



**Clinical
Oncological
Society of
Australia**

ANNUAL REPORT 2011

- EDUCATION
- RESEARCH
- PROFESSIONAL
DEVELOPMENT
- 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	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	MB BS, 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 Bruce Mann	MBBS PhD
January 2011 ongoing	Professor Bogda Koczwara	BM BS FRACP GAICD MBioethics

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.

(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.

(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.

(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.

(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.

MEMBERSHIP OF COSA

MEMBERS

As at 31 December 2011 there were 1604 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:

A/Professor I Davis
MBBS(Hons) PhD FRACP FChPM

Dr H Dhillon
BSc MA (psych) PhD

A/Professor M Krishnasamy
RN PhD

Professor I Olver AM
MD BS PhD FRACP MRACMA FChPM

Professor J Zalcberg OAM
MB BS 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 ONCOLOGY GROUP

Chair: A/Professor A Spillane BMBS FRACS MD

CANCER NURSES

Chair: A/Professor M Krishnasamy RN PhD

CANCER PHARMACISTS GROUP

Chair: Mr J Siderov BPharm MCLinPharm BCOP FSHP

CANCER RESEARCH GROUP

Chair: Dr N Zeps BSc (Hons) PhD

CLINICAL RESEARCH PROFESSIONALS GROUP

Chair: Ms S Grierson RN RM

EPIDEMIOLOGY GROUP

Chair: A/Professor M Coory MBBS FAFPHM BSc PhD AStat (until May 2011)

FAMILIAL CANCER GROUP

Chair: Dr G Mitchell BSc MRCP FRCR PhD FRANZCR FRACP

GASTROINTESTINAL ONCOLOGY GROUP

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

GYNAECOLOGICAL ONCOLOGY GROUP

Chair: Professor M Quinn MB ChB MGO MRCP MRCOG FRACOG CGO

LUNG ONCOLOGY GROUP

Chair: Dr N Pavlakis BSc MBBS FRACP

MEDICAL ONCOLOGY GROUP (MEDICAL ONCOLOGY GROUP AUSTRALIA)

Chair: A/Professor M Michael MBBS (Hons) BSc (Hons) MD FRACP (until August 2011)

Chair: A/Professor G Richardson MBBS FRACP

MELANOMA & SKIN 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: A/Professor S Neuhaus MBBS (Adel) PhD FRACS

UROLOGIC ONCOLOGY GROUP

Chair: A/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

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

Chair: Professor J Forbes AM, MBBS B.Med.Sci MS
FRACS FRCS

ANZ CHILDREN'S HAEMATOLOGY & ONCOLOGY GROUP

Chair: Dr P Downie MBBS FRACP

AUSTRALASIAN GASTROINTESTINAL TRIALS GROUP

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

ANZ GYNAECOLOGY ONCOLOGY GROUP

Chair: Professor M Quinn MB ChB MGO MRCP MRCOG
FRACOG CGO

AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP

Chair: Professor M Hertzberg MBBS PhD FRACP FRCPA

AUSTRALASIAN LUNG TRIALS GROUP

Chair: Dr M Millward MBBS MA FRACP

ANZ MELANOMA TRIALS GROUP

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

AUSTRALASIAN SARCOMA STUDY GROUP

Chair: A/Professor D Thomas MBBS FRACP PhD (until
November 2011)

Chair: Dr J Desai MBBS FRACP

ANZ UROGENITAL & PROSTATE CANCER TRIALS GROUP

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

COOPERATIVE TRIALS GROUP FOR NEURO- ONCOLOGY

Chair: A/Professor M Rosenthal MBBS PhD FRACP

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE

Chair: Emeritus Professor F Bochner AM, MD FRACP

PRIMARY CARE CANCER CLINICAL TRIALS GROUP

Chair: Professor J Emery MBBCh DPhil FRACGP MRCGP
MA

PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP

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

TRANS TASMAN RADIATION ONCOLOGY GROUP

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

EXECUTIVE OFFICER

Ms M Malica

PUBLIC OFFICER

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

HONORARY SOLICITOR

Mr Chris Dawson
Turner Freeman
Level 16
111 Elizabeth St
Sydney NSW 2000

AUDITORS

PKF
Level 10
1 Margaret St
Sydney NSW 2000

REPORT OF THE PRESIDENT

As I report on the first year of my term as COSA President, I would like to reflect on the strengths of our organisation. I cannot think of any other cancer organisation that is so broadly multidisciplinary and so visionary in its scope. Of course there are other organisations where the different types of oncologists are members, but none share COSA's culture of equally engaging nurses, nutritionists, pharmacists, primary care providers, psychologists and social workers alongside those that traditionally deliver cancer treatment. COSA leads the way in not only supporting multidisciplinary care in cancer, but in defining it with the necessary breadth and scope and by demonstrating multidisciplinary care in cancer in its day to day activities. The underlying principle of how COSA operates is that of multidisciplinary collaboration in everything we do – in the groups that assemble, in the projects that we take on, and in the policies and submissions that we issue on behalf of our members.

2011 – A year full of activity

In 2011 COSA led the way in enabling collaborative development in priority areas of cancer care including adolescents and young adults (AYA), cancer care coordination, geriatric oncology and nutrition. COSA continues to represent the voice of our multidisciplinary membership through submissions to government and other bodies, examples of which include Senate Inquiries, expertise reviews of the Medical Services Advisory Committee (MSAC) and Therapeutic Goods Administration (TGA) as well as the National Cancer Expert Reference Group. The multidisciplinary guidelines development has been progressed further with the development of the Head and Neck Cancer Nutrition Guidelines and the Neuroendocrine Tumour (NETs) Guidelines, with agreement to establish a national NETs registry. Under the leadership of our President Elect Sandro Porceddu, COSA continues to work with the Cancer Cooperative Trials Groups (CCTGs) to ensure an alliance approach to COSA's clinical trials activities following the completion of the Enabling Grant.

Partnerships and Collaborations

Our unique partnership with Cancer Council Australia brings to COSA a solid grounding in public health and prevention. COSA Council acts as medical and scientific advisors to CCA, and in turn CCA supports COSA's accommodation and administration. Our alliance with Cancer Voices Australia brings in the considered views of consumers who partner with us on so many levels from advocacy, to education to research and care development. 2011 presented opportunities for COSA to

work with Cancer Australia and to plan for how COSA and the newly established federal cancer agency can work together more effectively in the future. In 2011 COSA hosted two Fellows under our Asia-Pacific Mentoring Program, one in collaboration with the Royal Australian and New Zealand College of Radiologists (RANZCR) Faculty of Radiation Oncology. COSA is committed to further developing mutually beneficial relationships with cancer societies in our region, and our ongoing commitment to the Mentoring Program in 2012 will help to build these.

Annual Scientific Meeting (ASM)

The ASM in Perth clearly demonstrated how powerful COSA's voice can be when it represents a united vision of the profession. The theme for the 2011 ASM was "Partnerships against cancer - bridging gaps, breaking barriers", and highlighted the opportunities and challenges facing cancer health care today and in the future. The scientific program focused on urological and prostate cancers, as well as the role of primary care in cancer. Nik Zeps and the organising committee put forward an excellent program which tackled some of the most important, yet often difficult challenges of the profession including workforce, cancer coordination, prevention and early detection and engagement with consumers.

In 2011 COSA welcomed the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) as its official partner for the 2011 ASM. This partnership helped to ensure the program included state of the art presentations on the most up to date cancer treatment, research and education in prostate and other urogenital cancers. For the first time, COSA also welcomed the primary care cancer community represented by the Primary Care Collaborative Cancer Clinical Trials Group (PC4) as partners, bringing the important primary care perspective into the program. I would like to acknowledge Ian Davis and Margaret McJannett from ANZUP, and Jon Emery and Julia Fallon-Ferguson from PC4 for their enthusiastic and insightful contribution to the conference. In particular I would like to thank the Convenor Nik Zeps, who worked tirelessly to ensure the program remained true to COSA's values and reflected its leading role as Australia's peak multidisciplinary cancer organisation.

Most importantly, the meeting was a warm, collegial event, where many friendships were forged and reacquainted. The conference dinner was a highlight, particularly Professor Phyllis Butow's oration as the recipient of 2011 Tom Reeve Award, where Phyllis remarked one could feel that "COSA was home".

REPORT OF THE PRESIDENT continued ...

Governance Structure

Throughout 2011 the COSA Council, Executive, management and staff worked to develop a revised governance structure to better support COSA as it moves to become a Company Limited by Guarantee. Following much consultation and research, COSA Council approved a revised Constitution and agreed it should be presented to the 2011 AGM for voting by the membership. The 2011 AGM afforded valuable discussion from the members in attendance. While some members indicated support for a change to the governance structure and the introduction of a smaller Board, there were a number of questions seeking clarification of the role of the Board versus the role of Council and length of term for each position, how will the smaller Board be elected, how will the President be elected, how financial delegations are defined to ensure the funds are spent appropriately.

The motion for the approval of the new Constitution was not carried at the AGM, and it was proposed that a further consultation period should be opened to the membership with all of the abovementioned issues addressed. Taking this feedback from our membership onboard, our work in 2012 will continue to build on this important work, and to develop a number of communication strategies with the intent of reaching all members and engaging them in the discussion on this important issue. We hope to present a robust report and Constitution for consideration by the membership at the 2012 AGM.

Thanks and Acknowledgments

COSA's strengths lie most of all in the diverse and capable membership of over 1600, including the ever hard working members of the Council and the Executive. This report would not be complete without acknowledgement of their significant contribution to the ongoing success of the organisation especially my predecessor Professor Bruce Mann, members of the Executive and Council, the ASM Convenor Nik Zeps, and the very capable COSA staff.

Professor Bogda Koczwar
President - COSA



Professor Bogda Koczwar
President - COSA



Image from the 2011 COSA ASM.



2011 COSA Council

REPORT OF THE EXECUTIVE OFFICER

After 10 months in my new role (March to December 2011) I am very pleased to offer my first report as COSA Executive Officer.

Many COSA members may be aware of my long association with the cancer community having spent seven years employed by Cancer Council NSW managing their clinical trials and research grants programs.

The full annual report highlights many of the activities and projects undertaken by COSA during 2011. Previously only the COSA Groups, the Chairs of which sit on Council, have provided annual reports. This year we thought it was also important to include reports of the COSA Interest Groups – AYA, Biobanking, Cancer Care Coordination, Complementary and Integrative Therapies, Developing Nations, Geriatric Oncology and NETs. Whilst the Chairs of these Groups do not currently sit on COSA Council, each Group has been very active throughout the year with the support of a COSA Project Coordinator. I'm sure you'll be equally impressed with their reports.

Some of our other projects might not necessarily be included in one of the Group reports, so I will endeavour to update you in my report.

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.

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

The project is proceeding in three key phases:

1. Detailed needs analysis including literature review, consumer feedback, researchers and other stakeholders feedback
2. Development, piloting and evaluation of educational resources and tools for networking and support
3. Development of recommendations for long term sustainability and dissemination of project recommendations and deliverables through national dissemination using existing consumer, cooperative trial and COSA networks as well as new means identified in the course of the project

Phase 1 was completed in 2011 with the literature review finalised and a report from a needs assessment workshop held in December 2011 submitted to Cancer Australia.

The workshop process identified a number of key messages that will inform the development of resources to support consumer engagement, including:

- The need to clearly define the role consumers can play in cancer clinical trials
- The need to foster a partnership between consumers and health/research professionals
- The need for a coordinated approach to education of consumers and health/research professionals to support effective and empowered consumer engagement in cancer clinical trials
- The value of additional mechanisms to support consumer engagement, including:
 - o The use of mentors for consumer representatives on CCTG committees
 - o The inclusion of a minimum of two consumers on CCTG committees.

The hard work in 2012 will be to undertake phases 2 and 3 in accordance with the agreed milestones. The project is guided by a Steering Committee chaired by Mr John Stubbs. Regular meetings of the Steering Committee and of the Project Executive team with Cancer Australia ensure we are on the right track to deliver on the project in accordance with all stakeholder expectations.

COSA and the Cancer Cooperative Trials Groups

Despite the completion of the Enabling Grant funding, COSA is committed to many ongoing activities in collaboration with the CCTGs.

In 2011 COSA Council was unanimous in endorsing the following recommendations for COSA's ongoing clinical trials activities:

- Ongoing support for the Executive Officers' Network (EON) and the Cancer Trials Consumer Network
- Ongoing support for the CCTG Umbrella Insurance Scheme
- Develop a model whereby COSA continue to support the project for another 1-2 years (pending budget) and then seek financial contribution from the CCTGs to extend the ongoing administrative support provided by COSA

REPORT OF THE EXECUTIVE OFFICER continued ...

- A COSA Clinical Trials Committee be established to develop long-term plan for COSA's ongoing clinical trials activities

Our President Elect Sandro Porceddu has agreed to Chair the Clinical Trials Committee and to work with the CCTGs through an "alliance" approach to ensure our mutual goals are achieved.

COSA Staff

I have been so impressed by the work of those readily engaged with COSA, particularly our illustrious leader Bogda Koczwarra and the dedicated COSA staff.

- Kathy Ansell would be well known to many COSA members, having joined COSA in March 2008 and acting in the role of Executive Officer prior to my commencement (November 2010 to February 2011). Kathy coordinates three COSA interest groups – Cancer Care Coordination, Developing Nations and Geriatric Oncology.
- In addition to keeping me in check, Fran Doughton is responsible for membership renewals and communications. We would be lost without her!
- Hayley Griffin joined COSA in August 2011 and her project portfolio includes AYA and clinical trials. I'm sure the EON would agree that Hayley is an asset to the team.
- Jessica Harris is with us for 12 months whilst Rhonda DeSouza is on maternity leave. Jessica (and Rhonda) are responsible for Biobanking and NETs. We have benefitted for Jessica's writing talents in the preparation of our recent submissions to senate inquiries.
- Jenny Hughes commenced in the 12 month contract position in September and is responsible for the development and implementation of the Cancer Australia funded Consumer Engagement in Clinical Research. Jenny has been highly effective in ensuring we meet the project deliverables.

Marie Malica
Executive Officer



Marie Malica
Executive Officer



Image from the 2011 COSA ASM.



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

COSA PROFESSIONAL GROUP REPORTS

CANCER BIOLOGY GROUP

The Cancer Research Group was formed during COSA's inception in the 1970's, reflecting the burst of research activity that occurred at that time due to the advent of molecular biology. The group changed its name to the Cancer Biology Group in 2010, to reflect the importance of discoveries in cancer biology to understanding cancer and its causes. 2011 has been a year of uncertainty for the group, primarily regarding its role and membership within COSA. This may be because discovery is not currently a core activity of COSA, an organisation which has traditionally focussed on multidisciplinary cancer care.

In many respects when we speak of 'biology' at COSA we are referring to 'translational biology', which is at the interface between discoveries made in the laboratory and changes implemented in the clinic. Today, this interface is an exciting space for cancer researchers to work as medicines that target specific molecules begin to bring real changes to the lives of Australians.

The development of Massively Parallel Sequencing (MPS) technologies and the work of international collaborations like the International Cancer Genome Consortium (www.icgc.org), has allowed researchers to map out the key biological events and pathways that, when altered, give rise to cancer. As our knowledge of the cancer genome grows so too will our ability to use that knowledge to prevent and treat cancer. There are a large number of novel cancer therapies already in the discovery pipeline and many new cancer treatments in different stages of clinical trial in Australia and around the world. The core of this work is the ability to examine the effects that new drugs have at a biological level, including the use of biomarkers associated with tumour type and treatment outcome.

The way we do clinical trials has already been altered by the need to include biological selection criteria. Trials like IMPACT (in pancreatic cancer) are leading the way by stratification of participants into different treatment arms based on the MPS of patient tumour specimens. This type of trial requires a parallel investment in the translational technologies available in pathology laboratories; an investment that has been slow to occur in Australia. Clinical trials also need access to adequate and suitable samples from pathology laboratories both for the initial selection of patients and subsequent translational research studies.

One of the main activities of the Cancer Biology Group has been to pursue a national strategy for biobanking for clinical trials. The biobanking environment in Australia has had significant challenges in 2011 which has inevitably impacted on this program. The National Health and Medical Research Council (NHMRC) have made it clear that they are unable to make funds available for national biobanking activities, as under the NHMRC Act the Medical Research Endowment Account (MREA) must be spent on research

and training and not infrastructure. The NHMRC are expected to announce an alternative strategy for supporting biobanks in 2012.

2011 also saw the launch of the Discoveries Need Dollars campaign which culminated in lab-coat clad researchers and clinicians protesting against possible cuts to the federal health and medical research budget. While the sector was spared the cuts that occurred in other budget areas, there is still considerable pressure on the MREA from an increasing number of grant and fellowship applications. This is further reason for Australia to be more innovative in our approach to funding biobanking for clinical trials than simply looking to government for funds.

It would be of enormous benefit to translational research for clinical trials to have a stronger relationship with pathology laboratories. This may include establishing some national guidelines for biobanking during clinical trials, as well as some uniformity around costing for acquisition, storage and retrieval of biological samples. David Goldstein and I were invited to become members of the biobank working group of the Royal Australasian College of Pathologists. We have raised the issue of biobanking for clinical trials within this forum.

Given the likelihood that few cancer biobanks will have sufficient funding to provide a service to clinical trials groups in the future the best strategy for a long term solution may be one that places pathology at the heart of biobanking activity in Australia. The earliest discoveries in cancer biology arose from the pathology laboratories and from pathologists working on cancer. Perhaps the best direction for the Cancer Biology Group to take in 2012 is to re-engage with our pathology colleagues and to bring this discipline back to COSA as an important contributor to the multidisciplinary approach to cancer control.

I look forward to reinvigorating the Cancer Biology Group in 2012 and am delighted that COSA has recruited Dr Jessica Harris, who has a background in cancer research. COSA is a partner in a grant awarded to the University of Western Australia from the National eResearch Collaboration Tools and Resources (NeCTAR) project. This grant aims to establish a core database that can be used as a resource to assist with biobanking for clinical trials. Details of this project will be made available through the COSA Cancer Biology Group area on the COSA website.



Nik Zeps, Chair

Nik Zeps is a member of the NHMRC Research Committee, a principal committee of the NHMRC. He is chair of the biobank working group that is overseeing the development of a national plan for biobanking in Australia.

CANCER NURSES SOCIETY OF AUSTRALIA (CNSA)

The CNSA is the peak professional body for nurses working with people affected by cancer across Australia. As a Society we are committed to achieving and promoting excellence in cancer care through the professional contribution of nurses. During 2011 the **National Executive Committee** consisted of: Mei Krishnasamy (Chair, from February 2010 -elected for a further two year term until December 2012), Trevor Saunders (VIC, from January 2011), Megan Nutt (ACT, Treasurer, from Jan 2010), Tracey Doherty (SA, from Jan 2010), Anne Mellon (NSW, from Jan 2010), Sandie McCarthy (QLD, from Jan 2010), Sandy McKiernan (WA, from Jan 2010) and Louise Nicholson (TAS, continuing from Jan 2008 and re-elected until Dec 2011). Ex-officio member was Letitia Lancaster (ISNCC Regional Representative, from September 2008 -continuing).

The CNSA, through its members and under the direction of the National Executive Committee (NEC), had a very busy and successful 2011. It was a particularly important and progressive year for the Society as members used their right to vote at the Annual General Meeting, to demonstrate their desire for growth, change and innovation across the CNSA. This report outlines some of our key activities throughout 2011. 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>.

One of the key achievements of 2011 was the appointment of the inaugural CNSA **Executive Officer**. In June 2011, Julie Calvert joined the CNSA NEC, bringing with her over fifteen years' experience of working in not for profit, member based organisations. Julie has already become an invaluable asset to the Society. Furthermore, CNSA saw more changes following acceptance by the members at the AGM to introduce a President Elect position and a Secretary position to the NEC. Many congratulations to Sandy McKiernan (Perth and Environs Representative to the NEC) on her appointment to the inaugural role of President Elect and to Anne Mellon, (past NSW Representative to the NEC), appointed to the position of inaugural NEC Secretary.

Further changes voted to the NEC in 2011 were the appointment of Mary Ryan to the position of NSW Representative; Amanda Robertson as the SA Representative and, Renae Grundy as Tasmanian representative. Mary, Amanda and Renae begin their terms of office in January 2012. And departing the NEC at the end of 2011 were Tracey Doherty (SA representative); Louise Nicholson (Tasmanian Representative) and Anne Mellon (NSW Representative). Tracey, Louise and Anne have all made considerable contributions to the CNSA, each bringing diverse skills, knowledge and motivation. A very sincere thanks to them all.

2011 saw an important series of changes proposed and accepted (at the CNSA AGM in July) to the long-standing relationship between CNSA and **COSA**. Since the inception of the CNSA, the expectations and needs of the Society's members have changed considerably. In response to this, a Constitution Working Party appointed by the CNSA NEC in 2010, was charged with the development of a series of proposed changes to the Memorandum and Articles of the Cancer Nurses Society of Australia Incorporated, responsive to member feedback and key directions detailed in the CNSA Strategic Plan (2011-2013). The changes proposed were put to the members in attendance at the 2011 AGM in Sydney and included the following:

- 1) The introduction of a CNSA only membership option (in addition to the existing CNSA/COSA membership option) to be introduced as a staged implementation.
- 2) The introduction of CNSA student and associate membership options (in addition to existing CNSA/COSA membership options).
- 3) To change the title Chair to President of the CNSA and to introduce a President elect position to the CNSA NEC, to commence in 2012.
- 4) To introduce the position of Secretary as a new role to the existing CNSA NEC in 2012.

These changes are viewed by the CNSA as an opportunity to strengthen the Society, attracting new members and diversifying our member base, enabling us to better deliver against our commitment to promoting excellence in cancer care for people affected by cancer irrespective of geographical location. The intent, in close collaboration with the COSA Executive, is to seek every opportunity to strengthen CNSA and COSA and the relationship between our two Societies as a consequence of these changes. For details of the proposed changes and implications for CNSA/COSA please visit the CNSA website.

The **Australian Journal of Cancer Nursing (AJCN)** is the official journal of the CNSA and is co-edited by Letitia Lancaster (NSW) and Mei Krishnasamy (Vic). In 2011, the Journal continued with its successful format of inviting nurses from all parts of Australia to contribute papers to themed issues of the journal. Last year, the first issue was on Radiation Oncology Nursing and the second focused on End of Life Issues. The editors were delighted to welcome new members to the Board of the AJCN. Elisabeth Coyne (QLD); Catherine Johnson (NSW); Gabrielle Prest (NSW); and Moira Stephens (NSW) all joined the Board. Louise Nicholson stayed on, continuing with her characteristic energy and commitment to the work of the AJCN team.

The 2011, 14th **Winter Congress** was held in Sydney and was another very successful Winter Congress for the Society – despite the rain! At the welcome Reception we were joined by Professor David Currow, Chief Cancer Officer and CEO of the Cancer Institute New South

Wales to launch the eviQ/EdCaN safe administration of chemotherapy program and, Pauline Tanner (WA), who launched the CNSA Gynae-Oncology Specialist Interest Group – the latest of the CNSA SIGs (http://www.cnsa.org.au/special_interest.htm). Following four very well attended pre-conference workshops, the main program had many highlights, notably a series of informative papers by our international keynote speaker, Dr Marilyn Haas.

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 November 2011, the vibrant, dynamic and much respected Chair of the Education Committee, Nicole King, passed away suddenly after a brief illness. She is sadly missed by all of her colleagues and friends.

During this difficult time Alayne Reid (QLD) stepped in to manage the Committee and I am delighted that Alayne was elected to the position of Chair of the Education Committee in late 2011. With the change to the Committee Terms of Reference in 2010, the Education Committee managed the CNSA travel grants and awards schemes for educational activities during 2011 and has continued to review and provide expert feedback on behalf of the CNSA to individual practitioners and diverse groups across Australia.

Professor Leanne Monterosso continued as Chair of the **Research Committee** in 2011. 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. 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 2011 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. The NEC wishes to thank the outgoing Chair for Melbourne, Catherine Johnston, for her work on behalf of the CNSA. 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) (Gynae-

Oncology): http://www.cnsa.org.au/regional_groups.htm.

I am delighted to report that during 2011, the **CNSA website** continued to enjoy an increase in the total number of daily hits (22%) and in the total number of hits received every month (29%). Some of the most frequently downloaded documents continue to be the Central Venous Access Devices and Cytotoxic position statements and the CNSA News. Although the majority of hits were from Australia, hits were also recorded from the USA, New Zealand, Russian Federation and United Kingdom, continuing to reflect the growing national and international contribution and relevance of the CNSA to nurses working with people affected by cancer in diverse settings. The website became an increasingly popular venue for promoting and advertising educational activities, new roles and research collaborations throughout the year.

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 2011 included Professor Sanchia Aranda – Immediate Past President of ISNCC, Professor Patsy Yates, ISNCC, Secretary/ Treasurer, Letitia Lancaster and Catherine Johnson, ISNCC Regional Representatives. Maryanne Hargraves (QLD) is a member of the Scientific Program Committee for the 2012 ISNCC conference to be held in Prague from 9-12 September.

The CNSA and the **Australian and New Zealand Lung Cancer Nurses Group** enjoyed ongoing opportunities throughout 2011 to support nurses working with people diagnosed with lung cancer. The ANZ- LCNF had a strong presence at the 2011 Winter Congress and ran a very successful workshop. To learn more about the Forum please visit: www.anzlcnf.com.au.

The CNSA NEC is very pleased to announce that in 2011 an MoU was signed between the CNSA and the **Cancer Nurses Section of the New Zealand Nurses' Organisation Inc.** The CNSA looks forward to a long and productive collaboration between the organisations.

Throughout 2011 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, neuro-endocrine tumours, regional/rural cancer services, etc), as well as ad hoc projects that require the input of this multi-professional group. Sandy McKiernan (WA) represented the CNSA on the 2011 COSA ASM Committee.

**Meinir Krishnasamy, Chair
President, CNSA**



CANCER PHARMACISTS GROUP

This report provides a summary of the key activities of the group during 2011. Members should also refer to the minutes of the 2011 CPG AGM for more detail.

Chair: Jim Siderov (VIC)

Committee: Dan Mellor (Deputy Chair) (VIC), Maria Larizza (VIC), Jude Lees (SA), Dan McKavanagh (QLD), Ben Stevenson (SA).

The work of the CPG committee in ensuring that the group continues to be successful is greatly appreciated by the Chair.

Membership

Membership of the CPG stood at over 125 as of 31 December 2011; this is a 10% increase compared to the same time last year.

Activities

2011 was another busy year for the CPG. 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 and have again been included in several multidisciplinary cancer activities this year. Efforts continue to ensure all members are aware of the work of COSA and what is being achieved by the Society. Points to note from 2011 include:

1. Continued provision of high quality education seminars for cancer pharmacists
2. Ensure continued input and advice to government bodies.
3. A successful COSA ASM in Perth
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.

CPG Committee News

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

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

The inaugural two day advanced course was held from 17-18 September in Melbourne. The course content was based on feedback from CPG members and will be updated and refined based on feedback from participants.

The course was fully subscribed and will be run again in late 2012. Thanks to all speakers for giving up their time to present on the weekend. We also intend to run our foundation "Clinical Skills for Cancer Pharmacy Practitioners Course" in the first half of 2012.

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.

The CPG is often asked to respond to requests from the COSA Council. Some of the work includes:

- South Australian Cytotoxic safe handling guidelines

The CPG had representation on the working group responsible for the preparation of the South Australian Cytotoxic safe handling guidelines. The CPG was also asked to respond to the consultative draft in February 2011.

Ensure a successful ASM in 2011.

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

CPG Committee News

At the 2011 AGM in Perth the CPG said goodbye to two long standing committee members: Ben Stevenson and myself, Jim Siderov, the outgoing Chair. The CPG thank both of them again for all of the work they did on behalf of the CPG and our members. This year we welcome Michael Powell, Gail Rowan, Geeta Sandhu, and Zeyad Ibrahim to the CPG committee for a two-year term. Jude Lees, Dan McKavanagh, Maria Larizza all had their re-nominations accepted for a further two-year term. Dan Mellor was nominated as the new Chair of the CPG.

Finally the COSA CPG would like to congratulate Dr Christine Carrington (former CPG Chair) on receiving her Doctorate. Many years of hard work have resulted in this fantastic achievement – well done Krissy!



Jim Siderov, Chair

CLINICAL RESEARCH PROFESSIONALS GROUP

The CRPG committee concentrated their work around the ASM and a Clinical Trials Action Group submission in 2011. I would like to extend my gratitude to everyone who has contributed to our group during my time as Chair, particularly my colleagues on the Executive Committee. I was appreciative of the opportunity to participate in COSA Council. This has been an invaluable experience. I have gained an understanding of the important and effective contribution COSA makes to cancer in Australia.

Clinical Trials Action Group

The Clinical Trials Action Group Report was released on 3 March 2011, with a recommendation of 'An invitation to comment on a list of standard items associated with conducting clinical trials'. Prior to the report, the Clinical Research Professional Committee of the Victoria Cooperative Oncology Group (VCOG) had taken the lead to 'Restore Common Sense to Clinical Trials Management'. A review of current processes led to the recommendation of proposals for streamlining the unnecessary procedures and requirements of the multiple Standard Operating Procedures for Electronic Data Capture and Central Radiology that are both time consuming and costly. The Clinical Research Professional Group supported the approach unanimously, and suggested adding Good Clinical Practice training to the list of subjects for a common approach/procedure. The plan was to lobby ARCS Australia Ltd (formerly the Association of Regulatory & Clinical Scientists) and Pharma to advocate for the situation to be changed and make a submission to the Clinical Trials Action Group in response to their invitation. I also strongly encouraged all members to make individual and organisational submissions.

2011 Annual Scientific Meeting, Perth, Western Australia

The CRPG was very active at the ASM with Executive Committee members Hema Rajandan and Sam Ruell participating in two of the concurrent sessions. Hema discussed the role of credentialing for clinical trial coordinators, investigators and others involved in the care of a clinical trial patient. Sam discussed the barriers to effective clinical trial coordination and participation, and potential solutions from a site staff perspective. Janey Stone, another committee member, presented her poster with the intriguing title 'Faster than a speeding bullet. More powerful than a locomotive: the integrated management database of the Australasian Leukaemia and Lymphoma Group (ALLG)'. Janey's presentation was the end result of her 2010 COSA HOTTAAH Grant project. I am aware of at least another two poster presentations by general members of the group and congratulate everyone on their participation.

As I complete my term as Chair, 2012 heralds a few changes to the Executive Committee. We are sad to lose the expertise and valuable input of Annette Cubitt, Chris Hodgkins, Christy Norris and Janey Stone. The new Executive Committee elected at the AGM is: Deborah Howell (Chair), Sam Ruell (Deputy Chair), Dianne Lindsay (Secretary) and Committee Members, Hema Rajandan, Jill Davison, Maria Mury, Valerie Jakrot and Sally Dean.

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

Sandie Grierson, Chair

FAMILIAL CANCER GROUP

This was my first year as Chair for the Familial Cancer Group at COSA. It has been a busy year both in my role as Chair and also for the wider Group.

FCC Group structure and communication

The FCC Group operates through an Executive which comprises of the Chair, Gillian Mitchell, Secretary Rachel Williams and Nicola Poplawski, Nicholas Pachter, Finlay Macrae and Lara Lipton (immediate past Chair). 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 Group 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, through the COSA email and website discussion threads and through the new (almost) monthly email updates from me to all FCC Group members on topics of interest/requests for comment.

In 2012 I hope to continue with the email updates as well as finding new ways to encourage participation in Group activities by the wider Group membership to make this a vibrant and active group. One way will be to extend the membership of the Executive Group to ensure representation from all States and as many craft groups as possible.

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 the use of immunohistochemistry as a screening tool in paragangliomas. This holds great promise as a broad screening tool in paragangliomas without relying on family history or unusual clinical presentation to flag a person at potential risk of a cancer predisposition syndrome. The highlight of the day was the interactive session on medical prevention of cancers and particularly the role of aspirin to prevent colorectal and other cancers in Lynch syndrome.

Familial cancer topics were well represented at the COSA ASM in Perth in November which is a credit to Nicholas Pachter who was actively involved as a member of the program planning committee. FCC-focussed talks occurred throughout the meeting, including the plenary, but it is also important to report that the dedicated FCC session was standing room only as the topic was next generation sequencing and its readiness for clinical practice. As many of the COSA FCC Group were not able to attend the Perth meeting, we hope to include some of those talks in the Clinical Professional Day in 2012.

Contribution to Clinical Practice

The FCC Group has contributed comments to Cancer Council Australia's endometrial cancer guidelines and the MSAC application to grant an item number for VHL genetic testing.

The FCC Group has also been working on a position statement to include routine immunohistochemistry for mismatch repair proteins in endometrial cancer which remains a work in progress. This work will progress in 2012, alongside efforts to create a mechanism for evaluating the readiness of new genetic findings and technology for clinical practice and the model of care for delivery of medical cancer prevention. FCC Group members are invited to propose new topics for action in 2012 and beyond.

COSA FCC Group membership

2011 has been a year of change for COSA generally with efforts to revise the Constitution and the cancer nurses proposing a CNSA only membership in addition to the current joint CNSA/COSA membership. These changes have a profound implication for the FCC Group membership and its expansion. I am on the Membership Working Party representing the COSA FCC Group, and a major goal is to find a mechanism to create a joint membership with the Human Genetics Society of Australia which will encourage a wider membership for the COSA FCC Group.

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 2012 will be an even

more successful one with an expansion of our membership to include the HGSA and active participation in setting and progressing the familial cancer agenda throughout all oncology streams to the benefit of our current and future patients and their families.



Gillian Mitchell, Chair

GASTROINTESTINAL GROUP

The GI cancer group continued to be active during 2011. Many members participated in the COSA ASM as well as joining with our colleagues in the Australasian Gastrointestinal Trials Group (AGITG) for their ASM which celebrated their 20 year anniversary of running GI clinical trials. Other activities included advocacy, advice and support for ongoing COSA-wide projects. A multidisciplinary focus, which has always been the strength of COSA, was maintained. A particular highlight was the 'Everything you need to know about colorectal cancer' trainee workshop in Perth on the weekend prior to the COSA ASM. This was extremely well attended (although more allied health participation is always encouraged) and a diverse and comprehensive range of topics were addressed by local, national and international speakers.



In the 2012 ASM there is again likely to be significant GI content. We look forward to continuing in 2012 to be a vibrant and noisy group within the COSA family.

Eva Segelov, Chair

GYNAECOLOGY GROUP

ANZGOG (Australia & New Zealand Gynaecological Oncology Group)

This will be my last report as Chair of what has become the most important clinical trials group in gynaecological cancer in the southern hemisphere in only 10 years. An amazing effort due to an enormous amount of hard work by the members and Board, by all our collaborators at the CTC and made only possible by our ongoing support from Cancer Australia .

Despite this, challenges are aplenty. We failed to get funding for a number of our trials at the last grant rounds of the NHMRC/Cancer Australia and will have to use hard-earned reserves to get two of our own home grown trials off the ground and successful before making reapplication. None the less, we are confident that the OUTBACK and Symptom Benefit studies will be successful this year and also hopefully ICON 8 will be funded also.

PORTEC 3 is going well and we have been successful in getting continued funding for support through Cancer Australia.

Our consumer and community committee held another very successful meeting in Perth last November and more meetings are planned for 2012. We are grateful to all who gave so freely of their time to ensure such events go smoothly. Feedback has been uniformly positive.

We have had many changes in the organisation recently not least the appointment of Alison Evans as the new Executive Officer. We are grateful to Margaret McJannett who stepped in to the breach and did such an excellent job.

A number of committee chairs have stepped down... grateful thanks to Danny Rischin (RAC), Belinda Egan (Study Co-ordinators), Andreas Obermair (ASM) and Alison Brand (QA) who have all worked tirelessly on our behalf. Linda Mileshkin, Sue Brew and Jeffrey Goh have agreed to step in to the breach.

Michael Friedlander has continued to represent us tirelessly at weekly meetings with the operations group at the CTC and Alison Brand our new Chair has spent a huge amount of time on the appointment of the new Executive Officer, in organising succession for the QA committee and in ensuring we are on track for 2012.

Apart from our national successes we can be rightly proud of the leadership positions that we have been given by the Gynecologic Cancer Intergroup (GCGI). Julie Martyn and myself are due to stand down from these appointments in October 2012 but Claire Scott will continue to fly the flag as the new co-Chair of the translational research committee.

Michael Quinn, Chair



LUNG GROUP

The highlight for the Lung Group in 2011 was the 14th World Conference on Lung Cancer (WCLC), held July 3-7, in Amsterdam. This is the bi-Annual Scientific meeting of the International Association for the Study of Lung Cancer (IASLC). Australia was well represented at the committee level, on the faculty and with submitted abstracts. Prof Nico van Zandwijk, Director of the Asbestos Diseases Research Institute (ADRI), University of Sydney, was Co-Chair of the meeting. This meeting has continued to grow over the years and represents the major lung cancer specific scientific meeting in the world.

Sydney will be hosting the next meeting in October 27-30, 2013, and Prof Michael Boyer of Sydney Cancer Centre, and Prof Kwun Fong of The Prince Charles Hospital in Brisbane are the Presidents of the 2013 WCLC meeting, as well as being Office Bearers with the IASLC. A local organising committee is now working with the IASLC

Education Committee to establish the program for this meeting. Another highlight from the 2011 meeting was the appointment of our very own Beth Ivimey to lead the newly formed Nurses & Allied Health Professionals Committee within the IASLC. This is a great opportunity to enhance nursing advocacy for lung cancer at an International level and it is hoped this will encourage greater participation of nurses with lung cancer interest within COSA and the IALSC. As IASLC regent for Australia it is my task within the IASLC and COSA to encourage membership of the IASLC. I would hope that with Australia hosting the 2013 meeting, we can as a collective, join in the IASLC, participate strongly in the 2013 meeting and thereafter in promoting research and best clinical practice in lung cancer.

Highlights from lung cancer research papers in 2011 have focused mainly on targeted therapy trials, including more first line randomized controlled trial (RCT) data confirming significant benefit with EGFR TKI therapy of advanced EGFR mutation positive NSCLC adenocarcinoma, positive results from an RCT of pemetrexed continuation therapy, a positive (reduced mortality) lung cancer screening trial (N Engl J Med 2011; 365:395-409), and more studies enhancing the understanding of the molecular basis of lung cancer and hopeful new targeted therapy not just for adenocarcinoma but also SCC.

Unfortunately 2011 was not a year for success in the pivotal RCTs recently completed in mesothelioma. Prof Paul Baas of the Netherlands attended the 2011 COSA ASM and presented the findings from his own maintenance study of thalidomide (the ALTG MATES study) and the PIII trial of Vorinostat v placebo as second line therapy. Both studies failed to meet their primary efficacy endpoints. Despite this, interesting and hopeful discussion was had at the COSA ASM special session on future systemic therapies for Mesothelioma, with interest evident from several young researchers from Australian groups, in particular ADRI.

Finally, may I remind the COSA lung group membership to become involved, if not already, with the Australasian Lung Cancer Trials Group (ALTG). Also I'd like to invite new research proposals to the ALTG – either to myself as SAC chair (nick.pavlakis@sydney.edu.au) or via the ALTG secretariat (see below).

Contact information:

Australasian Lung Cancer Trials Group (ALTG): www.altg.com.au

For those considering IASLC membership, go to: <http://iaslc.org/membership/become-a-member/>

Nick Pavlakis, Chair



MEDICAL ONCOLOGY GROUP (MOGA)

2011 was a highly profitable and productive year for MOGA and Australian medical oncology practice. In August 2011 the Association welcomed its new Chairman, Associate Professor Gary Richardson, the Director of Oncology Clinics Victoria, Director of Cabrini Academic Haematology & Oncology Services and an Associate Professor of Medicine at Monash University. Associate Professor Richardson quickly established himself as a passionate advocate of legislative changes regarding drug access and increased the Association's media presence. A highlight of the year was the Annual Oncology Drugs Roundtable meeting in November.

Oncology Drugs

The Association completed the seventh Annual Horizon Scanning Report on new oncology drugs and treatments and this was the focus of discussions at the Annual Oncology Drugs Roundtable in November 2011.

The meeting was attended by representatives of key stakeholder groups such as Cancer Australia, Medicare, the Private Cancer Physicians Group, Medicines Australia, Therapeutics Goods Administration and the Public Benefits Advisory Committee. MOGA put forward a list of advocacy priorities including: discussion of the Intravenous Chemotherapy Supply Program, New technology Issues and Off Patent and Generic Oncology Drugs Issues. Bruce Griffin of the Department of Health and Ageing presented on the Revised Arrangements for Efficient Funding of Chemotherapy and MOGA member, Associate Professor KellyAnne Phillips, from the Peter MacCallum Cancer Centre, presented the MOGA position paper 'Tamoxifen for the prevention of Breast Cancer'. Associate Professor Phillips delivered a convincing case for extending or changing the current indication for Tamoxifen to aid in breast cancer prevention, highlighting the usual range of systemic barriers that beset the Australian regulatory process and the need for the Association to continue to lobby and advocate for oncology drugs and treatment access in Australia.

Advocacy and Lobbying

The Association's work with oncology drugs and treatment advocacy continued to be a priority in 2011 with a number of notable occurrences. For instance, MOGA developed a submission to support inclusion of new prostate cancer drugs including abiraterone and cabazitaxel on the Public Benefits Schedule. It is the professional view of MOGA that this class of drugs will address an important unmet need with regard to recurrence or progression in castrateresistant disease after Taxotere in Australia and the Association will continue lobbying for this listing which is still pending a positive decision from the Public Benefits Advisory Committee.

In 2011 MOGA also continued to provide professional assistance and advice to the key regulatory agencies regarding a range of medical oncology issues including current clinical practice. Members also provided expert advice to the Department of Health and Ageing on a range of patient cases including treatment recommendations.

Advanced Training in Medical Oncology

The number of trainees entering the Advanced Training Program in medical oncology, through the Royal Australasian College of Physicians, continued to grow in 2011 and the Association extended warm congratulations to the 23 trainees who completed their Fellowship in Medical Oncology in December.

Applications for the Australia & Asia Pacific Clinical Research Development (ACORD) Workshop, to be held from 9-15 September 2012 at Coolumb on the Sunshine Coast, opened on 7th November. We acknowledge COSA amongst the many partners who support this important program. MOGA also provided a range of initiatives throughout the year to support medical

oncology trainees including an extensive awards program, the provision of a complimentary trainee package as well as offering educational programs in Communication Skills and the Basic Sciences of Oncology Program developed by Professor Michael Brown to address specific learning needs identified by both consultants and trainees which has proven to be invaluable.

Education Activities

MOGA's 2011 Annual Scientific Meeting in Adelaide on the theme of Advances in Cancer Care – Cost and Value was an unprecedented success. The Meeting focus on neuroendocrine tumours, lung and colorectal cancer provided a valuable learning and networking opportunity for all delegates. The program included many eminent Australian speakers and five outstanding international speakers; Professor Michel Ducreux, Institute Gustave Roussy, Villejuif, France, Associate Professor Natasha Leighl, Princess Margaret Hospital, Toronto Canada, Professor Tony Mok, Sir YeuKong Pao Centre for Cancer, Hong Kong, Professor Marianne Pavel, Charite University, Berlin and Associate Professor Deborah Schrag, DanaFarber Cancer Institute, Boston, USA. The Meeting was followed by Best of ASCO® Australia that brought the scientific breakthroughs and highlights from the American Society of Clinical Oncology Annual Meeting to Australia. By late 2011, plans for another robust Annual Scientific Meeting in 2012 were well advanced.

MOGA acknowledges and recognises the invaluable contribution that all of our members make to the development of medical oncology in Australia and thank those members who contribute to the Association's Executive and specialist working groups as well as subcommittees. We specifically extend our gratitude to

our past Chairman, Associate Professor Michael Michael for his tireless work and Dr Craig Lewis, recently retired Chairman of the Special Advisory Committee for Medical Oncology for his herculean efforts over many years in this role. Together we look forward to a productive and challenging 2012 working collaboratively with our colleagues across all cancer related disciplines.



Gary Richardson, Chair

NEURO-ONCOLOGY GROUP

The COSA Neuro-oncology community and its networks continue to expand and evolve, with 2011 a year of progress across clinical care, neuro-oncology trials, research and advocacy in neuro-oncology.

Progress has been made on the development of a national network of health professionals providing care coordination and psycho-social support to brain tumour patients and carers across Australia and New Zealand. So far the response through calls via COSA, statewide networks, Cancer Councils and ANNA (Australasian Neuroscience Nurses' Association) have been very positive. The listing currently contains nearly 60 health professionals and consumer advocates across all Australian States/Territories and from NZ; spanning both the adult and paediatric sectors). The aims are to build collegial support and sharing of common experiences and resources, with particular opportunities to network at upcoming face-to-face events in early 2012.

The **consumer version of the Clinical Practice Guidelines** for the Management of Adult Gliomas: astrocytomas and oligodendrogliomas, was officially launched at the Brain Tumour Support and Education Forum, Sydney on Friday 13 May, 2011 by the Chair of the Guidelines working party, Professor Michael Barton. Members of the Working Party (which included COSA Neuro-oncology members), involved Emeritus Professor Tom Reeve OAM, Dr Elizabeth Hovey, Denis Strangman, Sally Payne, Associate Professor Kate Drummond, Associate Professor Jane Turner, Professor Janet Hardy, and Professor Ian Olver AM. The guidelines are entitled:

'Cancer Council Australia. Adult gliomas (astrocytomas and oligodendrogliomas): a guide for patients, their families and carers'.

Electronic versions of both the clinician and consumer guidelines are available via: <http://www.cancer.org.au/Healthprofessionals/clinicalguidelines/braintumours.htm>.

Final endorsement for the **Royal College of Pathologists of Australasia (RCPA) 1st Edition of "Central Nervous System Tumours - Structured Reporting Protocol"** occurred in March 2011, a document developed by a

national committee involving COSA members Dr Koh and Dr Hovey, and chaired by neuropathologist Dr Michael Rodriguez. Its uptake and utility will be discussed further in 2012. The document is available at www.rcpa.edu.au/Publications/StructuredReporting/cancerprotocols.htm

Brain Cancer Action Week (BCAW) was held the week of 8-14 May 2011, enabling brain cancer to be in the national spotlight, highlighting its impact on patients and carers, and promoting all aspects of clinical care and research. Pleasingly, successful local and State initiatives were held in both NSW and Queensland this year, with highlights including Brain Tumour Support and Education Forums in these States, Central Coast NSW, and other consumer-led events. A highlight of the NSW Consumer Forum keynote speaker was visiting US neuro-oncologist Associate Professor David Reardon, from Duke University Medical Center, North Carolina.

The first Australian cases of resection of glioblastoma multiforme using 5-aminolevulinic acid (Gliolan) were performed in late 2011, by Associate Professor Kate Drummond at The Royal Melbourne Hospital and Dr David Walker at Wesley Hospital, Brisbane. The drug (Gliolan) causes tumour tissue to fluoresce under blue light, allowing identification of tumour and preservation of normal brain, a distinction that is not always obvious to the naked eye. A number of Australian surgeons have now been trained in the use of the 5-aminolevulinic acid and it is expected its use will increase in appropriate patients, based on promising results in the literature. Future training sessions are planned for 2012.

The COSA Neuro-oncology Group continues to have a close working relationship with COGNO (**The Cooperative Trials Group for Neuro-Oncology**), chaired by Professor Mark Rosenthal, Deputy Chair - Professor John Simes, and Secretary Dr Elizabeth Hovey. In 2011, recruitment across their trial portfolio has been very positive. A summary of key trials is highlighted below:

1. **CATNON**, Australian PI Professor Anna Nowak from WA, is a Phase III study addressing the role of the EORTC protocol (adjuvant chemo-radiation proven in Glioblastoma) in the setting of anaplastic astrocytoma (in patients who do not have the 1p19q co-deletion). As at November 2011, 50 patients have been registered and 27 patients randomized with nine activated sites recruiting around Australia. CATNON was awarded Cancer Australia funding commencing in 2012.
2. **CABARET**, PI Dr Kathryn Field, from Victoria, is a Phase II randomized study addressing the use of carboplatin and bevacizumab (versus bevacizumab alone) in the setting of recurrent glioblastoma. The CABARET study has been very successful and has nearly completed recruiting and randomising the target of 120 patients to Part 1 of the study.

3. **SEED**, PI Palliative Care specialist Associate Professor Meera Agar, opened in July 2011 as a pilot study of a steroid-sparing protocol in recurrent glioma, brain metastases and metastatic cancer. This will be an important initiative particularly with respect to clinician and patient reporting of steroid-toxicities.
4. **NCIC-TROG GBM elderly study**, Australian PI Dr Claire Phillips, is a randomised phase III study of TMZ + short course radiation versus short course radiation alone in treatment of new diagnosed elderly GBM (TROG 08.02)

The **2011 COGNO ASM** was held from 6-7 August 2011, in conjunction with the Macquarie Neurosurgical Research and Clinical Symposium at Macquarie University, Sydney. Saturday 6th August was designed as a joint day with a particular focus on brain tumours, ranging from translational science to clinical management updates and emerging technology. Radiation Oncologists Dr Koh and Dr Vanessa Estall were the 2011 COGNO ASM Co-Convenors. Highlights of the COGNO program were the three international speakers – oncologist Dr Annika Malmström from Sweden, and academic neurosurgeons A/Professors Wai Hoe Ng and Christopher Ang from Singapore. In addition, there was a dynamic interactive session by six of the lead translational glioma scientists across Australia.

The 2011 Hubert Stuerzl Memorial Neuro-Oncology Fellowship – which is open to trainees (including neurosurgical, radiation oncology or medical oncology) kindly donated by Merck Sharp and Dohme (previously Schering-Plough Australia) and administered via MOGA (Medical Oncology Group of Australia) is given to facilitate attendance of an international neuro-oncology conference as well as an international preceptorship. In 2011, this was awarded to Dr Rumal Jayalath based at the Princess Alexandra Hospital, Queensland. Dr Jayalath is a senior neurosurgical trainee in the fourth year of specialist training. In 2011 she is undertaking a research project to investigate the biology of glioblastoma which has been supported by a Neurosurgical Society of Australasia Research Scholarship.

AGOG (Australian Genomics and Clinical Outcomes of Glioma) is continuing to expand its activities in WA and NSW, co-led by medical oncologist Professor Anna Nowak and translational scientist Dr Kerrie McDonald, along with an active group of other chief and associate investigators. AGOG collects tissue, blood, demographic information and clinical outcome information and will be looking at potential genetic signatures and predictive and prognostic biomarkers in glioma patients. All the hard work and effort is now bearing fruit with data now being utilised for active research initiatives. A process is in place to allow clinicians and other researchers wishing to access AGOG samples and data to submit their expressions of interest. Please review the AGOG website (www.agog.org.au) for more details.

We look forward to a busy 2012 with upcoming key events including the inaugural **COSA Neuro-oncology Clinical Professional Day will be held on Friday 9 March 2012** at the Sydney Convention and Exhibition Centre.

Kind regards and thanks for ongoing support,

Eng-Siew Koh, Chair



NUTRITION GROUP

Launch of wiki based guidelines for the Nutritional management of patients with head and neck cancer

Prevalence of malnutrition in patients with head and neck cancer is high impacting on clinical, cost and patient outcomes. The aim of this project was to develop evidence-based guidelines for the nutritional management of patients with head and neck cancer and to present the best available evidence on a widely accessible and easily updated web-based wiki platform to maintain currency and facilitate translation of research into clinical practice.

Following a grant from CINSW and under the auspices of COSA, traditional guideline development methodology was used to critically appraise the literature and rate study design quality. Two-hundred-and-eighty-eight studies to date have been assessed for levels of evidence and recommendations graded according to National Health and Medical Research Council (NHMRC) criteria. Studies were further assessed on quality per international standards. The body of evidence was assessed to determine the grades of recommendations addressing 27 clinical questions throughout the nutrition care pathway. Clinical practice guidelines were then developed, undergoing rigorous peer review and appraisal. These guidelines provide clinicians with access to comprehensive evidence-based recommendations for the nutritional care of patients with head and neck cancer and are published through innovative use of wiki technology to maintain currency, facilitate international dissemination and interactive consultation. The guidelines also serve as a tool to guide future research where evidence gaps exist and the wiki platform provides the opportunity to influence practice internationally through endorsement by the dietetics associations of Australia, New Zealand, the United Kingdom and CINSW.

Google Analytics indicates the guidelines have been accessed by 33 countries to date, with the majority from Australia (80%), UK (8%), Canada (2%) and New Zealand (2%). Referral sites include a direct link (37%), Google (27%) and the COSA homepage (16%). The most frequently visited sections of the guidelines have been the summary and nutrition screening and assessment pages.

The wiki platform proved to be successful in ensuring currency through facilitating collaboration, rapid updates, version control and online public consultation and is recommended for future guideline development and maintenance.

Recent Awards

Tri-Society Head and Neck Oncology Meeting, Singapore, September 2011 – Best Allied Health Oral Presentation Prize.

European Society of Nutrition & Metabolism, Gothenburg, Sweden, September 2011 – Invited International Expert Committee Members (Project Directors – Merran Findlay and Associate Professor Judy Bauer).

COSA Annual Scientific Meeting, Perth, November 2011 – Invited Speaker and Workshop

NSW Health 2011 Quality Awards, December 2011 – Winner, Cancer Services Category, Sydney

First Nutrition Group Clinical Professional Day

As an adjunct event to COSA's 38th ASM, the COSA Nutrition Group held its first Clinical Professional Day at the Perth Convention Centre on Monday 14 November 2011. The setting of a multi-professional oncological scientific meeting created an excellent opportunity to provide specialist training to a multidisciplinary forum in the unique and complex needs of patients with head and neck cancer.

The workshop was facilitated by members of the evidence-based guideline Dietetic Steering Committee who specialise in nutritional management of patients with head and neck cancer including (pictured L to R): Kelly Taylor (Fremantle Hospital, WA), Nicole Kiss (Peter MacCallum Cancer Centre, VIC), Jenelle Loeliger (Peter MacCallum Cancer Centre, VIC); Teresa Brown (Project Dietitian, Royal Brisbane and Women's Hospital, QLD); Merran Findlay (Project Director, Royal Prince Alfred Hospital, NSW). Workshop content was also contributed by other steering committee members Dr Elisabeth Isenring (Princess Alexandra Hospital, QLD), Rochelle Kermis (Royal Adelaide Hospital, SA) and Assoc Professor Judy Bauer (Project Director, University of Queensland) who were unable to attend.

This forum aimed to highlight current nutrition issues facing patients with head and neck cancer and those clinicians involved in their care with reference to the recently published evidence-based guidelines. Whilst targeting dietitians, clinicians from other disciplines were welcome to attend. During the first part of the session, Merran Findlay covered the background of the guideline development process and Teresa Brown introduced the clinical guideline content. The majority of the workshop was dedicated to interactive case studies highlighting best practice recommendations from the guidelines for optimal

nutritional management with discussion led by national expert dietitians. Clinicians also enjoyed the opportunity to debate some of the areas where evidence is sparse; hence best practice currently remains unclear. The forum used case studies to highlight recommendations from the guidelines throughout the patient care pathway including Appropriate Access to Care, Quality Nutrition Care and Nutrition Monitoring and Follow Up. The workshop



showcased aspects of the guidelines through theoretical and practical learning strategies and was well attended by Dietitians and other interested health professionals.

The Nutrition Group Clinical Professional Day successfully achieved its objectives in providing an evidence-based guideline implementation workshop for specialist health professionals involved in meeting the complex care needs of patients with head and neck cancer. Feedback provided by participants indicates attendees clearly valued the educational forum and opportunity provided to network with other specialist health professionals working with patients with head and neck cancer.

The forum was highly valued by participants and achieved excellent evaluation results reflected by the high satisfaction rates. The support of COSA through an education grant was integral to the success of the event.

Merran Findlay (Convenor)

Judith Bauer, Chair



PAEDIATRIC ONCOLOGY ANZCHOG (Australia & New Zealand Children's Haematology Oncology Group)

2011 has been a year of achievements for ANZCHOG and across many different areas.

In the aspect of clinical trials, our first Phase 1 Study has continued to recruit patients locally and once the maximum tolerated dose has been reached, the study will open to international sites.

The Australian Children's Cancer Trials (ACCT) Phase 1/2 Study of Valproate in Combination with Interferon alpha in Relapsed, Recurrent or Progressive Neuroblastoma opened in 2011 and recruitment is expected to improve with a recent change in eligibility criteria.

ANZCHOG is also acting as local sponsor to the European Berlin-Frankfurt-Munster (BFM) consortium. Their study, a frontline Phase III ALL study (Study 9) also opened recently.

ACCT has collaborated with the European early phase trial group Innovative Therapies for Children with Cancer (ITCC) to design and develop a Phase II study for high grade glioma. This study is now open to recruitment locally.

There has been a strong focus on building international relationships in 2011 with the outcomes evident in the increased availability of clinical trials. In addition, we have sought opportunities to build these relationships. The ACCT CEO presented at the Pediatric Oncology Experimental Therapeutics Investigators Consortium (POETIC) conference in the USA. The trip included a visit to the POETIC Data Centre which provided valuable learnings in operational process.

At the 43rd Congress of the Society of International Paediatric Oncology (SIOP) in Auckland, ACCT hosted a meeting of the key international early phase paediatric trial consortiums: Canadian C17, European group ITCC and US-based POETIC, and Therapeutic Advances in Childhood Leukemia and Lymphoma (TACL). The meeting focused on intergroup agreements and processes necessary as foundations for future collaborative trial design development and conduct.

ANZCHOG also hosted pre-conference satellite events for the ANZCHOG/SIOP meeting, including a Nursing Education Day, Radiation Oncology Education Day and various workshops including Combined Bone Marrow Transplant (BMT) and Leukaemia/Lymphoma Group.

The ACCT Registry (www.anzchogtrials.org), providing on-line information for both the public and health professionals on current trial status and availability, has expanded to also include New Zealand in 2012.

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

As is evident, ANZCHOG continues to build momentum and seek opportunities for new approaches to paediatric cancer to continually improve the care of our patients locally.

Peter Downie, Chair



PALLIATIVE CARE GROUP

Activity of the Palliative Care Group in 2011 has continued to have a focus on cancer pain, corresponding to the release of the National Pain Strategy (<http://www.painsummit.org.au/>). The Palliative Care Group continues to provide input into strategies arising out of the National Pain Summit; working with the cancer pain and palliative care group, led by Dr Melanie Lovell (Palliative Medicine physician, Sydney) to address the specific actions and strategies put forward for cancer pain management. These fall into the key areas for the multidisciplinary cancer professional community in the management, policies and problems faced when managing cancer pain or pain related to cancer treatment. Dr Lovell is working on modifying the National Comprehensive Cancer (NCCN) guidelines for cancer pain for the Australian context.

COSA is a foundation member of PainAustralia (www.painaustralia.org.au), which will be working to implement the National Pain Strategy. In 2012 we will be seeking COSA members to provide input into the guideline development and approach to implementation.

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

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

Meera Agar, Chair



PSYCHO-ONCOLOGY GROUP

2011 was a year of consolidation for OZPOS. Under the leadership of A/Prof Jane Turner the group incorporated, became a formal member of the International Society of Psycho-Oncology (IPOS) and established strong collaborative relationships with the Psycho-Oncology Cooperative Research Group (PoCoG).

Over the course of 2011, OZPOS continued to collaborate with PoCoG running the third OZPOS/PoCoG Professional Day immediately prior to the COSA 2011 ASM in Perth, attracting over 70 registrants. The Professional Day was jointly funded by COSA and PoCoG. PoCoG received funding for this event from the Australian Government through Cancer Australia. The program comprised of a plenary session, a panel discussion, a consensus workshop and a session of research presentations. The theme of the meeting was “Partnerships against cancer – bridging gaps, breaking barriers”, bringing together some of our top psycho-oncologists to provide a forum for clinical referral pathways for managing psychological distress across the cancer journey and joining with the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) for a highly anticipated panel discussion on psychosocial aspects of cancers below the belt. The Professional Day was very highly rated with over 85 percent of participants indicating that it was either very good or excellent. Other general aspects of the workshop: timing in association with the COSA ASM, quality and relevance of sessions and the overall idea and purpose were rated similarly well. All of the respondents said that they would attend future professional days.

During 2011 OZPOS, again in collaboration with PoCoG and Cancer Council Queensland, successfully bid to host the IPOS World Congress. Unexpectedly, IPOS requested the Australian consortium host the meeting in 2012, a full year earlier than initially planned. A good part of 2011 was devoted to preliminary planning and negotiating the terms of hosting IPOS World Congress 2012. During the course of the year, COSA agreed to a joint IPOS-COSA meeting. The planning teams in all groups are to be congratulated on developing such a strong collaborative that will meet the multi-disciplinary aims of OZPOS and COSA. During 2011 we saw the first OZPOS logo, with thanks to Cancer Council Queensland for putting this together.

COSA's 2011 Annual Scientific Meeting demonstrated the strength and breadth of psycho-oncology research in Australia. There were numerous abstracts submitted for consideration in the supportive care category, and the presentations during the meeting of a high standard. The pre-ACORD Workshop initiative was in part designed to increase awareness of the multi-disciplinary nature of the ACORD Workshop and to encourage psycho-oncology research enthusiasts to consider submitting a concept and themselves for attendance at ACORD.

It has been a very full year in which psycho-oncology has been well considered and represented in the business of COSA. I would like to pay particular thanks to Jane Turner for her leadership of the group in the previous year, leaving such a strong and dynamic organisation; also to the PoCoG Executive Office who provided significant support to OZPOS, particularly in managing the Professional Day; and to the COSA team who have continued to support the initiatives of OZPOS.

Haryana Dhillon, Chair

RADIATION ONCOLOGY GROUP

2011 was another eventful year. Much of COSA's work throughout the year has focused on its new governance and membership structure. Despite this, COSA has worked toward strengthening our alliance with the Faculty of Radiation Oncology (FRO). Over the year there were matters relating to Radiation Oncology services and new technology which COSA was consulted and provided advice. FRO convened a “New Horizons” summit consisting of a meeting with leaders in radiation oncology, government and other key stakeholders, COSA was invited to this meeting and given the opportunity to make a contribution to the discussion.

One proposal put forward during the year to further strengthen our engagement with FRO has been to consider a faculty board member as Chair of the COSA Radiation Oncology Group. This idea has merit as it provides a closer link with the FRO board. Another option would be to consider allowing FRO to become a sustaining member (currently limited to Collaborative Trial Group Chairs) of COSA. However, these issues are still at an early stage and warrant further discussion. COSA also needs to resolve the governance issue first.

Sandro Porceddu, Chair



REGIONAL & RURAL ONCOLOGY GROUP

As allocation of the Health and Hospitals Fund for Regional Cancer Centres was completed in November 2011, the focus for the Rural and Regional Group is now to discuss a way forward for these important centres that will service one-third of Australians living outside our cities. Planning commenced at the end of 2011 for a workshop to address how the regional cancer centres can be most efficiently developed to provide the best outcomes for our patients. This workshop will occur in August 2012.

Other important changes in rural and regional healthcare in 2011 have included the federal government's telehealth initiatives. In July it became possible to claim for telehealth consultations through Medicare. Centres such as Townsville have clearly led the way in this field. Telehealth may well open up opportunities for supporting our remote clinics.

Workforce issues remain a concern, particularly in rural and regional areas. The workforce session at the COSA ASM was certainly a good opportunity to discuss this. There has been much positive feedback with regards to this.

As always, I would encourage feedback from rural and regional members, and would be happy to facilitate a group meeting if requested.

Adam Boyce, Chair

SOCIAL WORK GROUP

It has been quite a busy year for OSWA, as well as further developing our resources we have been quite involved in many projects across the country. Jane Whelan our outgoing President ended her term with a long list of achievements which include:

- renewed the OSWA Constitution and Guidelines;
- developed a Strategic Plan
- established the Oracle
- significantly improved the website
- commenced releasing statements to the media
- provided media training

Jane's contribution has been crucial in initiating, developing and/or supporting these activities. We thank her for her hard work and commitment over her tenure as President. As we look forward, OSWA continues to be committed to working hard and developing the organisation under the leadership of Victoria Jones who is the current national president.

Our main business was the annual conference which followed the successful COSA ASM. With thanks to Vere Berger and her team in WA for the following feedback on what was a successful meeting once again.

This was the first time the conference was held in Perth and almost a hundred delegates attended the conference. There were a high number of delegates from the Eastern states. This was the first year of attendance by those who were not social workers. A variety of papers and presentations addressed the theme of: **'Social Work impacting Cancer Care across the lifespan, across cultures, across the land'**. The conference was opened by a very moving Welcome to Country by Aboriginal Elder Doolan Leisha Eatts, her husband Walter and grandson Sam playing the didgeridoo.

The conference began with an emphasis on encouraging social workers to undertake research. Our international keynote speaker, Prof Epstein whose visit was supported by COSA linked his personal experiences with cancer with the development of Clinical Data Mining i.e. utilising data already available in records as valid research data as opposed to research data based on prospective or a clinical trials perspective. This approach utilising data

already in existence makes it user friendly for clinicians in front line work. Prof Epstein is very keen to maintain contact and assist social workers in Australia to progress CDM. He is now working with allied health and multi-disciplinary teams. Feedback indicated that some social workers now felt it more possible to undertake research bearing in mind limited time and resources.

On Day 2, Associate Professor Dawn Bessarab our national keynote speaker explored research based experience of Aboriginal patients living with cancer based on a report: 'A Whispered Sort of Stuff' and the implications for social work practice. This theme then was followed by a very successful morning tea for representatives from agencies providing care to Aboriginal people with cancer. This was followed by papers raising issues as to why Aboriginal people were reluctant to attend health services and a paper about what one region in Australia is doing to develop strategies to improve the situation. Kim Hobbs from Westmead Hospital was given the award for the best presentation on 'Addressing Psychosocial concerns in Cancer Survivors and their partners: Developing skills for assessment and Intervention'. This 6 module on-line training resource developed by Queensland's University of Technology and commissioned by Cancer Australia will be rolled out nationally in 2012.

The conference demonstrated how social workers are already positively impacting cancer care, and explored ways in how to progress this further in the future. This was a major networking opportunity and there was a real buzz and energy throughout the conference.

Kim Hobbs, senior social worker who specialises in gynaecological cancer, has provided information about development of a wonderful new resource for clinicians and with an interest in gynaecological cancers. Visit www.gynaecancercentre.gov.au for more information. Another major development in this field this year was the launch of the interactive training modules for health professionals: The Psychosexual Care of Women Affected by Gynaecological Cancers (PSGC). This resource can be accessed via the Cancer Learning website www.cancerlearning.gov.au (click on the PSGC icon). The resource is useful for those wanting to improve their psychosexual assessment and intervention skills, for teaching and supervision of Social Work students and for conducting educational in-service sessions for other health professionals.

In regards to other education issues Julianne and Cynthia our education co-chairs have also provided feedback on a busy year. Education for social workers in Oncology is extremely important, especially in the context of health care reform, and the outcomes of the productivity commissions report on how funding will be delivered across the States and Territories. It is also important in regard to the moves by the AASW for national registration, accreditation and need for consistency in practice standards for a range of clinical competencies. The committee have decided to develop a survey, using an

online program to send to oncology social worker's across Australia, to determine their current level of education, satisfaction with their education opportunities, knowledge of the AASW Practice Standards, recommendations for education opportunities and preferred mode of learning. The intention of the Education Committee is to work with the other social workers who are examining national practice standards, and look at relevant education opportunities and the development of courses with academics and tertiary institutions that meet the current and ongoing needs of oncology social workers.

There is always lots of exciting activity happening around OSWA's goals of supporting its members in order to provide excellence in care to those affected by cancer, their families and communities. Incoming President Victoria Jones is set to focus on a theme during her tenure 'Improving health outcomes for Aboriginal & Torres Strait Islander people who have cancer'. This will be an exciting and dynamic time for the organisation.

For 2012 we look forward to exciting collaboration with COSA, IPOS and PoCoG and look forward to the Brisbane joint meeting.

Angela Cotroneo, Chair

SURGICAL ONCOLOGY GROUP

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

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

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

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

After 3 years as Chair of the Surgical Oncology Group I am stepping down from this position effective December 2011. It has been an honour to have served with COSA and I thank particularly Bruce Mann and Bogda Koczwaro

for their leadership. I wish COSA and the COSA leadership all the very best for the future.

Susan Neuhaus, Chair



UROLOGIC ONCOLOGY GROUP

Once again 2011 has been a year of advances in genitourinary cancers. Axitinib has been shown to be active in second line treatment of RCC. Cabazitaxel is now approved in Australia for prostate cancer after docetaxel. New data is available for the use of chemotherapy in testicular cancer and urothelial cancer. 2012 promises to be another year of advances as several key trials come to maturity.

Locally activity in genitourinary cancer has also been intense. Our collaborative links continue to grow and the Group has an eclectic membership across a range of disciplines. The Urologic Oncology Group works very closely with the ANZUP Cancer Trials Group (www.anzup.org.au). Several clinical trials, both industry-sponsored and ANZUP trials are accruing very well across Australia as a result. Several new research collaborations have been established as we continue our pre-existing key links with TROG, PoCoG/OZPOS and the PC4 group.

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

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

satchels, and our other sponsors Pfizer and Novartis. This was a highly successful initiative and we plan to continue to adapt and evolve it for future meetings.

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

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

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

Following this was another concurrent session on bladder cancer, chaired by Manish Patel. Again we had the opportunity to look at a range of clinical scenarios from early non-muscle-invasive cancer (Mike Wallace) through to localised muscle-invasive disease (Seth Lerner), issues surrounding systemic therapy (Chris Sweeney) and nursing issues in the context of a case study (Kath Schubach).

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

drawed a very busy day to a close. Thanks again to AstraZeneca for their support of this event.

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

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

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

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

The final day of the main meeting commenced with a breakfast session hosted by Cancer Australia discussing the future of cooperative trials research. David Goldstein later chaired a concurrent session on renal cell carcinoma subtitled 'Learning from the community.' Tim Eisen spoke on cooperative group trials and on translational cancer research; Gianluca Severi (Cancer Council Victoria) spoke on RCC epidemiology; and I concluded the session with a discussion of ANZUP and its trial program, concentrating

on RCC. It was very clear that the community contributes enormously to the development of cancer treatment and the lessons we can learn from research.

Once again COSA's very successful collaboration with Sanofi continued with the 'Advancing Care for Prostate Patients: Research Grants 2011.' The winner this year in a very competitive field was Olivia Wright with her project entitled, 'Impact of Micronutrients on gene expression: Prostate Cancer - Lycopene (ImoGEX-PC-Lyc Study)'

As we continue to grow in 2012 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 2011.

Chair: Wayne Nicholls (QLD)

Membership: There are currently 181 members of the AYA interest group

Activities

The main focus of the AYA Interest Group in 2011 was delivering 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 fifth AYA Cancer Workshop on Friday 13 May 2011 in Sydney. The workshop brought together more than 100 participants from key stakeholders in the YCNP to medical and health professionals, advisory groups and researchers. There were several attendees who were new to the AYA Cancer Network.

Participants agreed the key challenges now are to maintain momentum, build on successful models of care and education and strengthen the AYA position by interrelationships with other health professionals and partners. A full report of the workshop, including key recommendations and outcomes is on the COSA website: <http://www.cosa.org.au/groups/aya/publications.html>

Following the AYA Cancer Workshop, 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 about the AYA services web portal, NCI AYA bulletin, education opportunities and journal clubs.

2. Clinical practice guidance and protocols

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

- i. Fertility preservation for AYAs diagnosed with cancers and related issues, including monitoring for late effects on reproductive function and endocrine and sexual health
- 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 now complete and is available on COSA's wiki site at http://wiki.cancer.org.au/australia/COSA:AYA_cancer_fertility_preservation.

Throughout 2011 the following activities took place:

- COSA convened a working group of multidisciplinary health professionals to review the available literature and develop the draft guidance, with the assistance of an experienced cancer writer and COSA staff.
- The working group met in Melbourne on 24 February 2011 to discuss the first draft and practice recommendations. Content was refined during March and April and it was 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 31 May 2011. The working group chair and writer reviewed the feedback and made revisions to the content and recommendations.
- 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.

Psychosocial management

Guidance for health professionals about the psychosocial assessment and management of AYAs diagnosed with cancer has been completed, pending final review by the Department of Health and Ageing. The final draft is available on COSA's wiki site at http://wiki.cancer.org.au/australia/COSA:Psychosocial_management_of_AYA_cancer_patients.

Throughout 2011 the following activities took place:

- COSA convened a working group of multidisciplinary health professionals to review the available literature, consider current best practice and develop the draft guidance. AYA psychologist Dr Susan Palmer was contracted to write the first draft.
- The working group had one face-to-face meeting in Melbourne on 16 February 2011, and several teleconferences, to agree on the content and structure of the guidance.
- The first draft of the guidance was completed in April and circulated to a group of expert reviewers. Feedback was incorporated and in July it was 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 12 August 2011. The working group writer 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.

Early detection

This guidance is still being developed.

Throughout 2011 the following activities took place:

- COSA convened a working group of multidisciplinary health professionals (including a consultant general practitioner) to review the available literature, consider current best practice and develop the draft guidance.
- The working group had several teleconferences to agree on the content and structure of the guidance.
- The first draft of the guidance was started in August 2011 after the arrival of a new COSA Project Coordinator to coordinate the project.

The guidance should be ready to be posted to COSA's wiki for external review and public consultation in March/April 2012.

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 which include: eviQ AYA Content Stream; eviQ AYA Reference Committee; eviQ AYA Discussion Forum; eviQ AYA resources; eviQ AYA Frequently Asked Questions; eviQ AYA Fact sheets; eviQ AYA Patient Information Sheets; eviQ AYA Treatment Statements; and links to COSA AYA cancer guidance documents.

3. 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.

The AYA-PK Study – investigating pharmacological and pharmacodynamic activity of chemotherapy in patients with Ewing sarcoma, osteosarcoma and Hodgkin's lymphoma and how it varies as an effect of puberty and gender is now open and recruitment at several centres in Australia is on-going.

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 is now open to recruitment.

COSA also created a comprehensive list of cancer trials in both the identified priority areas and other cancers commonly affecting AYAs by collating data from the Australian New Zealand Clinical Trials Registry (ANZCTR), ClinicalTrials.gov (CT.gov) and each of the Cancer Clinical Trial Cooperative Groups (CCTGs), facilitated through the COSA & CCTG Executive Officers Network.

The collection and analysis of AYA cancer incidence, mortality and survival data – initiated by this project – was also completed by the Australian Institute of Health and Welfare (AIHW). Providing a comprehensive picture of cancer in young people aged 15–29 the AIHW report, 'Cancer in Adolescents and Young Adults in Australia', was finalised and published in December 2011 and is available for free download or hard copy purchase at <http://aihw.gov.au/publication-detail/?id=10737420603&tab=2>.

Wayne Nicholls, Chair

CANCER CARE COORDINATION

COSA recognises the important role of the Cancer Care Coordinator. Since the March 2010 Cancer Care Coordination Conference three working groups have been formed they are Research, Networking & Communication and Education & Conference within the COSA Cancer Care Coordination Interest Group. These groups have continued to further develop our understanding of ways to improve cancer care coordination.

Throughout 2011 the Education & Conference Working Group led by Douglas Bellamy, have put together an excellent program for the Cancer Care Coordination Conference to be held in March 2012. Professor Emma Ream, University College London will be the key note speaker. Emma will be presenting on subjects most relevant to the role of cancer care coordinators.

The Networking & Communication Group led by Jacinta Elks has developed a cancer care coordination contacts database which was launched in June 2011. Cancer Care Coordinators working across Australia self-nominate their details to be included in the database. It provides information on the care coordinator's work contact details, the coordinator's specialty area of care and also any new resources or service improvement initiatives. The aim is to share information, facilitate networking and has proved to be useful in linking a patient with another care coordinator when a patient is transferred to a different region for treatment in Australia. The database is accessed through the members' area of the COSA website.

A literature review led by my Research team was undertaken to identify current information on cancer care coordination outcome measures. COSA convened a meeting to consider and progress initiatives from the literature review findings on cancer care coordination outcome measurement tools on July 20, 2011. The research team has continued with further in depth review of the literature. COSA can play a role in providing background information and reference material so that Cancer Care Coordinators have guidance with respect to evaluation of their role in the context of the health team and health service more broadly. It was suggested that COSA could support cancer care coordinators by preparing a tool kit which can provide reference material to assist with key areas of work in the future.

I thank COSA for its ongoing support and the achievements of the care coordinator working groups.

Patsy Yates, Chair

COMPLEMENTARY AND INTEGRATIVE THERAPIES

The COSA Complementary and Integrative Therapies Interest Group continues to be a focal point for members of the Society interested in this developing and often controversial area within oncology.

Because there is an increasing level of interest amongst both consumers and health professionals on ways in which complementary therapies can be integrated into individual cancer treatment plans, it is critical that cancer health professionals have ready access to information about - research and educational opportunities on existing evidence based treatments and research programs, and both the benefits and potential harms of the wide range of complementary therapies available today.

One example of such a relevant activity of the Interest Group is the COSA members enabled access to The Natural Medicines Comprehensive Database. It provides answers to questions about natural medicines, herbs, dietary supplements, sports supplements, minerals, vitamins, etc. Each record includes an easily printable Patient Information handout. You can also click on the references in a citation to see abstracts of research articles. The database is updated daily with new information and it has proved to be a valuable resource for our members.

Paul Katris, Chair

DEVELOPING NATIONS

In 2011 we saw the successful completion of two pilot fellowships for the COSA Asia Pacific Mentoring Program. It has been a great success.

Fellowships were awarded to:

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

COSA is dedicated to the continuation of the Fellowships in 2012 and I would like to announce Professor Ray Lowenthal, a steadfast COSA member and Director of the Department of Haematology & Oncology at the Royal

Hobart Hospital, will take on the role of Co-Chair to help direct the Interest Group's activities. Moving forward the group plans to:

- Expand on our current platform of mentoring institutions
- Announcement of a call for submissions for fellowships in early 2012
- Build relations with cancer leaders from the Asia Pacific Region.

COSA is strongly committed to working with our oncology colleagues abroad to facilitate information exchange and educational opportunities in the Asia Pacific Region.

Matthew Links, Chair

GERIATRIC ONCOLOGY

Looking back on this year's activities, I have been fortunate to present at two conferences – MOGA in August and SIOG (International Society of Geriatric Oncology) in November. I took the opportunity to visit two Centres of Excellence in France prior to attending the SIOG meeting in Paris. I was able to present the Geriatric Assessment Audit that the Interest Group performed in 2010 and the work we have been doing here at Border Medical Oncology. We have been studying the feasibility and effectiveness of performing routine screening for supportive care issues using the Adelaide Screening Tool in all patients over the age of 70 presenting to our service.....with interesting results.

The Geriatric Oncology Interest Group's main objective is to provide mentorship in the support of clinical practice and see the development, testing and dissemination of easy screening tools. This will enable proper referrals to multidisciplinary clinics. This objective will be supported by the formation of a Research Group lead by Professor Jane Phillips. Our priority is validating the Adelaide Tool as it is an important next step before it is adopted more widely across Australia. We thank Jane for taking on this role and also welcome interested parties who are prepared to work collaboratively.

The Executive would like to hold a forum on the practical issues of caring for the elderly patient which includes both chemotherapy & surgery in 2012. There will be a dedicated session on Coordinated Care of the Elderly at the Cancer Care Coordination Conference in March 2012.

Christopher Steer, Chair

NEUROENDOCRINE TUMOURS

The COSA Neuroendocrine Tumours (NETs) Interest Group is concerned with the management of NETs, uncommon tumours that occur in the hormone secreting neuroendocrine cells found throughout the body. NETs occur most commonly in the digestive system and have many unusual features, making optimal, standardised management a challenge. The NETs Interest Group continues to be engaged in two key projects over the past year, the NETs Guidelines and the SIGNETUReTM Registry.

The Guidelines for the diagnosis and management of gastroenteropancreatic neuroendocrine tumours aim to raise awareness of the increasing multidisciplinary management options for patients with this uncommon group of diseases. Launched at the COSA 2010 Annual Scientific Meeting in Melbourne, the guidelines were open for public consultation until June 2011 and then revised in response to the comments received on a number of sections. The guidelines are designed to be accessed online, allowing for comments and regular updates to be made. The guidelines can be found on the wiki website (http://wiki.cancer.org.au/australia/COSA:NETs_guidelines), and will continue to evolve as treatment advances occur.

The SIGNETUReTM registry was initiated by Ipsen, a global specialty-driven pharmaceutical company. This observational registry will facilitate the collection of retrospective and prospective data on patients with NETs in Australia. COSA assumed sponsorship of the project in November 2010, following a four site pilot phase lead by Associate Professor Tim Price of Queen Elizabeth Hospital (Adelaide). Ipsen will continue to provide funding for the database but will not have access to data. A number of additional sites have expressed an interest in participating in the registry and are in the process of seeking ethics approval and undergoing the necessary user training. The registry will facilitate greater understanding of the trends in diagnosis and treatment of NETs, as well as the evaluation of long term outcomes to help optimise the clinical care for patients with these rare tumours.

Yu Jo Chua, Chair

OTHER REPORTS

CANCER COUNCIL AUSTRALIA

In the past year we celebrated our 50th Anniversary and we can reflect on how many individuals and groups share our mission for improving cancer control. COSA with its multidisciplinary reach of clinical expertise has shared a particularly close relationship with Cancer Council Australia not only physically as we accommodate them in our offices but in a range of joint programs. We have watched COSA grow, now up to 8 staff, and have a mutually beneficial close working relationship which is strengthening with time.

COSA acts as our medical and scientific committee which provides us with a broad expertise in cancer management and research. Many COSA members have worked on our guideline groups. We have embarked on the ambitious project of creating a wiki platform for guidelines and are delighted by the way it is being embraced by our working groups. The latest guidelines to be completed are the endometrial guidelines commissioned by Cancer Australia and the colonoscopy guidelines, recently endorsed by NHMRC. The lung cancer treatment guidelines are on track to be completed by mid-2012.

A new initiative in 2011 was the iHeard website where people can write in about cancer stories they had heard or seen, particularly on digital media sites, and we would tell them whether the stories are accurate or just myths. A wide range of COSA experts have helped with replying to the steady stream of questions.

Cancer Forum is the review journal of Cancer Council Australia which is supported by COSA. Many members have contributed to the production of high quality reviews in a diverse range of topics. During 2011 this included Complementary and Alternative Medicines, Nutrition and Cancer and Controversies in Oesophagogastric Cancer.

COSA has always been willing to help CCA with specialist media and in advocacy we have been able to produce joint submissions on areas of common interest impacting on cancer care and research. This adds to our cancer prevention agenda which has seen major advances in tobacco control, with the Australian Government legislating for plain packaging. We also share a desire to strongly support rural cancer initiatives and programs to help improve the cancer expertise of our regional neighbours.

The close working relationship between COSA and CCA not only extends to reciprocal representation on our Board and Council and sharing day to day office activities but was exemplified by the privilege of having the CCA Chair of the Board, Hendy Cowan open the COSA ASM in Perth and me being invited to speak in the opening plenary session on aspirin and cancer prevention.

Both our organisations face the challenge of change over the next year, but we look forward to a very productive year together.

Ian Olver AM, CEO



CANCER VOICES AUSTRALIA

Cancer Voices Australia (CVA) is the national peak body for people affected by cancer.

Throughout Australia, CVA enjoys close relationships with other national cancer bodies. The interests and objectives of all groups, though not identical, overlap considerably, but together we can and do provide a formidable ally in working and collaborating with clinical groups, especially COSA.

Advocacy

The primary role of Cancer Voices is to act as advocate for their members' interests. During 2011 we have been and are still active in many arenas, such as:

- legal challenge to the patent of BRAC-1 gene, scheduled for a five day hearing in the Federal Court of Australia in February 2012
- engagement with other interested parties and overseeing CeHA (Consumers' e-Health Alliance) which is maintaining a watching brief on progress towards the introduction of a comprehensive electronic health record system (e-Health)
- Working with national clinical groups, such as the Medical Oncology Group of Australia and the Royal Australian New Zealand College of Radiology
- Clinical Trials and Research

CVA remains committed to the inclusion of consumers in the development of research and clinical trials in this country. Together with COSA, and the cooperative trials groups, a framework for the inclusion of consumers at all levels of the trials' process is being developed. A Steering Committee (Chaired by CVA's Executive Officer) and comprising a number of CVA members will report to Cancer Australia in Oct 2012.

- CVA continues dialogue with the NHMRC to provide more and appropriate funding for translational research in this country
- Position Statements - recent position statements include:

Stereotactic Radiotherapy

In past years there have major developments in

radiotherapy treatment and new technology. CVA believed that information about new technology did not reflect a patient view. Working with the Faculty of Radiation Oncology, CVA has developed a statement that we believe provides the valuable information to our constituency. We thank the Faculty for their assistance.

Partnership Policy

Details the process and policy CVA follows when engaging with other organisations.

Patient Charter

CVA's Charter reflects the views of the Board and its members and mirrors the Charter of other Cancer Organisations.

All statements are found on our website:
www.cancervoicesaustralia.org.au.

Representation

Cancer Voices exercise influence on behalf of people affected by cancer in a variety of ways besides advocacy. We estimate the number of 'tables' at which Cancer Voices representatives sit is approaching 200. In addition many of our members play an active role through their appointment on Department of Health and Ageing, and Consumers' Health Forum advisory committees.

Cancer Voices is also represented on the COSA Council, National and State Boards, clinical faculties and at meetings of numerous cancer peak clinical and research organisations.

Acknowledgements

Cancer Voices Australia acknowledges the support of Cancer Council Australia without whose assistance CVA's work would be very limited. State Cancer Voices similarly acknowledge the support of Cancer Councils across Australia.

We also thank COSA for its decision to become engaged with Cancer Voices Australia and to provide all Cancer Voices with the opportunity to meet during the Annual Scientific Meeting,

The continuous support of cancer agencies and clinical organisations is also gratefully acknowledged.

Ian Roos, Chair





Financial statements at 30 June 2011 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 2011.

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	Term commenced 1 January 2011
Dr Mei Krishnamy	
Prof Bogda Koczwara	
Prof Bruce Mann	Term Ended 31 December 2010
A/Prof Sandro Porceddu	
Prof John Zalberg	Term commenced 1 January 2011
Dr Jane Turner	Term Ended 31 December 2010
Prof Ian Olver	Ex-Officio

Unless indicated otherwise, all members held their position as an Executive Committee members 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 2011 amounted to \$397,513 (2010: \$348,014).

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

There were no significant changes in the state of affairs of the Society during the year ended 30 June 2011.

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



Professor Bogda Koczwara
President



A/Professor Sandro Porceddu
President-Elect

Dated 11 October 2011
Sydney

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2011

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Statement of Comprehensive Income
For the year ended 30 June 2011

	Note	<u>2011</u> \$	<u>2010</u> \$
<u>Income</u>			
Member subscription income		172,753	163,896
Net income from Annual Scientific Meeting		367,149	373,098
NHMRC Enabling Grant revenue		58,987	375,648
Other revenue from ordinary activities	4	821,505	864,515
<u>Expenses</u>			
Administration		(365,165)	(339,505)
Management fees		(29,400)	(56,590)
NHMRC Enabling Grant expenses		(58,987)	(375,648)
Other grant expenses		(520,947)	(619,544)
Other expenses from ordinary activities		(48,382)	(37,856)
Surplus for the year	4	<u>397,513</u>	<u>348,014</u>
Other comprehensive income		0	0
Total comprehensive income for the year		<u>397,513</u>	<u>348,014</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 2011

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Statement of Financial Position
 As at 30 June 2011

	Note	<u>2011</u>	<u>2010</u>
		\$	\$
ASSETS			
Current Assets			
Cash & Cash Equivalents	5	1,457,160	1,081,708
Trade & Other Receivables	6	252,745	186,497
Other Current Assets	7	<u>870,000</u>	<u>883,356</u>
Total Current Assets		2,579,905	2,151,561
Non-Current Assets			
Plant & equipment	8	<u>3,170</u>	<u>0</u>
Total Non-Current Assets		<u>3,170</u>	<u>0</u>
Total Assets		<u>2,583,075</u>	<u>2,151,561</u>
LIABILITIES			
Current Liabilities			
Trade & Other Payables	9	<u>728,478</u>	<u>694,477</u>
Total Current Liabilities		<u>728,478</u>	<u>694,477</u>
Total Liabilities		<u>728,478</u>	<u>694,477</u>
Net Assets		<u>1,854,597</u>	<u>1,457,084</u>
EQUITY			
Retained Surpluses	10	<u>1,854,597</u>	<u>1,457,084</u>
Total Equity		<u>1,854,597</u>	<u>1,457,084</u>

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2011

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Statement of Changes in Equity
For the year ended 30 June 2011

	<u>2011</u>	<u>2010</u>
	\$	\$
Equity at the beginning of the financial year	1,457,084	1,109,000
Total comprehensive income for the year	397,513	348,000
Equity at the end of the financial year	<u><u>1,854,597</u></u>	<u><u>1,457,000</u></u>

The accompanying notes form part of these financial statements

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2011

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Statement of Cash Flows
For the year ended 30 June 2011

	Note	<u>2011</u>	<u>2010</u>
		\$	\$
<u>Cash flows from operating activities:</u>			
Receipts from Subscriptions and donations		152,766	176,817
Net Receipts from Annual Scientific Meeting		367,149	373,098
Receipts from NHMRC Enabling Grant		0	519,750
Other Grant Income & Revenue		670,498	830,576
Interest received		218,056	91,756
Payments to suppliers and employees		(1,029,480)	(1,661,053)
		<u> </u>	<u> </u>
Net cash provided by operating activities	12	378,989	330,944
		<u> </u>	<u> </u>
<u>Cash flows from investing activities:</u>			
Payments for held to maturing investments - term deposit		0	(850,000)
Payments for capital equipment		(3,537)	0
		<u> </u>	<u> </u>
Net cash used in investing activities		(3,537)	(850,000)
		<u> </u>	<u> </u>
Net increase/(decrease) in cash and cash equivalents held		375,452	(519,056)
Cash and cash equivalents at the beginning of the year		<u>1,081,708</u>	<u>1,600,764</u>
Cash and cash equivalents at the end of the year	5	<u><u>1,457,160</u></u>	<u><u>1,081,708</u></u>

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452) Notes to the Financial Statements for the year ended 30 June 2011

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.

BASIS OF PREPARATION

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1999 (ACT) and the following applicable Accounting Standards and Urgent Issues Group Interpretations:

AASB 101:	Presentation of Financial Statements
AASB 107:	Cash Flow Statements
AASB 108:	Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110:	Events after Balance Sheet Date
AASB 1030:	Materiality

No other applicable Accounting Standards, Urgent Issues Group Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

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

(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) Members Subscription

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. No 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 Income Statement 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 2011 Annual Scientific Meeting was \$367,149 (2010: \$337,098).

(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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011 *...continued*

The Clinical Oncological Society of Australia Incorporated Notes to the Financial Statements for the year ended 30 June 2011 (cont.)

To date, \$1,628,820 has been allocated to fund this activity of which \$58,987 has been spent in 2010/2011, (2009/10: \$375,645). 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.

(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) **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.

(d) **Income in Advance**

Income in Advance includes subscription revenue for the 2011/12 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.

(e) **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.

(f) **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.

(g) **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.

(h) **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 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:

Class of plant and equipment	Useful Life
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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011 ...continued

The Clinical Oncological Society of Australia Incorporated Notes to the Financial Statements for the year ended 30 June 2011 (cont.)

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 1,309 financial members of the Society at 30 June 2011 (2010: 1,221).

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. Surplus from ordinary activities

	<u>2011</u>	<u>2010</u>
	\$	\$
<u>Significant Revenue and Expenses</u>		
The following revenue and expense items are relevant in explaining the financial performance:		
Other revenue from ordinary activities -		
Interest revenue	218,056	91,756
Grant income	603,448	772,758
Other revenue	<u>0</u>	<u>0</u>
	<u>821,504</u>	<u>864,514</u>
Fully-funded NHMRC Enabling Grant expenses	(58,987)	(375,648)
Management Fees paid to Cancer Council Australia	(29,400)	(56,590)

Note 5. Cash & cash equivalents

Cash at bank	<u>1,457,160</u>	<u>1,081,708</u>
	<u>1,457,160</u>	<u>1,081,708</u>

Note 6. Trade and other receivables

<u>Current</u>		
Trade receivables	228,126	145,380
Amounts due from associated organisations	3,879	30
Other receivables	<u>20,740</u>	<u>41,087</u>
	<u>252,745</u>	<u>186,497</u>

Note 7. Other current assets

Prepayments	20,000	33,356
Held to maturity investments - term deposits	<u>850,000</u>	<u>850,000</u>
	<u>870,000</u>	<u>883,356</u>

Note 8. Plant & equipment

Computer equipment		
- Computer equipment, at cost	3,537	0
- Accumulated depreciation	<u>(367)</u>	<u>0</u>
Total Computer Equipment	<u>3,170</u>	<u>0</u>
	<u>3,170</u>	<u>0</u>

Note 9. Trade and other payables

<u>Current</u>		
Trade Creditors & Accruals	58,115	40,113
Income in Advance	656,738	640,739
Amounts due to associated organisations	<u>13,625</u>	<u>13,625</u>
	<u>728,478</u>	<u>694,477</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011 ...continued

The Clinical Oncological Society of Australia Incorporated Notes to the Financial Statements for the year ended 30 June 2011 (cont.)

Note 10. Events subsequent to reporting date

There have been no events subsequent to year end that have effected or may effect the financial statements as at 30 June 2011

	<u>2011</u>	<u>2010</u>
	\$	\$
Note 11. Auditors remuneration		
Auditing the financial statements	<u>4,500</u>	<u>4,500</u>

Note 12. Reconciliation of cash flows from operating activities

Total Comprehensive Income for the Year	397,513	348,014
Non-cash flows in surplus from ordinary activities:		
Depreciation	367	0
Changes in assets and liabilities:		
Decrease/(increase) in trade & other receivables	(66,248)	(25,656)
Decrease/(increase) in other current assets	13,356	(13,356)
(Decrease)/increase in trade & other payables	<u>34,001</u>	<u>21,943</u>
Cash flows from operating activities	<u>378,989</u>	<u>330,944</u>

Note 13. Society details

The registered office of the society is:
Building 44 Richmond Avenue
Fairbairn ACT 2609
Australia

The principal place of business is:
Level 1, 120 Chalmers Street
Surry Hills NSW 2010
Australia

The Executive Committee has determined that the Society is not a reporting entity. The Executive Committee has determined that this special purpose financial report is in accordance with the accounting policies outlined in Note 1 to the financial statements.

The Executive Committee members declare that:

- 1 The financial statements and notes - as set out on pages 2 to 9:
 - a) comply with accounting standards as detailed in Note 1 to the financial statements; and
 - b) give a true and fair view of the society's financial position as at 30 June 2011 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
- 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.



Professor Bogda Koczvara
President



A/Professor Sandro Porceddu
President-Elect

Dated 11 October 2011
Sydney

INDEPENDENT AUDITOR'S REPORT



Chartered Accountants
& Business Advisers

INDEPENDENT AUDITOR'S REPORT

To the members of The Clinical Oncological Society of Australia Incorporated

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Clinical Oncological Society of Australia Incorporated (the Society), which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the executive committee members' declaration.

Executive committee members' Responsibility for the Financial Report

The executive committee members of the Society are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Associations Incorporation Act 1999 (ACT)* and is appropriate to meet the needs of the members.

The executive committee members' responsibility also includes such internal control as the executive committee members determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the executive committee members, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

Opinion

In our opinion the financial report of Clinical Oncological Society of Australia Incorporated is in accordance with the *Associations Incorporations Act 1999 (ACT)*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards to the extent described in Note 1, and the *Associations Incorporations Act 1999 (ACT)*.

Inherent uncertainty regarding the completeness of revenue

Without qualification to the opinion expressed above, attention is drawn to the following matter. As noted in note 1(a)(iii) to the financial report, net annual scientific meeting income is received from the event co-ordinator. The Society does not undertake any review of the accounting systems of the event co-ordinator and therefore cannot verify the completeness of net annual scientific meeting income.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the executive committee members' financial reporting responsibilities under the *Associations Incorporations Act 1999 (ACT)*. As a result, the financial report may not be suitable for another purpose.

PKF
Dated in Sydney, 11 October 2011

Paul Bull
Partner

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DETAILED TRADING PROFIT & LOSS ACCOUNT

The Clinical Oncological Society of Australia Incorporated
 Detailed Trading Profit and Loss Account
 For the year ended 30 June 2011

	<u>2011</u>	<u>2010</u>
	\$	\$
Income		
Advertising Income		
Subscriptions	172,753	163,896
Net Revenue from Annual Scientific Meeting	367,149	373,098
NHMRC Enabling Grant	58,987	375,648
CT Insurance Recoveries	104,276	107,621
Special Projects	145,000	289,154
CT Insurance Wages Recoveries	18,013	18,004
Adolescent & Young Adult Workshop	263,631	52,790
Interest Received	218,056	91,756
Act Now Project	0	45,000
Tissue Banking	0	100,963
Neuroendocrine Tumour	1,000	32,000
Head & Neck Cancers	36,028	39,726
APUG grant income	35,500	42,500
Cancer Care Coordination Workshop	0	45,000
Total Income	1,420,394	1,777,157
Expenses		
Advertising	894	290
Audit Fees	4,531	4,520
Bank Charges	3,238	4,027
Catering	477	820
Courier	240	425
Computer Expenses	1,284	1,140
Consultancy Fees	1,380	0
Depreciation	367	0
Filing Fees	130	0
Grants	455	0
Internet	0	245
Insurance	1,940	109,269
CT Insurance Wages	37,797	0
Management Fees	29,400	56,590
Postage & Packaging	1,805	3,732
Printing	11,248	5,753
Salaries & Wages	209,918	142,568
Seminars & Conferences	123	1,564
Stationery	785	2,004
Subscriptions	4,305	1,232
Sundry Expenses	8,845	6,839
Superannuation	19,862	11,399
Telephone	702	2,703
Travel & Accommodation	11,219	9,414
Website	43,619	31,561
Council Meetings	38,815	31,749
Executive Committee Meetings	9,567	784
Cancer Forum	0	5,323
NHMRC Enabling Grant Activities	58,987	375,648
Care Coordinators Workshop	4,817	9,277
Adolescent & Young Adult Workshop	263,185	51,871
HOTT Fellowship grants	100,000	200,000
Miscellaneous Special Projects:	33,542	108,694
ACORD Funding	26,879	39,197
Geriatric Oncology	702	5,243
Industry Project Group	0	6,367
Tissue Banking	33	63,441
Sarcoma Study Group	0	6
Neuroendocrine Tumour Workshop	376	17,455
Nutritional Group Head & Neck	36,414	39,068
Urological Cancers	35,000	36,424
Cancer Care Coordination Conference	20,000	42,501
Total Expenses	1,022,881	1,429,143
Net Surplus	397,513	348,014

DETAILED TRADING PROFIT & LOSS ACCOUNT ...continued



Chartered Accountants
& Business Advisers

Disclaimer

The additional financial data as presented in the detailed trading profit and loss account is in accordance with the books and records of The Clinical Oncological Society of Australia Incorporated, that have been subjected to the audit procedures applied in the audit for the year ended 30 June 2011. 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 PKF, nor any member or employee of PKF undertakes responsibility in any way whatsoever to any person other than The Clinical Oncological Society of Australia Incorporated in respect of such data including any errors or omissions however caused.

PKF
Dated in Sydney, 11 October 2011

Paul Bull
Partner

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