



**Clinical
Oncological
Society of
Australia**

ANNUAL REPORT **2010**

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	MBBS PhD FRACP
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 FRACS
January 2011 ongoing	Professor Bogda Koczwara	MBBS FRACP

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
- Enhance the quality of cancer care

There are five categories of membership of COSA:

1. ***Ordinary Membership:***

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

5. ***Sustaining Membership:***

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

MEMBERSHIP OF COSA

MEMBERS

As at 31 December 2010 there were 1536 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 Mann MBBS PhD FRACS
President Elect:	Professor B Koczwara MBBS FRACP
Council Nominees:	A/Professor S Porceddu MBBS FRANZCR
	A/Professor I Davis MBBS(Hons) PhD FRACP FACHPM
	A/Professor M Krishnasamy RN. Ph.D
	Professor I Olver MD BS PhD FRACP MRACMA FACHPM
	A/Professor J Turner MBBS FRANZCP
	Ms M McJannett – RN OncCert – Executive Officer

COUNCIL

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

PAEDIATRIC ONCOLOGY GROUP

Chair: Dr P Downie MBBS FRACP

BREAST ONCOLOGY GROUP

Chair: A/Professor A Spillane MBBS FRACS MD

CANCER NURSES

Chair: A/Professor M Krishnasamy RN. Ph.D

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: Professor G Giles BSc MSc PhD

FAMILIAL CANCER GROUP

Chair: Dr L Lipton MBBS FRACP

GASTROINTESTINAL ONCOLOGY GROUP

Chair: Dr C Karapetis MBBS MMedSc FRACP (May 2010)

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

MELANOMA & SKIN GROUP

Chair: A/Professor D Speakman MBBS FRACS

NEURO-ONCOLOGY GROUP

Chair: Dr E Hovey MBBS FRACP MSc

NUTRITION GROUP

Chair: A/Professor J Bauer PhD AdvAPD

PALLIATIVE CARE GROUP

Chair: Dr M Agar MBBS(Hons) M Pall Care FRACP

PSYCHO-ONCOLOGY GROUP

Chair: A/Professor J Turner MBBS FRANZCP

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
FACHPM

MEMBERSHIP OF COSA *...continued*

CANCER COUNCIL AUSTRALIA REPRESENTATIVES

Professor I Olver MD BS PhD FRACP MRACMA FACHPM
Professor I Frazer FRCP(Ed) FRCPA FAA

CANCER VOICES AUSTRALIA

Chair: Dr I Roos OAM PhD

CANCER FORUM REPRESENTATIVE

Professor B Stewart MSc PhD FRACI Dip Law

IMMEDIATE PAST PRESIDENT

Professor D Goldstein MBBS MCRP(UK) FRACP

COSA ENABLING GRANT

Chair: Professor S Ackland MBBS FRACP

COOPERATIVE TRIALS GROUPS – Sustaining Members of COSA

ANZ BREAST CANCER TRIALS GROUP

Chair: Professor J Forbes

ANZ CHILDREN'S HAEMATOLOGY & ONCOLOGY GROUP

Chair: Dr P Downie

AUSTRALASIAN GASTROINTESTINAL TRIALS GROUP

Chair: Professor J Zalberg OAM

ANZ GYNAECOLOGY ONCOLOGY GROUP

Chair: Professor M Quinn

AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP

Chair: Dr J Seymour

AUSTRALASIAN LUNG TRIALS GROUP

Chair: Dr M Millward

ANZ MELANOMA TRIALS GROUP

Chair: Professor J Thompson

AUSTRALASIAN SARCOMA STUDY GROUP

Chair: A/Professor D Thomas

ANZ UROGENITAL & PROSTATE CANCER TRIALS GROUP

Chair: A/Professor I Davis

COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

Chair: Professor M Rosenthal

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE

Chair: Professor F Bochner

PRIMARY CARE CANCER CLINICAL TRIALS GROUP

Chair: Professor J Emery

PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP

Chair: Professor P Butow

TRANS TASMAN RADIATION ONCOLOGY GROUP

Chair: A/Professor B Burmeister

EXECUTIVE OFFICER

Ms M McJannett – RN OncCert

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



Professor Bruce Mann

It is with pleasure that I present my report for 2010, my final year as COSA President.

2010 has seen another successful year for COSA. Our organisation continues to grow and expand its membership, activities and influence relating to cancer care throughout Australia. Membership increased from 1300 to over 1500, which is testament to COSA's role as the peak national body representing health professionals working in cancer control. The Annual General Meeting in November of 2010 marked a momentous step in the evolution of COSA

when a resolution for COSA to move to become a Company Limited by Guarantee and adopt the new constitution was unanimously passed. This outcome was a result of consultation and discussion over a two and a half year period to ensure we are in line with best practise. While this will not dramatically change the activities that COSA undertakes, it does indicate that COSA has reached a level of maturity where it is appropriate for it to be independent of Cancer Council Australia, and have our own Executive Officer and staff.

Whilst the excellent work of the individual COSA Groups are reported in this document, the overall agenda that COSA continues to pursue, and the activities of some of COSA's Interest Groups and other programs also warrant mention.

The niche that COSA has developed and clearly occupies is that of the multidisciplinary approach to cancer care. This is most obvious in the COSA Annual Scientific Meeting, which may be unique in being a meeting that is dedicated to multidisciplinary activity, but the MD approach in all things is what allows COSA to stand out. It is not easy to maintain this focus – we are all more comfortable working within our own area of knowledge and comfort, and thus the easy option will always be to retreat into our professional groups. This is not in the interests of our patients, and COSA must continue to educate and promote the benefits of the MD team

AYA Interest Group

The AYA Interest Group has been particularly active in 2010, mostly in their work to support the Youth Cancer Networks Program. Over the past three years COSA has been working with CanTeen and Cancer Australia in an effort to improve outcomes for adolescents and young adults (AYA) with cancer. COSA's fourth annual AYA Cancer Workshop was held in November, and the next is planned for May 2011. With input from leaders in each area, three clinical practice guidelines are in development: fertility preservation; psychosocial issues; and "lumps

and bumps" a GP information resource. All three will be open for public consultation on the COSA wiki platform throughout 2011 before being finalised and published. The AYA research components have also made excellent progress, particularly in the collation of clinical trials suitable for the AYA patient group, with the aim of increasing AYA participation rates.

Cancer Care Coordination

With financial support from the Queensland government, COSA hosted the 2010 Cancer Care Coordination Conference in Surfers Paradise (24-26 March 2010). Of the 200 attendees 72% of evaluation respondents rated the overall program as excellent or very good with positive comments that the program was well balanced and informative. Many comments were received including "I think this conference did highlight that there are some great tools out there but they are often used in isolation and not shared...or we simply don't know they exist" which highlights the importance of COSA's continued support in this area.

Working with Cancer Council Australia

The strategic alliance between COSA and Cancer Council Australia (CCA) provides CCA with access to the breadth of expertise from the COSA membership. COSA Council and other expert members act as medical and scientific advisors to CCA. Throughout 2010, we have worked together on various submissions to government and advocacy programs. The relationship has been mutually beneficial, and has been facilitated by the fact that Margaret McJannett has been the Executive Officer of both COSA and CCA. As we move forward to a new era with COSA becoming a company limited by guarantee with its own Executive Officer, one of the challenges we face will be to establish a new functional relationship between COSA and CCA, which allows both organisations to focus on their individual areas, while benefitting from the expertise of the other.

Clinical Guidelines Network

Following Emeritus Professor Tom Reeve's retirement in June 2010 after over 16 years of dedicated service as Senior Medical Advisor of the Australian Cancer Network (ACN), the small, dynamic and productive entity producing guidelines will be badged as a department within the Cancer Council Australia now known as the Clinical Guidelines Network.

The previous approach of painstakingly developing and publishing a guidelines book has problems and many believe it is time for us to embrace modern technology and move to an electronic platform. The fact that a pivotal new trial can radically change the management of a disease means that for guidelines to be useful, rapid changes must be able to be made. COSA and CCA have been working with a Mediawiki type platform to facilitate easier development and revision of guidelines. The Neuroendocrine Tumour group have loaded their clinical guidelines onto a wiki as one of the first examples of this. We are also looking

REPORT OF THE PRESIDENT ...continued

forward to seeing the soon to be completed Head and Neck Nutrition Guidelines and AYA Guidelines in early 2011 on the COSA wiki.

The challenge facing all those committed to the clinical guidelines process is how to maintain the engagement of the clinical experts to ensure that the guidelines will remain current and be of sufficiently high quality to maintain their authority.

COSA is the organisation that represents the range of clinical professionals with expertise in cancer care, and therefore COSA and its various groups are well placed to provide this authority. Professor Reeve had a remarkable ability to recruit the appropriate range of people to the guideline working groups. We must all work to ensure that this continues.

Enabling Grant/Clinical Trials

The NHMRC enabling grant has been a highlight of the work of COSA over the last 5 years. Through the commitment and tireless work of Steve Ackland as Chairman, the Cooperative Cancer Trials Groups have worked together in a way that has not happened before. Margaret McJannett's leadership in establishing the Executive Officers' Network has complemented the work of the group chairs with the result that there is a closer relationship between the groups offering the opportunity to make some major changes over coming years. The successful implementation of the umbrella clinical trials insurance policy has shown what can be done if the groups work together.

Now that the enabling grant funding is over, it will be up to all involved to determine what the on-going legacy of this effort will be. A workshop was held on 8 November 2010 at the Melbourne Exhibition and Convention Centre, prior to the 37th COSA ASM. Facilitated by Dr Norman Swan, the workshop was attended by most of the Executive Officers and Chairs of 12 of the 14 CCTGs as well as representatives from the NHMRC CTC, COSA and the Enabling Project. The aim was to explore how the CCTG's could collaborate and cooperate to improve the cooperative cancer trials enterprise in Australia.

The workshop highlighted a broad range of views from the CCTGs about the benefits and risks associated with different levels of collaboration, and identified some common areas of agreement that could form the basis of a strategic plan to drive improvements in cancer clinical research in Australia. The key drivers for greater collaboration include: international positioning, increased capacity and efficiency, the changing landscape and innovation. There is hard work ahead, as the default position will be to do nothing, reverting to the old way of each group fighting for its survival in an increasingly difficult environment. This would be unfortunate.

Annual Scientific Meeting

COSA's ASM has become the event on the calendar of Australian professionals involved in all aspects of cancer care, as evidenced by record attendance in Melbourne. Almost 2000 people participated in the various pre- and post-meeting symposia and workshops, as well as the main scientific program centred on the theme "*Cancer and Beyond*".

COSA Council made a decision about 5 years ago to focus on 2 or 3 specific cancers. This has proven to have been an excellent decision, as the meetings have become attractive to medical specialists in those particular areas. By ensuring that the program has been truly multidisciplinary, the COSA ASM has been able to offer sessions not present in the major international meetings. Our state of the art plenaries have also matched anything at the big international meetings. COSA has gained greatly in the past few years from partnering with relevant organisations during the meeting. Combining the 2010 meeting with the ANZ Breast Cancer Trials Group and Breast SurgANZ was highly successful, as were the partnerships with Multinational Association of Supportive Care in Cancer and the Sino-Australian Surgical Oncology meeting. These associations require genuine collaboration and mutual respect, but the effort has been worthwhile, as they have been one of the keys to our recent success.

Innovations in 2010 included the inaugural trainee workshop "Everything you need to know about breast cancer", where the COSA philosophy of multidisciplinary care was reinforced using the model of multidisciplinary education.

Other highlights of the meeting included: the well known Australian author Helen Garner reading from her novel "The Spare Room" in the "Focus on Carers" session; the launch of the Australian Neuroendocrine Tumour guidelines; the discussion on 'survivorship' issues of sexuality, workforce, nutrition and 'starting over'; the sessions dedicated to cancer pain, mental health and cancer, and safety in cancer care delivery.

The 2011 ASM will be held in Perth under the leadership of Nik Zeps. The theme for 2011 conference is "*Partnerships against cancer – bridging gaps, breaking barriers*" and the scientific program will focus on urological, prostate and colorectal cancers. Eva and her team have set a very high bar, but the corporate knowledge built up over the last few years in running increasingly successful meetings means that there is every reason to expect that the Perth meeting will be a great success.

My thanks and acknowledgements

COSA is only as good as those people who volunteer their time and expertise to the objectives of the organisation and those people who work in the office. During my time on COSA executive as President elect and then as President, I have been very fortunate to have been working with a group of incredibly dedicated individuals. Any individual acknowledgement runs the risk of offending those who have contributed but are not acknowledged. Having said that, I will name a few people who have put in an enormous effort on behalf of COSA. Ms Krissy Carrington energised the pharmacy group during her tenure as group chair, and was a constant contributor to many aspects of the organisation. Steve Ackland led the enabling grant for 5 years, and on top of that did a large amount of work on our new constitution that was unanimously endorsed at the recent AGM. David Goldstein was a tremendous president, and also a very valued advisor and on-going contributor as past president. Without his corporate knowledge, it is certain that many of our projects would have floundered during the transition to a new President. Jane Turner and Ian Davis provided great insight and support on the Executive. Gabrielle Prest and Mei Krishnasamy worked tirelessly to ensure nurses and the allied health

perspective was always considered at every level. Eva Segelov has been the scientific convenor of the ASM for the last 3 years. Each of these meetings set a record attendance, and Eva's enthusiasm for COSA and this meeting have ensured the conference has been delivered to excellent standards, in a forum that is comprehensive, stimulating, varied and seamlessly integrated across our multiple disciplines. Finally I offer my sincere thanks to Marg McJannett who, for the last seven and a half years, has led the growth of COSA to the highly successful organisation it has become today. Marg's knowledge of and commitment to cancer care in Australia is outstanding, and her ability to maintain a focus on the need for a multidisciplinary approach to all things related to cancer care has kept many Presidents on track. Above all Marg has offered unwavering support and friendship during my Presidency, and I am very grateful for that. While Marg is leaving her position as Executive Officer, she will remain part of the COSA community, and I am sure she will be very willing to contribute to the ongoing success of COSA.

I am pleased to hand the baton on to our new President, Professor Bogda Koczwara, happy that COSA is in a very healthy position, with great opportunities ahead. I am sure that Bogda will leave her stamp on the organisation, and wish her every success in the role. I hope she gains as much personal and professional satisfaction as I have. I also look forward to continuing my contribution to COSA in the future.

Professor Bruce Mann
COSA President 2009-2010

REPORT OF THE EXECUTIVE OFFICER

It is with a tinge of sadness but overwhelming pride that I submit my last COSA annual report.

2010 was yet another very busy but productive year, growing our alliances, building on our activities and finishing with a hugely successful Annual Scientific Meeting (ASM).

We are extremely grateful to our 1400+ COSA members for their contribution across a large number of key projects. A small snap shot of those include:

- Government submissions;
- Enabling Grant- while coming to the end of funding Steve Ackland continued to promote and encourage collaborations with the CCTGs, two workshop held in 2010;
- Workshops, including our inaugural Trainee Weekend, led by our very own Prof Bruce Mann;
- A joint plenary session at the Asian Oncology Summit where original research from our national CCTGs was presented with Asian discussants for each presentation;
- Developing COSA clinical practise guidelines via a wiki platform-(NETs, Head and Neck Nutrition Intervention and AYA's psychosocial and fertility) ; and
- COSA's major annual educational event, the Annual Scientific Meeting, being heralded a resounding success!

Every one of these projects require a substantial commitment of time and patience by not only our "clinical experts" but people who are committed to COSA, are extremely generous with their time, are energetic and enthusiastic (and who aren't good at saying "no").

We are extremely grateful to Eva Segelov and her convening committee, for what an outstanding program seeing our largest ever meeting, with just under 2,000 delegates, across the 7 day educational extravaganza!

We are delighted that our key 2010 ASM partner, the ANZ Breast Cancer Trials Group, found the partnership and our collaboration a very positive experience. I would particularly like to acknowledge and thank Wendy Carmichael for her support, contribution and her willingness to work so collaboratively to ensure the needs of both organisations were satisfied. Not to mention her great sense of fun!

We saw the week begin with the very successful "Everything you want know about Breast Cancer" trainee weekend, following on the Monday with a number of clinical professional days, a Consumer Forum, and then into the ASM, finishing on the Friday with a COSA/VCCC collaborative workshop attended by stakeholders involved in clinical research, basic science and anatomical pathology.

I also would like to acknowledge all of our sponsors for the various activities COSA undertakes. In particular our ASM which brings revenue to the society which allows us to support our members, employ our COSA project coordinators, support non funded activities and provide travel grants.

From an organisational perspective COSA held its Annual General Meeting during the ASM. The main business saw members in attendance unanimously endorsing the adoption of the draft constitution without modification. It also endorsed COSA applying for registration of the Association under *The Corporations Act* as a company limited by guarantee. This was the result of consultation and discussion over a two and a half year period to ensure we are in line with best practise. Our thanks to Steve Ackland, Gabrielle Prest and Jane Turner for their perseverance and determination to see this work come to fruition.

As I reflect over my last 7 ½ years as COSA EO there is a great sense of pride of what COSA has achieved. I also feel extremely fortunate to have had an opportunity to get to know and work with many of you on multiple projects over a number of years. I have learnt that the key to COSA's strength is its multidisciplinary membership. It is critical the Executive and Council continue to work with and listen to you, the membership, to identify those issues which impact on you, your patients, and respond to your needs and address ways to improve cancer service delivery in Australia.

We need to continue to promote COSA as Australia's peak body representing cancer health professionals to ensure we are recognised as a key stakeholder and have a voice at those policy changing forums.

I would like to finish by acknowledging the support and commitment of the outstanding individuals who have led COSA during my tenure as EO: Bruce Mann, our outgoing President, along with David Goldstein, Steve Ackland and Liz Kenny. I also wish to thank all the members of the COSA Executive, Group and Interest Group Chairs for their ongoing commitment and support. It has largely been as a result of their collective drive and determination, on behalf of our members, why we are now recognised as the peak multidisciplinary society for cancer

health professionals. I am very grateful to you all for your dedication to the society, your amazing generosity to give of your personal time and your willingness to impart your knowledge.

Thank you to all the Cancer Council Australia staff particularly Alan Coates, Ian Olver, Rob Firth, Paul Grogan, Glen Turner and the finance team for supporting me, and COSA. I would also like to thank all my friends throughout the Cancer Councils around the country. I have very much enjoyed having the opportunity to better understand the amazing activity that is undertaken in cancer control in the states and territories. I have very much appreciated the support that has always been shown to me by all of the CEOs and staff.

Finally I would like to acknowledge my COSA/CCA staff for their loyalty, efforts and willingness to support and work with me, across our various committees and members, to ensure we are meeting our objectives "to understand and provide for the professional needs of our multidisciplinary membership".

I have had a lot of fun and I look forward to having the opportunity to work with many of you again in the future!

Margaret McJannett,
Executive Officer



AUSTRALIA & NEW ZEALAND CHILDREN'S HAEMATOLOGY ONCOLOGY GROUP (ANZCHOG)

This past year has been a year of further growth for ANZCHOG, both in membership and research activity. ANZCHOG's early phase clinical trial group, Australian Children's Cancer Trials (ACCT), opened its first Phase I study, with a second Phase I/II study to follow early in 2011. Multi-disciplinary membership increased also and this has been reflected in the addition of the Long Term Follow Up group to the already established groups for Nursing, Psycho-oncology, Leukaemia/ Lymphoma, Bone Marrow Transplant, and Clinical Research Associates.

ANZCHOG members are actively participating in clinical trials at all the paediatric cancer centres both in Australia and New Zealand, with the majority of studies run by international groups. The US-based Children's Oncology Group (COG) is a key collaborator in clinical trials, with further international early phase group collaborations, both in the US and Europe, strengthened through mutual trial development work in 2010. Trial activity is supported by the central ethics submission preparation work which has provided great time and resource efficiencies across institutions.

ANZCHOG held its Annual Scientific Meeting in Sydney in late August. The meeting was highly successful and attended by more than 270 delegates. A highlight of the meeting was the number of international speakers which provided an excellent opportunity for attendees to stay abreast of global advances in research and treatment for children and adolescents with cancer and haematologic diseases. A particular focus was a satellite mini-symposium on long term follow-up and survivorship, which will be incorporated into future meetings.

The development of a register for clinical trials available at Australian institutions has been completed and can be found at www.anzchogtrials.org. As the majority of trials undertaken nationally are international multi-institution studies, information has previously been difficult to access for patients and families as to which of these are available to them locally. The linking of this Register to the ANZCHOG website was also completed as was the development of a Members Area. The website can be found at www.anzchog.org.

ANZCHOG continued to look at issues relating to patients and families from culturally and linguistically (CALD) and Aboriginal and Torres Strait Islander (ATSI) backgrounds, building on work commenced in 2009. A simple document outlining introductory information about clinical trials has been translated into 7 languages and is available on the ANZCHOG website.

Finally, ANZCHOG ended the year by establishing a relationship with the Monash Institute of Medical Research (MIMR), located within Monash University, where the ANZCHOG office will be setup early in 2011. This is a very exciting opportunity for ANZCHOG with both institutions sharing the goal of identifying new approaches to cancer treatment within the field of paediatric oncology.

Peter Downie,
Chair



CANCER NURSES SOCIETY OF AUSTRALIA (CNSA)

The CNSA is committed to achieving and promoting excellence in cancer care through the professional contribution of nurses. During 2010 the **National Executive Committee** consisted of: Mei Krishnasamy (Chair, from February 2010 -December 2010, re-elected for a further two year term of office to December 2012), Donna Milne (VIC, Deputy-Chair from January 2010-Dec 2010), Megan Nutt (ACT, Treasurer, from Jan 2010), Tracey Doherty (WA, 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). Ex-officio members were Gabrielle Prest (past Chair Jan- Dec 2010) and Letitia Lancaster (ISNCC Regional Representative, from September 2008-continuing).

The CNSA, through its members and under the direction of the National Executive, continues to be a robust and fully engaged collective of passionate and committed nurses, involved in many important initiatives to improve cancer care and control for patients and support for cancer nurses. This report outlines some of our key activities throughout 2010. Further details are reported on the CNSA website www.cnsa.org.au.

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 2010 two themed issues of the journal were published. The first issue was on Gynaecological Cancers and the second on Paediatric Cancers and also included the revised **CNSA Position Statements** 'Minimum Safety Requirements for

Nurses involved in the Administration of Anti-Cancer Drugs within the Oncology and Non-Oncology Setting' and 'Minimum Education Requirements for Nurses involved in the Administration of Anti-Cancer Drugs within the Oncology and Non-Oncology Setting'. I would like to thank Carol Cameron (WA) and Jenny O'Baugh (NSW) who concluded their term of office as members of the Editorial Board of the AJCN in December 2010, for their commitment and contribution to the Journal.

In 2010, the 13th **Winter Congress** was held in Perth and was one of the most successful and memorable Winter Congress events to date. In addition to an excellent Congress meeting, Mary Duffy, the inaugural Chair of the Australian and New Zealand Lung Cancer Nurses Forum (**ANZ-LCNF**) (established as part of the Australian Lung Foundation), launched the new Forum at Congress and spoke to the exciting new Memorandum of Understanding between the CNSA and the ANZ-LCNF. The Sydney Regional Group successfully tendered for the 2011 Winter Congress and we look forward to another excellent Congress in Sydney, from 21-23rd July: <http://dcconferences.com.au/cnsa2011>.

The CNSA **Education Committee**, chaired by Nicole King (Vic) advises and supports the CNSA NEC on matters relating to nursing education and the recognition of the specialist cancer nurse role. In 2010, work was undertaken to revise the Terms of Reference of the Education Committee in response to the changing needs and priorities of the CNSA members. Throughout 2010 the Committee reviewed and provided recommendations for the CNSA Position Statements on the Minimum Education Requirements and the Minimum Safety Requirements for Nurses Involved in the Administration of Anti-cancer Drugs; the CNSA EdCaN survey and the CoNNO National Nurse Credentialing Framework. Members of the CNSA Education Committee are also members of the *Cancer Learning* Advisory Committee.

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 2010 there were five active Regional Groups including Perth and Environs, Adelaide, Sydney, Hunter and Melbourne. Collectively these groups held 20 education seminars, with a large range of topics presented. The NEC wishes to thank the outgoing Chairs for Adelaide (Sharon Reinbrecht) and Sydney (Kerrie Murphy) for their 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 contributed to Radiation Oncology nursing and Breast Cancer nursing through our two established **Special Interest Groups** (SIG), chaired by Liz Black (NSW) and Pauline Rose (QLD). We were also delighted to see the development of a new SIG in 2010, the Gynae-Oncology SIG, which will be officially launched at the 2011 Winter Congress in Sydney. Many thanks to Pauline Tanner (WA) and Judy Eddy (QLD) for their energy and commitment to this exciting new initiative.

Several members of the CNSA have also been involved in the development of the metastatic Colorectal Cancer-CARE program (**mCRC-CARE**), an online education resource designed specifically for nurses working with mCRC patients. For more information visit our website to learn about the mCRC-CARE breakfast session that will be held at Winter Congress in July.

I am delighted to report that during 2010, the **CNSA website** had an 11% increase in the total number of daily hits and an 18% increase in the total number of hits received every month. Some of the most frequently downloaded documents include the Central Venous Access Devices and Cytotoxic position statements and the CNSA News. Although the majority of hits were from Australia (50%), hits were also recorded from the USA, New Zealand, Russian Federation and United Kingdom, reflecting the growing national and international contribution and relevance of the CNSA to nurses working with people affected by cancer in diverse settings.

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. In 2009 member societies voted for a constitutional change that has allowed for the establishment of a smaller 'expert' Board with members representing particular portfolios and a larger Member Council with representatives from all member societies. Members of the CNSA who were ISNCC Board Members during 2010 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 has 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. We had Donna Milne participating in the development of the 2010 COSA Melbourne ASM.



Meinir Krishnasamy,
Chair

CANCER PHARMACISTS GROUP

This report provides a summary of the key activities of the group during 2010. Members should also refer to the minutes of the 2010 CPG AGM for more detail.

Chair: Jim Siderov (VIC)

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

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

Membership

Membership of the CPG stood at over 115 at 31 December 2010; this is a 27% increase compared to the same time last year.

Activities

2010 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. The CPG's activities this year were:

1. Ensure the 'Clinical Skills for Cancer Pharmacy Practitioners' courses are relevant and attract appropriate registrants.
2. Ensure continued input and advice to government bodies.
3. Investigate patient access to pharmaceuticals used to treat cancers (COSA project).
4. Assess current practices with respect to use of etoposide formulations.
5. Develop the CPG webpage on the COSA website.
6. Ensure a successful ASM in 2010.
7. 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.
8. Promote membership of COSA and attract new members and retain current members.

1. 'Clinical Skills for Cancer Pharmacy Practitioners'

The CPG successfully ran the 'Clinical Skills for Cancer Pharmacy Practitioners' courses in February and August of 2010. A total of 99 pharmacists from across Australia attended the two courses. It combined informative lectures with interactive workshops to enable pharmacists to enhance their skills and abilities in the many processes involved in providing cancer treatment to our patients. The 2 day course is designed to assist pharmacists in developing their clinical skills in cancer pharmacy practice and is aimed at pharmacists who are already working in the area of cancer but have less than 2 years experience. The speakers were experienced pharmacists in cancer care from around Australia. The third course was in part supported by the COSA Clinical Professional Day Grant. A fourth course will be held in February 2011, with an advanced course planned for late 2011.

2. Ensure continued input and advice to government bodies

The CPG provided input including:

- Proposed PBS changes to cytotoxic medication funding. The CPG continues to ensure representation at stakeholder meetings to ensure a workable PBS implementation for cytotoxic medications
- The CPG were asked by COSA Council to submit comments on the "Review to improve transparency of the Therapeutic Goods Administration (TGA)". The CPG's response will be submitted together with MOGA for a final joint submission to the TGA.

3. Patient access to pharmaceuticals used to treat cancers

CPG committee Dan Mellor and Christine Carrington worked with Liz Hovey (COSA Neuro oncology Chair) to develop a project outline to review patient access to pharmaceuticals used to treat cancers or cancer-related conditions. The work on this COSA project continued in 2010.

4. Assess current practices with respect to use of etoposide formulations

A study to support the standardisation of the prescribing, dispensing and labelling of etoposide formulations was completed by members of the CPG, Christine Carrington and Janet Weir and presented at COSA 2009. The manuscript was published in the APJCO in 2010. The CPG and COSA are working to release a position statement in 2011.

5. Develop the CPG webpage on the COSA website

Following the upgrade of the COSA website, the CPG reviewed its webpage to ensure content was accurate and up to date. The CPG continued to encourage members to use the discussion forum and update the website content in response to member comments. A CPG Face book page was also created in 2010.

6. Ensure a successful ASM in 2010.

The COSA ASM 2010 was held at the Melbourne Convention and Exhibition Centre. The CPG assisted in organising 2 sessions: a new therapeutics session (which included discussion on shared follow-up for early breast cancer, new technologies in radiotherapy, ALK inhibitors, oncogenes in melanoma and PARP inhibitors); and a safety in cancer care delivery session. The ASM was very well attended by CPG members, and 34 members attended the AGM.

7. 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 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.

- Oncology medication safety self assessment

COSA and the CPG have been asked through the Clinical Excellence Commission to comment on the oncology medication safety self assessment tool being developed through ISMP and ISOPP. This will be progressed in the near future.

- Collaboration with the Society of Hospital Pharmacists of Australia

Jim Siderov,
Chair



CANCER BIOLOGY GROUP

It was agreed at the November 2010 Council meeting to change the name of the "Cancer Research" group to "Cancer Biology" Group to better reflect the changed nature of research in the cancer field. All groups associated with COSA do research and the name had become anachronistic. An integral part of cancer research remains laboratory based investigations and this is becoming increasingly important with the advent of targeted therapies and better molecular tools for diagnosing cancer. Such molecular tools and therapies are the corner stone of many clinical trials and therefore it has been no accident that the work of the Cancer Biology Group has focussed on collecting samples from the Cooperative Clinical Trials Groups as a means to create vital infrastructure for Australian research. The report we produced¹ has been circulating in the relevant government departments and it appears that there may be some imminent opportunities arising from the Clinical Trials Action Group (CTAG) report² and the new programme of National Health Research Enabling Capabilities (NHREC) grants from the NHMRC. We have also been exploring whether other cancer research groups in Australia can forge closer ties with COSA through the Cancer Biology Group. Cancer Biologists and indeed pathologists are an under-represented discipline in COSA at present and we are looking at strategies to address this. Any COSA members wishing to contribute their ideas as to how COSA can better engage with the laboratory sciences will be warmly welcomed.

Nik Zeps,
Chair

¹ COSA's report on "Developing a nationally coordinated approach to biobanking for Cancer Clinical Trials in Australia" http://www.cosa.org.au/cosa_assets/files/About%20us%20-%20publications/Developing_a_coord_approach_Biobanking_2010.pdf (last cited 27 June 2011)

² Clinical Trials Action Group Report http://www.innovation.gov.au/Industry/PharmaceuticalsandHealthTechnologies/ClinicalTrialsActionGroup/Documents/CTAG_Report.pdf (last cited 27 June 2011)

CLINICAL RESEARCH PROFESSIONALS GROUP

In 2010, the Clinical Research Professionals Group (CRPG) remained committed to achieving and promoting excellence in cancer clinical research through the professional contribution of research professionals through education, information, leadership, networking and professionalism.

In conjunction with the COSA Enabling Project, the CRPG have run a workshop for the last 3 years prior to the COSA ASM. We have used this day primarily to address the distinct educational and networking needs of clinical research professionals. Information that comes out of these workshops has been utilized by the CRPG to further address educational needs and other issues identified. It has proven to be a good initiative to encourage members to attend the COSA ASM, to actively contribute to the meeting and to join COSA with a special interest in the CRPG.

With over 30 attendees, the workshop prior to the 2010 COSA ASM was another success. Topics and speakers included Risk Management in Clinical Trials (Teresa Shafer, Piper Alderman Lawyers), Molecular Pathology (Cliff Meldrum, Peter MacCallum) and Clinical Research

Professionals Workload Planning (Marian Lieschke, Melbourne Health). This successful joint initiative was made possible by the considerable time and effort by all involved in the organisation of the workshop, the participants and of course financial and administrative support from COSA.

We assisted with the COSA website redevelopment of the CRPG page, in particular updating and adding to the resources. A number of the membership has undertaken the COSA/ARCS Good Clinical Research online training, providing feedback via the Cancer Cooperative Groups.

As a body with expertise in clinical research, we have been representative on a number of committees including but not limited to the COSA Abstract Review Committee, Pharmaceutical Industry Council R&D Taskforce and the National Cancer Data Strategy Advisory Group (NCDSAG). We contributed to the Cancer Council Australia/ COSA National Carer Strategy and Election Priorities submissions.

The Clinical Research Professional Committee of the Victorian Cooperative Oncology Group (VCOG) have taken the lead to "Restore Common Sense to Clinical Trials Management". A review of current processes has 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 CRPG supported the approach unanimously, and suggested adding Good Clinical Practise training to the list of subjects for a common approach/ procedure. Once endorsed, the plan is to lobby ARCS Australia Ltd (formerly the Association of Regulatory & Clinical Scientists) and Pharma to advocate for the situation to be changed.

Sandie Grierson,
Chair

FAMILIAL CANCER GROUP

This is the fifth anniversary of the formation of the Familial Cancer Group and the association between Australian familial cancer clinics and COSA has, thus far, proved very successful.

There has been an explosion in our understanding of familial and somatic genetics in cancer during these five years. The COSA Familial Cancer group members have been at the forefront of developing awareness among professionals, identifying and resolving ethical and legal issues (including patenting), developing resources for testing, and providing education for professionals and patients.

The Familial Cancer Group currently addresses only the familial component of cancer genetics however great expertise exists in somatic genetics amongst members. Over five years the membership of the group has grown and spans a range of professional activities and vocations as well as both basic researchers and practitioners. We face the usual challenges of retaining and engaging our members and are particularly concerned at present with increasing the number of genetic counselors joining the group and COSA. Discussions are ongoing with COSA as to how this may be facilitated. On the other hand, the COSA FCC Clinical Professional Day in conjunction with kConFab each year has been stunning in its apparent effectiveness and acceptance and could not have achieved such success without the support of COSA.

There are several issues on which our group is actively working on with COSA.

- The ASM programs must continue to promote awareness of cancer genetics and familial cancer, incorporating familial genetic topics into tumour stream, psycho-oncology and research sessions.
- COSA must work with other key groups such as RCPA, CCA, and HGSA to press for sensible resolution of the gene patent issue.
- Creation of a joint COSA/HGSA Familial Cancer Group. Following the closure of the HGSA Familial Cancer Group an opportunity exists to create a joint group between societies. Genetic counsellors are required to be members of HGSA as part of their professional practice making issues of the cost of two memberships pertinent to this group.

Although I will remain on the Familial Cancer Group executive committee, I will be stepping down as Chair which will be very ably assumed by Dr Gillian Mitchell.

Lara Lipton,
Chair

GASTROINTESTINAL GROUP

Since becoming Chair of the GI group in mid 2010, I have juggled two hats, with the very busy job of being the 2010 ASM Convenor. Fortunately the meeting was highly successful and a good legacy to hand over to the 2011 convenor and convenors beyond, such that I can now concentrate more on issues affecting the multidisciplinary care of patients with GI cancer. There will be a focus on CRC at the 2011 ASM in Perth, so don't miss it! Although the program planning is underway, there is room for feedback and ongoing engagement. Based on the highly successful "Everything you need to know about breast cancer" trainee weekend prior to the 2010 ASM, a similar workshop is being organised by a local WA committee for 2011, on the topic "Everything you need to know about colorectal cancer". I would urge you to send along any trainees or allied health that deal with patients with the disease, including in the fields of radiation oncology, surgeons, medical oncology, palliative care and gastroenterology.

There are ongoing issues that affect all cancer patients, but particularly those with GI cancer, in the recent decisions for the government to delay funding for 'new drugs' recommended by the PBAC. This has had a lot of press and is sparking the beginning of what will likely be a broad community debate about funding for all sorts of palliative cancer treatments. MOG is expected to take the lead on this issue, as it mainly relates to drug funding at present, but I suspect will broaden to include all types of care and so COSA has a role to play in this.

Finally, I would like to express thanks on behalf of our Group to the extraordinary work of our previous EO, Margaret McJannett, as well as the outgoing President Bruce Mann, and to welcome our new EO Marie Malica as well as Bogda Koczwara as the new COSA President. With such huge shoes to fill, they no doubt will carry on the extraordinarily productive work of our voluntary society in the spirit of enhancing care for all cancer patients through education and coordination of all professionals involved in their care.

Eva Segelov,
Chair



GYNAECOLOGY GROUP

2010 was a very successful year. Given that it was our 10th anniversary it was appropriate that our patient accrual into clinical trials reached an all time high. Twenty-seven centres put 125 patients into studies and importantly a third of these centres were non-metropolitan reflecting an increasing recognition of the support for our rural centres and hopefully we can continue to further this support in the future. Currently we have 11 trials either recruiting or in follow-up and 2011 will see ICON 8, ICON 6, Outback and Paragon commencing. Funding the latter two studies is an issue and grant applications to NH&MRC either have been made or will be made again in 2011.

It was very encouraging to see so many new concepts entered for our annual scientific meeting in the Gold Coast including eight new concepts at the Research Advisory Committee and hopefully at least one or two of these will see the light of day and become an International Trial similar to Outback and Symptom Benefit.

The Australia New Zealand Gynaecological Oncology Group (ANZGOG) has been recognized for its leadership with Julie Martin taking up the Chair of the Harmonisation Committee of the Gynaecological Cancer Intergroup and we congratulate her in this new position.

This year 2010 also saw our continued reliance on and support for our consumer and community meetings. Three meetings were held during the year, two in Melbourne and one in Sydney and all were extremely well attended, well organised and had excellent feedback. We had originally planned to have a meeting in Brisbane in 2011 but because of the floods this has been put on hold. A meeting has been arranged for Canberra in May and for Perth during the COSA ASM in November.

Funding for ICON 6 and Symptom Benefit was achieved in the NH&MRC 2010 round but unfortunately Outback was not funded and a re-application will be made with the inclusion of a number of International core Investigators.

PORTEC 3 will require ongoing funding and we do need to increase our accrual into the study to demonstrate that it is going to be a success.

2011 should also see new leadership in ANZGOG. I am currently the Chair of the Intergroup and this position will continue until October 2012.

2011 looks an exciting year with the new studies coming on board; we aim to get our patient accrual numbers over 150 this year. This is an achievable target but I recognize that it only can be reached due to the extraordinary hard work and commitment of so many of our members.

Michael Quinn,
Chair



MEDICAL ONCOLOGY GROUP (MOGA)

2010 was a highly productive year for MOGA and Australian medical oncology practice. With the national election in August the Association providing a good opportunity to press government for changes in areas relating to oncology drugs and treatments along with industry and the key regulatory bodies, as well as on issues pertaining to the national medical oncology workforce.

Medical Oncology Workforce in Australia

The Australian Medical Oncologist Workforce Study 2009 released in March 2010 continued to attract considerable interest from government agencies and politicians. The Study proved to be a major catalyst for opening and maintaining positive dialogue on the national oncology workforce with State and Federal Ministers as well as the newly established National Workforce Agency. The Working Group that developed the Study led by Prof Bogda Koczwara is to be congratulated on presenting their findings at the ASCO Annual Meeting in Chicago in June and their plans for various publications based on the results that are planned for the future.

The Victorian Government has responded to MOGA's lobbying on workforce issues with plans to make available a number of new training positions. The Workforce Study also caught the attention of our European colleagues at the European Society for Medical Oncology who plan to use the Australian model to lobby for more medical oncologists in Europe.

Oncology Drugs

The Association's members completed the sixth Annual Horizon Scanning Report on new oncology drugs and treatment which was the focus of discussions at the Annual Oncology Drugs Roundtable in December 2010. At this meeting attended by key stakeholder groups such as the Private Cancer Physicians Group, Medicines Australia, Therapeutics Goods Administration and the Public Benefits Advisory Committee, MOGA put forward a list of advocacy priorities to improve accessibility to drugs to benefit patients and clinicians. These priorities included:

- submissions to the Government to request changes to the listing and indication to allow use of Taxanes and vinorelbine without prior exposure to anthracyclines, and the use of Trastuzumab in neoadjuvant setting;
- the development of a list of recommended oncology drugs to be considered for special access by the Government;
- a request to the PBAC and the manufacturer for access for funding for Fulvestrant (Faslodex) for the treatment of postmenopausal women with hormone receptor positive, locally advanced or metastatic breast cancer, who have progressive disease following prior Tamoxifen therapy;
- the development of a list of oncology drugs to be considered by the PBAC for special access, including information on oncology drugs that are in regular clinical application and/or where there is emerging or available trial data, but where there is no registered listing and indication; developing a submission for the establishment of an Oncology Drugs Scheme to parallel the Palliative Care Clinical Support Model;
- pursuing billing and funding arrangements for bisphosphonates, monoclonals and oral biologics not covered through Medicare Australia, including accessing new and key item numbers.

In 2010 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: the recommended dosing requirements of bevacizumab for the treatment of metastatic colorectal cancer; recommendations to streamline the Therapeutics Goods Administration.

Building on the MOGA Breast Cancer Specialist Working Group's paper entitled **The Rational use of trastuzumab in locally advanced and metastatic breast cancer: implications of recent research** the Association pursued a number of specific breast cancer issues throughout the year. A notable achievement was the PBAC's recommendation to amend the PBS restriction that reduced the use of lapatinib in metastatic breast cancer due to the inability to access trastuzumab post progression with lapatinib. A/Prof Fran Boyle and A/Prof Amanda Goldrick played major roles in this campaign.

Intravenous Chemotherapy Budget Measure

MOGA continued to provide advice to government on the budget measure to reduce expenditure associated with intravenous oncology drugs by way of suggested improvements. Along with partner organisations the Association also contributed to discussions, providing clinical advice and expertise on strategies to improve the measure without compromising patient care. In August the revised arrangements were announced with the main developments being reimbursement per infusion rather than per milligram and the introduction of a new algorithm based on the number of vials utilised. The list of drugs requiring approval was not reduced and the accompanying electronic funding system that will be introduced in the public system in 2011 will not be available to the private sector. The PBAC anticipate that once the Program is in place streamlining will be able to take place, including arrangements for additional haematology drugs.

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 2010. The increasing number of new trainees entering the medical oncology program over the last 5 years is now resulting in increased numbers of trainees completing a Fellowship in Medical Oncology and entering the workforce. Workforce concerns such as the limited number of training positions and identified shortages of medical oncologists around the country, still need to be addressed and remain on the Association's work agenda.

MOGA 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 **Basic Sciences of Oncology**. The **Basic Sciences of Oncology** Program developed by Prof Michael Brown to address specific learning needs identified by both consultants and trainees has proven very valuable. The program aims to provide a foundation for trainees to develop a better understanding of the scientific basis of cellular mechanisms and treatments used in oncology to assist in the improved understanding of oncology treatments and clinical trials. The one and a half day program covers topics such as the cell cycle and chemotherapy, targeted therapies, vaccines and cancer, molecular pathology, familial cancer and genetics.

Australia and Asia Pacific Clinical Oncology Research Development Workshop (ACORD)

The 2010 ACORD Workshop held on Queensland's Sunshine Coast was attended by 60 participants from the Asia-Pacific region working in palliative care, nursing, radiation oncology, haematology and medical oncology. ACORD is one of only three workshops of its kind worldwide and is presented with collaborating partners: the American Association for Cancer Research, the American Society of Clinical Oncology, the European Society for Medical Oncology, Cancer Council of Australia and COSA. The Workshop, offers a six-day educational program for junior clinicians working in all oncology disciplines, to improve and advance clinical trial design. Plans are well advanced for the next ACORD to be held in Queensland from 9-15 September 2012 with applications opening on 7 November 2011 at www.acordworkshop.org.au.

Education Activities

The online *Education Program in Cancer Care (EPICC)* developed by MOGA in 2009 with funding from Cancer Council Australia was successfully transferred to the *College of Rural and Remote Medicine* and the *Cancer Learning* for delivery online through their education portals in 2010. This Program aims to provide cancer education resources and management knowledge for non-cancer specialist medical practitioners in rural and regional Australia and is available online at no cost. Plans are in place for the Program to be available through other providers of specialist online education programs.

MOGA's 2010 Annual Scientific Meeting in Sydney on the theme of **Personalised Medical Oncology** was a joint venture with the **Private Cancer Physicians of Australia (PCPA)**. A/Prof Stephen Della-Fiorentina, Convenor and his Working Group, including PCPA Chair, A/Prof Gary Richardson put together an exciting meeting program that explored the molecular biology of cancer; the targeting of new therapeutic options to maximise patient outcomes; the issue of survivorship as a key aspect of oncology practice; the balance between evidence based medicine and, medicine for the individual; the power of advocacy in improving access to treatments for our population; information technology solutions and, the future of health reform in Australia. Overseas keynote speakers Prof Roman Perez-Soler, New York University, Prof David Quinn, University of Southern California and A/Prof Peter Ellis, McMaster University, covered lung and genitourinary malignancies.

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. This unique event provides an innovative forum for Australian medical oncologists to review and debate emerging cancer treatments, issues and oncology drugs in a dynamic educational forum.

MOGA acknowledges and recognises the invaluable contribution that all of our members make to the development of medical oncology in Australia, and specifically thank those members who contribute to the Association's Executive and specialist working groups as well as sub-committees. Together we look forward to a productive and challenging 2011 working collaboratively with our colleagues across all cancer related disciplines.

Michael Michael,
Chair

NEURO-ONCOLOGY GROUP

2010 was another busy year for the Australian Neuro-oncology community.

Throughout 2010 there were a number of launch activities for the "Clinical Practice Guidelines for the management of adult gliomas: astrocytomas and oligodendrogliomas" (which were published by the Australian Cancer Network, with the endorsement and imprimatur of Cancer Council Australia and COSA in August 2009, with the public launch in November 2009 at the COSA ASM). These activities included dissemination of the guidelines to all new medical oncology, radiation oncology and neurosurgical trainees.

During 2010, a companion set of Consumer Guidelines on the management of adult gliomas was developed under the auspices of the Australian Cancer Network. There was a working party including a number of COSA neuro-oncology members- Professor Michael Barton (Chair of the Working Party), Emeritus Professor Tom Reeve OAM, Dr Elizabeth Hovey, Denis Strangman, Sally Payne, Dr Kate Drummond, Associate Professor Jane Turner, Professor Janet Hardy, Professor Ian Olver with the editorial assistance of the chapter leaders from the Clinical Guidelines. Towards the end of 2010 these Consumer Guidelines were sent out for public consultation (to both consumers and clinicians) prior to final publication. [The guidelines have subsequently been published in May 2011 and are also available online http://www.cancer.org.au/File/HealthProfessionals/Clinical%20Guidelines/Adult_Glioma_Consumer_Guide_FINAL_bookmarked.pdf]. A special thanks to Emeritus Professor Reeve who helped guide this process (as ACN Convenor) as his final set of guidelines prior to his retirement. Major thanks also goes out to his tireless Executive Assistant Ms Christine Vulech, in addition to Professor Barton, the Guidelines Working Party Chair, who kept this project on track.

In 2010, a few COSA neuro-oncology members (including Dr Eng-Siew Koh, Dr Lindy Jeffree and Dr Elizabeth Hovey) worked with the Royal College of Pathologists of Australasia (RCPA) and Dr Michael Rodriguez (who chaired the committee, which included a number of other Australian neuropathologists) on developing the 1st Edition of "Central Nervous System Tumours - Structured Reporting Protocol" for anatomical pathologists. This document was completed in 2010 and sent out for external consultation in late December. [Having had final endorsement March 2011, it has subsequently become available for perusal online at www.rcpa.edu.au/Publications/StructuredReporting/cancerprotocols.htm].

In 2010, the Cancer Institute NSW Neuro-Oncology Group, Cancer Council NSW along with Cancer Institute NSW ran an inaugural "Brain Cancer Action Week" in the 1st week of May. This came about due to a very active working committee including Dr Kerrie McDonald (Chair of the Cancer Institute NSW Neuro-Oncology group), Robyn Leonard, Kay Duffy, Lindy Cohn and Catherine Bullivant with help from multiple consumer advocates including Marcella Zemanek and Gail O'Brien). The week had a number of components including a media and public launch at Kirribilli House on 2 May including a launch speech by Nicola Roxon, Federal Health Minister. There was also a very well attended Patient/Consumer Forum (with over 200 registrations) held in the city on the 4 May at the Menzies Hotel with many excellent speakers from the clinical and patient communities. The paediatric and adult streams were held concurrently. Keynote speaker was visiting US neuro-

oncologist Professor Tim Cloughesy, Director, UCLA Neuro-Oncology Program (whose visit was kindly sponsored by Roche Australia). There was also a successful St George Hospital Neurosciences Forum on the 6 May. Another event on the 6 May was the Australian Genomics and Clinical Outcomes of Glioma (AGOG) Investigator Meeting. There were other notable fundraising efforts throughout the week (including the Annual Cure for Life Foundation Ball). Given Nicola Roxon's support in 2010, the aim is to move forward with this becoming more of a national initiative (rather than NSW alone) in the years ahead. [Note: Queensland joined in the initiative in 2011 and there are plans for further expansion to other states].

The COSA Neuro-oncology group continues to have a close working relationship with The Cooperative Trials Group for Neuro-Oncology (COGNO). COGNO is chaired by Professor Mark Rosenthal (Deputy Chair - Professor John Simes, Secretary Dr Elizabeth Hovey along with COGNO's Officers Jenny Chow and Trevor France make up the Executive Committee). The first international collaboration comes in the form of CATNON, which is a Phase III study looking at the role of the EORTC concurrent chemoradiation protocol in the setting of anaplastic astrocytoma (in patients who do not have the 1p and 19q co-deletion). A number of centres around Australia opened the study in 2010 (with other sites coming aboard in 2011). Professor Anna Nowak is the study's Australian Principal Investigator (PI). An important Australian initiative designed and approved in 2010 is a national study called CABARET (Dr Kathryn Field is the Australian PI, working with a very active protocol development committee) which is comparing the use of carboplatin and bevacizumab versus bevacizumab alone in the setting of recurrent glioblastoma with a number of novel endpoints. Eventually 19-20 sites around Australia will be activated. Associate Professor Meera Agar, one of COGNO's palliative care members, along with an active protocol committee also developed a pilot version of a steroid-sparing protocol in recurrent and end-stage glioma (to be initiated in 2011). Dr James Chen, the COGNO Fellow based at the NHMRC Cancer Trials Centre also expanded on a Patterns of Care Study addressing neuro-oncology infrastructure and management approaches in 24 centres around Australia (working towards a 2011 publication which will be a very useful document in terms of future planning).

COGNO held their 3rd ASM along with the Neurosurgical Society of Australasia (NSA) in Coolumb. The NSA ASM commenced on 30 September with overlap sessions with COGNO on Saturday 2 October and a COGNO satellite meeting on 3 October. Dr Lindy Jeffree was the 2010 COGNO ASM Convenor and we thank her and the organising committee for their efforts in executing a most successful meeting. A dynamic international panel including European neuro-oncologist Professor Michael Weller, USA neuro-oncologist Professor James Vredenburgh and USA-based neurosurgeon Professor Linda Liau led the strong programme covering topics such as: "How will we be treating high grade gliomas in 2015?", clinical trials – updates, integrating biomarkers, the roles of nursing and allied health, and aspects of health economics. It was a very fruitful meeting and a number of new protocol initiatives were presented and discussed.

The 2010 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 the Medical Oncology Group of Australia (MOGA) was awarded to Dr Melanie Wai Yin Jackson, a radiation oncology trainee at Sir Charles Gairdner Hospital in Perth. This award is to facilitate attendance of an international neuro-oncology conference as well as an international preceptorship. (This award is named to honour the memory of the late Hubert Stuerzl who was a dynamic product manager for temozolomide for Schering Plough Australia. Hubert did a great deal to support the neuro-oncology clinical and patient networks around Australia).

AGOG is continuing to expand its activities in Western Australia and NSW initially with a number of new sites in NSW opening up to the programme in 2010. There are collaborative plans ahead with other states. Professor Lyle Palmer who was the Principal Investigator has relocated to Canada and Professor Anna Nowak and Dr Kerrie McDonald have taken on the reins, 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. A process is now in place to allow clinicians and/or researchers wishing to access AGOG samples and data to submit their expressions of interest. See the AGOG website (www.agog.org.au) for more details.

The COSA Neuro-Oncology group AGM was held during the COGNO ASM on 2nd October, during which elections for the new Chair and Deputy Chair were held, with Dr Hovey stepping down after a 2-term (4 year) tenure. Dr Eng-Siew Koh, a Radiation Oncologist at Liverpool Hospital was elected Chair for the next two year term, and Dr Kate Drummond, Neurosurgeon from Royal Melbourne Hospital, was re-elected as Deputy Chair.

On a personal note I would like to express sincere gratitude to all the COSA and neuro-oncology community who have supported myself and the COSA Neuro-oncology Group so strongly over the past 4 years. Particular thanks goes to the outgoing COSA Executive Officer Margaret McJannett who was such a staunch supporter of the group.

A major highlight of the four year term would have to be the COSA 2009 ASM during which there were a number of plenary neuro-oncology sessions for the first time in COSA's history as well as a packed 3 day neuro-oncology general programme, a COGNO satellite meeting and extraordinary calibre of local and also 3 international speakers including the famous Professor Roger Stupp from Switzerland, not to mention the launch of the Australian Consensus Glioma Clinical Guidelines.

The COSA neuro-oncology group is in excellent hands with the very able Dr Eng-Siew Koh ([contact- eng-siew.koh@sswahs.nsw.gov.au](mailto:eng-siew.koh@sswahs.nsw.gov.au)), a Sydney-based radiation oncologist (who completed a Radiation Oncology Fellowship with her mentor Professor Normand Laperriere at the Princess Margaret Hospital in Toronto) who has already made a major mark in the neuro-oncology landscape over a few short years with a number of important initiatives (including research in the areas of cognitive and behavioural challenges in glioma patients, and also evaluating the role of neuro-oncology care coordination) and is currently the Co-Convenor for the upcoming 2011 COGNO ASM. I look forward to ongoing involvement with this group.



Warm regards and thanks again to all.

Liz Hovey,
Chair

PALLIATIVE CARE GROUP

Activity of the palliative care group in 2010 had a focus on cancer pain, corresponding to the release of the National Pain Strategy (<http://www.painsummit.org.au/>). It was an opportunity for COSA to highlight the issues important to the multidisciplinary cancer professional community in the management, policies and problems faced when managing cancer pain or pain related to cancer treatment. COSA participated at the National Pain Summit in March 2010, which brought together Australia's leading authorities in pain medicine, other health professionals and consumer groups representing people with pain to finalise a national strategy. Importantly there is a cancer and palliative care working party particularly exploring the issues for national strategies to address cancer pain throughout the cancer journey, from those who have had curative treatment but have pain related to their therapy, to those with advanced disease.

As a multidisciplinary group COSA will aim to support initiatives to ensure that people with cancer pain receive equitable, timely and coordinated access within all sections of the health service (hospital settings and the community) to oncology professionals, palliative care services, and interventional pain specialists; with the supporting allied health, nursing and psychosocial professionals in these teams; highly skilled in evidence based cancer pain management. The palliative care group continues to provide input into strategies arising out of the National Pain Summit; working with the cancer pain and palliative care group, led by Dr Melanie Lovell (Palliative Medicine physician, Sydney) to address the specific actions and strategies put forward for cancer pain management. COSA is a foundation member of PainAustralia (www.painaustralia.org.au), which will be working to implement the national pain strategy.

The 2010 ASM was a key focus for the group during the year – developing palliative care and cancer pain topics well integrated into the ASM programme. The highlight was Dr Sara Booth as an invited speaker. The aim was to highlight multidisciplinary care programmes and the underpinning evidence base and evolution of new and innovative approaches in palliative and supportive care. Sara is an internationally renowned palliative medicine specialist and researcher, from Addenbrooke's Hospital, and University of Cambridge, UK. It was great to her about the breathlessness service she leads; which as a multidisciplinary service incorporating practical techniques, breathing exercises, general exercises, psychological support, social work as well as a comprehensive medical assessment is having positive impact on patients' quality of life. The cancer pain sessions also highlighted pain management as a human right and outlines government obligations to respond to inadequate pain management; which we would welcome as a response to undertreated cancer pain. The challenges of managing cancer pain in the adolescent patient for whom all the normal transitions and challenges of adolescence create the context for pain management was also covered.

Also noteworthy was the launch of the nurses hub to the caresearch website (www.caresearch.com.au), particularly to provide evidence based resources and information for nurses working in palliative care; or frequently caring for people with advanced disease.

Meera Agar,
Chair



NUTRITION GROUP

2010 was a very busy and successful year for the Nutrition Group. The major focus has been the development of the *Evidence based practice guidelines for the nutritional management of patients with head and neck cancer* (Project Directors Merran Findlay, A/Prof Judy Bauer and Project Dietitian Teresa Brown). The project has been underway for 18 months and we are moving towards completion of phase two of the project - literature searching, retrieval and critical appraisal. Thank you to the following Nutrition Group members who have spent countless hours on the review process – Wendy Davidson, Jan Hill, Dr Elisabeth Isenring, Bella Talwar, Katherine Bell, Nicole Kiss, Rochelle Kurmis, Jenelle Loeliger, Ashley Sandison, Kelly Taylor. Teresa Brown, Project Dietitian presented an update on the guidelines progress at the Australia New Zealand Head and Neck Cancer Society ASM, Manly NSW, and at the Peter MacCallum Cancer Centre Nutrition Department, annual professional development day. The next stages of the project are development of evidence based statements and consultation with the multidisciplinary steering committee. The guidelines will then be ready in a draft wiki format for wider key stakeholder consultation.

Nicole Kiss was our representative on the Annual Scientific Meeting committee and we thank her for her outstanding contribution. This was the first time the Nutrition group had an invited speaker funded for the ASM - Dr Rowan Cheblowski. Other presenters of note included dietitian Amanda Hill, the Nutrition Group's Thursday Breakfast session "Nutrition Building the Evidence and Delivering Best Practice" with Anna Boltong, Liz Isenring, and Janelle Loeliger and a session entitled "Nutrition Fitness and Employment" featuring Fiona Stacey and Rowan Cheblowski. There were several other presentations by dietitians during the congress in the best of the best oral and poster sessions – congratulations on this success. The Nutrition Groups annual general meeting was held during the Annual Scientific Meeting and further discussions were held regarding focus of future activities. Steve Pratt will be our representative on the scientific committee for the 2011 Perth Meeting.

Wendy Davidson, Teresa Brown and Steve Pratt have undertaken a review of website links to recommended nutrition education material for clients from the Cancer Councils as well as other sources such as NEMO (Nutrition Education Materials Online) from Queensland Health.

To finish the year on a positive note, the Nutrition Group has been invited to submit manuscripts for a special nutrition focused edition of Cancer Forum in 2011. Thank you to everyone for your support during the year.

Judith Bauer,
Chair



PSYCHO-ONCOLOGY GROUP

2010 was a productive year for OZPOS on several fronts, as outlined below.

Conferences:

- **IPOS Congress:** OZPOS/PoCoG had a significant presence at the IPOS 2010 conference in Quebec City in May.
 - o Phyllis Butow facilitated a pre-congress workshop: *Teaching communication about palliative care and end-of-life issues*
 - o Kerrie Clover co-facilitated a pre-congress workshop: *Evidence-based screening for distress in cancer- a hands-on demonstration of methods*
 - o Afaf Girgis presented a workshop: *Facilitating the implementation of the Palliative Care Needs Assessment Guidelines and the Needs Assessment Tool: Progressive Disease – Cancer in Clinical Practice*
 - o A number of others members of OZPOS/PoCoG gave oral presentations, some of whom included: Suzanne Chambers; Penny Schofield; Janette Vardy; Belinda Thewes and Haryanna Dillon.
 - o As in previous years, the quality of contributions to the meeting from members of OZPOS and PoCoG was outstanding. Congratulations to all of those who made oral presentations and those with poster presentations, proving that Australia continues to “punch above its weight”!
- **COSA ASM:**
 - o There was strong representation of members of OZPOS and PoCoG at the ASM held in Melbourne from 9th to 11th November for which the theme was “Cancer and Beyond”
 - o The invited International Speaker for psychosocial oncology/social work was Matt Loscalzo whose contributions were extremely well-received.
- **Multinational Association of Supportive Care in Cancer (MASCC):**
 - o Professor Afaf Girgis was invited to be a faculty member in the 2010 MASCC International Symposium on Supportive Care in Cancer: The Key to Care to be held June 24- 26, 2010, in Vancouver, Canada.
 - o Afaf is also a member of a collaborative venture among three MASCC Study Groups (Rehabilitation & Survivorship, Fatigue and Psychosocial) to create international collaborations in cancer survivorship research and practice. The team was funded to host a pre-conference workshop in June: Cancer Survivorship: Creating international collaborations to study the supportive care needs of cancer survivors. The goal is to ultimately develop an international consortium of expertise in cancer survivorship research and practice.

New resources:

- Phyllis Butow is one of the editors of a new text: *Working as a multidisciplinary team*. In: *Handbook of communication in cancer and palliative care*. Eds. Kissane DW, Bultz B, Butow P, Finlay I. Oxford University Press, Oxford. 2010.
- Afaf Girgis is one of the editors of a new text: *In consultation: When cancer crosses disciplines*. Eds. Olver I, Robotin M, Girgis A. Imperial College Press, London. 2010.

Inaugural survivorship workshop:

Survivorship is increasingly being recognised as a core issue in both research and clinical practice. An Inaugural COSA Cancer Survivorship workshop was conducted on conclusion of the ASM in Melbourne in November. This invitation-only workshop aimed to establish a nationally-coordinated approach to setting directions in survivorship care, and to foster and encourage collaborations and identify points of difference with a view to improving our competitive position internationally.

Professional Day

The focus of the second Psycho-oncology Professional day was aspects of survivorship care and complex clinical cases in psycho-oncology. A total of 105 health professionals attended the Psycho-oncology Professional Day prior to the ASM in Melbourne in November. The attendees were predominantly Australian psychosocial researchers and clinicians, nurses, social workers, oncologists, health professionals and others with an interest in psycho-oncology.

The program comprised a plenary session, three research sessions, three workshop sessions and a panel discussion session. The discussion panel was chaired by the international guest A/Prof. Matt Loscalzo whose participation in the Professional Day was generously sponsored by COSA. This multidisciplinary panel discussion focused on complex clinical problems and was evaluated by many participants as the highlight of the Professional Day. The Professional Day overall was very highly regarded with over 97% of participants rating it as either very good or excellent.

Most respondents thought that it was important to have an opportunity to present research outside of the COSA ASM and attend clinical skills workshops, perhaps highlighting the lack of such opportunities in general. The Professional Day provided a forum for presentation of some of the cutting-edge psycho-oncology research being conducted in Australia and created an opportunity for researchers and clinicians to interact and exchange ideas. An innovative focus of the workshop for 2010 was engagement of junior researchers who had the opportunity to present and receive feedback about their work and establish more formal links with clinicians and researchers. The event also gave them the opportunity of being involved in the planning of the scientific program and taking on roles of session chairs.

The Psychosocial Oncology Group (OZPOS) thanks the Executive of COSA for their generous financial assistance in conducting this Professional Day. The day was held in collaboration with PoCoG which received funding for this event from the Australian Government

through Cancer Australia. The major organisational and administrative contribution of Monika Dzidowska from PoCoG is especially acknowledged and appreciated.

OZPOS and PoCoG anticipate that the Professional Day will now be considered by members as a regular part of the scientific calendar and gratefully acknowledge the assistance of COSA in achieving this.

New Chair

My term as Chair of OZPOS and member of the COSA Executive came to an end in 2010. I am most grateful for the opportunity to work with so many talented, hard-working and supportive colleagues, and wish the new Chair Haryana Dhillon every success as she develops new strategic directions for our interest group.

Jane Turner,
Chair



RADIATION ONCOLOGY GROUP

It has certainly been another highly productive year for COSA. Under the presidency of Bruce Mann and the executive support from Margaret McJannett and her staff, along with Council and its membership, COSA continues to enjoy the status of being the peak clinical body representing the multidisciplinary cancer health professionals in Australia.

It has also been a time of great change with Bogda Koczwara taking over the presidency and Marie Malica replacing Margaret McJannett.

I think it is timely to acknowledge and reflect on the great efforts of Margaret, who went well beyond the call duty to champion the COSA cause. My personal involvement in COSA has been directly due to the professional engagement I've had with Marg. Behind the scenes she also made great strides in improving the relationship of COSA with the Faculty of Radiation Oncology (FRO) and Trans Tasman Radiation Oncology Group (TROG).

On behalf of the Radiation Oncology Group I wish to thank Bruce Mann and Margaret for their wonderful support over the years and their efforts within COSA.

As President-elect I look forward to working with Bogda, Marie, the staff at COSA, the executive and members.

A primary goal as Chair of Radiation Oncology Group has been to strengthen the relationship of COSA with TROG, FRO and the Australian and New Zealand Head and Neck Cancer Society (ANZHNCS). There are a number of mutual interests where our relationship can improve outcomes.

The ANZ College of Radiologists and FRO produce a regular magazine/newsletter. COSA now has its own section within that newsletter which allows us to inform our radiologist and radiation oncologist colleagues about the activities within COSA.

FRO also recognise the value of COSA and pledged a substantial amount of money to support the Developing Nations Mentoring

Fellowship Program driven by COSA. I wish to thank A/Professor Chris Milross, Natalia Vukolova and the Board for supporting this initiative.

An additional recommendation has been to consider the Chair of Radiation Oncology be selected from the Board of FRO to improve the communication between both organisations. This is currently at the Executive level and will require approval by them and the Radiation Oncology Group.

TROG remains engaged with the Cancer Collaborative Group program run by COSA.

I have enclosed reports from FRO and TROG prepared for the COSA report. I wish to thank both Natalia Vukolova and Rowena Amin, respectively for their reports.

Report to COSA from Faculty of Radiation Oncology

The Faculty recognises that COSA is an important contributor to the oncology sector as the peak national body representing multidisciplinary health professionals whose work encompasses cancer control and care. The Faculty Board appreciates the need to develop ways to engage with COSA better. A possibility of having a Faculty Board member chairing the COSA Radiation Oncology Interest Group to ensure liaison between COSA and the Faculty in being explored.

The Faculty is also collaborating with COSA on the Developing Nations Mentoring Fellowship Program.

Education and Research

To assist with the implementation of the new Radiation Oncology curriculum, the Faculty introduced a networked training model across all sites in Australia and New Zealand. A training network is the formalised and clearly defined linkage of a training program (including training positions) across a range of training sites and settings to provide a relevant, effective, comprehensive and well coordinated response to both workforce and training needs.

The Faculty Network Training Policy Document was developed and launched in August 2010, to articulate the expectations, definitions and governance arrangements with regards to networked training, and to specify the training site accreditation criteria, aligned to network training.

Standards and Quality

As the peak standards setting body in the field of radiation oncology, the Faculty has developed a few key position papers and guidelines, including:

- Position Paper on breast cancer and late effects following Radiotherapy and Chemotherapy for Hodgkin's Lymphoma.
- Faculty Guidelines for Informed Consent
- Position Paper on Image Guided Radiation Therapy (IGRT) – A Quality Imperative

TROG Report

TROG's 2008-2010 **Strategic Plan** set four major goals to achieve by the end of 2010. Two of these goals, securing 10 additional competitive grants and 100 publications, were achieved one year ahead of schedule. The capacity to process trial development with 12 months from concept approval to activation was achieved during 2010. The final goal, accrual of 10,000 patients, came very close to being achieved and total patient accrual reached 9,372 (as of 31 December 2010).

The **2010 TROG Annual Scientific Meeting** was held in Adelaide. The meeting attracted the largest ever number of delegates to a TROG ASM (253 delegates in total). Director of the Radiation Oncology section of the Australian Government Department of Health and Ageing was also welcomed to this year's meeting. Five new proposals were presented during the meeting and utilising a discussant to provide critical analysis and constructive feedback on each new proposal was well received by delegates. The concurrent Clinical Trial Management Workshop and Technical Research Workshop, held on the first day of the meeting, were extremely well attended with a total number of 136 delegates.

The **Assessment of New Radiation Oncology Technologies and Treatments (ANROTAT) Project**

The protocol involves the refinement and piloting of the Framework to evaluate the safety, clinical efficacy and cost-effectiveness of Image Guided Radiation Therapy (IGRT) compared to non-IGRT in patients with intermediate risk prostate cancer; and evaluate the safety, clinical efficacy and cost-effectiveness of Intensity Modulated Radiation Therapy (IMRT) compared to Three-Dimensional Conformal Radiation Therapy (3DCRT) in patients with prostate cancer, nasopharynx cancer and anal cancer.

In the past year, TROG has continued to feature prominently in **national and international conferences** with several trials featuring as oral presentations. Our international presence has included two presentations at the Asian Oncology Summit in Bali, two at the American Society of Clinical Oncology (ASCO) meeting in Chicago and three at the European Society of Therapeutic Radiology and Oncology (ESTRO) meeting in Barcelona. Several TROG members were involved in a Palliative Radiotherapy Consensus which was held as part of the American Society of Therapeutic Radiology and Oncology (ASTRO) meeting in San Diego, several TROG trials were presented at the RANZCR 2010 ASM in Perth.

Sandro Porceddu,
Chair



REGIONAL & RURAL ONCOLOGY GROUP

The major highlight for 2010 was the roll out of the funding for regional cancer centres. The initial intention of the 560 million dollars made available through the National Health and Hospitals Network was to set up at least 10 regional cancer centres of excellence. December 2009 and January 2010 were hectic months for most area health services to finalise applications under the competitive grants process. After several months of anxious waiting, successful applicants were announced.

The end result was welcome funding to 22 rural and regional centres across Australia. Some of the major announcements included:

\$42 million for The Ballarat Regional Integrated Cancer Centre
\$31.7 million for the Tamworth New England and North West Regional Cancer Centre

\$23.5 million for expansion of Gippsland Cancer Centre

\$23.47 million to Bunbury

\$22.29 million for improvements to regional WA hospital cancer services

\$11 million for enhanced services in regional Victoria

\$67.5 million to improve facilities at Townsville

\$54.3 million to build a regional centre in Whyalla

\$5.4 million to enhance cancer treatment capability at 10 SA hospitals

Over \$9 million to enhance Lismore cancer centre and accommodation project

Funding to establish a Central Coast (Wyong) Cancer centre

Enhancement funding to many other centres including Toowoomba, Cairns, Coffs Harbour, Port Macquarie, Shoalhaven and ACT health.

These projects are many and varied. For the first time funding has also been made available for PET/CT scanners to be put in place in Townsville, Lismore and Albury.

Albury has also been included in second round funding to receive \$65million for a new integrated centre. Minister Nixon announced that "The new project will join 22 other regional cancer centre projects around the country that will be linked to world class hubs in Melbourne and Sydney."

Work has commenced on many of these projects and the task ahead will be to deliver the improved services that funding like this should enable. One of the major issues raised by the regional and rural group has been how to formalise this concept of networked centres. The core principles of improved regional cancer service delivery, as highlighted in the COSA Regional Cancer Centres of Excellence document, need to be kept in the spotlight. Improved cancer service delivery is much more than just capital expenditure. I see this as the major focus for the group in 2011.

In summary 2010 was an incredible and unprecedented year for regional cancer centre funding. As a group we need to ensure that outcomes for rural, regional and remote communities are improved as a result.

Adam Boyce,
Chair

SOCIAL WORK GROUP

Reflecting back on the year that was, it's amazing to see what can be achieved. Last year OSWA held its two day clinical workshop following the COSA ASM in Melbourne. This was possible in part to the COSA Clinical Professional Day grant and through the hard work of the Melbourne organising committee. The much needed funds provided by COSA were used to ensure that a productive, engaging and stimulating two days could be held. We are also grateful to COSA's contribution of international speakers, Professor Matt Loscalzo and A/Professor Brad Zebrack. Both of them provided insightful, inspiring and educational presentations that were very well received. Alongside our international

guest speakers we had a great deal of national speakers from oncology social work across various domains of practice. The two days provided a platform for presenters to introduce us to the beginnings of their research, as well as hearing from clinicians about application of interventions and theory in practice.

Last year also saw the successful completion of the social work oncology post graduate subject through Melbourne University. This subject was well received by students and work is now being commenced at the 2011 course. For further information please go to the oswa website www.oswa.net.au

Further development and lots of hard work has gone into the website, this is now ready to provide a platform for ongoing national engagement from social workers online. The website provides a comprehensive listing of professional development resources, national and state initiatives. The website is a great way to access information about what is happening both nationally and locally in oncology social work.

Dr Kate Burns and her team have been busy working on literature reviews relevant to social work practice, these will be used by members to move onto more research driven projects, so it's an exciting time in the research domain. Members have also been very busy presenting both nationally and internationally which is inspiring to see. Several of our members are travelling to IPOS again this year to present their work and represent OSWA.

Our members continue to collaborate and participate in the many oncology practice initiatives that are taking place around the country. We are working together with PoCoG and OzPos which will no doubt provide a wealth of knowledge and information that can be shared across the psychosocial oncology sphere. We are looking forward to another eventful and busy year. Planning is already in place for the COSA ASM as well as the OSWA two day meeting which will follow the COSA meeting. Please come visit our website for further information www.oswa.net.au.

Angela Cotroneo,
Chair

UROLOGIC ONCOLOGY GROUP

The Urologic Oncology Group membership continues to grow. At the time of writing we have 117 members, who have self-identified as consisting of 24 medical oncologists, 4 urologists, 9 radiation oncologists, 6 scientists, 3 data managers, 53 nurses, 1 psychologist, 8 allied health, 1 imaging, 5 pharmacists and 3 others. This broad spread of professional representation is a key strength of the group and one of the reasons for its existence. The group is a microcosm of COSA itself in this respect.

At the 2010 AGM held at the COSA ASM in Melbourne, the executive of the group was re-elected unopposed and consists of Ian Davis (chair), Shomik Sengupta (deputy chair and USANZ nominee), and Scott Williams (secretary). Coincidentally all members of the executive are Victorian but this is purely coincidental. Of more importance is their representation of key disciplines within the group and links to key stakeholder organisations.

The major activities of the group in 2010 continued to be linked to the COSA Annual Scientific Meeting. Ian Davis was the group

representative on the ASM convening committee for 2010. Although genitourinary cancer was not a key theme for 2010, a significant urologic oncology program was once again planned, linking with other COSA groups with overlapping interests, and linking to key external groups also. The final day of the main meeting saw an interesting and well-attended symposium on "Prostate Cancer – From PSA Testing to Castrate Resistance." We were very fortunate to have some great speakers in this session. Lisa Horvath spoke on plasma biomarkers in castrate resistant prostate cancer. Paul Mainwaring presented some exciting data on new treatment strategies in castrate-resistant prostate cancer. David Smith presented data on sexual function five years after diagnosis of localised prostate cancer from the NSW Prostate Cancer care and Outcomes Study. Ana Micsenescu discussed anxiety relating to regular PSA testing for disease management. The session concluded with a vigorous and entertaining "mini-debate" between Mark Frydenberg and Dallas English. Other activities in the ASM relating to our group included poster and oral presentations, and a breakfast session on practical management of toxicities related to targeted therapies. All of these activities showcased the breadth and quality of basic, translational and clinical research in all types of genitourinary cancers in Australia.

Our very fruitful collaboration with sanofi-aventis continued in 2010 with the "Advancing Care for Prostate Patients Research Grants." The successful applicant for 2010 from a very high quality field was Dr Sylvie Lambert of the Cancer Council NSW and the University of Newcastle, for her project entitled, "Coping-Together: A feasibility study of a self-directed supportive care intervention to enhance the illness adjustment of couples affected by prostate cancer." This project addressed the aims of the scheme extremely well and we look forward to the outcomes of the work to be presented at the 2011 ASM. Congratulations to Dr Lambert and to all the other applicants who are performing such interesting and valuable work, and many thanks to sanofi-aventis for continuing to support this initiative.

The Urologic Oncology group works very closely with the ANZUP Cancer Trials Group (www.anzup.org.au). ANZUP held its Annual Scientific Meeting on Friday 20 November 2010 following the main COSA ASM. This included an open meeting of the ANZUP Scientific Advisory Committee. The activities of current and pending clinical trials were discussed in detail. In a free flowing and creative afternoon session, several ideas for new collaborative research projects and clinical trials were proposed and some of these are now already well advanced in terms of feasibility and resourcing. We look forward to future close collaborations between the two organisations. An announcement at the ASM that simultaneously broke the hearts of the COSA members and caused elation to ANZUP members (an odd sensation for many of us) was that Marg McJannett had resigned from COSA to take up the position of ANZUP Executive Officer. Marg will be a wonderful boost for ANZUP and will continue to work closely with COSA and other key organisations.

As previously, priorities for 2011 and beyond 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



Cancer Council Australia

There are so many areas where the work of CCA and COSA are complementary, that a close working relationship is of great mutual benefit. Both organisations continue to evolve and grow and so the relationship must also change. With new leadership at COSA pending towards the end of the year both CCA and COSA took the opportunity to explore changes in the parameters for working together to ensure the strongest possible future benefit.

With CCA resourcing the co-location with COSA, the benefit is not only seen in enhanced communication but it also facilitates collaboration. For example the CCA advocacy team can work on joint submissions with COSA on topics pertaining to treatment services and we have seen joint submissions on gene patenting and matters related to research governance and funding as well as rural cancer issues, over the past year. CCA benefits from being able to utilise the multidisciplinary membership of COSA for expert comment in highly specialised cancer areas and in helping review grants for the Priority Driven Research grants scheme in which we partner with cancer Australia. Across the states the cancer councils also provided nearly \$50 million dollars across the spectrum of cancer research and it is always satisfying to see some of the resultant projects presented at the COSA Annual Scientific Meetings.

A project that excites us at CCA is the wiki guidelines project where we are developing a wiki platform for our tumour related guidelines to enable easier updating of sections of the guideline as new data becomes available, and also facilitates wider dissemination and greater opportunity for community comment. We have been able to bring the COSA neuroendocrine and young adult guidelines into this process. COSA members will be instrumental in creating future guidelines in their areas of expertise.

We trust that the CCA's work on cancer prevention and early detection which during the past year included major campaigns

on bowel screening and tobacco control, helps inform the COSA membership of areas of cancer control where they may not have direct day to day involvement.

Building on the work done over the past year we are confident of the two organisations contributing to each other's successes well into the future.

Ian Oliver,
CCA CEO



CANCER VOICES AUSTRALIA

Cancer Voices Australia is the national body for State and Cancer Voices. Collectively, these organisations represent the interests of people affected by cancer and provide a forum for cancer consumer groups to network and advance their members' interests.

This year CVA enters its fourth year – and it has proved to be a significant one as we promote the views of cancer patients in addressing 'cancer issues' at both the Federal and State level.

Cancer consumers, working and contributing at both levels, are in the position to assess, identify and speak out about what changes they believe will improve outcomes for people affected by cancer. National reports highlight the gap between the Australian Government and its Department of Health & Ageing and "the jurisdictions". These reports have consistently and accurately identified matters but still have not overcome 'wastage' and duplication. It behoves governments at all levels to hear our voice and respond accordingly on this matter.

The primary role of Cancer Voices is to act as an advocate for their members' interests. During 2010 we have been and are still active in many arenas, such as:

Gene Patenting

CVA and Darcy v Myriad and Ors

In August 2010 the first hearing in this matter was held in the Federal Court of Australia. CVA and Darcy challenged the validity of the Australian Patent 686004/s held by Myriad Genetics for the testing of the BRAC-1 and BRAC-2 gene. This action was taken in response to a successful challenge by a similar organisation in the United States. The US Court found in favour of the applicants, but the decision is subject to appeal. Although Myriad has gifted the Patent to the Australian people there is still some uncertainty and CVA has expanded the case to include other Myriad Patents. The matter is scheduled for further hearing in 2012

Intravenous Chemo Supply program

Concerns with changes to the proposed Intravenous Chemotherapy supply Program in relation to:

- Patient Safety
- Restriction of access
- Flow on to the patient of costs

Following successful collaboration with industry, private physicians and consumer lobby groups, (over an 18 month period), the Government announced that a new program will commence on 1 December 2010 supporting CVA's advocacy agenda.

PainAustralia

Following on from the National Pain Summit in March 2010 CVA remains an integral member of this national initiative and has advanced the cause for appropriate pain treatment for cancer patients. We believe that pain treatment should be considered in the MDT environment so important in the treatment of cancer. We have been included in the Steering Committee to develop a constitution for the new body and would welcome the opportunity to provide advice at the Board level.

CARTwheel

CVA assisted with the development of the Mission, database, and website for CART-WHEEL, the Centre for Analysis of Rare Tumours. ...

Collect information from as many people as possible

Analyse the information about rare tumours

Research new discoveries for rare tumours

Treat rare tumours more effectively

Patients have the opportunity to provide their data to the website and for it to be used to advance clinical research in rare cancers. It is an ethically approved website and the first of its kind in the world. CVA was delighted to provide participants for the consumer review of the website, thus ensuring that it would be acceptable to and suitable for patients/consumers.

Public Benefits Advisory Committee

With the PBAC meeting agenda now publicly available on its website six weeks before each meeting cancer patients now have access to an online form to comment on how they, their family and carers would benefit from PBS listing of a particular drug. To assist patients further in this matter, CVA, along with representatives from BCNA, Carers' Australia and the Consumers' Health Forum meet quarterly with the PBAC to discuss items of mutual interest.

E-health

E-health is a complex issue which requires whole community participation to achieve its ultimate goals. CVA believes that the real issue with E-Health is to develop a strategy and infrastructure to provide the means of enabling secure data linkage across both each individual's health experience and treatment and also for population health policy and research needs. Successful implementation must have quality governance structured to include all consumer interest – this has failed to date but CVA is engaged with the Department, NEHTA along and with other stakeholders ensures the consumer voice is heard. CVA has also championed a national E-Health alliance to ensure that all parties are included in any discussions/meetings/conferences/seminars that involve E-health.

Consumer Training

CVA continues to drive the importance of Consumer training at the national level and has provided Cancer Australia with support in this area. The state organisations also play an important role in ensuring that appropriately trained consumers represent the consumer voice at all levels of Government. A number of CV personnel have spoken to and addressed meetings on this important topic.

Clinical Trials and Research

CVA remains committed to the inclusion of consumers in the development of research and clinical trials in this country. Through the cooperative grants process with Cancer Australia the cooperative groups have developed consumer advisory panels and through COSA a Consumer Network – this continues to be a successful partnership with COSA.

CVA continues dialogue with the NHMRC to provide more and appropriate funding for translational research in this country. In addition, the matter of clinical trial delay has impacted on access to multi-centre trials. There is a real need for a one only approach to ethics in this country.

Collaboration and Alliances

As a small organisation we have built alliances with a wide range of like-minded cancer and acute or chronic illness agencies to combine forces on issues of joint concern.

Acknowledgements

Cancer Voices Australia acknowledges the continued support of COSA

*Ian Roos,
Chair*



**Clinical
Oncological
Society of
Australia**

Financial statements at 30 June 2010 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 2010.

Committee Members

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

Ms Christine Carrington	Term Ended 31 December 2009
A/Prof Ian Davis	Term Commenced 9 September 2009
Dr Mei Krishnamy	Term Commenced 1 January 2010
A/Prof Bogda Koczwara	
Prof Bruce Mann	
A/Prof Sandro Porceddu	Term Commenced 1 June 2010
Ms Gabrielle Prest	Term Ended 31 December 2009
Dr Jane Turner	
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 2010 amounted to \$348,014 (2009: \$284,506).

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 2010.

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

Environmental Regulations

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

Dividends

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

Proceedings on behalf of the Society

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

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

Signed in accordance with a resolution of the Executive Committee



Prof Bruce Mann
President 2009/10



A/Prof Bogda Koczwara
President-Elect 2009/10

Dated 27 October 2010
Sydney

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2010

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Statement of Comprehensive Income
For the year ended 30 June 2010

	Note	<u>2010</u>	<u>2009</u>
		\$	\$
<u>Income</u>			
Member subscription income		163,896	153,222
Net income from Annual Scientific Meeting		373,098	303,773
NHMRC Enabling Grant revenue		375,648	494,750
Other revenue from ordinary activities	4	864,515	286,408
<u>Expenses</u>			
Administration		339,505	150,895
Management fees		56,590	54,207
NHMRC Enabling Grant expenses		375,648	494,750
Other grant expenses		619,544	225,798
Other expenses from ordinary activities		37,856	27,998
Surplus for the year	4	<u>348,014</u>	<u>284,506</u>
Other comprehensive income		0	0
Total comprehensive income for the year		<u>348,014</u>	<u>284,506</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 2010

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Statement of Financial Position
As at 30 June 2010

	Note	<u>2010</u>	<u>2009</u>
		\$	\$
<u>Current Assets</u>			
Cash & Cash Equivalents	5	1,081,708	1,600,764
Trade & Other Receivables	6	186,497	160,841
Other Current Assets	7	<u>883,356</u>	<u>20,000</u>
Total Current Assets		2,151,561	1,781,605
Total Assets		<u>2,151,561</u>	<u>1,781,605</u>
<u>Current Liabilities</u>			
Trade & Other Payables	8	<u>694,477</u>	<u>672,535</u>
Total Current Liabilities		<u>694,477</u>	<u>672,535</u>
Total Liabilities		<u>694,477</u>	<u>672,535</u>
Net Assets		<u><u>1,457,084</u></u>	<u><u>1,109,070</u></u>
<u>Equity</u>			
Retained Surpluses		<u>1,457,084</u>	<u>1,109,070</u>
Total Equity		<u><u>1,457,084</u></u>	<u><u>1,109,070</u></u>

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2010

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Statement of Changes in Equity
For the year ended 30 June 2010

	<u>2010</u>	<u>2009</u>
	\$	\$
Equity at the beginning of the financial year	1,109,070	824,564
Total comprehensive income for the year	348,014	284,506
Equity at the end of the financial year	<u>1,457,084</u>	<u>1,109,070</u>

The accompanying notes form part of these financial statements

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2010

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Statement of Cash Flows
For the year ended 30 June 2010

	Note	<u>2010</u> \$	<u>2009</u> \$
<u>Cash flows from operating activities:</u>			
Receipts from Subscriptions and donations		176,817	174,899
Net Receipts from Annual Scientific Meeting		373,098	318,773
Receipts from NHMRC Enabling Grant		519,750	301,950
Other Grant Income & Revenue		830,576	228,837
Interest received		91,756	70,941
Payments to suppliers and employees		(1,661,053)	(958,803)
		<hr/>	<hr/>
Net cash provided by (used in) operating activities	1†	<hr/> 330,944 <hr/>	<hr/> 136,597 <hr/>
<u>Cash flows from investing activities:</u>			
Payments for held to maturing investments - term deposit		(850,000)	0
		<hr/>	<hr/>
Net cash provided by (used in) investing activities		<hr/> (850,000) <hr/>	<hr/> 0 <hr/>
		<hr/>	<hr/>
Net increase/(decrease) in cash and cash equivalents held		(519,056)	136,597
Cash and cash equivalents at the beginning of the financial year		<hr/> 1,600,764 <hr/>	<hr/> 1,464,167 <hr/>
Cash and cash equivalents at the end of the financial year	5	<hr/> <u>1,081,708</u> <hr/>	<hr/> <u>1,600,764</u> <hr/>

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452) Notes to the Financial Statements for the year ended 30 June 2010

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 2009 Annual Scientific Meeting was \$373,098 (2008: \$303,773).

The Clinical Oncological Society of Australia Incorporated
Notes to the Financial Statements for the year ended 30 June 2010 (cont.)

(iv) **NHMRC Enabling Grant**

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

To date, \$1,463,000 has been allocated to fund this activity of which \$375,644 has been spent in 2009/10 (2008/9: \$494,750). The balance of unspent monies is held as Income in Advance in the Statement of financial position awaiting future expenditure (refer to note 8). 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 2010/11 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.

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 1,221 financial members of the Society at 30 June 2010 (2009: 1,239)

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

The Clinical Oncological Society of Australia Incorporated Notes to the Financial Statements for the year ended 30 June 2010 (cont.)

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>2010</u>	<u>2009</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	91,756	70,941
Grant income	772,758	215,384
Other revenue	0	83
	<u>864,514</u>	<u>286,408</u>
Fully-funded NHMRC Enabling Grant expenses	(375,648)	(494,750)
Management Fees paid to Cancer Council Australia	(56,590)	(54,207)

Note 5. Cash & Cash Equivalents

Cash at bank	<u>1,081,708</u>	<u>1,600,764</u>
	<u>1,081,708</u>	<u>1,600,764</u>

Note 6. Trade and Other Receivables

<u>Current</u>		
Trade receivables	145,380	140,305
Amounts due from associated organisations	30	4,400
Other receivables	41,087	16,136
	<u>186,497</u>	<u>160,841</u>

Note 7. Other Current Assets

Prepayments	33,356	20,000
Held to maturity investments - term deposits	850,000	0
	<u>883,356</u>	<u>20,000</u>

Note 8. Trade and Other Payables

<u>Current</u>		
Trade Creditors & Accruals	40,113	68,613
Income in Advance	640,739	542,624
Amounts due to associated organisations	13,625	61,298
	<u>694,477</u>	<u>672,535</u>

Note 9. 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 2010

Note 10. Auditors remuneration

Auditing the financial statements	<u>4,500</u>	<u>4,000</u>
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE ...continued

The Clinical Oncological Society of Australia Incorporated Notes to the Financial Statements for the year ended 30 June 2010 (cont.)

Note 11. Reconciliation of cash flows from operating activities	<u>2010</u>	<u>2009</u>
	\$	\$
Total Comprehensive Income for the Year	348,014	284,506
Changes in assets and liabilities:		
Decrease/(increase) in trade & other receivables	(25,656)	(96,933)
Decrease/(increase) in other current assets	(13,356)	0
(Decrease)/increase in trade & other payables	<u>21,943</u>	<u>(50,976)</u>
Cash flows from operating activities	<u><u>330,944</u></u>	<u><u>136,597</u></u>

Note 12. 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 2010 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.



Prof Bruce Mann
President 2009/10



A/Prof Bogda Koczvara
President-Elect 2009/10

Dated 27 October 2010
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 The Clinical Oncological Society of Australia Incorporated (the Society), which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the executive committee's declaration as set out on pages 2 to 9.

The responsibility of executive committee for the financial report

The executive committee members of the Society are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the financial reporting requirements of the *Associations Incorporation Act 1999 (ACT)* and are appropriate to meet the needs of the members. The executive committee's responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing 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 and fair presentation of the financial report 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, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the executive committee's financial reporting under the *Associations Incorporation Act 1999 (ACT)*. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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.

Auditor's opinion

In our opinion, the financial report gives a true and fair view of the financial position of The Clinical Oncological Society of Australia Incorporated as of 30 June 2010 and of its financial performance and its cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

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.



Dated in Sydney, 27 October 2010

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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 2010

	2010	2009
	\$	\$
Income		
Advertising Income		
Subscriptions	163,896	153,222
Net Revenue from Annual Scientific Meeting	373,098	303,773
NHMRC Enabling Grant	375,648	494,750
CPD Project	0	373
SOP Project	0	1,018
CT Insurance Recoveries	107,621	0
Special Projects	289,154	59,211
CT Insurance Wages Recoveries	18,004	0
Adolescent & Young Adult Workshop	52,790	6,601
Interest Received	91,756	70,941
Other Revenue	0	83
Act Now Project	45,000	0
Sarcoma Group	0	34,329
Tissue Banking	100,963	14,037
Neuroendocrine Tumour	32,000	59,814
Head & Neck Cancers	39,726	0
APUG grant income	42,500	40,000
Cancer Care Coordination Workshop	45,000	0
Total Income	1,777,157	1,238,153
Expenses		
Advertising	290	0
Audit Fees	4,520	4,000
Bank Charges	4,027	4,478
Catering	820	1,400
Courier	425	250
Computer Expenses	1,140	3,582
Filing Fees	0	32
Internet	245	16
Insurance	109,269	2,425
Management Fees	56,590	54,207
Postage & Packaging	3,732	843
Printing	5,753	16,026
Salaries & Wages	142,568	75,321
Seminars & Conferences	1,564	570
Stationery	2,004	166
Subscriptions	1,232	2,377
Sundry Expenses	6,839	2,846
Superannuation	11,399	6,304
Telephone	2,703	1,176
Travel & Accommodation	9,414	20,354
Website	31,561	8,729
Council Meetings	31,749	18,925
Executive Committee Meetings	784	6,041
Cancer Forum	5,323	3,032
NHMRC Enabling Grant Activities	375,648	494,750
Care Coordinators Workshop	9,277	4,217
Adolescent & Young Adult Workshop	51,871	10,680
CPD Project	0	373
HOTT Fellowship grants	200,000	0
Miscellaneous Special Projects:	108,694	43,711
ACORD Funding	39,197	7,992
ASCO/COSA Project	0	91
Geriatric Oncology	5,243	2,455
Industry Project Group	6,367	0
Tissue Banking	63,441	13,606
Sarcoma Study Group	6	54,339
Neuroendocrine Tumour Workshop	17,455	48,333
Nutritional Group Head & Neck	39,068	0
Urological Cancers	36,424	40,000
Cancer Care Coordination Conference	42,501	0
Total Expenses	1,429,143	953,647
Net Surplus	348,014	284,506

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 2010. 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.

A stylized, handwritten-style logo for PKF.

PKF
Dated in Sydney, 27 October 2010

A handwritten signature in black ink, appearing to read 'Paul Bull'.

Paul Bull
Partner

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EDUCATION RESEARCH PROFESSIONAL DEVELOPMENT COLLABORATION



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