as resolved at the 2010 AGM

I would like to take this opportunity to thank all those involved in the development of the revised constitutional documentation and membership working party, particularly its Chair, Ian Roos whose term on COSA Council ended in November 2012.

## Partnerships and Collaborations

Our unique partnership with Cancer Council Australia ensures COSA has a solid grounding in advocacy, public health and prevention. Under a memorandum of understanding COSA Council acts as medical and scientific advisors to CCA who in turn support COSA’s administrative functions. Our alliance with the Cancer Cooperative Trials Groups continues to grow under the leadership of the incoming President, Sandro Porceddu. We often partner with other organisations like CCA and the CCTGs on submissions to government. Most notably in 2012 our joint submission to the McKeon review of health and medical research in Australia highlighted the need for increased support for clinical research and clinical trials. It was pleasing to see the review panel’s subsequent consultation paper in particular the recommendations pertaining to the integration of health and medical research within the Australian health sector.

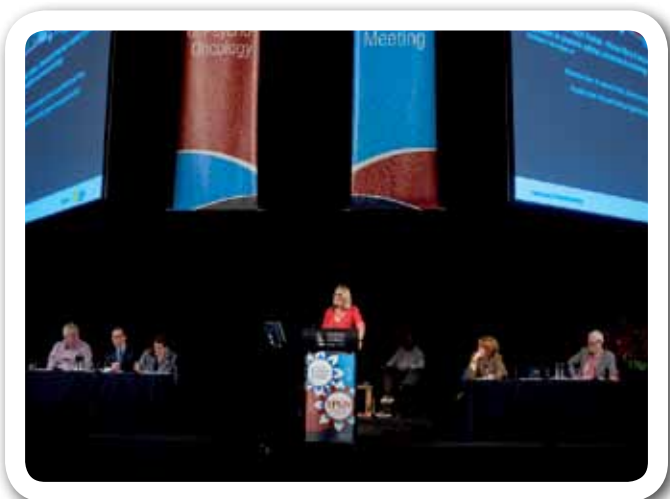
## REPORT OF THE PRESIDENT continued ...

### Annual Scientific Meeting (ASM)

The 2012 ASM in Brisbane once again confirmed how powerful COSA's voice is when we present a united vision for all cancer health professions. Our partnership with IPOS brought this united vision to fruition, not just for our psycho-oncology members, but also for our broader membership with their exposure to the emerging field of psycho-oncology. The theme for the joint conference was "Impact through translation: Cancer research informing practice" and COSA's disease themes concentrated on melanoma, skin cancer and carcinoma of unknown primary. The CUP focus was a perfect match for the emphasis on psycho-oncology highlighting the issues faced by such an uncertain diagnosis. We had numerous delegates applaud us for including CUP on the COSA program as it receives little or no attention at major oncology meetings. The melanoma and skin program was well presented, particularly as Australian expertise is so highly recognised locally and internationally. Krissy Carrington, the Convenor of the meeting delivered a stimulating, energising and diverse program where the only problem was how to manage the wealth of learning opportunities on offer.

I was delighted that Professor Ian Frazer AC accepted my invitation to give the Presidential Lecture on the final day. Professor Frazer delivered an enlightening and passionate presentation on the topic of "Cancer prevention and treatment: A revolution in progress". We are honoured to have Professor Frazer's continued support of COSA and the ASM. Another highpoint on the ASM program was Professor David Ball's oration upon receiving the Tom Reeve Award for Outstanding Contribution to Cancer Care. Professor Ball paid homage to the individuals whose guidance and leadership influenced his career; he also spoke of his commitment to the work of COSA including his regular attendance at the ASM – his first was COSA's second.

I hope to see many of you at COSA's 40th ASM in 2013 in my home town of Adelaide.



### Thanks and Acknowledgments

As we tackle the key issues in cancer control we must ensure that we remain credible, responsive and effective. To do so, we need to ensure that we have clear processes, strong governance and clear strategic direction. As COSA is about to turn 40, the complexity of its organisational structure and administrative support are much greater than 10 years ago and work is needed to ensure that we not only have strong infrastructure for today but for the next 40 years. The approval of the Constitution at the AGM is one big step in the right direction toward achieving this.

Whilst we undergo a period of change and some COSA Groups strengthen sufficiently to become independent, we will continue to engage with you – our members – to ensure we continue to meet your needs and represent your values. COSA's strengths lie in our multidisciplinary, diverse and capable membership of over 1600.

This report would not be complete without acknowledgement of their significant contribution to the ongoing success of the organisation especially my successor Associate Professor Sandro Porceddu, members of the Executive and Council, and the very capable COSA staff. In the last 2 years I have cherished your support, admired your dedication and benefited from your feedback both positive and not. I am honoured to have an opportunity to serve as a President of COSA and as COSA turns 40 (the new 30, I am told) I look forward to watching it flourish for many more years to come.

**Professor Bogda Koczwar**  
*President - COSA*



**Professor Bogda Koczwar**  
*President - COSA*



# REPORT OF THE EXECUTIVE OFFICER

Time goes by very quickly at COSA. It only seems like a few months ago that I started at COSA but in fact it has been nearly two years. I have survived two Annual Scientific Meetings and am enjoying preparing for future events. Planning for the 2013 conference is well under way and we are already making initial plans as far out as 2016. Being COSA's feature event each year it is vital that we continue to make each ASM as relevant as possible to our broad membership.

In my report I want to highlight some of the activities and projects which are not featured elsewhere in the full document.

## Consumer Engagement in Clinical Cancer Research Project

In June 2011, COSA was successful in receiving funding from Cancer Australia for a project to enhance consumer engagement in clinical cancer research. I am pleased to report that the project was completed and submitted to Cancer Australia in November 2012 with plans to launch on World Cancer Day, 4 February 2013.

The project aims were 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. We believe we have achieved this above and beyond our initial expectations.

The end result and most tangible outcome is the Consumer Learning website which contains short online learning modules and video presentations to guide consumers who are seeking to participate in clinical trials and research.

A Cancer Australia initiative funded by the Australian Government, the Consumer Learning website was developed by COSA in collaboration with Cancer Australia and is now available at <http://consumerlearning.canceraustralia.gov.au>

The success of this project was truly enabled by the collaboration and support of many individuals. Unfortunately not all can be named in this report however a few deserve a special mention: Jenny Hughes, the COSA Project Coordinator employed to develop and implement the project; John Stubbs, Chair of the Project Steering Committee, and all the other committee members; Tim Shaw, James Nicholson and staff of the Workforce Education and Development Group (WEDG)

at the University of Sydney, our online educational experts; Haryana Dhillon, Monika Dzidowska and the staff at PoCoG for their expert content input, as well as the other members of the Curriculum Committee including Ian Roos, Cheryl Grant and Chris Sargeant.



Jenny Hughes  
COSA Project Coordinator

## Submissions

Throughout 2012, COSA made many submissions in response to inquiries initiated by the government and other organisations. Such submissions are made on behalf of, and with input from, COSA members. We often collaborate with other like-minded societies to ensure we communicate a common voice on issues of mutual relevance.

- McKeon Review of Health and Medical Research in Australia, March 2012: COSA made two submissions to the review panel in collaboration with Cancer Council Australia – one on each, clinical research (in consultation with the CCTGs) and public health research. In May, John Zalcborg and Mei Krishnasamy represented COSA at a consultation meeting with the review panel. Subsequently in October 2012, COSA and CCA submitted a joint response to the draft consultation paper. It was pleasing to see many of COSA's recommendations adopted by the review panel; however adequate funding for cancer research remains an ongoing challenge.
- Senate Inquiry into Palliative Care in Australia, March 2012. COSA and Cancer Voices Australia made a joint submission to the Senate Affairs Committee. Professor Jane Phillips represented COSA at the Committee hearing in July 2012.
- In May 2012 COSA submitted a response to the White Paper "Towards a national cancer research plan".

## COSA and the Cancer Cooperative Trials Groups

COSA continues to work in close collaboration with the Cancer Cooperative Trails Groups (CCTGs) by providing ongoing support for the Executive Officers' Network (EON), the Cancer Trials Consumer Network and the CCTG Umbrella Insurance Scheme. The CCTGs were major contributors to COSA's submission to the McKeon review, which focussed on increased support for clinical research, particularly clinical trials.

In November 2012, COSA and the CCTGs convened a



## REPORT OF THE EXECUTIVE OFFICER continued ...

workshop at the ASM in Brisbane to enable stakeholders to discuss the current limitations and opportunities to increase long-term follow-up of clinical trial participants, in order to improve cancer care in the future.

The key issues identified in the workshop presentations and discussion can be summarised as:

- The need for long term outcome data
- The potential of health record linkage
- Embedding research in clinical practice
- Supporting clinical research professionals

The workshop resulted in a number of recommendations to both COSA and the CCTGs, individually and collectively. As always the challenge is to now see those recommendations to fruition, and COSA is committed to working with the CCTGs to make this a reality.

### Cancer Survivorship

Cancer Survivorship re-emerged as a growing area of interest for COSA members in 2012. In November 2010 COSA convened a workshop on survivorship, and with renewed vigour a number of dedicated individuals helped put it back on the COSA agenda. At their November 2012 meeting, Council approved the formation of a COSA Survivorship Group. COSA members who expressed a willingness to participate met at the ASM in Brisbane to commence discussions about appropriate activities for the group, a summary of which includes:

- Collating the available systematic reviews related to cancer survivorship
- Considering the need for specialist referrals to allied health outside the public hospital system
- Exploration of what cancer survivorship is and how this differs from life
- Integration of community-based organisations, particularly Cancer Councils, into the delivery of post-treatment cancer care
- Models of care and survivorship planning

I look forward to reporting on the Group's progress on the above activities in the 2013 annual report.

### Thank you and acknowledgements

I continue to be impressed by the work of those enthusiastically involved with COSA – our Council,

Executive, members and staff. It has been an absolute pleasure working under the leadership of Bogda Koczwara during her term as President. I greatly admire her dedication to COSA and grace under pressure. I have learnt an enormous amount from Bogda in the last two years and am sure she will continue to contribute to the organisation in a meaningful and productive manner. With the support of COSA Council we achieved a great deal in 2012, particularly gaining support for the revised governance structure and Constitution. None of which would have been possible without Bogda's drive and determination to achieve the best outcome for COSA. Bogda leaves a wonderful legacy to the incoming President Sandro Porceddu and I'm truly looking forward to another two successful years for COSA under Sandro's guidance.

COSA has enjoyed its collaboration with Cancer Voices Australia for many years now and we have particularly benefited from having their representative, Dr Ian Roos, sit on COSA Council since January 2010. The national consumer organisation experienced some changes throughout 2012 with the restructuring of CVA and the emergence of a new group known as CanSpeak. COSA Council is considering its options for ongoing consumer involvement and hopes to welcome a new consumer representative in 2013. Thank you Ian and CVA for your valuable input into COSA activities.

One of COSA's greatest supporters who often go unrecognised is Cancer Council Australia, who continue to provide accommodation, financial and administrative support to COSA. Ian Olver, Rob Firth, Glen Turner and their teams make life at COSA much more efficient and easy for us all – so I'd like to take this opportunity to thank them for their continued support.

In closing I would also like to thank all of the COSA staff – Fran Doughton, Rhonda DeSouza, Hayley Griffin, Jessica Harris, Jenny Hughes and Kate Whittaker. The team share a mutual respect and commitment to our cause – it is through their efforts that we continue to succeed.

**Marie Malica**  
*Executive Officer*



**Marie Malica**  
*Executive Officer*

# COSA PROFESSIONAL GROUP REPORTS

## CANCER NURSES SOCIETY OF AUSTRALIA (CNSA)

The Cancer Nurses Society of Australia is committed to achieving and promoting excellence in cancer care through the professional contribution of nurses. During 2012, the National Executive Committee consisted of: Mei Krishnasamy (President, from February 2010 until December 2012), Sandy McKiernan (WA, from January 2010 and President Elect from January 2012), Megan Nutt (Treasurer, from January 2012), Anne Melon (NSW, Secretary from January 2012), Mary Ryan (NSW, from January 2012), Trevor Saunders (VIC, from January 2011), Vivienne van Dissel (ACT, from January 2012) Sandie McCarthy (QLD, from January 2010), and Renae Grundy (TAS, from January 2012). Ex-officio member was Letitia Lancaster (ISNCC Regional Representative, from September 2008 – December 2012). The SA NEC Representative position was vacant during 2012.

The CNSA, through its members and under the direction of the National Executive Committee (NEC), had a very busy and successful 2012. It was another important year for the Society as the NEC worked to implement the far reaching changes voted for by CNSA members at the 2011 Annual General Meeting in Sydney.

Preparation for introduction of a CNSA only membership option and the establishment of CNSA as an affiliate organisation of COSA were dominant aspects of the CNSA's NEC's portfolio during 2012. These changes are viewed by the CNSA as an opportunity to strengthen the Society while modernising CNSA and COSA's relationship. For details of the proposed changes and implications for CNSA/COSA please visit the CNSA website. Further details are reported on the CNSA website where you can also find our Strategic Plan (2011-2013) and our revised Governance document: <http://www.cnsa.org.au/about.htm>.

2012 saw CNSA refresh its logo – the first refresh since the Society was launched in 1998. Members were provided with opportunities to vote for their preferred logo at the Winter Congress in Tasmania in July 2012 and through an online process during August and September.



Throughout 2012 the CNSA NEC, led by Anne Melon (Secretary) and Julie Calvert (EO), worked to develop a new look CNSA website. The site, with capacity for online membership and membership renewal will be launched in March 2013. The new look site is already in use for the 2013 Brisbane Winter Congress and can be found at: <http://www.cnsawintercongress.com.au>.

After a competitive tender process, Chillifox Events was appointed as the CNSA Winter Congress organisers and as CNSA social media managers.

**The Australian Journal of Cancer Nursing (AJCN)** is the official journal of the CNSA and is edited by Letitia Lancaster (NSW). In 2012, the Journal published two issues. The first focused on Nurse-led cancer care and the second on Quality Cancer Care.

The 2012, 15th **Winter Congress** was held in Hobart and was a very successful meeting for the Society. Our international keynote speaker Professor Donna Berry and national invited speakers Dr Michal Boyd, Associate Professor Keryln and Professor Declan Murphy delivered a diverse program of excellent research and practice development papers. Sandra Kurtin, supported by Celgene made a very well evaluated contribution to the program, as did Catherine Bouvier supported by Ipsen.

The CNSA **Education Committee** advises and supports the CNSA NEC on matters relating to nursing education and the recognition of the specialist cancer nurse role. In 2012 the Education Committee, chaired by Alayne Reid (Qld) began work to respond to member's queries about the role of Enrolled Nurses in the delivery of chemotherapy. This is an important issue of professional scope of practice, patient and staff safety and the Committee will continue work in this area during 2013.

Professor Leanne Monterosso continued as Chair of the **Research Committee** in 2012. The committee provides support for cancer nurses to undertake nursing research through the provision of Research Grants and for further educational activities through the provision of travel grants. The CNSA now has a significant Grants and Awards scheme and the portfolio of what is offered to nurses is impressive. In 2012, the first PC4/CNSA grant was awarded to promote research to strengthen evidence based cancer care practice across acute and primary community settings. This exciting new funding initiative has been made possible to CNSA members by the generous support of PC4. For more information on the Education and Research Committee and details of awards and grants available, please visit the CNSA website.

On behalf of the CNSA NEC I would like to thank the **Regional Group Chairs** and their Committees for their considerable commitment to the work of the CNSA. Throughout 2012 there were five active Regional Groups including Perth and Environs, Adelaide, Sydney, Hunter and Melbourne. Collectively these groups continue to provide a range of education seminars, covering topics of interest and relevance to each of their member groups. I would like to acknowledge the support provided by the Cancer Council in a number of states, providing secretarial, administrative and mail support to the Regional Groups.

Many members of the CNSA continue to contribute and benefit from the **CNSA Specialist Interest Groups (SIGs)**. The Radiation Oncology Nursing, Breast Cancer Nursing and Gynae-oncology SIGs are driven by the passion of our members, the SIG teams and the Chairs: Liz Black

(NSW- Breast); Pauline Rose (QLD-Radiation Oncology) and Pauline Tanner (WA) and Judy Eddy (QLD) (Gynaecology): [http://www.cnsa.org.au/regional\\_groups.htm](http://www.cnsa.org.au/regional_groups.htm).

**The International Society of Nurses in Cancer Care**

(ISNCC) is the international voice of cancer nurses; improving standards of cancer care through the provision of education, research and training using international expertise. CNSA is a full member of ISNCC. Members of the CNSA who were ISNCC Board Members during 2012 included Professor Patsy Yates, ISNCC, Secretary/ Treasurer, Letitia Lancaster and Catherine Johnson, ISNCC Regional Representatives.

**The CNSA and the Australian and New Zealand Lung Cancer Nurses Group**

enjoyed ongoing opportunities throughout 2012 to support nurses working with people diagnosed with lung cancer. The ANZ- LCNF once again had a strong presence at the Winter Congress meeting. To learn more about the Forum please visit: [www.anzlcnf.com.au](http://www.anzlcnf.com.au).

The CNSA NEC is very pleased to announce that in 2012 an MoU was signed between the CNSA and The Haematology Society of Australia and New Zealand Nurses Group. The CNSA looks forward to a long and productive collaboration between the organisations.

During 2012, the Cancer Nurses Section of the New Zealand Nurses' Organisation Inc and the CNSA continued to build on its collaborations with CNSA representation at the Cancer Nurses Conference meeting in May.

Throughout 2012 the CNSA continued to contribute to COSA activities and discussions around cancer care coordinators and their impact on patient outcomes. The CNSA members also participate in many other COSA activities, such as its special groups (AYA, cancer in the elderly, regional/rural cancer services, etc), as well as ad hoc projects that require the input of this multi-professional group.

For more information about CNSA and to access a full copy of the 2011-2012 Annual Report please visit: [www.cnsa.org.au](http://www.cnsa.org.au)



**Meinir Krishnasamy, Chair**  
*President, CNSA*

**CANCER PHARMACISTS GROUP**

**Chair:** Dan Mellor

**Committee:** Zeyad Ibrahim, Maria Larizza, Jude Lees (Deputy Chair), Dan McKavanagh, Michael Powell, Geeta Sandhu, Gail Rowan.

Once again the Cancer Pharmacists Group (CPG) has had a productive and successful year (several successful initiatives are detailed below). Our focus has remained on providing

high quality educational seminars for cancer pharmacists. We have also improved our communication with members by the production and distribution of a regular eNewsletter. The CPG has been involved at a national level advocating for cancer pharmacists on a number of issues, including: PBS reforms and shortages of cancer chemotherapy. Our efforts to raise the profile of cancer pharmacists, supported by the COSA secretariat, have resulted in our group being invited as an integral stakeholder in issues of national importance. Media outlets regularly ask the CPG for advice and comment on items relating to cancer medicines and this has resulted in our group being involved in numerous radio interviews and a television interview on ABC's Lateline program.

**Education for Cancer Pharmacists**

The 5th CPG foundation 'Clinical Skills for Cancer Pharmacy Practitioners Course' took place on 26-27 May in Brisbane. As usual this course was a great success and filled to capacity. Thanks must go to Dan McKavanagh for all of the organisational work. There have now been over 250 pharmacists who have participated in this course and there is still strong demand. We will certainly be running the course again in 2013.

Our advanced course ('Advanced Clinical Practice for Cancer Pharmacists Course') aimed at experienced cancer pharmacists with 5 or more years of experience, took place on 13-14 October in Melbourne. Over 25 pharmacists from all over Australia attended and the feedback received after the course was extremely positive.

**Communication with Members**

We now keep all members up to date with a regular eNewsletter from the CPG Committee. We are very aware of not wanting to fill up email boxes but at the same time feel that it is very important to keep all members informed about CPG developments (four updates were sent out in 2012). The eNewsletter has regular sections on medication safety (written by Geeta Sandhu) and a section to celebrate the research achievements of CPG members.

**COSA/IPOS ASM 2012 - Brisbane**

**CPG Clinical Professional Day – Mon 12 Nov 2012**

Almost 50 delegates registered to attend the COSA CPG's Clinical Professional Day on Monday 12 November at the Brisbane Convention and Exhibition Centre. The sessions generated much discussion throughout the day. The morning session (chaired by Jude Lees, Deputy Chair, COSA CPG) saw a number of presentations loosely based around a theme of supportive care issues for cancer pharmacists. Michael Powell (Senior Oncology Pharmacist, Gold Coast Hospital) gave a talk on methotrexate induced renal failure. Gail Rowan (Senior Pharmacist, Peter Mac) spoke about platinum hypersensitivity & desensitisation and Krissy Carrington (Super Convenor) presented: nausea – the final frontier! The morning session concluded with a presentation from Dan McKavanagh on cardiotoxicity at the cellular

level. Dan Mellor (Chair, COSA CPG) chaired the afternoon session and led an interactive workshop on the development of national KPIs for cancer pharmacy. The group came up with a shortlist of activity and quality measures that should be considered for national implementation. Following the success of this session, a small working group will be established (led by Krissy Carrington) to take this project forward. Three more presentations followed: Geeta Sandhu (Senior Pharmacist, Princess Alexandra Hospital) spoke about CAMs and the evidence for harm with chemotherapy, Senthil Lingaratnam (Senior Pharmacist, Peter Mac) presented on Immunogenic toxicities of anti-cancer therapies, and Zeyad Ibrahim (Oncology Manager, HPS Pharmacy) gave a talk about ifosfamide-induced encephalopathy. The day finished with a lively Q&A panel session involving all speakers. The CPG would like to thank COSA for financially supporting our professional workshop.

**CPG Mini-Symposium – COSA ASM 2012**

This was a new concept for COSA and the mini-symposium took the form of a 90 minute themed-session held as a concurrent session in the main ASM program on Tuesday 13 November. This session was also a big success with a wide multidisciplinary audience (pharmacy, medical, nursing, industry to name a few) in attendance, as shown during the Q&A session! The mini-symposium was titled: “Medicines Matter” and aimed to showcase a number of research projects completed by cancer pharmacists in Australia which are of interest to a wider audience. Dan Mellor chaired the session and there were three presentations

- Jude Lees presented on Polypharmacy in Geriatric Cancer Patients
- Jim Siderov presented on Chemotherapy Contamination Issues
- Dan Mellor presented on Issues with Patient Access to Cancer Drugs caused by our drug regulatory system.

The CPG hopes this concept will continue at future COSA ASMs. Once again, we would like to thank COSA and the ASM organising committee for supporting the CPG application to hold this session.

**Collaboration with other Pharmacy Organisations**

**Joint venture with the Society of Hospital Pharmacists of Australia (SHPA) Cancer Services Committee of Speciality Practice (COSP)**

A number of CPG members attended the SHPA COSP/CPG study day in Canberra on 1 November. This was another great success and very timely discussions took place about the impending PBS price disclosure issues that came into effect on 1 December 2012.

**Enhanced links between the CPG and the British Oncology Pharmacy Association (BOPA)**

In 2012, 85 CPG members took the opportunity to register as BOPA members at no cost. This will allow those CPG members to access the BOPA eLearning modules for cancer pharmacists. The feedback about this initiative from CPG members has been overwhelmingly positive.

**The future**

The CPG committee continues to ensure that its activities are relevant to its members and constantly invites comments and input into the Group and its activities. The CPG worked closely with other groups to achieve successful outcomes in many areas. Efforts continue to ensure all members are aware of the work of COSA and what is being achieved by the organisation. Looking forward to 2013, the CPG intends to:

1. Continue the provision of high quality educational seminars for cancer pharmacists
2. Ensure continued input and advice to Government bodies
3. Ensure a successful COSA ASM in Adelaide (40th Birthday!)
4. Continue to develop key links with other groups and disciplines both within and outside of COSA and continue to develop the CPG role in cancer policy within Australia



**Dan Mellor, Chair**

**CLINICAL RESEARCH PROFESSIONALS GROUP**

2012 has been a year of reflection for the CRPG as we have decided upon the future direction of our Group. The CRPG committee concentrated their work around future CRPG strategy, attracting new members and improving communication with our existing members. I would like to extend my gratitude to everyone who has continued to support our Group during this year, particularly my colleagues on the Executive Committee. I assumed the role of Chair from Deb Howell who stepped down back in October, and during my short time in this position I have been extremely appreciative of both the help and assistance I have received from the COSA team, and the opportunity I have had to participate in COSA Council.

With a view to boosting our membership and profile I had the pleasure of meeting with the Executive Officers Network before the ASM in Brisbane, and was extremely encouraged by their enthusiasm and support for a group such as ours within COSA. They reiterated the need for a group that could provide support, education and a continued voice at a national level. We also discussed the need for a new Group



name that reflected clearly the membership and purpose of a group such as ours.

The Executive Committee agreed that this is a necessary step forward for the CRPG, and hope to announce a Group name change next month. The Group will continue to represent the people involved in cancer clinical research that includes collection and management of data within oncology trials. This includes clinical trial coordinators, research nurses, clinical research managers, data managers, clinical research associates, and health information managers involved in oncology trials.

The CRPG are also excited to announce that we will now send out quarterly newsletters to our members starting in March 2013, providing current information and updates on current topics within the field of Oncology Clinical Trials and Research co-ordination.

As I complete this term as Chair, 2013 heralds a few changes to the Executive Committee. The new Executive Committee elected at the AGM is: Sam Ruell (Chair), Hema Rajandran (Deputy Chair), Sally Dean (Secretary) and Committee Members, Dianne Lindsay, Jill Davison, Maria Murry, Valerie Jakrot, Sally Dean and Anne Woollett.

The Executive Committee is now dedicated to setting goals for the next two years and increasing our profile within COSA is very much on the agenda. Therefore, I extend a warm welcome to our new members, committee members and office bearers and I look forward to working with you all in 2013.

**Sam Ruell, Chair**

## FAMILIAL CANCER GROUP

2012 was a good year for the COSA FCC Group with a great meeting in Kingscliff in August and with the passing of the new COSA Constitution the opportunity for formalising ties with the HGSA.

### FCC Group structure and communication

The FCC Group operates through an Executive which comprises of the Chair, Gillian Mitchell, Deputy Chair Nicola Poplawski, Rachel Susman, Nicholas Pachter, Finlay Macrae, Lara Lipton, Mary-Anne Young and Cliff Meldrum. Rachel, Mary-Anne and Cliff joined the Executive in 2012 and I would like to thank Rachel Williams for her contribution as she stepped down from the Executive during 2012. At the risk of repeating some of last year's annual report, to inform any new COSA members the purpose of the Executive is to plan the annual meetings [annual Clinical Professional Day (in conjunction with the annual Familial Cancer Research and Practice meeting in August) and the FCC contribution to the COSA ASM in November] and to provide a mechanism for involvement of FCC Group members in the workings of COSA, pose the views of FCC Groups members to the COSA Executive and Council and respond to calls for comment on Familial Cancer matters by

COSA. None of these initiatives are undertaken in isolation from the general FCC Group members who are given the opportunity to set the future meeting agendas through their feedback after each annual meeting and through the (almost) monthly email updates from me to all FCC Group members on topics of interest/requests for comment.

### Annual meetings

The FCC Group Clinical Professional Day took place in August at the Mantra Resort in Kingscliff and was extremely well attended. There was a series of clinical practice talks and then more in-depth talks addressing the more unusual familial cancer syndromes including SMAD4 mutations and its links with Marfan-like phenotypes (including cardiac manifestations) by Laney Lindor from the Mayo, USA, which showed how important it is to understand the genetic pathways and their linkages and not just focus on a single gene when we are faced with someone with an uncommon clinical presentation

For genetic counselling practice, the session on managing adolescents with a hereditary cancer risk, and the guidelines in development to help with this, was extremely timely given the increasing numbers of referrals of young people to familial cancer clinics for genetic counselling. The collaboration between genetic counsellors, psychologists and social workers and drawing on their complementary experience in the genetics and adolescent oncology field was evident and should lead to important practice points for the whole familial cancer community (manuscript in preparation).

There was a fairly "heart-stopping" moment with a pair of talks about a BRCA gene mutation that had previously been classified as clearly pathogenic but was now going to be reclassified as an "unclassified variant" with at most a moderately increased cancer risk. These presentations challenge the current methods used to classify BRCA (and other) gene variants but have direct relevance for the families affected, who will need to be contacted to discuss the implications of this reclassification. The peer-reviewed publications are awaited but will reinforce the resolve to keep strengthening links between clinical and research groups to ensure ongoing advances in variant classification.

Among the broader sessions, there was a very stimulating talk from a lawyer who had given very useful legal advice to the LifePool research study about the need for disclosure of participation in genetic research to insurance companies regardless of the likelihood of receiving a genetic test result. He was of the view that receiving a contact letter from a research study to notify there might be some information of importance available for that participant was notifiable to an insurance company – even if the participant chose not to avail themselves of the opportunity to receive the details. This was a disconcerting view and certainly many of the current research cohorts do not make such a detailed statement in their own consent forms. It is an area of great importance and has implications for existing as well as developing cohort studies.

In 2013 there will not be a COSA FCC Group Clinical Professional Day because there will be a large meeting in Cairns (25-31 August) which is a joint meeting between the Australian familial cancer research and clinical groups with the international InSiGHT group (hereditary bowel cancer consortium).

### Contribution to Clinical Practice

The FCC Group is developing a position statement about the use of genomic variants (single nucleotide polymorphisms, SNPs) in cancer risk profiling in conjunction with the Royal Australasian College of Pathologists, Human Genetics Society of Australia (HGSA) and Royal Australian College of General Practitioners.

We are also developing “how to prescribe” guides for medicines used for breast and bowel cancer prevention with the aim of de-mystifying this topic and removing a barrier to the wider adoption of this useful strategy.

FCC Group members are invited to propose new topics for action in 2013 and beyond.

### COSA FCC Group membership

The adoption of the new COSA Constitution and the opportunity for external societies to formalise their relationship with COSA means that the COSA FCC Group has continued to work with the HGSA to create a formal link between us. Kevin Carpenter, HGSA President will take the new COSA Constitution and its implications for the HGSA to the HGSA Council in 2013 for action. This is a great opportunity for COSA to widen its reach to the Australian genetics community and for the Australian genetics community to help drive the integration of genetics into oncological practice.

I would like to thank the support of the FCC Group Executive and the COSA Executive of the activities of the FCC Group this year. I hope that 2013 will be an even more successful one with an expansion of our membership with a formal link with the HGSA and active participation in setting and progressing the familial cancer agenda throughout all oncology streams to the benefit of our patients and their families.



**Gillian Mitchell, Chair**

## GYNAECOLOGICAL ONCOLOGY GROUP ANZGOG (Australia & New Zealand Gynaecological Oncology Group)

It has been a very successful year for the Australia New Zealand Gynaecological Oncology Group. We gained good support in the research grants round for 2012, achieving

funding for the both the OUTBACK Trial, an ANZGOG developed international randomized Phase III cervical cancer trial and ICON 8, an international multi-stage randomised Phase III ovarian cancer trial. We also received support from Ovarian Cancer Research Foundation for our Paragon Trial and a new trial in development, Rezolve.

The ANZGOG Annual Scientific Meeting was held on the Gold Coast at the end of February 2012 with a record 170 participants. Our international guest speakers were Gillian Thomas, Radiation Oncologist from the Sunnybrook Cancer Centre in Toronto and Rob Coleman and Pedro Ramirez from the University of Texas MD Anderson Cancer Centre in Texas. The theme for the ASM 2012 was “Individualized Gynaecological Cancer Medicine”. The programme was varied, challenging and exciting. The programme highlights included 7 scientific sessions, a debate, workshops for nurses and study coordinators, a “consumer perspective” session presented by the ANZGOG Consumer and Community Committee and a Radiation Oncology workshop. There were 7 new trial concepts presented for consideration by the ANZGOG Research and Advisory Committee.

ANZGOG members continue to play an important part in the international gynaecological cancer community with strong representation on the Gynaecological Cancer Intergroup. Julie Martyn steps down as Chair on the Harmonization Committee and Clare Scott takes on the role of co-Chair on the GCIG Translational Research Committee. Michael Friedlander, our Director of Research, was recipient of the 2012 International Gynecologic Cancer Society Award for Excellence in Gynecologic Oncology which is awarded to recognise the clinical, organisation or scientific accomplishments of individuals working in this area.

Endometrial Cancer - new clinical practice guidelines for treatment and management were launched mid-year. ANZGOG Chair Alison Brand chaired the guidelines working party with the project commissioned and funded by Cancer Australia. Guidelines are available on <http://wiki.cancer.org.au>

The ANZGOG Consumer and Community Committee has grown from strength to strength in 2012. New members bring a range of skills to the group with experience in indigenous and migrant health, science and communications, social and community support work as well as guest speaking and meeting facilitation. The Consumer group represents 4 states and provides feedback on consumer issues, protocol review, and is also developing links to the community for engagement and fundraising.

ANZGOG membership grew 15% during the year with 63 new members added. There is much interest in the new ICON 8 Phase III ovarian trial and all current trials are achieving record recruitment. Julie Martyn, our Associate Oncology Program Manager at NHMRC Clinical Trials Centre and her team, have helped achieve a significant growth for the group in 2012 with 5 milestones achieved - 3 trials reached 100 patients, one reached 200 patients and one trial had 100 participating centres.

Looking forward, the theme for our 2013 Annual Scientific Meeting to be held in March 2013 is “ANZ Clinical Trials – what is the future?”. A highlight will be a panel of researchers (both international and regional), as well as senior people from government and funding bodies discussing the future of clinical trials. The rest of the program will also not only look at what is happening in clinical trials at present but what is needed in the future with sessions on survivorship, quality of life, vulvar cancer, ovarian and endometrial cancer.

Finally, a further success for Australia is winning the right to hold the 15th Biennial Meeting of the International Gynecologic Cancer Society (IGCS 2014), in Melbourne, November 8-11, 2014. It is a wonderful opportunity for ANZ gynaecological specialists to hear discussions and debates on the latest medical and scientific information, treatment and care in the field of gynaecologic oncology with outstanding international speakers and delegates, learn unique approaches to best care practices, reconnect with colleagues, and establish new professional contacts among the world’s most noted experts in the field.



**Alison Brand, Chair**

## LUNG CANCER GROUP

For the COSA Lung Group 2012 was highlighted by one major event and two practice guidelines in development. It was a year in which further clinical data was reported in the public arena highlighting significant advances in the area of “targeted” drug therapy for the subgroup of patients with “oncogene driven” cancers – in this case the reporting of the second line PIII study of crizotinib v pemetrexed in ALK positive NSCLC. The event referred to is the Australian Lung Cancer Conference (ALCC), held at the Adelaide Convention Centre 23-25 August 2012. This was the 4th biannual meeting, which commenced in 2006, co-ordinated by the Australian Lung Foundation (ALF). In 2012, attendance continued to increase as the meeting emphasis was on discussion of issues relating to translating advances into clinical practice in a multidisciplinary team environment, for non-small cell lung cancer, small cell lung cancer and mesothelioma.

The ALCC included an excellent program involving local and invited international keynote speakers including Prof Peter Goldstraw, Prof Federico Capuzzo, Prof Mark Kris, A/Prof Pasi Janne and mesothelioma nurse expert Liz Darlison. The meeting also showcased the work of local researchers with highlights being the Young Investigator oral presentations and oral presentations in the sessions addressing the areas of cancer biology, supportive care and treatment. This meeting has really grown as a local forum for research in lung cancers and mesothelioma, with true multidisciplinary attendance.

Under development in 2012 with expected public release in 2013 have been the Cancer Council Australia Clinical

Practice Guidelines for the treatment of lung cancer. This is the long awaited update of the original NHMRC Clinical Practice Guidelines, completely revised in NHMRC format using a wiki platform to enable ongoing revision and updates. This effort has involved an incredible team that has devoted a great deal of personal time for this greater cause. In parallel the Asbestos Diseases Research Institute and a national team of experts have been preparing for submission to the NHMRC their guidelines for the diagnosis and treatment of malignant pleural mesothelioma. These will be released for public consultation in early 2013 followed by formal publication once ratified.

Both these publications will be important in providing guidelines for clinical practice for lung cancers and mesothelioma in the Australian setting.

Finally, as we move to 2013, it is important to highlight the upcoming IASLC 15th World Conference on Lung Cancer to be held in Sydney October 27-30, 2013 (<http://www.2013worldlungcancer.org/>). The meeting conveners are Profs Kwung Fong and Michael Boyer, with other Australian clinicians, researchers, nurses and members of the ALF involved in its organization. This is our opportunity to showcase Australia as a leading nation with high clinical practice standards and strong research activity in lung cancer.

I encourage all COSA members with an interest in lung cancer to consider becoming members of the IASLC in anticipation of this meeting (<http://www.iaslc.org/membership/become-a-member>), in addition to attending the meeting and hopefully submitting and abstract.



**Nick Pavlakis, Chair**

## MEDICAL ONCOLOGY GROUP OF AUSTRALIA (MOGA)

2012 was a profitable and productive year for the Medical Oncology Group of Australia Incorporated (MOGA), the peak national body for the medical oncology profession. The Association’s media and public profile grew exponentially and was strengthened by MOGA providing comment on a range of oncology issues including the impact of cutbacks to chemotherapy services through to the equally concerning national rolling drugs shortages. MOGA also actively worked with regulators and other major stakeholders to address these and other national health and medical issues, continuing to develop a strong and influential voice.

MOGA established the Oncology Drugs Working Group to pursue oncology drugs and treatment issues as well as meet quarterly with the Pharmaceutical Benefits Advisory Committee (PBAC) as a clinical advisory body. These meetings have proven to be an important forum for addressing oncology issues, above all in providing quality, up-to-date advice on clinical practice and trial



developments. The success of the meetings is exemplified by a number of wins including changes to the listing for trastuzumab in the neo-adjuvant setting and the provision of advice on difficult issues such as new drugs in prostate cancer.

### Oncology Drugs and Treatments

The Association's eighth Annual Horizon Scanning Report was the focus of discussions at the Annual Drugs Roundtable. Representatives of key stakeholder groups such as Cancer Australia, Medicare, Medicines Australia, Therapeutic Goods Administration and the PBAC met to consider national oncology drug issues. The Horizon Scanning Report highlighted that the number of new oncology drugs accessed by patients is growing each year. Over the last four years government has contributed over \$1.34 billion for thirty new cancer medicines and \$300 million per year for new products. It is therefore not surprising that MOGA addressed a long list of advocacy priorities throughout the year including: the intravenous chemotherapy supply program, new technology issues, off patent and generic oncology drugs. Members also provided expert advice to the Department of Health and Ageing and various government bodies on a wide range of oncology related issues including Medicare item numbers and overseas treatment cases.

### Advocacy and Lobbying

Oncology drugs and treatment advocacy was a priority and witnessed some notable achievements. MOGA developed a record number of submissions to provide up-to-date clinical advice on drugs passing through the regulatory system, including abiraterone and cabazitaxel to address an unmet need regarding recurrence or progression in castrate-resistant prostate cancer after taxotere. Additional submissions went forward on the de-restriction of docetaxel and paclitaxel and accessing new melanoma agents. The de-restriction of dacarbazine, docetaxel and paclitaxel as well as changing the listing to allow the use of tamoxifen in breast cancer prevention are priorities for 2013.

### Advanced Training in Medical Oncology

The Association works closely with the Royal Australasian College of Physicians and the Special Advisory Committee in Medical Oncology on certified training requirements. The number of trainees entering medical oncology training continued to grow as did the membership of the Association which rose to 356 consultant and 181 trainee members in 2012. The Association is pleased to report 31 trainees completed fellowships in 2012. MOGA supported medical oncology trainees through an extensive awards program, the delivery of Communication Skills Training and the Basic Sciences of Oncology Program to address specific learning needs identified by both consultants and trainees.

Under the tireless leadership of A/Prof Martin Stockler, the 5th Australia & Asia Pacific Clinical Research Development (ACORD) Workshop was held from 9-15 September. ACORD continued to grow as a major international oncology

education program with the support of its collaborating partners: the American Association for Cancer Research, the American Society of Clinical Oncology, the European Society for Medical Oncology (ESMO), Cancer Council Australia and the Clinical Oncological Society of Australia. New collaborating partners included Cancer Australia, the US National Cancer Institute and Cancer Council New South Wales. The Workshop was attended by 62 oncology and allied health professionals. New initiatives included 1 Day Clinical Trial Protocol Development Workshops in India, Pakistan and China designed to increase participation from a wider spectrum of oncology professionals and build clinical trials expertise in these countries. Future Faculty Fellows were also selected from the region as emerging leaders in oncology research and invited to participate.

### Education Activities

MOGA hosted a stand at the ESMO 2012 Congress in Vienna as part of the Society Village which included 28 oncology societies from Europe and beyond, in September. The Congress attended by more than 15,000 delegates provided MOGA with a good opportunity to raise the Association's profile on an international level and strengthen relations with other regional cancer organisations. MOGA also participated in the International and Regional Representatives meeting at ESMO 2012 to discuss key international oncology issues, including drug shortages.

One of the Congress highlights was the study presented during the melanoma session by MOGA member, Prof Georgina Long, from Westmead, Sydney. Prof Long reported on a phase II study combining drapfenib, an inhibitor of mutated BRAF 600, with trametinib, a selective MEK inhibitor. Prof Long was featured on the front page of the Meeting's Newspaper and Australian research in melanoma was the talk of the Meeting.

Dr Zarnie Lwin and Dr Matt Burge convened the MOGA 2012 Annual Scientific Meeting, **Targeting Cancer from Diagnosis to Cure** in Brisbane in August. The opportunities and challenges that targeted therapies and approaches are generating in medical oncology, related disciplines and cancer management provided a valuable context for the scientific program with its focus on targeted therapies and new advances in melanoma, lung, breast, prostate and colorectal cancers. International guest speakers included Professors Heinz Josef Lenz and Lillian Siu from the USA, Alberto Sobrero from Italy and Ian Tannock from Canada. Many leading Australian invited speakers and MOGA members also contributed to the scientific program including A/Prof Nick Pavlakis, Prof Grant McArthur, Prof Michael Boyer and A/Prof Ben Tran. Best of ASCO® Australia once again brought the scientific breakthroughs and highlights from the American Society of Clinical Oncology Annual Meeting to Australia.

MOGA acknowledges and recognises the valuable contribution our members make to the development of medical oncology in Australia. The Association looks forward

to working collaboratively with our colleagues across all cancer related disciplines over the next 12 months.

**Gary Richardson, Chair**  
MOGA Chairman



## NEURO-ONCOLOGY GROUP

2012 saw continued growth, activity and strengthening of neuro-oncology networks amongst both health professional and consumer communities.

Below is a brief summary of key events and selected initiatives occurring across ANZ.

The inaugural **COSA Neuro-oncology Group Clinical Professional Day (CPD)**, held on Friday, 9 March 2012 at the Sydney Convention and Exhibition Centre, was an outstanding success. The Day was programmed in conjunction with the Royal College of Pathologists of Australasia (RCPA) 'Pathology Update' 2012 and the 'Genetics and Genomics in Personalised Medicine' Conferences. The title for the Day's program was "**Brain Tumours: New tools for Diagnosis, Treatment and Research**". We were particularly honoured to have two of the world's leading clinicians in the field of neuro-oncology as our international guest speakers: Professor Martin van den Bent, Neuro-oncologist, The Netherlands, and Professor Paul Kleihues, Neuro-pathologist, Switzerland, as the 2012 Cure for Life Foundation Fellow based at the Lowy Cancer Centre, University New South Wales. We also thank COSA for their generous support of this event.

In parallel, the Sydney Neuro-oncology Group (SNOG) and Brain Tumour Alliance Australia (BTAA), in particular, Ms Allison O'Dea (SNOG Clinical Research Coordinator), Mr Denis Strangman (BTAA Secretary), Mr Matt Pitt and Mrs Susan Pitt (BTAA Co-Chairs) convened a **Brain Tumour Consumer Forum in Sydney, on Thursday 8 March 2012**. Professor van den Bent presented an overview of current and promising therapies for brain tumours, particularly for primary malignant tumours in adults. Other speakers included well known medical oncologist Dr Helen Wheeler and neuro-oncology care coordinator Ms Alanah Bailey. The event was very well attended by over 145 patients and carers who came from several States from around Australia.

Professor van den Bent was also an invited speaker at the **2012 HOTT meeting in Melbourne**, covering: 'Optimising outcomes in high grade glioma'; 'Treatment strategies for high grade glioma', 'True versus pseudo-response in the era of anti-angiogenics', and 'The molecular characterization of glioma'. In Queensland, he gave an interactive presentation on 'Insights into the Management of Anaplastic Glioma' and also discussed tissue banking in glioma.

**Brain Cancer Action Week was held across different Australian States from 7-13 May, 2012.** This was a highly

successful week with multiple consumer and clinician-led events dedicated to raising awareness about brain tumours.

Pleasingly, membership of the **Cooperative Trials Group for Neuro-Oncology Group (COGNO)** continues to grow, with their ongoing active portfolio of trials spanning treatment and supportive care for brain tumour patients. Current trials include CATNON (anaplastic oligodendroglioma), CABARET (recurrent Glioblastoma) and SEED (adverse effects of dexamethasone in recurrent glioma and brain metastases).

**COGNO** held its **5th Annual Scientific Meeting** from 7-9 August 2012, in conjunction with the Medical Oncology Group of Australia (MOGA) Annual Scientific Meeting (8-11 August). A highlight was the half-day Joint Neuro-Oncology Symposium with MOGA on 9 August. COGNO was pleased to host Professor Susan Chang and Professor Michael Vogelbaum, as well as a number of well-known Australian experts as part of the COGNO program. Local co-convenors were COSA Neuro-oncology Group member Dr Zarnie Lwin, Medical Oncologist and Dr Matthew Foote, Radiation Oncologist. The theme of the meeting was 'Neuroimaging: Novel Approaches for Glioma'.

BTAA, in conjunction with Cancer Council Queensland held a successful patient and carer **Brain Tumour Consumer Forum in Brisbane** on Saturday 11 August 2012, attended by approximately 60 people, with special guest speaker Professor Susan M Chang from San Francisco.

The **Austin Health Brain Tumour Support Service**, Melbourne, held an excellent **Brain Tumour Clinical Professional Day** on 17 August 2012. This was co-convened by Diane Legge (Neuro-Oncology Care Coordinator) and Kelly Mills (Brain Tumour Support Officer). Invited speakers included A/Prof Kate Drummond (Neurosurgeon), A/Prof Michael Dally, Dr Eng-Siew Koh (Radiation Oncologists) and Dr Lawrence Cher (Neuro-Oncologist). The one day symposium was very well attended by over 100 predominantly health professionals, and sought to: educate and provide insight into the journey taken following the diagnosis of a brain tumour, emphasising the particular challenges faced in rural and regional areas; highlight the importance of supportive care provision and care coordination in this complex patient group; and strengthen networking amongst Victorian health professionals supporting people with brain tumours.

Many other initiatives were undertaken across Australia during 2012 including: educating the health professional community; discussions regarding supportive care of brain tumour patients and carers (in particular the role of care coordination); as well as consumer/advocacy initiatives.

Much productive endeavour is also occurring amongst translational scientists investigating glioma, with the formation of ever-stronger collaborations with clinicians, imaging specialists, consumer advocates, and other key stakeholders.

We look forward to an even more eventful 2013!

Kind regards and thanks for your ongoing support.

**Eng-Siew Koh, Chair**



## NUTRITION GROUP

The Nutrition Group has had another successful year in 2012. The major activities of the Group have been related to the *Evidence-based guidelines for the nutritional management of adult patients with head and neck cancer* wiki. In 2012, Accredited Practising Dietitian Elise Strange undertook a short-term project role to ensure the currency of the guidelines. We thank COSA for supporting this position. With the assistance of Cancer Council Australia, particularly Jutta von Dincklage and Professor Ian Olver, further enhancements of the wiki platform were also introduced to facilitate content updates in the future. In addition to the ongoing maintenance of the wiki content, significant promotion of the guidelines at multidisciplinary national and international scientific meetings occurred. Abstracts were presented at the Multinational Association for Supportive Care in Cancer Congress in New York (Merran Findlay – poster presentation), 8th International Conference on Head and Neck Cancer, Toronto (Teresa Brown – poster presentation) as well as 10th International Congress of Dietetics, Sydney (Teresa Brown –oral presentation; workshop – Steering Committee). The workshop conducted by the Steering Committee in Sydney attracted 60 dietitians from 38 countries and the feedback was extremely positive. The statistics from the wiki site continue to be impressive with over 27,000 page views from 37 countries from June 2011 – August 2012, which demonstrates the reach of the online presence. Congratulations to Merran Findlay recipient of the *DK Baird Bicentennial Travelling Fellowship* (\$1500) from the Royal Prince Alfred Hospital Medical Board and Teresa Brown recipient of the *Poster Presentation Prize: Honourable Mention Award: Management of Long-Term Issues Category* at the 8th International Conference on Head and Neck Cancer, Toronto. We are very pleased that in 2012 the guidelines were endorsed by the Australia & New Zealand Head and Neck Cancer Society (ANZHNCS). The guidelines are now endorsed by:

- Cancer Council Australia
- Clinical Oncological Society of Australia (COSA)
- Cancer Institute NSW (CINSW)
- Australia & New Zealand Head and Neck Cancer Society (ANZHNCS)
- Dietitians Association of Australia (DAA)
- Dietitians New Zealand (DNZ)
- British Dietetic Association (BDA).



The *Journal of Human Nutrition and Dietetics* accepted the invited guideline publication in late 2012.

Brown T, Findlay M, von Dincklage et al. Using a wiki platform to promote guidelines internationally and maintain their currency: Evidence based guidelines for the nutritional management of adult patients with head and neck cancer. *Journal of Human Nutrition and Dietetics 2013: First published online 21 Jan 2013, DOI: 10.1111/jh. 12036*.

Our members were very active at the COSA ASM. A new initiative was a nutrition symposium featuring dietitians completing PhD's in aspects of oncology nutrition. This was very successful and provided opportunity for six PhD scholars from Queensland, New South Wales and Victoria to participate. Janelle Loeliger's oral presentation regarding malnutrition prevalence in Victorian hospitals won a session prize and she was successful in winning *The Doreen Akkerman Award for Supportive Care prize*. Other members featured in poster and oral presentations.

Dr Liz Isernring led key members of the Group in updating practice guidelines for the nutritional management of patients receiving radiation and/or chemotherapy, which was accepted for publication in *Nutrition & Dietetics*. Other publications by Group members are featured below.

Planning is underway for an application for a COSA Clinical Professional Day grant to be submitted in the first quarter of 2013.

### Publications

- Brown T, Findlay M, Davidson W, Hill J, Isernring E,.... Bauer J. Using a wiki platform to promote guidelines internationally and maintain their currency: Evidence Based Guidelines for the Nutritional Management of Adult Patients with Head and Neck Cancer. *J Hum Nutr Diet* Accepted 26 Nov 2012.

- Isenring L, Zabel R, Bannister M, Brown T, Findlay M et al. Updated evidence based guidelines for nutritional management of patients receiving radiation therapy and/or chemotherapy. *Nutr Diet* Accepted 5 Nov 2012.
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- Talwar, B., & Findlay, M. When is the optimal time for placing a gastrostomy in patients undergoing treatment for head and neck cancer? *Current Opinion in Supportive and Palliative Care*. 2012; 6(1), 41-53.



**Judith Bauer, Chair**

## PSYCHO-ONCOLOGY GROUP

If 2011 was a year of consolidation for OZPOS, 2012 was a year of frenzied activity, with OZPOS collaborating with PoCoG, COSA and Cancer Council Queensland to deliver a joint meeting between the International Psycho-Oncology Society and COSA. We owe an enormous thanks to Phyllis Butow, Jane Turner and Jeff Dunn for this leadership of the international and national IPOS Program Committees and to Krissy Carrington for her leadership as COSA Convenor. My thanks also to Melanie Price, Marie Malica and Megan Dwyer who ensured a smooth and high-quality meeting.

The quality of presentations and new data was extraordinary. Having the sessions themed this year helped to work out which sessions to attend and meant a little less time running between rooms. Research in progress poster presentations gave a great opportunity to review and discuss ongoing research, there was such a diversity of projects. The meeting was a very positive promotion of high quality Psycho-Oncology research and practice.

### IPOS Academies

OZPOS and PoCoG members were heavily involved in the delivery of the IPOS Academies. There was something for everyone at the IPOS Academies, run on the weekend preceding the conference. From publishing to meaning-making, the diverse program attracted attendees from all over the planet. The range of activities reflected the diversity required to deliver high-quality psycho-oncology care to people living with cancer. The two sessions I attended provided an excellent review of the state of knowledge in two diverse areas and opened up discussion about future research directions and how we might further knowledge and practice. Thank you to all the Academy convenors for the time and effort they put into delivering these wonderful training opportunities.

### Psycho-Oncology Awards

This year saw the establishment of two COSA, OZPOS, PoCoG Psycho-Oncology Awards. It was great to see our Group and two of our members recognised in this way. COSA established:

- The COSA Australian Psycho-Oncology Award (Prof Afaf Girgis, winner 2012)
- The COSA New Investigator in Psycho-Oncology Award (Dr Haryana Dhillon, winner 2012)

The awards were managed through the COSA Grants and Awards Committee, who co-opted psycho-oncology representation to review the applications. Prof Afaf Girgis, was the very deserving winner of the COSA Psycho-Oncology Award. An apt recognition of Afaf's many years of dedication and contribution to psycho-oncology. We hope that these awards will continue, providing an ongoing opportunity for our Group to recognise excellence within the Australian Psycho-Oncology community.

### Priorities for 2013 and beyond

Our annual general meeting was very well attended this year, and included a presentation from Melanie Price of PoCoG who discussed the opportunities for OZPOS and PoCoG to collaborate more closely on our mutual interests.

OZPOS members expressed enthusiasm to revisit the issue of health professional burn-out and psycho-oncology services role in supporting the clinical teams.

With the move toward activity based funding, many psycho-oncology clinicians are concerned about the high potential for diminishing funding for psycho-oncology services. During 2013 we will be looking more at the role and activities performed by psycho-oncology staff to assist with defining this more clearly. In a related issue, it has become clear that there is an extraordinary range of practice models and some streamlining of procedures and processes may assist people in establishing a best practice psycho-oncology service. Forming another activity that the group will undertake over the coming year. If you are interested in assisting with any of this please do get in touch with me.

Thanks so much for a wonderful year in Australian Psycho-Oncology; I look forward to working hard alongside all of you in 2013.



**Haryana Dhillon, Chair**

## RADIATION ONCOLOGY GROUP

In preparing this annual report on behalf of the Radiation Oncology Group within COSA it is a timely opportunity



to reflect on the Group's role within the organisation. Sixty percent of those affected with cancer will receive radiotherapy. In many instances radiation is combined with other modalities, and therefore it is important we remain closely aligned with a large multidisciplinary group such as COSA.

Our strong presence at the Annual Scientific Meeting and preceding Advanced Trainees Weekend highlights the importance of our role. Pleasingly we have seen increased involvement in other areas such as the rural and regional cancer centres issue. However, the Radiation Oncology Group within COSA has always struggled for membership. This is largely due to the fact we are a relatively small speciality and have a number of organisations that already represent us such as the RANZCR, Faculty of Radiation Oncology (FRO) and the Trans Tasman Radiation Oncology Group (TROG).

The affirmative vote to become a Company Limited by Guarantee represents an opportunity to review our involvement within COSA. With the new structure perhaps more effective representation of our speciality might be through having TROG and FRO join Council where each Group will have a vote. Collectively, these two groups are likely to give us a broader representation. TROG is already on Council and wishes to remain so, and I have had preliminary talks with FRO, holding off on progressing things until the vote at the most recent AGM on the Constitution was held.

I would be interested to hear from others about this issue or any other comments they might have.



**Sandro Porceddu, Chair**

## REGIONAL & RURAL ONCOLOGY GROUP

It has been a productive year for the COSA Regional and Rural Group. COSA President Bogda Koczwara appeared before the Senate Standing Committees on Community Affairs in May, following COSA's submission to the Senate inquiry into the factors affecting the supply of health services and medical professionals in rural areas. Senators were particularly interested in optimal cancer care for Australians living in regional and rural areas, the collection of cancer data and patient assisted travel schemes.

Over 60 people attended the "More than bricks and mortar" workshop in Canberra on 3 August 2012 convened to discuss ways to build on the government's investment in cancer service infrastructure in regional and rural Australia, to ensure growth and sustainability of rural and regional cancer care and its full integration with cancer care across the nation.

Workshop participants generated many recommendations that will help deliver cancer services of the highest quality

to regional and rural Australia. Among them the need for a national approach to rural cancer care, integration with primary care, flexible networks linking regional, rural and metropolitan services, minimum standards of workforce and a focus on safety and quality and research capabilities. Participants also considered data access as essential for informing and guiding any type of service development. The workshop report outlining the recommendations is available on the COSA website.

The workshop provided a sound foundation for further work to build capabilities in cancer care across rural and regional Australia. Recommendations included a regular networking meeting of rural centres, the first of which took place in Brisbane prior to the COSA Annual Scientific Meeting in November under the auspices of Cancer Australia. Representatives from a number of regional cancer centres presented developments at their centre to the forum, sharing successes and challenges so that other centres may learn from their experiences.

The COSA Regional and Rural Group looks forward to working with members and workshop participants in 2013 to contribute to cancer service development in regional and rural Australia and has commenced working on a number of the recommendations from the workshop.

I would like to acknowledge the efforts of Jessica Harris in putting together the workshop reports and for all her work co-ordinating the working party. Please feel free to contact Jessica Harris, COSA Project Coordinator ([jessica.harris@cancer.org.au](mailto:jessica.harris@cancer.org.au)), for more information on the activities of the group or the implementation of the workshop recommendations.



**Adam Boyce, Chair**

## SURVIVORSHIP GROUP

I am delighted to be writing the first annual report for the COSA Survivorship Group. The formation of this Group was formally approved by COSA Council at its November 2012 meeting.

There has been overwhelming enthusiasm and interest in the Group, with more than 60 members, with a broad range of professional qualifications and positions within healthcare and research expressing interest in joining the Group.

Our first Group meeting was held during the COSA Annual Scientific Meeting. From the discussion it is clear that there is a lot of work to be done within the realm of cancer survivorship and living well. The priorities for the Group are to establish a repository of the available synthesized evidence to support policy and advocacy in the survivorship care arena as well as identify the gaps in evidence that we can start to address.

Over the next 12 months the Group will consider what are the critical components of survivorship care and how this may be delivered within our healthcare setting.



**Haryana Dhillon, Acting Chair**

## UROLOGIC ONCOLOGY GROUP

2012 has continued the recent trend of advances in treatment options and improved outcomes for several genitourinary cancers. Axitinib has now been approved for advanced RCC in Australia, bringing the number of approved options in Australia now to eight; a disease that once was essentially untreatable. Abiraterone is approved and hopefully will soon be reimbursed for prostate cancer. There have been no recent advances for urothelial cancers although the availability of generic taxanes improves options somewhat. Similarly advances in testicular cancer treatment have been incremental, although groups like ANZUP Cancer Trials Group ([www.anzup.org.au](http://www.anzup.org.au)) continue to push progress in this area and particularly in the areas of supportive care and survivorship, together with other groups such as PoCoG and with the support of COSA. We look forward for prostate cancer to new agents such as enzalutamide, radium-223 and cabozantinib. Each new conference brings a new rain of riches in terms of treatment and basic biology.

The 2012 ASM did not include genitourinary cancers as a key theme given the recent focus in 2011. However, the group still had a substantial presence at the ASM and reflected the psycho-oncology theme of the joint meeting with IPOS. Our group members contributed several posters, won travel grants and prizes, chaired various sessions and participated as speakers in others. The main urologic oncology group activity was the session chaired by Shomik Sengupta on 15 November entitled, "Minding your P's and Q's: Psychosocial aspects of urologic cancer," involving great talks from Anna Collins, Frank Gardiner, Haryana Dhillon and Prunella Blinman. Although attendance at the session was not huge, in part due to a number of other concurrent sessions, the presentations were great and the audience was very interested and engaged. I was also privileged to participate in some other sessions including the Consumer Forum and a session on cooperative trials. The broad base of this multidisciplinary organisation and its ASM is not reproduced anywhere else in Australia.

Most of the activity for the GU cancer community this year has in fact been through ANZUP rather than through the COSA Urologic Oncology Group. The two organisations can work together to represent the interests of the members and to meet the goals of both organisations, and there are good reasons for belonging to and participating in both organisations. Primarily this is because there are separate needs to be met. ANZUP is a cooperative clinical trials group. Its function is to perform clinical research. Part of

this involves educational and training activities, fostering research links, and building collaborations and shared systems. COSA has separate activities in terms of advocacy, public education, influencing health policy, research links other than clinical trials. It also provides broader educational links mainly in the context of its ASM, where we meet with people working in other cancer types and learn things that we might not learn in our subspecialty meetings. COSA is the only organisation in Australia where it is possible to do this.

ANZUP remains very active across all genitourinary cancer types. Our work is greatly enriched by the involvement of our Consumer Advisory Panel, which now includes representation across our tumour types and better involvement of our consumer members within the subcommittees. We could not work without them, and similarly we could not work without the tireless involvement of our Quality of Life & Supportive Care subcommittee and our Translational and Correlative Research subcommittee. ANZUP intends to remain associated with COSA under the new Constitution as an Affiliated Organisation.

It is my hope that the Urologic Oncology Group will continue to grow in 2013 and beyond. Our priorities will include strategies to meet the objectives of the group, ie:

1. To provide an inclusive forum for cross-discipline communication between health care professionals involved in the care of patients with urological cancers, synergising but not competing with other groups.
2. To act as a national body in order to facilitate clinical and basic research in urological cancers in Australia.
3. To develop cooperative and complementary laboratory research programs in urological cancer, including development and maintenance of tissue bank resources.
4. To facilitate success in multicentre research grant applications.
5. To develop common data sets for collection of clinical information from patients with urological cancer, with a view to development and integration of national databases.
6. To provide a key point of contact for industry and other sponsors of clinical trials.
7. To promote public awareness of urological malignancies.
8. To be a source of expert advice to government, industry and other bodies.
9. To participate in COSA activities including contributing to the Annual Scientific Meeting



**Ian Davis, Chair**

# COSA INTEREST GROUP REPORTS

## ADOLESCENT & YOUNG ADULT (AYA)

This report provides a summary of the key activities of the group during 2012.

**Chair:** Wayne Nicholls (QLD)

**Membership:** There are currently 212 members of the AYA interest group

### Activities

The main focus of the AYA interest group in 2012 was continuing to deliver projects of the Youth Cancer Networks Program (YCNP), which is funded by the Australian Government and administered by CanTeen.

COSA has been implementing three of the YCNP national projects, intended to improve management and care of AYAs with cancer by:

1. Developing an AYA Cancer Network
2. Producing AYA cancer clinical practice guidance and protocols
3. Increasing AYA cancer clinical research and participation of AYAs with cancer in clinical trials

### 1. AYA Cancer Network

COSA convened a sixth AYA Cancer Workshop on Monday 12 November in Brisbane. The workshop theme was 'Expanding the continuum of care' in order to engage more adult oncologists in the AYA Cancer Network. The workshop was received extremely well by the 57 delegates and attracted a good number of medical oncologists (23%). Delegates who completed the evaluation form felt there was value in COSA hosting future events for AYA cancer.

A full report of the workshop is on the COSA website: <http://www.cosa.org.au/groups/aya/publications.html>

A survey of AYA Cancer Network members was circulated in December 2012 (closing date 31 January 2013). Responses will be used to evaluate the success of the project and develop future plans around activities of COSA and/or the AYA Cancer Network.

Emphasis was placed on using COSA's existing channels for general communications with Network members and other stakeholders. These included:

- The Marryalyan newsletter with reports of YCNP activities

- COSA's website with information on AYA cancer management issues and links to reports, publications and useful resources.

In addition to communications about the COSA AYA cancer activities, information was disseminated to the AYA Cancer Network members on a range of resources, education and research opportunities.

### 2. Clinical practice guidance and protocols

COSA, with the invaluable assistance of expert working groups, has developed clinical practice guidance about three areas of AYA cancer management:

- i. Fertility preservation for AYAs diagnosed with cancer
- ii. Psychosocial assessment and management of AYAs diagnosed with cancer
- iii. Early detection and appropriate referral of AYAs with suspected cancer.

#### ***Fertility preservation***

Guidance for health professionals about fertility preservation for AYAs diagnosed with cancer is complete and available on COSA's wiki site at [http://wiki.cancer.org.au/australia/COSA:AYA\\_cancer\\_fertility\\_preservation](http://wiki.cancer.org.au/australia/COSA:AYA_cancer_fertility_preservation).

During the reporting period COSA continued to publicise the guidance through the AYA Network and other appropriate avenues.

#### ***Psychosocial management***

Guidance for health professionals about the psychosocial assessment and management of AYAs diagnosed with cancer is complete and available on COSA's wiki site at [http://wiki.cancer.org.au/australia/COSA:Psychosocial\\_management\\_of\\_AYA\\_cancer\\_patients](http://wiki.cancer.org.au/australia/COSA:Psychosocial_management_of_AYA_cancer_patients).

During the reporting period COSA continued to publicise the guidance through the AYA Network and other appropriate avenues.

#### ***Early detection***

Guidance intended to help general practitioners and other primary health care professionals with early detection and appropriate referral of AYAs with suspected cancer is complete and available on COSA's wiki site at [http://wiki.cancer.org.au/australia/COSA:Early\\_detection\\_of\\_cancer\\_in\\_AYAs](http://wiki.cancer.org.au/australia/COSA:Early_detection_of_cancer_in_AYAs)



During the reporting period, the following activities took place:

- The draft guidance was completed in March and posted to COSA's wiki for public consultation.
- COSA invited interested stakeholders, including all members of the AYA Cancer Network, to review the guidance and provide comments during a four week consultation period, which ended on 1 May 2012. The working group reviewed the feedback and made revisions to the content and recommendations.
- COSA submitted the final draft guidance to the Department of Health and Ageing for review in May.
- COSA received and incorporated feedback from the Department of Health and Ageing's review before finalising and publicising the guidance through the AYA Network and other appropriate avenues.

### Protocols

Under agreement with COSA, the Cancer Institute NSW (CINSW) has developed a range of point of care evidence-based protocols/resources as part of this project, published on the eviQ website. Information includes links to relevant AYA resources, eviQ AYA frequently asked questions, fact sheets, patient information sheets and treatment statements.

## 2. Supporting clinical research and increasing trials participation

The purpose of this project is to encourage and support development of new clinical research that addresses an identified priority cancer type or issue for AYA patients – where there is a reasonable cohort of AYA patients and/or a significant survival gap.

In 2011, COSA committed funding for the ALL6 trial – investigating whether a paediatric acute lymphoblastic leukaemia (ALL) treatment protocol can be extended to patients aged 15-40 years in adult settings and examining factors that might impair dose delivery. This study was subsequently opened to recruitment and sites activated across Australia.

As of 31 December 2012, there were 3 patients on study (target of 100) with 3 of 15 sites activated with ethics and governance approvals. The remaining sites are expected to receive ethics and governance approvals in the first quarter of 2013.

**Wayne Nicholls, Chair**

## COMPLEMENTARY AND INTEGRATIVE THERAPIES

In a response to issues raised by the COSA membership regarding complementary therapies, COSA established a Complementary and Integrative Therapies Interest Group (CITIG). The group Executive have expertise from a range of disciplines and oversee initiatives in this area.

During 2012, COSA Council approved two project proposals submitted by the CITIG Executive. These projects (outlined below) aim to promote awareness of the emerging evidence-based, multidisciplinary field of complementary and integrative oncology.

### Position statement on the use of complementary and alternative medicine by cancer patients

This project developed from a request by Professor Dorothy Keefe (Chair, South Australian Cancer Clinical Network) for COSA to develop some guidance for health professionals when a patient chooses to use complementary and alternative medicine (CAM). This led to the decision to develop a position statement for health professionals to refer to when patients under their care are contemplating or using CAM.

A Working Group was established for this project, chaired by Dr Lesley Braun, Research Pharmacist, Pharmacy Department, Alfred Hospital. The guiding questions for this group were:

- What approach should a conventional health care provider take in the case of a patient who has decided to use a non-medical therapy as an alternative to medical cancer treatment and seeks the involvement of a conventional health care provider in this process?
- What approach should be taken by a conventional health care provider in the case of a patient who has decided to use a non-medical therapy to complement medical cancer treatment and seeks the involvement of a conventional health care provider in this process in the case of therapies :
  - which are unlikely to do harm but for which there is evidence of potential benefit
  - for which the evidence either for or against the treatment is equivocal
  - for which there is no available scientific evidence indicating it may be of benefit or present potential harm
  - which are likely to do harm

- What are the moral and legal responsibilities of a conventional health care provider when faced with these issues in a medical setting?

COSA will release the final position statement in early 2013.

## CITIG National Research Audit

The second project will see the Interest Group conduct a national audit to gain a snap shot of recent and current (2012 – 2015) Australian research investigating the application of complementary and integrative therapies in oncology settings. The survey will be available within the first quarter of 2013 via to the Zoomerang online survey platform. The audit will inform COSA members and other researchers and practitioners of research activity in this area. It will also identify research gaps and provide an impetus for funding bodies to offer greater opportunities in the field on complementary and integrative therapies in oncology.

We will report on the results of the research audit at our 2013 Annual General Meeting (AGM) at the COSA Annual Scientific Meeting (ASM) in Adelaide.

## 2013 Directions

At the Brisbane AGM in November 2012, participants noted that there were several proffered oral and poster presentations of a complementary and integrative oncology nature in the ASM program. Participants also suggested that the CITIG should enhance and increase its presence within our Society via newsletters, institutional affiliations with likeminded organisations and by convening workshops and sessions at the 2013 ASM. These ideas will form the basis of new activities for the Group in 2013.

Finally, we encourage all COSA members with an interest in complementary and integrative oncology to join the Group.

**Paul Katris, Chair**

## CANCER CARE COORDINATION

The 2012 Cancer Care Coordination Conference was held from the 6-7 March in St Kilda, Victoria. The Conference was titled *Towards New Horizons* and was attended by 257 delegates. The keynote speaker, Professor Emma Ream from the University College London, presented on the cancer trends in the United Kingdom and issues relating to cancer care, survivorship and support that mirror those in the Australian setting. Feedback from delegates at the Conference indicated their desire for a Conference to be held every two years and an educational day offered every other year. Many delegates identified a desire for more networking opportunities and online interactions to support their educational needs.



**L-R: Patsy Yates; Helen Zorbas; Emma Ream; Marie Malica; Douglas Bellamy at the 2012 Cancer Care Coordination Conference**

The Professional Development Group, led by Douglas Bellamy, produced a wonderful program for the Cancer Care Coordination Conference and has begun preparations for a Professional Development Day in July 2013 with an aim to hold this in conjunction with the CNSA Winter Congress. The Group will continue this work for the Cancer Care Coordination Conference in 2014.

The first edition of *The Coordinator* newsletter was published in February 2012, with editions also released in June and November. The Communication and Networking Group, led by Jacinta Elks, facilitate the development of this publication which provides information on new resources or service improvement initiatives, updates from the COSA Cancer Care Coordination Group, conference announcements, and question and answer sessions with care coordinator colleagues. Most of the information included is drawn from members listed on the National Contact's Database which, in its first year, has been well received.

On 26 August 2012 the Executive met in Sydney for a one day meeting to discuss the Interest Group's strategic direction and to plan Group activities over the next two years. The Executive reflected on the evaluation report from the conference in March with an aim to identify projects which COSA could undertake with the greatest impact with the resources available. The Executive identified the following key priority areas: need for a consistent definition of the cancer care coordinator role nationally; communication strategy; professional development support and opportunities; Clinical Practice Guidelines; and Models for Practice: service improvement tool kits. The first project resulting from this discussion is the development of a position paper on the role of the cancer care coordinator which will begin development in early 2013.

I thank the working groups and members of the Executive for their achievements in 2012, and acknowledge the ongoing support of COSA.

**Patsy Yates, Chair**



## DEVELOPING NATIONS

The 2012 Asia-Pacific Mentoring Program (APMP) followed on from the completion of two successful pilot programs in 2011. In 2012 the APMP received interest from two Australian host institutions and six fellowship candidates. The aim of the APMP is to foster and enhance knowledge and expertise; establish stronger ties and partnerships with new and developing cancer centres in the Asia-Pacific region; and identify areas and strategies for future professional development and research. The APMP is open to health professionals who have completed their primary training and are working at mid-career level in medical, nursing or allied health discipline in clinical oncology.

Dr Sanjay Dhiraaj, an anaesthesiologist at the Sanjay Gandhi Postgraduate Institute for Medical Sciences (SGPIMS) was the recipient of the fellowship in 2012. He carried out his program under the guidance of Dr Odette Spruyt at the Department of Pain and Palliative Care at the Peter MacCallum Cancer Centre (PMCC) and had the opportunity to visit other consult services, community services and hospices within the Melbourne area. The outcomes of this program included:

- Development of communication skills in a methodical fashion for interaction with patients and multidisciplinary team members
- Improved knowledge and skills in pain management
- Participation in practical teaching, training and quality improvement programs in palliative care and
- Having the opportunity to observe and understand the spectrum of palliative care and medicine provided to patients within the Australian health system

Upon his return to India he intends to start an inpatient facility for cancer patients in need of palliative care; start a service for renal patients in need of palliative care; and undertake collaborative research projects with the PMCC in the area of cancer control. The fellowship provided Dr Dhiraaj with an opportunity to establish meaningful professional relationships which he will maintain through consultation on his above projects. I'd like to thank Dr Odette Spruyt and her team at the Department of Pain and Palliative Care for their hospitality and exceptional learning opportunity they provided to Dr Dhiraaj.

Early in 2012, it was decided that COSA submit an application through the AusAID Australian Leadership Awards scheme for the funding of an additional Asia-Pacific Mentoring program. This scheme provides funding to existing programs aiming to develop leadership, address priority regional development issues and build partnerships and linkages between Australian organisations and organisations in developing countries within the Asia-Pacific Region. This funding would provide

a fellowship for a pharmacist from Colonial War Memorial Hospital (CWMH) in Fiji to undertake a program at Prince of Wales Hospital (POWH). CWMH has seen the recent introduction of aseptic and cytotoxic suites, so this program would provide the pharmacist with experience in Australian protocols and guidelines in the safety and manufacturing of chemotherapy, and involvement with a multidisciplinary team. The submission was developed by COSA, CWMH and POWH and we will know the application's outcome in May 2013.

I thank the group and COSA for their support and commitment in facilitating and supporting partnerships with the Asia-Pacific Region, and a special thank you to Ray Lowenthal as Deputy Chair of the Developing Nations Group.

**Matthew Links, Chair**

## GERIATRIC ONCOLOGY

Throughout 2012 the Executive spent a considerable amount of its time planning for the year ahead.

Members of the Executive Committee presented in the session titled *Coordinated Care of the Elderly* at COSA's Cancer Care Coordination Conference in March 2012. This session presented the practical issues of caring for the elderly patient. I outlined the fundamental questions and documentation recommended to review an older person with cancer. Kheng So noted that ageing is an individual process and people can vary dramatically in the physical, psychological and social functioning. Jane Philips and Janette Prouse presented on important elements to better support elderly patients, including how geriatric assessment tools can identify unmet needs in a timely manner, and that a geriatric oncology service within a medical oncology department can assist patients and clinicians to make collaborative treatment decisions.

Nimit Singhal accepted the role as Convenor for the 2013 COSA ASM to be held at the Adelaide Convention Centre 12-14 November which will focus on geriatric oncology and gastrointestinal cancers. At the same time, the November 2013 edition of Cancer Forum will have a geriatric oncology theme, and will feature contributions from members of the Executive, broader Interest Group membership and ASM international speaker, Supriya Mohile. Nimit and Jude Lees also engaged with members of the Interest Group at the recent COSA ASM in 2012. This provided a platform to discuss all things geriatric oncology 2013 and demonstrated the great interest many professionals have for cancer in the elderly.

At the International Society of Geriatric Oncology (SIOG) in October 2012, I presented on a project which demonstrated the use of the Adelaide Tool in supportive screening at Border Medical Oncology. This presentation was well received and generated much interest. Attracting interest within the international arena is a key demonstration of Australia's innovation and

leadership in geriatric oncology ; a key component of which is the strategic use of existing services. I have also been organising a workshop with MASCC for their June 2013 meeting which will focus on toxicity on targeted agents in the elderly. Australia is developing a great profile in geriatric oncology research and maintaining an international presence will ensure that Australian activity is acknowledged by international professionals.

COSA will host a Concept Development Day on 22 March 2013. This day was first promoted to the membership in October 2012. This is a chance for clinicians and researchers to present a synopsis of a geriatric oncology clinical study they would like to develop. Experts in study design, bio-statistics, health economics and health service research will be available to provide input to help refine each concept into a feasible research proposal. We hope that this day will facilitate collaborative partnerships in geriatric oncology. One of the aims of the workshop will be to explore the feasibility of a trial seeking to validate the geriatric screening tool developed by the Royal Adelaide Hospital. Jane Phillips is leading this endeavour.

I extend my appreciation to the Executive and those involved in the ASM and Cancer Forum 2013, as we will see their efforts translated into fabulous work in 2013. I'd like to thank Jane Phillips especially, for her leading role in organising the Concept Development Day.



**Christopher Steer, Chair**

## NEUROENDOCRINE TUMOURS

In 2012 the Neuroendocrine Tumour (NETs) Interest Group continued to build on two main projects; the SIGNETURE™ registry and the guidelines for the diagnosis and management of gastroenteropancreatic neuroendocrine tumours. Another important aim during 2012 has been to actively further the collaboration with colleagues in New Zealand.

**SIGNETURE™** is an observational registry that facilitates the collection of retrospective and prospective data on patients with NETs in Australia. The SIGNETURE™ registry was initiated by Ipsen Pty Ltd, with COSA assuming sponsorship of the project in November 2010 following a pilot phase led by Associate Professor Tim Price. Ipsen continues to provide funding for the database but has no direct access to data. COSA hopes that the registry will facilitate greater understanding of the diagnosis and treatment of NETs, as well as allowing for the evaluation of long term outcomes to optimize clinical care for patients with these rare tumours.

During 2012 the number of sites participating in the registry grew to eight after much work completing ethics amendments at the four pilot sites: Queen Elizabeth Hospital (SA); Royal Adelaide Hospital (SA); St George Hospital (NSW); Royal North Shore Hospital (NSW) plus gaining ethics approval at four new sites: The Canberra Hospital (ACT); Peter MacCallum Cancer Centre (VIC); Flinders Medical Centre (SA); Prince of Wales Hospital (NSW). Separate ethics approvals were required as HoMER has still not been introduced. There is only one ethics application still under consideration at Sir Charles Gairdner Hospital (WACOG). Data entry is expected to improve now that ethics approvals have been gained, staff have been trained in the use of the database, and a number of the large sites have existing data ready to be entered in the registry.

The **COSA guidelines** for the diagnosis and management of gastroenteropancreatic neuroendocrine tumours (GEP-NETS) were developed through a collaborative effort between clinicians from Australia and New Zealand in 2009. They were launched on the CCA wiki platform in 2010 ([http://wiki.cancer.org.au/australia/COSA:NETs\\_guidelines](http://wiki.cancer.org.au/australia/COSA:NETs_guidelines)) and have served as national guidelines for Australia since that time. In August 2012, the guidelines were adopted as national guidelines in New Zealand. The guidelines were updated during 2012 to reflect emerging treatment options, include feedback from New Zealand and show endorsement by Cancer Trials New Zealand.

The newly established **NETwork programme** is a New Zealand initiative, which will also serve to strengthen cooperation on both sides of the Tasman. Participants at the ANZNET meeting (hosted by the University of Auckland on 17-18 August 2012) mandated this ambitious programme to improve clinical care and translational discovery for NETs in New Zealand, and hope to conduct this work alongside their Australian counterparts.

The NETwork programme builds on the small size and collegiality of New Zealand, and aims to create a backbone of regional Multi-disciplinary Meetings (MDM's) with a virtual National Meeting for difficult cases and those that illustrate unaddressed policy issues. Regional champions have been appointed. Synoptic reports for pathologists have been written and disseminated. Funding has been established for a large translational genomics programme specifically focused on NETs (thanks to generous support from the Translational Medicine Trust). The MDM's will act as the focal point for a prospective national registry, proactive trial registration, and fresh frozen tissue collection.

While the NETwork programme has a Kiwi focus, there are distinct opportunities for Australians for advancing the management of NETs together.

**Yu Jo Chua, Chair**

# OTHER REPORTS

## CANCER COUNCIL AUSTRALIA

The year 2012 will be remembered for progress which occurred in several areas of our advocacy agenda. The highlight was the announcement of the completion of the colorectal screening program. The plain packaging legislation and successful defence in the High Court in addition to restriction on duty free tobacco was also a long sought after result. In addition the Government has established an office to implement the recommendations of the Fary asbestos review which CCA supported in collaboration with the ACTU. On the international front there was our support for Non Communicable Diseases becoming part of the WHO Development Goals.

Of the issues of joint interest to COSA, Cancer Council Australia developed a joint submission with COSA as a response to the McKeon review and took a role in highlighting potential problems around chemotherapy supply. Ongoing initiatives are around gene patents and ensuring the success of the new regional cancer centres. A research priorities document was produced by CCA in collaboration with other cancer NGO's of the Cancer Research Leadership Forum after a forum was held with multidisciplinary cancer researchers.

Another new resource that may be useful to COSA members is the iHeard website where questions about cancer can be submitted, often based on information on the web, and an evidence based response given. During the year there were 15,000 iHeard visits from 10 different countries.

Media interest in our mission has been strong and with the support of the COSA membership acting as our medical and scientific committee we can make authoritative comment on the whole spectrum of multidisciplinary treatment issues in addition to the public health expertise available to us from our members.

The production of clinical guidelines by CCA can only be successful with the voluntary support of clinicians, many of whom are COSA members, from a wide range of specialties. The innovation of developing a wiki platform for guidelines by CCA has made this resource easier to update and disseminate. This year saw the completion of lung cancer treatment guidelines and in collaboration with the Prostate Cancer Foundation of Australia the commencement of PSA testing guidelines. In collaboration with COSA we have head and neck nutrition and NETS guidelines.

At the UICC meeting this year we were formally recognised as the next country to host their meeting in 2014 in Melbourne. This provides a unique opportunity to work

with COSA to maximise the impact of this international event.

Finally we moved offices to the Sydney Central Building in Pitt Street Sydney and this has given both CCA and COSA adequate space and facilities to support the work of cancer control and treatment.



**Ian Olver AM, CEO**





# Financial statements at 30 June 2012 and Independent Audit Report

**The Clinical Oncological Society of Australia Incorporated**

**ABN 97 631 209 452**

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## EXECUTIVE COMMITTEE'S REPORT

### The Clinical Oncological Society of Australia Incorporated ( ABN 97 631 209 452 ) Executive Committee's Report

Your Executive Committee members submit their report on The Clinical Oncological Society of Australia Incorporated (the Society) for the financial year ended 30 June 2012.

#### Committee Members

The names of the Executive Committee members in office during or since the end of the financial year are:

A/Prof Ian Davis  
Dr Haryana Dhillon  
A/Prof Mei Krishnasamy  
Prof Bogda Koczwara  
A/Prof Sandro Porceddu  
Prof John Zalcborg OAM  
Prof Ian Olver AM

Unless indicated otherwise, all members held their position as an Executive Committee member throughout the entire financial year and up to the date of this report.  
Committee members are appointed on an honorary basis and as a result do not receive any remuneration either directly or indirectly from the Society.

#### Operating Result

The surplus of the Society for the financial year ended 30 June 2012 amounted to \$78,138 (2011; \$397,513).

#### Principal Activities

The principal activities of the Society during the financial year were:

- To understand and provide for the professional needs of its multidisciplinary membership
- To promote, facilitate and disseminate research in all areas of cancer control
- To promote multidisciplinary professional education of health professionals involved in cancer control
- To lead in national issues surrounding cancer care policy in Australia

No significant change in the nature of these activities occurred during the year.

#### Significant Changes in the State of Affairs

Accrued employee annual and long service leave entitlements, previously held in the accounts of Cancer Council Australia, are now held in the accounts of the Society.

There were no other significant changes in the state of affairs of the Society during the year ended 30 June 2012.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Society, the results of those operations, or the state of affairs of the Society in future financial years.

#### Environmental Regulations

The Society's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

#### Dividends

No dividends are able to be paid under the Society's constitution.

#### Proceedings on behalf of the Society

No person has applied for leave of Court to bring proceedings on behalf of the Society or intervene in any proceedings to which the Society is a party for the purpose of taking responsibility on behalf of the Society for all or any part of those proceedings.

The Society was not party to any such proceedings during the year.

Signed in accordance with a resolution of the Executive Committee



Prof Bogda Koczwara  
President



A/Prof Sandro Porceddu  
President-Elect

Dated 19 October 2012  
Sydney



## INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2012

**The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452 )**  
**Statement of Comprehensive Income**  
**For the year ended 30 June 2012**

	Note	<u>2012</u>	<u>2011</u>
		\$	\$
<u>Income</u>			
Member subscription income		164,874	172,753
Net Income from Annual Scientific Meeting		245,948	367,149
NHMRC Enabling Grant revenue		49,663	58,987
Interest income		124,279	218,056
Other revenue from ordinary activities	4	523,641	603,449
<u>Expenditure</u>			
Administration expenses		(544,229)	(365,165)
Management fees		0	(29,400)
NHMRC Enabling Grant expenses		(49,257)	(58,987)
Other grant expenses		(396,227)	(520,947)
Other expenses from ordinary activities		(40,554)	(48,382)
Surplus before income tax expense		<u>78,138</u>	<u>397,513</u>
Income tax expense		<u>0</u>	<u>0</u>
Surplus for the year	4	78,138	397,513
Other comprehensive income		0	0
Total comprehensive income for the year		<u><u>78,138</u></u>	<u><u>397,513</u></u>

The accompanying notes from part of these financial statements  
A Detailed Trading Profit and Loss Account appears at the end of these formal published accounts

## BALANCE SHEET FOR THE YEAR ENDED 30 JUNE 2012

The Clinical Oncological Society of Australia Incorporated ( ABN 97 631 209 452 )  
 Statement of Financial Position  
 As at 30 June 2012

	Note	<u>2012</u>	<u>2011</u>
		\$	\$
<b>ASSETS</b>			
Current assets			
Cash & cash equivalents	5	1,603,035	1,457,160
Trade & other receivables	6	67,681	252,745
Other current assets	7	<u>870,000</u>	<u>870,000</u>
Total current assets		<u>2,540,716</u>	<u>2,579,905</u>
Non-current assets			
Plant & equipment	8	<u>3,739</u>	<u>3,170</u>
Total non-current assets		<u>3,739</u>	<u>3,170</u>
Total assets		<u>2,544,455</u>	<u>2,583,075</u>
<b>LIABILITIES</b>			
Current liabilities			
Trade & other payables	9	591,245	728,478
Provisions	10	<u>20,475</u>	<u>0</u>
Total current liabilities		<u>611,720</u>	<u>728,478</u>
Total liabilities		<u>611,720</u>	<u>728,478</u>
<b>Net assets</b>		<u><u>1,932,735</u></u>	<u><u>1,854,597</u></u>
<b>EQUITY</b>			
Retained surpluses		<u>1,932,735</u>	<u>1,854,597</u>
<b>Total equity</b>		<u><u>1,932,735</u></u>	<u><u>1,854,597</u></u>

The accompanying notes form part of these financial statements

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2012

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452 )  
**Statement of Changes in Equity**  
**For the year ended 30 June 2012**

	<u>2012</u>	<u>2011</u>
	\$	\$
Balance at the beginning of the year	1,854,597	1,457,084
Total comprehensive income for the year	78,138	397,513
	<u>1,932,735</u>	<u>1,854,597</u>

The accompanying notes form part of these financial statements

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2012

The Clinical Oncological Society of Australia Incorporated ( ABN 97 631 209 452 )  
**Statement of Cash Flows**  
**For the year ended 30 June 2012**

	Note	<u>2012</u>	<u>2011</u>
		\$	\$
<u>Cash flows from operating activities:</u>			
Receipts from subscriptions (inclusive of GST)		164,874	152,766
Net receipts from Annual Scientific Meeting		245,948	367,149
Grant income & other revenue received		758,370	670,498
Interest received		124,279	218,056
Payments to suppliers and employees (inclusive of GST)		(1,145,649)	(1,029,480)
		<u>147,820</u>	<u>378,989</u>
Net cash provided by operating activities	13	147,820	378,989
<u>Cash flows from investing activities:</u>			
Payments for purchase of plant and equipment		(1,945)	(3,537)
		<u>(1,945)</u>	<u>(3,537)</u>
Net cash used in investing activities		(1,945)	(3,537)
		<u>145,875</u>	<u>375,452</u>
Net increase in cash and cash equivalents		145,875	375,452
Cash and cash equivalents at the beginning of the year		<u>1,457,160</u>	<u>1,081,708</u>
Cash and cash equivalents at the end of the year	5	<u>1,603,035</u>	<u>1,457,160</u>

The accompanying notes form part of these financial statements

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012

## The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452 ) Notes to the Financial Statements for the year ended 30 June 2012

### Note 1. Statement of significant accounting policies

This financial report is a special purpose financial report prepared in order to satisfy the financial report preparation requirements of the Associations Incorporation Act 1999 (ACT). The Executive Committee members have determined that the Clinical Oncological Society of Australia (the "Society") is not a reporting entity.

The Clinical Oncological Society of Australia is an incorporated association domiciled in Australia.

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated. The Executive Committee has determined that the accounting policies adopted are appropriate to meet the needs of the members of the Society.

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

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

### **BASIS OF PREPARATION**

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the disclosure requirements of AASB 101 'Presentation of Financial Statements', AASB 107 'Statement of Cash Flows', AASB 108 'Accounting Policies, Changes in Accounting Estimates and Errors', AASB 1031 'Materiality' and AASB 1048 'Interpretation and Application of Standards', as appropriate for not-for-profit oriented entities. These financial statements do not conform with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

### **REPORTING BASIS AND CONVENTIONS**

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

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

### **ACCOUNTING POLICIES**

#### (a) Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the Society and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

#### (i) Grants

The Society receives grants to fund certain activities. Where the grant is non reciprocal, it is recognised as revenue of the association upon receipt. Associated expenditure for the completion of the grant is recorded as incurred. Where the grant is subject to a reciprocal transfer, a liability associated with the reciprocal transfer is recorded upon receipt of the grant. No income is recorded for reciprocal transfers until conditions associated with the grant are satisfied.

#### (ii) Member Subscriptions

Member subscriptions are recorded on an accruals basis and apportioned across the calendar year of membership.

#### (iii) Net Annual Scientific Meeting Income

The Clinical Oncological Society of Australia Incorporated contracts a professional Events Co-ordinator to manage the staging of the Annual Scientific Meeting including the receipt of revenue and payment of expenses in relation to the event. Documents detailing the income and expenses have been received from the Events Co-ordinator together with a reconciling statement. A review has been performed on the books and records of the Events Co-ordinator to determine the completeness of the statements received. Revenue and expenses associated with the Annual Scientific Meeting are recognised through the statement of comprehensive income in the financial year the Annual Scientific Meeting is conducted.

Net Annual Scientific Meeting income is calculated as the excess of revenue in relation to the Annual Scientific Meeting compared to expenses associated with the meeting.

The net income for the 2012 Annual Scientific Meeting was \$245,948 (2011: \$367,149).

#### (iv) NHMRC Enabling Grant

In 2006, the Society began work on activities associated with the NHMRC Enabling Grant, the five-year funding provided through The University of Newcastle to facilitate enhancements to the operating resources of the ten cancer cooperative clinical trials groups.

To date, \$1,627,483 has been allocated to fund this activity of which \$49,663 has been spent in 2011/2012, (2010/11: \$58,987). The balance of unspent monies is held as income in advance in the Statement of financial position awaiting future expenditure (refer to note 9). Funding is recognised as Income as the funds are spent.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012 ...continued

### The Clinical Oncological Society of Australia Incorporated Notes to the Financial Statements for the year ended 30 June 2012 (cont.)

- (v) **Interest**  
Interest income is recognised as it accrues, using the effective interest method.
- (b) **Tax**  
The Society is exempt from the payment of income tax pursuant to Section 50-5 of the Income Tax Assessment Act (1997).
- (c) **Trade and other receivables**  
Trade and other receivables are recognised at amortised cost, less any provision for impairment.
- (d) **Other Current Assets**  
Prepayments included in other assets primarily relates to prepayments for future Annual Scientific Meetings. Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the Society's management has the intention and ability to hold to maturity.
- (e) **Trade and other payables**  
These amounts represent liabilities for goods and services provided to the Society prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.
- (f) **Income in Advance**  
Income in Advance includes subscription revenue for the 2012/13 year together with funds from the multi-year NHMRC Enabling Grant and other grants where conditions associated with the grants have not yet been satisfied.
- (g) **Cash and Cash Equivalents**  
Cash and cash equivalents comprise cash on hand and cash at the bank with original maturities of three months or less.
- (h) **Goods and Services Tax (GST)**  
Revenue, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in balance sheet are shown inclusive of GST. Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.
- (i) **Comparative figures**  
Comparative figures have been adjusted to conform to changes in presentation for the current financial year where required by accounting standards or as a result of changes in accounting policy.
- (j) **Plant & equipment**  
Each class of plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment.

#### Depreciation

The depreciable amount of all plant and equipment is depreciated on a straight-line basis over their expected useful lives to the Society commencing from the time the asset is held ready for use.

The depreciation rates used for each class of plant and equipment are:

<u>Class of plant and equipment</u>	<u>Useful Life</u>
Office Equipment	5 years
Computer Equipment	3 years

#### Impairment

The carrying values of plant and equipment are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. If such an indication exists and where carrying values exceed the recoverable amount, the asset is written down to the recoverable amount. Recoverable amount is the greater of fair value less costs to sell and value in use.

As a not for profit entity whose future economic benefits of an asset (or class of asset) are not primarily dependent on the assets ability to generate cash flows and it would be replaced if the Society was deprived of it, value in use is the depreciated replacement cost.

- (k) **Employee benefits**

#### Wages and salaries and annual leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled. Employee annual leave accrued at the end of the financial year totals \$20,475.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012 ...continued

## The Clinical Oncological Society of Australia Incorporated Notes to the Financial Statements for the year ended 30 June 2012 (cont.)

### Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

There was no employee long service leave accrued at the end of the financial year.

### (l) **New Accounting Standards and Interpretations not yet mandatory or early adopted**

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Society for the annual reporting period ended 30 June 2012. The Society has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

### (m) **Critical accounting judgements, estimates and assumptions**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

#### *Estimation of useful lives of assets*

The Society determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

#### *Long service leave provision*

As discussed in note 1(k), the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation are taken into account.

There was no employee long service leave accrued at the end of the financial year.

### **Note 2. Nature and objects of the association**

The Society is an association incorporated under the Associations Incorporation Ordinance (ACT) 1953, now the Associations Incorporation Act 1991. Its object is to promote and foster the exchange and diffusion of information and ideas relating to the causation, diagnosis and treatment of neoplastic diseases with particular emphasis on human biology; to further training in cancer research and in the total care of patients with neoplastic diseases and to encourage optimal communication between the various disciplines concerned with neoplastic diseases.

In the event of the Society being wound up, the members undertake to contribute an amount not exceeding \$20.00 to the assets of the Society.

There were 1,409 financial members of the Society at 30 June 2012 (2011: 1,309).

### **Note 3. Economic dependence**

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

### **Note 4. Revenue**

Revenue has been determined after the following:

Membership subscriptions (also refer to note 1 (a) (ii) )  
Interest revenue  
Net ASM income  
NHMRC Enabling Grant  
Other grant income  
Recoveries of clinical trials insurance cover  
Other revenue

	<b>2012</b>	<b>2011</b>
	\$	\$
Membership subscriptions (also refer to note 1 (a) (ii) )	164,874	172,753
Interest revenue	124,279	218,056
Net ASM income	245,948	367,149
NHMRC Enabling Grant	49,663	58,987
Other grant income	380,795	481,159
Recoveries of clinical trials insurance cover	120,119	122,289
Other revenue	<u>22,727</u>	<u>0</u>
	<u><b>1,108,405</b></u>	<u><b>1,420,394</b></u>



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012 ...continued

### The Clinical Oncological Society of Australia Incorporated Notes to the Financial Statements for the year ended 30 June 2012 (cont.)

	<u>2012</u>	<u>2011</u>
	\$	\$
<b>Note 5. Cash &amp; cash equivalents</b>		
Cash at bank	1,603,035	1,457,160
	<u>1,603,035</u>	<u>1,457,160</u>
<b>Note 6. Trade and other receivables</b>		
<u>Current</u>		
Trade receivables	17,466	228,126
Amounts due from associated organisations	622	3,879
Other receivables	49,593	20,740
	<u>67,681</u>	<u>252,745</u>
<b>Note 7. Other current assets</b>		
Prepayments	20,000	20,000
Held to maturity investments - term deposits	850,000	850,000
	<u>870,000</u>	<u>870,000</u>
<b>Note 8. Plant &amp; equipment</b>		
Computer equipment		
- Computer equipment, at cost	5,482	3,537
- Accumulated depreciation	(1,743)	(367)
Total computer equipment	<u>3,739</u>	<u>3,170</u>
<b>Note 9. Trade and other payables</b>		
<u>Current</u>		
Trade creditors & accruals	191,947	58,115
Income in advance	399,298	656,738
Amounts due to associated organisations	0	13,625
	<u>591,245</u>	<u>728,478</u>
<b>Note 10. Provisions</b>		
Accrued staff leave entitlements	20,475	0
	<u>20,475</u>	<u>0</u>
<b>Note 11. Events subsequent to reporting date</b>		
There have been no events subsequent to year end that have effected or may effect the financial statements as at 30 June 2012		
<b>Note 12. Auditors remuneration</b>		
Audit of the financial statements	4,500	4,500
	<u>4,500</u>	<u>4,500</u>
<b>Note 13. Reconciliation of the surplus for the year to net cash flows from operating activities</b>		
Surplus for the year	78,138	397,513
Non-cash flows in surplus from ordinary activities:		
Depreciation	1,376	367
Changes in assets and liabilities:		
Decrease/(increase) in trade & other receivables	185,064	(66,248)
Decrease in other current assets	0	13,356
(Decrease)/increase in trade & other payables	(137,233)	34,001
Increase in provisions	20,475	0
Cash flows from operating activities	<u>147,820</u>	<u>378,989</u>
<b>Note 14. Society details</b>		
The registered office of the society is: Building 44 Richmond Avenue Fairbairn ACT 2609 Australia		
Until 10 September 2012, the principal place of business was: Level 1, 120 Chalmers Street Surry Hills NSW 2010 Australia		
From 10 September 2012, the principal place of business is: Level 14, 477 Pitt Street Sydney NSW 2000 Australia		

## DECLARATION BY THE EXECUTIVE COMMITTEE

**The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452 )**  
**Financial report for the year ended 30 June 2012**

### **Declaration by The Executive Committee**

The Executive Committee has determined that the Society is not a reporting entity and that these special purpose financial statements should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The Executive Committee of the Society declares that:

1. The financial statements comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity, and accompanying notes, present fairly the Society's financial position as at 30 June 2012 and its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements; and
2. In the Executive Committee's opinion, there are reasonable grounds to believe that the Society will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Executive Committee:



Prof Bogda Koczwara  
President



A/Prof Sandro Porceddu  
President-Elect

Dated 19 October 2012  
Sydney

## INDEPENDENT AUDITOR'S REPORT



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www.bdo.com.au

Level 10, 1 Margaret St  
Sydney NSW 2000

Australia

### Disclaimer

The additional financial data as presented in the detailed trading profit and loss account is in accordance with the books and records of Clinical Oncological Society of Australia Incorporated, that have been subjected to the audit procedures applied in the audit for the year ended 30 June 2012. Our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such data and no warranty is given on its accuracy or reliability.

Neither BDO, nor any member or employee of BDO undertakes responsibility in any way whatsoever to any person other than Clinical Oncological Society of Australia Incorporated in respect of such data including any errors or omissions however caused.



Paul Bull  
Partner

Dated in Sydney, 19 October 2012

## DETAILED TRADING PROFIT & LOSS ACCOUNT

The Clinical Oncological Society of Australia Incorporated  
 Detailed Trading Profit and Loss Account  
 For the year ended 30 June 2012

	<u>2012</u>	<u>2011</u>
	\$	\$
<b>Income</b>		
Subscriptions	164,874	172,753
Net revenue from Annual Scientific Meeting	245,948	367,149
Grants:		
NHMRC Enabling Grant	49,663	58,987
Special projects	13,000	145,000
Adolescent & young adult workshop	140,193	263,631
Act Now project	45,000	0
Neuroendocrine tumour	19,000	1,000
Head & neck cancers	0	36,028
APUG grant income	47,000	35,500
Consumer Engagement program	116,602	0
Cancer Care Coordination workshop	22,727	0
CT insurance recoveries	102,118	104,276
CT insurance wages recoveries	18,001	18,013
Interest received	124,279	218,056
<b>Total Income</b>	<u><b>1,108,405</b></u>	<u><b>1,420,394</b></u>
<b>Expenditure</b>		
Advertising	569	894
Audit fees	5,529	4,531
Bank charges	3,812	3,238
Catering	384	477
Courier	110	240
Computer and IT	188	1,284
Consultancy fees	12,101	1,380
Depreciation	1,376	367
Employee entitlements	20,475	0
Filing fees	0	130
Freight & cartage	93	0
Grants	0	455
Internet	142	0
Insurance	4,910	1,940
Clinical Trials insurance	90,000	37,797
Management fees	0	29,400
Postage & packaging	2,055	1,805
Printing	10,151	11,248
Salaries & wages	336,392	209,918
Seminars & conferences	0	123
Stationery	1,025	785
Subscriptions	1,070	4,305
Sundry expenses	1,655	8,845
Superannuation	36,508	19,862
Telephone	1,809	702
Travel & accommodation	2,305	11,219
Website	11,572	43,619
Council meetings	39,322	38,815
Executive committee meetings	1,232	9,567
NHMRC Enabling Grant activities	49,257	58,987
Care Coordinators workshop	1,828	4,817
Adolescent & young adult workshop	140,193	263,185
CPD Project	200	0
HOTT fellowship grants	0	100,000
Miscellaneous special projects:	53,414	33,542
ACORD funding	39,167	26,879
Geriatric oncology	648	702
Tissue banking	311	33
Neuroendocrine tumour workshop	82	376
Nutritional group head & Neck	82	36,414
Urological cancers	40,000	35,000
Cancer Care Coordination conference	3,698	20,000
Consumer Engagement program	116,603	0
<b>Total Expenses</b>	<u><b>1,030,267</b></u>	<u><b>1,022,881</b></u>
<b>Net Surplus</b>	<u><b>78,138</b></u>	<u><b>397,513</b></u>



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