



Clinical
Oncological
Society of
Australia

ANNUAL REPORT 2009

education
research
professional development
collaboration

Presidents of COSA



**Clinical
Oncological
Society of
Australia**

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|--------------------------------------|---|
| 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(tEd) 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 | Professor Bruce Mann MBBS PhD |

The Membership Objects of COSA

The over arching mission of COSA is to improve the care of Australians affected by cancer.

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

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

There are seven categories of membership of COSA:

- 1 Ordinary Membership:** A person eligible for ordinary membership shall be a qualified clinical practitioner or scientist normally resident within Australia or New Zealand who has a specific interest in oncology and who holds an appropriate postgraduate degree diploma or fellowship of a recognised College or Society.
- 2 Associate Membership:** A person eligible for associate membership shall be a person not eligible for ordinary membership but who being normally resident within Australia or New Zealand has a specific interest in oncology and has professional qualifications in accordance with the objects of the Association.
- 3 Student Membership:** A person eligible for student membership shall be a student enrolled in a medical school and requires a letter from the medical school to qualify.
- 4 Life Membership:** A person eligible for life membership shall be a person who has made a significant and sustained contribution to the Association.
- 5 Honorary Membership:** A person eligible for honorary membership shall be a person who has made a significant contribution to the Association.
- 6 Overseas Membership:** A person eligible for overseas membership shall be a person eligible to become an ordinary or an associate member but who is not normally resident in Australia or New Zealand.
- 7 Sustaining Membership:** A person eligible for sustaining membership shall be a company institution or organisation which has similar interests or objects to those of the Association.

Membership of COSA

Members:

As at 31 December 2009 there were 1,326 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

President Elect: A/Professor B Koczwara MBBS FRACP

Council Nominees:

Ms G Prest RN OncCert BAppSc(Nsg) MPH

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

Ms C Carrington BPharm MMed Sci Clin Onc

Dr J Turner MBBS FRANZCP

Professor I Olver MD BS PhD FRACP MRACMA FACHPM

Ms M McJannett – RN OncCert – Executive Officer

Council:

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

AUSTRALIA AND NEW ZEALAND CHILDREN'S
HAEMATOLOGY ONCOLOGY GROUP

Chair: Dr P Downie MBBS FRACP

BREAST ONCOLOGY GROUP

Chair: Dr A Spillane MBBS FRACS MD

CANCER NURSES SOCIETY OF AUSTRALIA

Chair: Ms G Prest RN OncCert BAppSc(Nsg) MPH

CANCER PHARMACISTS GROUP

Chair: Ms C Carrington BPharm MMedSc Clin Onc

CANCER RESEARCH GROUP

Chair: Dr N Zeps BSc(Hons), PhD

CLINICAL RESEARCH PROFESSIONALS GROUP

Chair: Ms C O'Kane RN BApp(Nsg) GradDip Clin Trial Mment

EPIDEMIOLOGY GROUP

Chair: Professor G Giles OAM PhD BSc MSc PhD

FAMILIAL CANCER GROUP

Chair: Dr L Lipton OAM PhD MBBS FRACP

GASTROINTESTINAL ONCOLOGY GROUP

Chair: Dr C Karapetis MBBS MMedSc FRACP

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: Dr J Bauer PhD MHIthSc BSc

PALLIATIVE CARE GROUP

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

PSYCHO-ONCOLOGY GROUP

Chair: Dr J Turner MBBS FRANZCP

RADIATION ONCOLOGY GROUP

Chair: A/Professor S Porceddu OAM PhD MBBS FRANZCR

REGIONAL & RURAL ONCOLOGY GROUP

Chair: Dr A Boyce OAM PhD 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

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

Cooperative Trial 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 Zalcborg 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: Dr D Thomas

ANZ UROGENITAL & PROSTATE CANCER TRIALS GROUP

Chair: A/Professor I Davis

COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

Chair: A/Professor M Rosenthal

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 a pleasure to report on the state of the Clinical Oncological Society of Australia. Our organisation is vibrant, engaged, active and is involved in a wide range of activities relating to cancer care throughout Australia. We are also in a satisfactory financial position and are thus able to pursue activities on their merits, rather than being limited to activities that were self-funding.

The reason we are in this situation is because of the on-going hard work and commitment of a large number of COSA members from the range of our groups, and the outstanding support given to us by the team in Sydney. We have also been able to work in close partnership with the Cancer Council Australia to the mutual benefit of both organisations.

Annual Scientific Meetings

The highlight of the COSA year is the Annual Scientific Meeting, and the 2009 ASM lived up to all it promised. It was the largest stand-alone COSA meeting ever, with over 1100 registrants, showing that our strategic decision to choose specific diseases to be the focus of our multidisciplinary meeting was correct. It is also testament to the superb work of the organising committee who put together a varied yet tight program, with excellent multidisciplinary sessions focusing on lung and CNS malignancies, and sessions on our themes of Awareness (epidemiology, prevention and screening), Access (financial cost of cancer, geographical and social isolation and cancer in the elderly), Action (research, new and established therapies and supportive care) to provide something to interest all.



Participants at a session of COSA 2009 ASM.

We introduced a "Clinical Professional Day" initiative in 2009 to extend the range of COSA-supported activities around the ASM. This was well received, with five high quality applications being funded, and resulting in workshops on care coordination, geriatric oncology,

clinical research, oncology social work and psycho-oncology. Cooperative trials groups involved in clinical research and cancer care also took advantage of our ASM to hold their annual meetings. We welcome the opportunity to facilitate and provide financial and in-kind support to all our members in their pursuit of ongoing professional development.

The Tom Reeve Oration Award for Outstanding Contributions to Cancer Care in 2009 went to Professor Patsy Yates for her contribution over many years to cancer nursing and research.



Professor Patsy Yates receiving her award from Tom Reeve

This was very warmly received by the audience at the ASM dinner, and graciously accepted by Patsy.

It is very easy for a small organisation such as ours to focus on month by month tasks, potentially losing sight of the longer term and bigger picture.

Strategic Plan

Over the last year, and following on from a strategic planning meeting in December 2008, the executive has been working on finalising the strategic plan for 2010-2015. This plan focuses on building our influence in cancer policy, growing our membership and our value to our members, developing mutually beneficial relationships with other organisations and revising our structure as being the priority areas for our organisation.

Company Structure

An important step to secure the long-term future of COSA is to re-organise our company structure. COSA is currently an association. We have been advised that there would be a number of advantages to COSA if we became a company limited by guarantee. During 2009, Steve Ackland chaired a small group to look at our overall structure to see if there are opportunities during this reorganisation to improve the way COSA works. Any recommendations will go through consultations prior to being presented to a future Annual General Meeting.

Guidelines

That guidelines are important foundations of quality care is widely accepted and the quality of the guidelines produced by the ACN is widely acknowledged. The cost of producing and the difficulty of maintaining currency of the guidelines have grown over recent years,

meaning that the approach to guidelines will need to change. Throughout 2009, Cancer Council Australia, COSA and the NBOCC have been working to trial the use of Wiki technology to simplify the production and revision of guidelines. This will be a major project over the next year.

COSA has a key role to play in the area of cancer treatment guidelines. Being the medical and scientific advisory committee of Cancer Council Australia, and the peak non-government organisation representing the broad range of health professionals caring for cancer patients, COSA is an obvious means by which the clinical cancer community can become engaged with the process. Once Professor Tom Reeve retires in July 2010, the ACN will inevitably change, but the need for broad engagement of cancer clinicians to this task will remain and is a task for which COSA is ready.

Enabling Grant/Clinical Trials

COSA was successful in securing an NHMRC "Enabling grant" for clinical trials in 2005, and this has been extremely effective. The Umbrella Clinical Trials Insurance Scheme for participating Cancer Clinical Trial Groups (CCTGs) commenced in June 2009 and the renewal process for Year 2 of this scheme has just commenced.

A national Clinical Trial Research Agreement (CTRA) template for CCTGs is nearing reality. Victoria, NSW and QLD have mandated the use of this template for trials. There has been endorsement of it in ACT and WA (albeit a modified version in WA) with "official" endorsement by SA Health pending. The ability to use a standard CTRA template has already been a major step towards streamlining the clinical trial approval process for Cancer Cooperative Group Trials.

Our project to facilitate tissue banking (bio-banking) associated with the CCTGs throughout Australia was a major activity for 2009. Thanks to Nik Zeps, David Goldstein and Steve Ackland, who have been working with Marg McJannett and her team to progress this important project.

The Combined Clinical Research Professionals Group and the COSA & Cooperative Groups Enabling Project Workshop, held at the 2009 COSA ASM, was well received by the Executive Officers from the CCTGs, clinical trial managers and coordinators as well as several clinical investigators. The topics covered included an update on RECIST criteria, budgeting for clinical trials, the separation of ethics and research governance and clinical trial research agreements.

Our contribution to coordinating the Clinical Trial program throughout Australia is vitally important and has been a focus of a significant amount of our efforts in 2009.

AYA Interest Group & Youth Cancer Networks Program (YCNP)

Over the past two years COSA has been working with CanTeen and Cancer Australia in an effort to improve outcomes for adolescents and

young adults (AYAs) with cancer. In 2008 the Australian Government committed \$15 million funding for the Youth Cancer Networks Program (YCNP) to develop services for adolescents and young adults with cancer. Funding has been allocated for five state-based projects (\$12 million) and eight national projects (\$3 million).

COSA convened a workshop in November 2009 to enable key stakeholders to hear about the progress in the YCNP program, to learn details of other jurisdictional and national projects, and identify opportunities for national collaboration and/or coordination to enhance AYA cancer services across Australia. A report of the workshop, which includes an overview of state/territory projects and the national projects, is on the COSA website under "publications".

COSA has been contracted to manage implementation of three separate but related national YCNP projects, which will draw on the expertise of members of our AYA Cancer Interest group and broader multidisciplinary membership.

I wish to acknowledge the work of all of those who contribute to the success and vitality of COSA. Thanks to the staff in Sydney, to the Executive, to the Council and to the members. It is through all those contributions that COSA continues to be the vital organisation that it is today. Finally I acknowledge again the tireless work of Marg McJannett that keeps the entire enterprise going.

Professor Bruce Mann President - COSA



2009 COSA Council Members

Report of the Executive Officer

This year has been an incredibly busy, diverse and progressive one for COSA and its members.

COSA's strengths are our membership and our leadership. We work with and on behalf of our members, to identify and address ways to improve cancer care and cancer control in Australia through policy change, research, interdisciplinary collaboration and professional education. The many ways in which we do this are highlighted in this report.

Our members – who represent the spectrum of professionals involved in cancer care and control – determine the issues on which we focus, and our President, Executive Committee and group chairs set the direction. Hence in 2009 we made great strides in many different directions!

This year we have again demonstrated COSA's ability to facilitate multidisciplinary, collaborative and cross-sectoral responses to the major challenges we face in managing and caring for the growing number of cancer patients and cancer survivors.

Our achievements are testament to our determination to bring together all stakeholders to facilitate progress. With our partners and allies, such as Cancer Council Australia, Cancer Voices Australia, the Australian Cancer Network, and sometimes funding support of government or industry, COSA has successfully advocated for improved access to cancer services in regional areas; developed guidelines, resources and tools that will help and support our multidisciplinary health professionals to deliver optimum care.

In the past few years COSA has provided significant support to our sustaining members, the national cancer cooperative trials groups (CCTGs), through the Enabling Grant Project (see page 9). We established the Executive Officers Network (EON) to enable trial group EOs to share information and learnings. The network has forged stronger links between the CCTGs and enabled the development of a number of efficiencies in the management of trials. This year, with the support and under the umbrella of the EON, COSA facilitated a meeting of consumer representatives on the CCTGs. It is hoped that this network will enhance consumer engagement across CCTGs and provide ongoing support and development opportunities for consumers in relation to clinical trials both nationally and internationally.

As highlighted in the President's Report, COSA's ASM is the most significant national multidisciplinary cancer meeting in Australia. The 2009 meeting brought together more than 1100 people from all professional groups involved in cancer care, creating a rich environment for knowledge sharing and development of new links and collaborations. We are very grateful to Eva Segelov and the convening committee for developing an outstanding program with state of the art plenaries highlighting our multidisciplinary focus.

COSA and all our activities can only be a success through the voluntary efforts of our members. I would particularly like to acknowledge all of our chairs and clinical leaders whose dedication and ongoing support to our society really highlights their commitment to improving outcomes for our cancer patients.

Planning for the future

Over the past year, and following on from a strategic planning meeting in December 2008, COSA's executive has been working on finalising the strategic plan for 2010-2015. This plan focuses on building our influence in cancer policy, growing our membership and our value to our members, developing mutually beneficial relationships with other organisations and revising our structure as being the priority areas for our organisation.

An important step to secure the long-term future of COSA is to re-organise our company structure. We have been advised that there would be a number of advantages of COSA becoming a Company Limited by Guarantee (rather than the current structure as an association).

During 2009, former COSA President Dr Steve Ackland chaired a small group to look at our overall structure to see if there are opportunities during this reorganisation to improve the way COSA works. Any recommendations will go through consultations prior to being presented to a future Annual General Meeting.

Margaret McJannett
Executive Officer

Cosa Enabling Grant

The Enabling Project is in its final year of funding, with substantial progress made in the following areas:

Protocol Development

The third and final round of Protocol Development funding for 2009 and 2010 which has been provided to each of the 10 existing CCTGs and the 3 newer Cancer Cooperative Trial Groups (CCTGs), COGNO, ASSG and ANZUP, has supported the development of 66 protocols to date. Of these protocols, 7 have been activated and 12 have commenced recruitment. The funding provided has been used to partially support a range of personnel such as Statisticians, Clinical Research Fellows, Trial Coordinators, Data Managers and Associate Program Managers.

Quality Assurance

The Combined Clinical Research Professionals Group and the COSA & Cooperative Groups Enabling Project Joint Workshop held at the 2009 COSA ASM was well received by workshop participants who comprised Executive Officers from the CCTGs, clinical trial managers and coordinators as well as several clinical investigators. The topics covered included an update on RECIST criteria, budgeting for clinical trials, the separation of ethics and research governance and Clinical Trial Research Agreements.

For the remainder of its funding period, The Enabling Project will focus on the Quality Assurance component, in particular, the provision of online training modules for clinical research staff. To achieve this, we are currently developing a partnership with the Association of Regulatory & Clinical Scientists (ARCS) to develop some oncology-specific online modules in order to supplement their existing online Good Clinical Practice (GCP) modules. Through this partnership, over the next 12 months, the Enabling Project is also working towards subsidising 50 clinical research staff study coordinators, data managers & clinical investigators and other interested parties from the CCTGs to complete the existing ARCS GCP online modules.

Clinical Trials Insurance

Inception of the COSA Umbrella Insurance Scheme for the Cancer Cooperative Trial Groups took place on 1 June 2009. We are delighted that 9 Cancer Cooperative Trial Groups agreed to participate in the Scheme. The participating Groups are AGITG, ALTG, ANZBCTG, ANZCHOG, ANZGOG, ANZMTG, ANZUP, ASSG & TROG. The Umbrella Scheme for Cooperative Trial Groups is progressing well and represents a significant step towards the provision of a cost effective, simplified and more streamlined approach to the management of insurance for clinical trials within Australia. The renewal process for Year 2 of this Scheme has just commenced for the participating CCTGs.

Executive Officers Network

The COSA Executive Officers Network (EON) has been a particularly beneficial initiative through its considerable involvement towards intergroup collaboration and streamlining of processes associated with the management of clinical trials. One significant example of this has been the development of the Clinical Trials Research

Agreement for investigator-initiated trials from Cooperative Trial Groups (CTRA CCTGs) by the COSA EON Working Group in consultation with the Victorian Managed Insurance Agency (VMIA) and the NSW Department of Health. Considerable progress has now been achieved towards the goal of having a national CTRA CTG template. At the time that the Enabling Project commenced this work in 2009, Victoria, NSW and QLD had already mandated the use of this template for trials conducted in these 3 states. Since then, we have obtained endorsement of this CTRA CCTGs template in ACT and WA (albeit a modified version in WA) with "official" endorsement by SA Health pending. The ability to use a CTRA template has already made a significant improvement towards streamlining the approval process for CCTGs sponsored trials in the jurisdictions where it is mandated or endorsed for use. The EON has also modified the Australian CTRA CCTGs template to create a version which can be used in New Zealand. This NZ CTRA CCTGs is currently undergoing another step in the review process in NZ.

Stephen Ackland and Margie Campbell

Chair and Project Coordinator, Enabling Project Steering Committee

ANZCHOG

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

In 2009, ANZCHOG continued to develop as a multidisciplinary group committed to improving outcomes for children with cancer. Membership which is representative of all professional sectors involved in the treatment of children's cancer increased by 23% this year.

ANZCHOG members continue to be active participants in trials run by a number of international trials groups, in particular the US-based Children's Oncology Group (COG). Further development of trial opportunities have been initiated with USA-based early phase consortium, POETIC, and discussions are underway with leading European consortium, Innovative Therapies for Children with Cancer (ITCC), regarding mutual trial participation opportunities. With the establishment of its clinical trial arm, the Australian Children's Cancer Trials (ACCT) group ANZCHOG is working on the development of its own early phase therapeutic trials. A pilot program at the RCH Melbourne to streamline the HREC approval process for a large number of paediatric trials is also underway with significant time and resource efficiencies expected.

ANZCHOG held its Annual Scientific Meeting in Adelaide in June, attended by more than 200 delegates. In a departure from past meetings, this year's meeting provided an integrated program for all members, rather than a discipline specific program. The responses to these changes were positive and a continued multidisciplinary approach is planned for future meetings.

Stage 1 of the ANZCHOG website has been completed and can be found at www.anzchog.org. The second stage of the development will include a link to the Australian Children's Cancer Clinical Trials Register which is also currently under development. Specification for a third stage is underway with the inclusion of a member's area and an interactive component to share information.

During 2009 ANZCHOG commissioned a discussion paper on issues relating to patients and families from culturally and linguistically

(CALD) and Aboriginal and Torres Strait Islander (ATSI) backgrounds. The discussion paper raised a number of issues, of particular note were the challenges associated with enrolment onto clinical trials. As a first step, a simple document outlining introductory information about clinical trials is to be translated into languages identified as being most common in the CALD discussion paper.

ANZCHOG has continued its work on AYA issues principally in conjunction with the national effort which was initiated in 2008 by COSA. Members took part in the workshop held at the COSA ASM in November and is supporting the next research meeting planned for early 2010.



Finally, ANZCHOG adopted a new constitution at the AGM this year and has recently completed its strategic plan for 2010–2012 which provides clear directions for the further development of the organisation and strategies for promoting a national approach to the improvement of care of children and adolescents with cancer and haematological disease.

Peter Downie, Chair

Cancer Nurses Society Of Australia

The CNSA is committed to achieving and promoting excellence in cancer care through the professional contribution of nurses. During 2009 the **National Executive Committee** consisted of: Gabrielle Prest (Chair, from January 2007 to January 2010), Glennys Stallan (QLD, from Jan 2008), Megan Plaster (WA, continuing), Catherine Johnson (NSW, Deputy Chair, continuing as Treasurer from Jan 2008), Julie Clowry (ACT, from Jan 2008), and Louise Nicholson (TAS, from Jan 2008). Ex-officio members were Professor Patsy Yates (ISNCC Board Member from Jan 2008 to Aug 2008) and Letitia Lancaster (ISNCC Regional Representative, from September 2008).

The CNSA National Executive Committee undertook a strategic planning session in early 2009 to develop a new set of directions for the Society. 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, and is committed to its strong relationship with the COSA group.

This following report, while by no means exhaustive, outlines many of our activities throughout the year. You will see detail in reports from respective participants in Newsletters on our website.

As a partner in the **National Cancer Nursing Education Project (EdCaN)**, the CNSA has remained strongly linked to the development of the education Framework (in addition to, and in close consultation with, those of the Continuing Professional Development project, Cancer Learning) and the development of competency standards. I had the great honour of formally launching

the EdCaN products and website with Professor David Currow and Dr Ian Roos at Winter Congress.

The establishment of a standing **Education Committee** in 2008 – to advise the national executive on matters around education and the development and support of the cancer nursing workforce – was a very important landmark in the Society's further growth and proved important in our work with EdCaN into 2009. The Committee had input into the content of many of the documents produced, such as the Competency Assessment Tools; the National Workforce Development Framework for Cancer Nursing, and the EdCaN/CNSA Proposal 'Possible Models of Recognition for Specialist Cancer Nurses'. The Committee has also drafted the endorsements of EdCaN documents where appropriate; participated in focus groups regarding EdCaN implementation and future sustainability; and participated in the independent evaluation of the project undertaken by Siggins-Miller.

With respect to other cancer education initiatives, Sandie McCarthy represented the CNSA on the National Advisory Committee of the Cancer Learning initiative and website. The Education Committee has also provided critique on various surveys and policy documents circulated by other nursing organisations, such as the proposed Australian Nursing and Midwifery Council's (ANMC) draft Framework for Accreditation of Enrolled and Registered Nurse Education Providers and the Australian College of Mental Health Nurses survey of nursing education needs in mental health.

The 2009 12th **Winter Congress** was held for the first time in a regional centre, in Newcastle NSW, and was one of our most successful events yet. The latest Regional group 'Perth and Environs' to come on board in 2008, successfully tendered for the 2010 Winter Congress – we look forward to that in July in Perth. An important resource, the *CNSA Position Paper on 'Tobacco Control and Smoking Cessation'*, was launched at Winter Congress.

The next meeting of the **International Society of Nurses in Cancer Care** is to be held in Atlanta in March 2010, Georgia, after the August, 2008 Singapore meeting. At that meeting Tish Lancaster took over the baton as the Asia Pacific Regional Representative to the ISNCC from Professor Patsy Yates. Together with Professor Sanchia Aranda as President, and now Patsy in place as Secretary/Treasurer, Australian cancer nurses have a strong presence at the international level.

Constitutional changes (voted by member organisations) have been implemented to establish a smaller 'expert' board and a larger council with representatives from all member societies.

In 2008 the CNSA received a bequest from the estate of the late Pam Renouf. The family negotiated with us as to their wishes for grants for nurses in pursuing their cancer nursing careers through education. Those grants started to be disbursed during 2009 through the **Grants and Awards Committee**. Leanne Monterosso assumed the role of chair of the G&A Committee in 2008. The committee provides support for cancer nurses to undertake nursing research through the provision of Research Grants and for further educational activities through the provision of Travel Grants. The CNSA now has a significant Grants and Awards scheme and the portfolio of what is offered to nurses is impressive.

In another move of key positions, after some years leading the editorial panel, Professor Patsy Yates and Catherine Jones handed over the reins for the **Australia Journal of Cancer Nursing (AJCN)** to the new Co-Editors, Tish Lancaster and Mei Krishnasamy. In response to this feedback our 2008 survey, a number of strategies

are being implemented to encourage submissions, including the introduction of themed issues and an increased emphasis on mentoring of participants. A new Editorial Team commenced in 2009, and includes Louise Nicholson, Jenny O'Baugh, and Carol Cameron. The editions for 2009 focused on lung cancer in Australia and on nurse-led services.

The CNSA '**Award for Excellence in Cancer Nurses**' was developed by a working party led by Kate Cameron during 2008, to recognise the contribution of individuals to the development of cancer nursing and cancer control in Australia. The working party through its Terms of Reference and reporting mechanisms delivered to the CNSA G&A Committee a plan for promoting, receiving and selecting nominations for these awards. The award recognises excellence in leadership, research, clinical practice and/or education. The inaugural award was announced early in 2009 and the successful recipient (Professor Sanchia Aranda) was recognised at Winter Congress in June 2009.

Members of the CNSA participated in the **COSA** multidisciplinary working group to develop guidelines for the safe prescribing, supply and administration of cancer chemotherapy – these were officially released in February 2009. We contributed to further activities and discussions around cancer care coordinators and their impact on patient outcomes at the **COSA ASM** in November 2009. 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 Chris Long participating in the development of the 2009 Gold Coast ASM.

Various members were invited to again work with AMGEN on the **TITAN** project (last in 2007 and in May 2009), which addresses learning more about the care and management of people experiencing myelosuppression.

Many members contributed to Radiation Oncology nursing and Breast Cancer nursing through these two **Special Interest Groups**; whilst we also saw significant banding of cancer nurses together through our **Regional groups** – this is where the locals benefit most from their CNSA membership. I had the great opportunity to launch the Breast SIG document "Principles for Nursing Practice in the Management of Seroma post surgery Breast Cancer" on behalf of the CNSA at the 10th National Breast Care Nurse's Conference in Melbourne, February 2009.

I would again like to acknowledge the significant work that Meg Plaster has been doing on the CNSA **website** during 2009. The traffic on our site has improved dramatically in parallel. It is our most important communication tool. Information that members provide (especially Regional group activities) benefits other members and the cancer nurse community more broadly.

The National Executive, through its new strategic plan, has much work to do; not least reaching out to the many nurses who work in cancer care that do not or have not engaged with the CNSA and its activities in the past. I would like to welcome Dr Mei Krishnasamy to the Chair in January 2010.

Gabrielle Prest, Chair



Cancer Pharmacists Group

This report provides a summary of the key activities of the group during 2009. Members should also refer to the minutes of the 2009 CPG AGM for more detail.

Chair: Christine Carrington (QLD), also member of the Executive Committee of COSA.

Committee: Jim Siderov (VIC), Ben Stevenson (SA), Vicki Wilmot (NSW), Dan Mellor (VIC).

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

Membership

Membership of the CPG stood at over 90 at 31 December 2009; this is a 30% increase on last year.

Activities

2009 was a busy and productive year for the CPG. Activities and goals continue to reflect the pharmacist's role and leadership in therapeutics and medication usage in cancer. The CPG continues to ensure that its activities are relevant to its members and constantly asks for comments and input into the group and its activities. There are several key pharmacists who constantly contribute to the activities of COSA by way of the ASM or responding to various requests for information although other members are increasingly becoming more involved and active. The CPG worked closely with other groups to achieve successful outcomes in many areas and have again been included in many of the key multidisciplinary cancer activities this year, including the geriatric workshop and the CAM workshop in 2008. Efforts continue to ensure all members are aware of the work of COSA and what is being achieved by the society. The focus of the CPG's activities this year was to

1. Ensure a successful first course 'Clinical Skills for Cancer Pharmacy Practitioners' and continue to plan for future courses.



Participants at the Clinical Skills for Cancer Pharmacy Practitioners - Course 1

2. Ensure that CPG continue to have major input and provide advice to the DoHA/government and its members on the proposed Intravenous Chemotherapy Supply Program (ICSP).
3. Commence work looking at the occupational exposure to cytotoxic chemotherapy and monoclonal antibodies and prepare recommendations for the preparation of monoclonal antibodies.
4. Commence work on version 2 of the COSA guidelines for the Prescribing, Dispensing & Administration of Chemotherapy and develop a medication assessment tool.
5. Investigate patient access to pharmaceuticals used to treat cancers (COSA project).
6. Assess current practices with respect to the use of etoposide formulations.
7. Further develop the forum, CPG webpage and increase visits to the site by members.
8. Ensure a successful ASM in 2009.
9. Continue discussions with the SHPA on potential collaboration.
10. Formalisation of the process of nominations for chairs and CPG committee.
11. Continue to develop key links with other groups and disciplines in COSA and continue to develop the CPG role in cancer policy within Australia.
12. Continue to attract new members and retain current members.

1. Ensure a successful first course 'Clinical Skills for Cancer Pharmacy Practitioners' and continue to plan for future courses.

The first CPG 'Clinical Skills for Cancer Pharmacy Practitioners' course, organised by the Cancer Pharmacist Group (CPG) of Australia, was held on the weekend of the 2nd and 3rd May 2009. Sixty pharmacists attended from across Australia. 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. Topics on day 1 were themed into cancer therapy in clinical practice sessions which included the *Principles of Chemotherapy & Targeted Therapy, the Common Side Effects of Chemotherapy & Targeted Therapy, the Management of these Side Effects and Understanding Chemotherapy Protocols*. Pre reading was also provided to participants as a background to cancer and its treatment and the pharmacology of chemotherapy and targeted therapy. Day 2 consisted of interactive workshops on lymphoma, colorectal cancer and breast cancer with case studies used to direct key learning points around the management and treatment of these tumour groups. The speakers were; *Christine Carrington (Princess Alexandra Hospital, Brisbane, Queensland), Jim Siderov (Austin Health, Melbourne, Victoria), Ben Stevenson (APHS Pharmacy, Adelaide, South Australia), Lesley Dawson (Mater Health Services, Brisbane, Queensland), Gail Rowan (Peter MacCallum Cancer Centre, Melbourne, Victoria), Dan Mellor (Peter MacCallum Cancer Centre, Melbourne, Victoria)*. The overall course and the individual sessions were all rated as

very good to excellent in the evaluations. The majority of participants agreed that the content of the course contributed to their continued professional development, was relevant to their current practice and would recommend the course to colleagues and staff. A second course will be held February 2010 and a 3rd course planned for August 2010.

2. Ensure that CPG continue to have major input and provide advice to both the DoHA/government and its members on the proposed Intravenous Chemotherapy Supply Program (ICSP).

The CPG were prominent in discussions and communications with the DoH on the proposed changes to the way chemotherapy is reimbursed under the PBS joined with other COSA representatives in a face to face meeting with the DoH. The government announced that the planned implementation date of September 1, 2009 will be delayed pending further negotiation with stakeholders.

3. Commence work looking at the occupational exposure to cytotoxic chemotherapy and monoclonal antibodies and prepare recommendations for the preparation of monoclonal antibodies.

There have been concerns raised about occupational exposure resulting from surface contamination of cytotoxic agents in pharmacy departments following recent Australian studies and the issue of who should be preparing monoclonal and what the risk are to operators. The CPG wrote to the occupational exposure committee of Cancer Council Australia asking for advice on the risks associated with occupational exposure to antineoplastic agents and monoclonal antibodies. A response was received and recommendations are being compiled by the CPG.

4. To commence work on version 2 of the COSA guidelines for the Prescribing, Dispensing & Administration of Chemotherapy and develop a medication assessment tool

Version 1 of the guidelines was submitted as a manuscript to the Asia Pacific Journal of Clinical Oncology (APJCO) late 2009 and is awaiting a decision on publication. ASCO released their guidelines 'The American Society of Clinical Oncology/ Oncology Nursing Society Chemotherapy Administration Safety Standards' and referenced the COSA guidelines. Expressions of interest have been collected to commence work on version 2. Discussion has taken place with Australian Commission of Safety and Quality about the development of a medication assessment tool although no confirmed partnership has been developed.

5. Patient access to pharmaceuticals used to treat cancers

CPG committee Dan Mellor and Christine Carrington worked with Liz Hovey to develop a project outline to review patient access to pharmaceuticals used to treat cancers or cancer-related conditions. This is a COSA project in response to healthcare professional and consumer group concerns regarding equity of access to expensive pharmaceuticals. A scoping survey was distributed to CPG members by COSA with an excellent response. Work will continue in 2010.

6. 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 This was in response to 2 separate incidents that occurred in SA where patients received incorrect doses due to confusion over the formulations. The results were presented

at COSA 2009 and a manuscript has been submitted to the APJCO. The report makes multi-disciplinary recommendations on the prescribing, supply and labelling of etoposide.

7. Further develop the forum, CPG webpage and increase visits to the site by members.

The discussion forum is widely used and is the most actively used forum of all the COSA groups. The forum is used to post updates and information about areas of interest and current developments as well as post questions in relation to cancer therapy and related issues. The forum was modified in 2009 to an improved layout and now includes a 'new post' email alert function which has received positive feedback. The website content was reviewed and changes made in response to member comments.

8. Ensure a successful ASM in 2009.

The CPG invited Dermot Ball, a cancer pharmacist from the UK, as an international pharmacy speaker. Dermot provided some excellent talks related to his work on the National Patient Safety Agency (NPSA) as the Chemotherapy Safety Project Pharmacist and as a member of the expert advisory panel for the NCEPOD (National Patient Enquiry into Patient Outcomes & Death) report on deaths that occurred within 30 days of chemotherapy.

The ASM was very well attended by CPG members who also contributed several presentations to the conference as invited speakers and contributed papers.

9. Develop a collaborative relationship with the Society of Hospital Pharmacists of Australia (SHPA) with respect to cancer initiatives and activities

Although several discussions have been held with the SHPA, with regards to developing a collaborative relationship, there has been some reluctance from the SHPA to work more closely with the CPG. COSA and the CPG will continue to include SHPA in discussions and continue to suggest a more collaborative approach to standards of practice, education and matters pertaining to cancer pharmacists and related services. Christine Carrington has stepped down as Chair of the CPG at the end of 2009 and would like to thank COSA and the CPG for all their support. Thanks to the COSA Executive and Council for ensuring that pharmacists are recognised as key members of COSA and enabling them to provide input into current and future cancer related issues.

Christine Carrington, Chair

Cancer Research Group

The 'Research Group' has continued its activity in the arena of biobanking from clinical trials and held a workshop at the ASM in November which reviewed a discussion paper regarding possible strategies to support such activity in Australia. The meeting was attended by CCTG chairs, biobank managers, pathologists, surgeons and oncologists, many of whom are also active COSA members.

A report outlining potential actions arising from the meeting has been drafted and should be released in the next few weeks. In summary, attendees were happy for COSA to maintain leadership of this initiative and to convene small working groups aimed at

identifying solutions to potential roadblocks to biobanking and translational research projects. Areas that will be covered include ethics, protocol development and access management as well as consideration around networking existing collections for broader availability. It is anticipated that these groups will convene under COSA leadership in the next 6 months and that a comprehensive strategic plan will be developed including identification of potential resource needs and proposals of how to fund these.

Consideration of a possible name change and revised role within COSA was discussed at the November Council meeting. There was general agreement that it was timely to re-badge the group to make it more specifically about laboratory based molecular and cellular research. As described in the previous report, 'Research' is done by many COSA groups and there is little relevance to having such a group under its current name within COSA. Options presented have been "Biological Research group", "Translational Biology group" and "Cancer Biology group". Regardless of the name we will be aiming to raise our profile within COSA and in particular through the inclusion of a specific biological research stream within the ASM. I welcome any COSA members with an interest in the biology of cancer to contact me and give feedback on how we may be able to make the group more relevant to you.

Nik Zeps, Chair

Clinical Research Professionals Group

As I complete my term as Chair of the Clinical Research Professionals group (CRPG), I would like to thank the membership for their commitment and contribution which resulted in another productive year for the group.

The aim of the clinical research professionals over the last 12 months has been to continue to support the needs of clinical research professionals working in cancer care, to continue to attract and encourage new members while retaining current members and to address the training, educational and professional needs of clinical research professionals working in cancer care. We have addressed these through;

- A combined workshop between the CRPG and the Enabling Project at the COSA ASM 2009. The workshop was titled, "Regulatory Affairs Relating to Clinical Trials in Australia". This successful joint initiative was made possible by the considerable time and effort by all involved in the organisation of the workshop and of course the participants. It is anticipated that similar workshops will be a yearly feature of the COSA ASM.
- Generic position descriptions for Non Nursing Clinical Research Professionals were completed in 2009 and are available with the Research Nursing Position Descriptions on our website. Special thanks go to all the members of the working party for this much needed work, especially Deb Howell.
- The Clinical Research Professionals has also provided representation on working groups in the Pharmaceutical Industry Council R&D Taskforce.

The CRPG is an active and dynamic group and I would like to extend my gratitude to everyone who has contributed to our group during my time as Chair. I have realised the value of my COSA membership, and the valuable and worthwhile contribution COSA makes to cancer. I would also like to take this opportunity to welcome the incoming chair, Sandie Grierson, who will take over the position in 2010.

Cate O'Kane, Chair

Epidemiology Group

The Epidemiology group's work for 2009 focused on two main topics;

1. the geographical distribution of cancer in Australia with particular reference to the regional needs for increased cancer facilities and infrastructure, and
2. the need for baseline data to inform COSA's AYA cancer research strategy.

In regard to the geographical analysis of cancer incidence, the AACR and AIHW partnered with COSA in providing data to inform the debate with government on these issues at a successful workshop held for this purpose and at the COSA Annual Scientific Meeting.

In regard to AYA cancer baseline statistics, some national information from AACR/AIHW and detailed data from NSW and Victoria on incidence and survival were presented to the AYA Cancer meeting at the Annual Scientific Meeting. The process of obtaining the required approval for the release of detailed data on a national basis has commenced and we anticipate performing the analysis and reporting the findings this year.

Graham Giles, Chair

Familial Cancer Group

The Familial Cancer group has now been active within COSA for three years and has doubled its membership number in 2009 to 110. Pleasingly this represents a wide multidisciplinary group including geneticists, counsellors, oncologists, surgeons, scientists, and consumers. Information regarding inherited predisposition to cancer and genetic testing has continued to receive media attention this year and this challenges all cancer professionals to maintain their knowledge in this area and to establish referral networks within their practice. Some compromises have been seen in the area of patenting of gene testing however no changes to Australian legislation have as yet occurred in this area.

The Familial Cancer Clinics craft group education day occurred in August in proximity to the excellent annual meeting of kConFab, the Australian Breast Cancer Family Study, the Australasian Colorectal Cancer Family Study and the Australian Ovarian Cancer Study and was extremely well received, with an outstanding line-up of national and international speakers. Planning is currently in place for the next Family Cancer Clinic Day on 17 August at Mantra Salt Beach.

Our group also hopes to take a larger role than previously in the 2010 COSA annual meeting and to showcase some of the excellent work being done by Australian researchers in familial cancer.

Significant challenges remain for our members in their day to day practice including

- Lack of DHS funding for genetic testing outside of BRCA, HNPCC and FAP
- Lack of appropriately trained personnel and positions to meet increasing demands
- Comparative difficulty in finding funding for clinical studies involving intervention in our patient groups
- Going forward, I am sure that we will be able to work together with COSA and funding bodies to address some of these issues in the near future.

Lara Lipton, Chair

Gastrointestinal Group

2009 has been a relatively quiet year for the GI group, but I hope the year ahead will be more productive. The Annual Scientific meeting was held on the Gold Coast but GI cancer was not a major focus this year. Still, the meeting did highlight research being conducted across the country in the GI cancer field and I strongly encourage all of you with research interests in GI cancer to support the 2010 meeting in Melbourne by submitting your abstracts and attending.

The trials and tribulations of the colorectal cancer screening program continued to be followed by the group with interest. The low point was the temporary suspension of the program in May due to concerns about the reliability of the faecal occult blood test. The program is back in full swing and the uptake and impact of screening continues to be carefully assessed.

The other issue of significant interest has been the accessibility to the newer cancer treatments for advanced bowel cancer. The monoclonal antibodies cetuximab and panitumumab are both TGA approved but are not PBS listed, and universal access to such treatments in Australia does not exist at the present time. Media reports have covered the issue through 2009. Current "free" access to such medicines does exist but only through participation in clinical trials. The full impact of the absence of PBS support has not yet been felt whilst these trials are still running. As the clinical trials eventually close we can anticipate challenges in our effort to achieve the best possible outcomes for patients with metastatic bowel cancer. Whilst COSA has not historically played a role or even expressed a view about new drug funding, 2010 may be the year to reconsider this.

I wish you all a happy and prosperous 2010.

Chris Karapetis, Chair



Gynaecology Group

ANZGOG has had a busy and successful year with a successful incorporation and an extended trial portfolio resulting in well over 100 patients recruited into clinical trials in 2009. Tripod...our feasibility/toxicity study of intra-peritoneal chemotherapy attained target recruitment and is currently being analysed. Symptom Benefit has moved on to its next Phase which will involve more Australian and International sites, OVAR16 is tracking on expected accrual and OUTBACK looks set to become a large international multicentre trial with Intergroup involvement.

The joint Scientific meeting with ASGO was a huge success and this year's meeting at the end of February with Prof Michael Bookman as our guest promises to be the same.

Our Community Training workshop held jointly with COSA was a triumph and hopefully will be repeated. Community involvement will continue with a workshop run by Dr Sally Baron-Hay at the Annual Scientific Meeting.

Prof Danny Rischin has been elected Chair-Elect and Dr Michelle Vaughan will take over the Research Advisory Committee Chair. I will stand down as Chair in October to take up Chairmanship of the Intergroup. I am most grateful to many people for help and advice during my term.

Michael Quinn, Chair

Medical Oncology Group (MOGA)

2009 was a highly productive and busy year for MOGA. The celebration of the Association's 30th Anniversary also marked thirty years of medical oncology practice in Australia, and provided a unique historical perspective that informed the entire range of activities the Association undertook throughout the year.

Medical Oncology Workforce in Australia:

A major new project in 2009 that was commissioned by MOGA was The Australian Medical Oncologist Workforce Study 2009. The Study aimed to produce a snapshot of the national Medical Oncologist workforce and to provide a data set that will be applied to specific research on workforce issues such as benchmarking, standards and access to services in rural and remote Australia in the future. The study was overseen by a small working group, led by A/Prof Bogda Koczwara, who determined methodology, assisted in recruitment and analysed results. The final report will be available in February 2010 and is to be published at a later stage. The Study demonstrated what most medical oncologists already know: that there are not enough clinicians to provide services to the ageing population, a rising incidence of cancer and the need for equitable access to specialist care in all geographic areas of Australia.

Oncology Drugs:

The Association's Drugs Advisory Group and members with a specialist interest in new oncology drugs completed the fifth, and by far the most comprehensive Annual Horizon Scanning Report on new oncology drugs and treatments, prepared to date. The

Report was the focus of discussions at the Annual Oncology Drugs Roundtable in December 2009. At this meeting attended by key stakeholders, 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; and a request for access to Zoladex (Goserolin) for early breast cancer to be considered by the Pharmaceutical Benefits Advisory Committee.

A new Breast Cancer Specialist Working Group was also established in 2009 to develop a paper entitled The Rational use of trastuzumab in locally advanced and metastatic breast cancer: implications of recent research. This paper was sent to the Federal Department of Health and Ageing to provide the Minister with up to date professional clinical advice to inform decisions on the future and expansion of the Trastuzumab Program, for Late Stage Breast Cancer and related issues.

Intravenous Chemotherapy Budget Measure

In response to the Government's announcement and consultations regarding the budget measure to reduce expenditure associated with intravenous oncology drugs, MOGA, along with other organisations was called on to provide advice for suggested improvements to the measure. Along with partner organisations including the Clinical Oncological Society of Australia, MOGA contributed to a number of discussions and letters to the Minister, providing clinical advice and expertise on strategies to improve the measure without compromising patient care.

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 2009 as the interest in the specialty increased. The increased interest in completing a Fellowship in Medical Oncology is good news for the profession as there are a number of workforce concerns and identified shortages of Medical Oncologists around the country.

In order to support the trainees, MOGA provided a range of education activities including an extensive awards program, the development of a new trainee's package as well as offering training programs in Communication Skills and Basic Sciences of Oncology. The Basic Sciences of Oncology Program was developed by Prof Michael Brown, MOGA Deputy Chairman, to address specific learning needs identified by both consultants and trainees. This program aimed 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 covered 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):

Planning began in earnest for the 2010 ACORD Workshop, one of only three workshops of its kind worldwide, working closely with our collaborating partners: the American Association for Cancer Research, the American Society of Clinical Oncology, and the European Society for Medical Oncology and COSA. The Workshop, a six-day educational program targeting all disciplines of cancer research, to improve and advance clinical trial design in the Australia/ Asia Pacific region will be held in September 2010.

Education Activities

In 2009 MOGA finished and launched a new, free online Education Program in Cancer Care (EPICC) that aimed to improve access to cancer education resources and management knowledge for non-cancer specialist medical practitioners in regional and rural Australia. Again, on behalf of MOGA A/Prof Bogda Koczwara led a multidisciplinary Steering Committee, to develop this project which was funded by the Australian Government as an initiative of Cancer Council Australia.

MOGA's Annual Scientific Meeting, at the Hyatt Hotel Canberra, afforded an opportunity to celebrate the Association's 30th Anniversary with a range of educational and social events. The Visions of Medical Oncology, photographic competition featuring images submitted by members highlighting their personal vision of medical oncology and a film, View from the Chair, featuring past MOGA Chairmen were highlights of the Program. The Scientific Meeting focussed on current research and new developments in clinical practice relating to our theme The Epidemiology of Cancer: From cause to care and was followed by the inaugural Best of ASCO® Australia Meeting that brought the scientific breakthroughs and highlights from the American Society of Clinical Oncology Annual Meeting to Australia for the first time. This unique event provided an innovative forum for leading Australian medical oncologists to review and debate new cancer treatments and oncology drugs.

MOGA acknowledges and recognises the important and essential contribution of our many members to the Association's Executive and specialist working groups, as well as sub-committees. Together we look forward to a productive and challenging 2010 working collaboratively with our colleagues in all cancer related fields.

Michael Michael, Chair

Neuro-Oncology Group

The Neuro-Oncology group had a very productive 2009 with a number of highlights.

After a few years of hard work the glioma guidelines were published and launched. "Clinical Practice Guidelines for the management of adult gliomas: astrocytomas and oligodendrogliomas" 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. The COSA Neuro-Oncology membership has provided significant expertise in terms of the development and review process of the National Consensus Guidelines for the Management of Adult Patients with Astrocytomas and Oligodendrogliomas. Professor Michael Barton (radiation oncologist, NSW) was the Chair of this guideline process, Emeritus Professor Tom Reeve from the Australian Cancer Network was the Convenor (having supervised the development of the vast majority of all Cancer Guidelines in Australia), and Dr Elizabeth Hovey (medical oncologist, NSW) was the Project Officer along with a productive working party, many of whom were chapter leaders. A special thanks to Steve Newton who donated money for the guideline process in memory of his wife Valerie; and to the staff at Australia Cancer Network, particularly Christine Vuleitch. The guidelines have been very well received so far and there are a number of further related launch activities in 2010 planned.

Australia was well represented at the World Federation of Neuro-Oncology (WFNO) meeting at Yokohama, Japan in May 2009. There were a number of Australian presentations including one by Dr Kerrie McDonald who was one of the merit award recipients at the Hoshino Award Ceremony. Other Australian presenters included Dr Lawrence Cher, Bryan Day, Terrence Johns, Dr Eng-Siew Koh and IBTA's Denis Strangman.

The 2009 highlight undoubtedly was the COSA 2009 ASM in November on the Gold Coast. Neuro-Oncology was one of the two tumours highlighted and there was a comprehensive programme which extended throughout the meeting. In addition to an excellent line-up of Australian speakers, there was a high calibre international panel, including the world-famous medical oncologist Professor Roger Stupp from Lausanne, Switzerland after whom the "Stupp protocol" for glioblastoma multiforme is named. Our other neuro-oncology international guests included Professor Normand Lapierre, from Princess Margaret Hospital, Toronto, Canada; Dr Renato LaRocca a medical oncologist from Louisville, Kentucky, USA; and Dr Jacques Grill a paediatric neuro-oncologist from France. There was also shared expertise from other international guests including Natasha Leighl, Catherine Terret and Caroline Messner in some of the plenary and joint sessions. Dr Elizabeth Hovey convened the neuro-oncology programme along with the Programme committee which included Dr Eng-Siew Koh, Dr Lawrence Cher, Dr Kate Drummond, Ann Ratcliffe (Executive officer of COGNO) and her predecessor Kathleen Scott, and input from Lauren Martin (AGOG). This same group curated the programme for the satellite COGNO meeting.

The "neuro-oncology" programme addressed far more than primary brain tumours and had many general oncology components. Sessions included:

An epidemiological session on the potential association between mobile phones and brain cancer; a multidisciplinary session about cognitive and behavioural impairment in cancer patients; "Common uncommon brain tumours" highlighting medulloblastoma, chordoma, and ependymoma (a session that appealed to paediatric as well as adult neuro-oncologists); a plenary session on "Brain and Cancer" - which covered some novel ground including new data about the effects of radiation and chemotherapy (for all cancers) on the brain including the controversial topic of "chemo-fog"; a joint session with the

lung cancer group on “Cerebral metastases from lung cancer and other cancers”; a session on long term (30-year) follow up of childhood medulloblastoma survivors in the paediatric/AYA session; and a multidisciplinary session on the management of spinal cord compression in the post-Patchell era. The final day of the programme was the day focussing on primary brain tumours. The day began with a fascinating “Meet the Professor” breakfast with Professor Stupp. This was followed by a plenary session on “Primary Brain Tumours - State of the Art” emphasizing the management of high-grade gliomas which included the launch of the Australian Glioma Guidelines by Emeritus Professor Tom Reeve. Then there were 6 local neuro-oncology abstracts chosen to be presented as part of the “Best of The Best Neuro-Oncology Abstracts”, with 2 international discussants (Professor Stupp and Dr LaRocca). The best abstract was awarded to an enthusiastic medical student Helen Ke for her abstract on cognitive assessment tools: “Is the Montreal Cognitive Assessment a more sensitive tool than the Mini-Mental State Examination?”. The day ended with a neuro-oncology satellite symposium, highlighting new surgical and imaging techniques in neuro-oncology. Many group members then stayed on a further day for the 2nd COGNO ASM.

The COSA Neuro-Oncology group has continued to foster a very close relationship with the national neuro-oncology trials group COGNO (Cooperative Trials Group for Neuro-Oncology) which received funding in late 2007 and formally launched in 2008. COGNO is operating out of the NHMRC Cancer Trials Centre (CTC) which is run by Professor John Simes (who is also the Deputy Chair of COGNO). Professor Mark Rosenthal is the Chair of COGNO, with Dr Elizabeth Hovey as COGNO secretary. The Executive Officer of COGNO (Ann Ratcliffe) also participates in the COSA Executive Officers Network. By the end of 2009 COGNO already had over 170 members and continues to expand its numbers. COGNO and the COSA Neuro-Oncology group look forward to an ongoing very close and fruitful association. As mentioned above, the second COGNO ASM was held on the Gold Coast (22nd November 2009) immediately following the COSA ASM. Our international colleagues Professor Stupp, Professor Laperriere and Dr LaRocca stayed on and contributed marvellously to the COGNO day including forming an international panel discussing new protocol concepts as well as giving us global updates of the various Intergroup portfolios. A number of new concepts are moving forward as well as COGNO's first formal international collaboration with EORTC - the study CATNON which is an international study of concurrent chemoradiation for patients with anaplastic gliomas (without the 1p and 19q deletion). Dr Anna Nowak is the Australian PI. COGNO has already been involved with some other studies co-badged with EORTC and TROG including the Low grade Glioma Study and the Glioblastoma Multiforme in the Elderly Study but CATNON is the first time COGNO has been the lead national group in an international collaboration.

The Hubert Stuertzl Memorial Educational Award (a Schering-Plough sponsorship, an initiative named after the wonderful Hubert Stuertzl, product manager for temozolomide, who was a passionate committed crusader for neuro-oncology patients and clinicians before his untimely tragic passing in 2005 from a glioma) was again offered in 2009, having been initiated in 2006. The award (which is offered through a collaboration with MOGA) provides up to \$15,000 for the successful recipient to attend a major neuro-oncology meeting (e.g. SNO, EANO, Perspectives in Neuro-Oncology). It was offered to Dr Siddhartha Baxi in 2009, Radiation Oncology trainee. Dr Baxi (recently an Oncology Fellow at Princess Margaret Hospital Toronto) is

based at the Royal Brisbane Hospital and will use the Award to attend EANO 2010 in the Netherlands.

Many COSA Neuro-Oncology members are closely involved with the AGOG (Australian Genomics and Clinical Outcomes of Glioma) project. The AGOG Network (headed up by Professor Lyle Palmer along with a team of other chief investigators from Western Australia and NSW, and Executive Officer Lauren Martin) received STREP (Strategic Research Partnership) funding from the Cancer Council NSW announced late 2007 to develop linked databases investigating a number of translational research endpoints, including identifying clinically important genetic variations and biomarkers. The project is now involving far more than the original 4 sites and hopefully will eventually be a national initiative. (There is also a plan to collaborate with the Biogrid Project in Victoria and ACT). Cancer Council NSW has employed a full time Project Officer for the task as part of the grant. In 2009, sites in Perth and NSW were activated, along with prospective clinical databases. Cancer Council NSW, under the leadership of Dr Andrew Penman, have launched a number of funding initiatives (such as “Grey Matters”) to keep the project well funded over the next few years.

The COSA neuro-oncology group continues to advocate for funding for national neuro-oncology clinical care co-ordinators and federal and state funding for creation of appropriate sites for young patients who need nursing homes. Unfortunately, not many updates on this front in terms of increased resources came through in 2009, although there have been a few more privately funded neuro-oncology nurse coordinators in that time. NSW Cancer Institute has funded a one-year neuro-oncology care coordinator position to be formally assessed as part of a NSW Health Innovation Grant (at Liverpool Hospital) for 2010 (after a number of delays in the recruitment process). A new NSW Brain Tumour Consortium/Network linking all the neuro-oncology stakeholders (including charities, neuro-oncology laboratories and researchers, consumers and clinical groups such as our COSA Neuro-Oncology group) had their first meeting in early 2009. (This meeting was followed by a submission for support and a face-to-face visit to a NSW MP, Jodi McKay). Such a consortium will be useful indeed in terms of advocating for neuro-oncology causes. There are plans for this network to become national in 2010.

The COSA Neuro-Oncology group would like to thank COSA and the Convening Committee for their unwavering support in developing and facilitating the neuro-oncology programme, particularly Margaret McJannett.

Liz Hovey, Chair



Nutrition Group

The Nutrition group has had a successful inaugural year with over 60 multidisciplinary members. The major activity of the group has been related to the Head and Neck Grant from the Cancer Institute NSW - Development of evidence based guidelines for the nutritional management of head and neck cancer. The aim is to produce the guidelines using a Wiki format so that they will remain a living document. Group member Merran Findlay led the initial

successful submission to the Cancer Institute NSW in 2008. In early 2009, COSA completed negotiations with the Cancer Institute and recruitment for a project officer commenced. Teresa Brown was the successful candidate and commenced in July 2009. Her major focus has been formation of the multidisciplinary steering committee and a dietitians sub-committee. The project is progressing extremely well with excellent response from COSA groups and members for representation on both the committees. Teresa has provided an overview of the project to date at the end of this report.

Judy Bauer was a member of the Scientific Committee for the ASM. Oral presentations included invited speakers – Prof Sandra Capra (University Queensland) who spoke on the new Nutrient Reference Values and Nicole Kiss (Peter McCallum, Vic) on nutrition intervention pathways. There was an increase in submitted abstracts with a nutrition focus and Merran Findlay was successful in applying for a Travel Grant to attend. Nicole Kiss was a finalist in 'Best of the Best Poster' award and Teresa Brown won a Most Novel Research Presented by Poster award. The book 'When Cancer Crosses Disciplines' was launched at the ASM with three nutrition chapters contributed by group members Kathy Chapman, Jane Read and Judy Bauer. At the group's annual meeting at the ASM, a subcommittee was formed to progress our work with teleconferences to be held every 3 months. Members of the subcommittee and their allocated areas are:

Assoc Prof Judy Bauer – Chairperson, Project Supervisor Head and Neck Grant

Merran Findlay - Project Supervisor Head and Neck Grant

Nicole Kiss – ASM 2010 Scientific Committee Member

Wendy Davidson and Kathy Chapman – Website Development (education material)

Teresa Brown – Head and Neck Grant Project Officer

Dr Liz Isenring – Research Development

Planning is underway for an application for a COSA professional development grant to be submitted in the first quarter of 2010.

**Assoc Prof Judy Bauer
Chairperson**

Project: Development of evidence based guidelines for the nutritional management of head and neck cancer

Phase 1 of the project

Defining the scope of the project - has been completed. The multidisciplinary steering committee met via teleconference in November 2009 and provided input into the project plan and clinical questions to be addressed in the guidelines. The project plan has formally been signed off by the project supervisors (Judy Bauer and Merran Findlay), project facilitators (COSA) and project sponsors (Cancer Institute NSWOG (Head and Neck)).

Work has also been progressing on the evaluation phase of the project. It is planned that an electronic survey will be distributed to the senior dietitian at all cancer centres nationally to determine current practices in nutrition management of head and neck cancer and staffing levels and structure of resources. This will then be repeated post implementation of the guidelines to assess the impact on change in practice and resources.

The project has now entered phase 2 - literature searching, retrieval and critical appraisal. The project dietitian has had several meetings with a librarian to ensure optimal search techniques are used to retrieve high quality papers. The project dietitian and the dietitian subcommittee will be reviewing these papers over the next 4 months for quality, according to standard criteria and each study will then be summarised with a brief critical appraisal addressing the strength of evidence, size and relevance of effect, and given a level of evidence as per the NHMRC guidelines.

An abstract was submitted to the COSA ASM last year on this project, and it was a winner in the category "Most Novel Research Presented by Poster".

***Teresa Brown APD
Project Dietitian***

Judith Bauer, Chair

Palliative Care Group

2009 has been a busy year in Palliative Care nationally. There has been significant growth in palliative care clinical trials nationally as the Palliative Care Clinical Studies Collaborative, funded by the Commonwealth Dept of Health and Ageing entered its third year. This has built capacity in both investigators with experience in palliative care clinical trial design and conduct; but also a growing body of clinical trials nurses and research professionals with specific skills in palliative care research.

On the educational front the PEPA (Program of experience in the palliative approach) programme continued strongly. The Australian and New Zealand Society of Palliative Medicine organised an educational road show across the country; and structured communication training as part of advanced training in palliative medicine has been developed.

The palliative care needs assessment guidelines and tools were released providing a significant resource for services to plan for the palliative needs of their patients. Internationally palliative care has an interest in supporting development of palliative care services in the Asia Pacific; and will work closely with the COSA developing nations group in these initiatives; and with Australasian Palliative Link International.

As we move into 2010 the group will have involvement in the National Pain Summit, and will be considering initiatives to take forward strategies to improve cancer pain control.

Meera Agar, Chair

Psycho-Oncology Group

2009 was a productive year for OZPOS on several fronts, as outlined below. Particular highlights were the recognition of outstanding achievements of group members, and a highly successful inaugural OZPOS/PoCoG Professional Day.

Outstanding Achievements

Professor Phyllis Butow was awarded the International Psycho-Oncology Society (IPOS) Bernard Fox Memorial Award at the IPOS 11th World Congress of Psycho-Oncology, held in Vienna, Austria in June 2009. The award was established to honour an IPOS or community member who has made an outstanding contribution in education, research or leadership to the field of psycho-oncology.

Professor Kate White, Associate Dean (Research), Faculty of Nursing and Midwifery at the University of Sydney, was appointed as the first Academic Chair in Cancer Nursing for NSW. This appointment recognises the vital role of specialist nurses in cancer treatment, research, education, and service delivery.

Professional Day

The inaugural OZPOS/PoCoG Professional Day was held immediately prior to the COSA 2009 ASM on the Gold Coast, attracting 130 registrants. The broad aims of the day were to afford an opportunity for presentation of emerging research not being presented in the ASM Program, provide opportunities for networking and discussion of strategies for implementation of research into clinical practice, as well as opportunities to participate in clinical skill development through workshops.

The day commenced with a plenary presentation by the International guest speaker for the ASM, Barry Bultz, setting the scene for further discussion about the integration of screening for distress into routine care in oncology. Subsequent concurrent sessions allowed emerging researchers to present material related to the following themes: Culturally and Linguistically Diverse populations, clinical care, and emerging "hot topics" in psychosocial research. A multidisciplinary panel discussion used structured case vignettes to explore aspects of delivery of psychosocial care, including systems and training issues. The clinical workshop topics were Sexuality, and Mindfulness.

Participants in the Professional Day included researchers, nurses, social workers, students, psychologists and psychiatrists, all of whom endorsed the quality of the presentations, and the value of opportunities to extend clinical and research collaborations. There was enthusiasm for the establishment of Professional Days as regular events.

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

Research

Following PoCoG's Concept Development Workshop in 2009, further progress has been made in several projects including sleep disturbance and fear of recurrence in cancer survivors. PoCoG is fostering the development of these projects to funding stage by supporting the interest groups including facilitating group meetings and teleconferences, providing administrative support, assisting with literature reviews and assisting with pilot projects. Further information can be obtained by contacting the PoCoG Executive Officer, Ms Monika Dzikowska by email at monikad@psych.usyd.

edu.au

Professor David Currow, CEO of Cancer Australia, and Prof Phyllis Butow, PoCoG Chair, officially launched the PoCoG searchable online database of validated psychosocial and quality of life measures in November at the conclusion of the inaugural OZPOS/PoCoG Professional Day. This Psycho-Oncology Outcomes Database (PoD) contains information about more than 350 patient-reported questionnaires measuring outcomes such as quality of life, supportive care needs, psychological states and social support, and can be accessed by members via the PoCoG website.

Professional Groups:

A new interest group was formed through the Australian Psychology Society (APS) to provide a forum for psychologists working in the hospital system, in private practice and in areas otherwise unsupported. The special interest group arose from the desire of a group of psychologists working clinically in oncology to make links with others in similar areas of work to share ideas as well as to work together on raising the profile within the APS, and it is anticipated that mentoring programmes will be established to support psychologists new to oncology and provide peer consultation where needed. Psychologists do not have to be members of the APS to join the special interest group. Further information can be obtained from the website at http://www.groups.psychology.org.au/poig/about_us/. Application forms can be downloaded from <http://www.groups.psychology.org.au/igs/>

Communication Skills:

The National Breast and Ovarian Cancer Centre launched a new communication skills training module: Effectively discussing complementary and alternative medicines (CAM) in a conventional oncology treatment setting. The Centre also partnered with researchers in Western Australia to trial a new model of communication skills training delivery: Teaching on the run: incorporating good communication. The workshop program was implemented as a pilot program in three capital cities, to demonstrate the principles of effective communication skills into the real-time clinical training of junior cancer health professionals. Further information about these and other communication skills training initiatives can be obtained by contacting Heidi Wilcoxon heidi.wilcoxon@nbocc.org.au or 02 9357 9411.

Conferences:

- IPOS Congress: Australia was well-represented at the International Psycho-Oncology Society (IPOS) Meeting in Vienna in June, with both oral and poster presentations by members.
- The initial meeting of the newly-established IPOS Federation was held, and working groups developed with the aims of reviewing curriculum and education in psycho-oncology, and training and accreditation.
- COSA ASM: The ASM was a highly successful meeting, and provided useful opportunities for networking and updating about emerging research.

Professional Education:

- Members of OZPOS continued their contribution to the

development of educational initiatives, including through the Education Program in Cancer Care (EPICC), Cancer Learning, and new resources developed by the National Breast and Ovarian Cancer Centre.

- Initial evaluation of the Queensland Health funded initiative to promote communication skills training by rolling out training by purpose-trained facilitators who receive mentoring for initial workshops has been highly favourable.
- The other Queensland Health initiative, a pilot project of videoconferenced peer supervision for psychologists working in oncology has concluded, and responses of participants are being examined to determine ways of using this as a model to build capacity in psycho-oncology service delivery.
- Further information about these initiatives is available by emailing Jane Turner at jane.turner@uq.edu.au

Annual General Meeting

The AGM was held on 19th November during the ASM. Discussion focussed on the Professional Day, and there was endorsement of the value of establishing a similar day as a regular event.

There was also discussion about the role of OZPOS in relation to IPOS, educational initiatives, and issues in relation to planning for the 2010 ASM. Jane Fletcher is the OZPOS representative on the organising committee, and she will be supported by Annabel Pollard and Jeremy Couper. Members of OZPOS are grateful for their enthusiastic commitment.

Jane Turner, Chair

Radiation Oncology Group

Dear Membership

I am glad to report that over the past 12 months the profile of Radiation Oncology within COSA and amongst other key-stake holders continues to grow. With the help of a number of organisations which include COSA, RANZCR and TROG, Radiation Oncology has enjoyed a challenging and productive year.

There have been a number of key strategic developments within the Faculty of Radiation Oncology which include:

- Implementation of new curriculum for Radiation Oncology Trainees
- Development of new Radiation Oncology Standards for practice
- Further work on the National Dosimetry Centre
- Australian Government commissioning of a Radiation Oncology Workforce Review

The new training curriculum is an exciting step forward for the specialty and incorporates the latest thinking in education, training and assessment.

Radiation Oncology will now be conducted in a 'network training' model, which means that trainees will no longer be joining a training

hospital but a network of hospitals for the duration of their training. A network system aims to enhance the quality of training across all training sites and to increase registrar access to a variety of clinical experiences and settings. Currently, there are 6 networks in Australia (includes Singapore) and 1 in New Zealand. The current network size ranges between 2 and 8 training sites.

In a long-awaited development, the Radiation Oncology Standards for practices have been ratified by the Tripartite Committee between the Faculty of Radiation Oncology, the Australian Institute of Radiography and the Australasian College of Physical Scientists and Engineers in Medicine. A total of 16 Standards were developed. The Australian Government is funding a 15 month pilot implementation project which commenced in July 2009. The Standards pilot is being conducted across 15 sites in Australia and is managed by the National Association of Testing Authorities (NATA).

The Australian Government has recognised the issues around major radiotherapy incidents and is currently examining the business case for an Australian Clinical Dosimetry Centre that was prepared by the Allen Consulting Group. The purpose of the Centre would be to provide some assurance that radiotherapy patients receive the appropriate radiation dose consistent with international best practice. The primary role of the Centre would be to provide a level I, II and III dosimetry service to radiation oncology facilities in Australia. The Faculty has a keen interest in this issue.

The Australian Government has commissioned a review of the current status and capacity of the radiation oncology workforce in Australia. The review is being conducted by an independent consultancy organisation HealthConsult and will look into the current status and capacity of three main professions that make up the radiation oncology workforce (radiation oncologists, radiation therapists and medical physicists). The review will also consider opportunities for ensuring an adequate supply of well trained radiation oncology workforce. The final report is due in October 2009. The Faculty anticipates that the review will identify and quantify the existing and projected shortages in radiation oncology workforce which could then be used as an advocacy tool for increasing the number of training positions in Australia.

TROG has featured prominently in some recent national and international conferences with several trials featuring as oral presentations. On a national level, no less than 12 TROG related papers were presented at the recent CSM in Brisbane at the end of October. At the World Lung Cancer Conference in San Francisco in August, two papers were presented and the ASTRO meeting recently held in Chicago another two papers were presented including a plenary.

TROG has recently secured funding from the Australian Government Department of Health and Ageing (DoHA) to undertake project work to develop and pilot an evaluation framework for new radiation oncology technologies and treatments. The funding has been provided through the Better Access to Radiation Oncology (BARO) Program that has identified the undertaking of research into new technologies and treatments in radiation oncology as one of its objectives and outcomes. Project work commenced in early January and the goal of the Project is to develop a robust and responsive Framework that is capable of collecting and generating information to substantiate the safety, clinical effectiveness and cost effectiveness of new technologies and treatments in radiation oncology.

This framework will then be piloted to assess the clinical efficacy and cost effectiveness of Intensity Modulated Radiation Therapy (IMRT) and Image Guided Radiation Therapy (IGRT) in four tumour site-specific projects:

1. Nasopharynx (IMRT)
2. Anal Cancer (IMRT)
3. Post-Prostatectomy (IMRT)
4. IGRT (prostate/bladder)

If both, or either, of these technologies is shown to demonstrate clinical efficacy and cost effectiveness then an MSAC application(s) will be developed. The application(s) will be developed in close consultation with the profession. On completion of the project, this Framework will be easily and freely accessible to, and able to be used within, any Australian centre that may choose to undertake research on radiation oncology technologies and treatments for evaluation purposes. The project is due for completion in June 2011.

TROG has been fortunate to secure Professor Gillian Duchesne as Chair of the Executive Advisory Group who will oversee the implementation and conduct of the project and Mel Grand as the Project Manager. The enthusiastic response that the initial invitation made to all Australian radiotherapy services for Expressions of Interest to participate as a trial site will be leveraged by ensuring that all sites (whether or not they participate as a trial site) are kept informed of project progress and achievements.

Work to date has included development of a Project Plan that identifies major activities and strategies for their implementation, time frames, risks and mitigation strategies, expected outputs and the range of consultations that will be undertaken in regard to each major activity. Successful completion of this project and ongoing relationship with COSA will ensure that Australian and New Zealand radiation oncology research will continue to conduct multi-centre studies in a timely and efficient manner.



I wish to thank Natalia Vukolova, EO, Faculty of Radiation Oncology, and Rowena Amin, EO, TROG Cancer Research for providing information to produce this report.

Sandro Porceddu, Chair

Regional & Rural Oncology Group

2009 was certainly an interesting and exciting year for regional and rural oncology. For the first time substantial and dedicated funding has been allocated to improving regional oncology services. These improvements do not come about without a lot of hard work by many in the organisation. Here are the highlights for 2009.

Regional Cancer Centres of Excellence

The history of this project goes back a long way. The groundwork was really established with the publication of the "Mapping Regional Oncology Services" in 2006 pioneered by Craig Underhill. With Craig and the driving force of David Goldstein this project grew and in 2008 the Bringing Multidisciplinary Cancer Care to Regional Australia – Requirements for a Regional Cancer Centre of Excellence document was released. With this document in the public domain the hard work of promoting this idea began. David Goldstein again impressed with his ability to attract substantial support from ACIL Tasman in organising a project manager and exploring ways of bringing this to reality. With the support of COSA Council and a lot of hard work by Marg McJannett a cancer stream was organised for the May Meeting of the NRHA in Cairns. All of us were surprised and delighted with the announcement from the federal government only days before this meeting that \$560 million dollars was to be allocated towards the establishment of up to 10 regional cancer centres of excellence.

This money is primarily directed towards infrastructure spending and included in the allocation was the commitment already made to ACT Health for enhanced services based in Canberra. On August 4th COSA organised the Regional Cancer Centres of Excellence - a Way Forward workshop in Canberra. The aim of this was to help in the development of guiding principles and to promote ways to translate this capital commitment into maximising optimal cancer care in regional Australia. A copy of all of the presentations from that day is available on the COSA website. The deadline was January 8th and we await with much interest the announcement of successful tenders.

The focus of our group will continue to push for a guarantee that any capital funding will be sustainable and that human infrastructure is not forgotten in the process. Networking of these centres is also critical and links between regional centres of excellence and between regional and metropolitan centres need to be established. Here starts another project and something to work on in 2010 and beyond.

So, thank you to everyone who has worked tirelessly on all of the regional projects that have lead to this unprecedented funding. \$560M – lets make it work!

NRHA Meeting Cairns May 2009

Thank you to Bogda Koczwara, Kevin Comlossy, Marg McJannett, Sabe Sabesan, David Goldstein, Patsy Yates and everyone that helped with the cancer stream at this meeting. The National Rural Health Alliance is certainly a very large and politically active organisation and ongoing engagement with the NRHA to be looked at. The focus of the 2009 meeting was to promote regional cancer centres of excellence. The impetus we had hoped for the NRHA to take this forward was probably lost by the announcement of \$560M federal grant only days earlier. Never the less it was a good opportunity for COSA to promote itself to such a diverse and active organisation.

ASM 2009 Gold Coast

Thank you to the organising committee for another great meeting. A large number of abstracts were received again with a large focus

on distance and isolation. A number of plenary sessions were also devoted to this subject. Unfortunately it was not possible to hold a group meeting at the ASM and this will need to be addressed. There are a large number of group members and at this year's ASM a concerted effort will be made to meet. This will be particularly important in light of the recent funding.



Brendon Coventry discussing a Poster with a colleague.

2010

This year we are all interested in the outcome of the Regional Centres Grants. Regardless of the outcome it will be important to look at ways of making these centres sustainable. It will also be important to look at using these as pilots to guide the future development of world class cancer networks across regional Australia. I certainly look forward to talking and meeting with you throughout the year to discuss this further.

The ASM in Melbourne will be another excellent forum to highlight regional and rural issues and to present research and projects that you may be undertaking. I would encourage you to contact me with any ideas so that these can be forwarded to the organising committee.

Adam Boyce, Chair

Social Work Group

2009 was a pretty busy year in OSWA, a lot of interesting and exciting work is being done across the field in oncology. OSWA was a successful applicant for the COSA Professional Day grant to the value of \$7000.00. These funds were utilised to support the conference which was held following the COSA ASM. This meant that oncology social workers nationally were able to meet for two days in order to learn share and develop information and skills in relation to social work clinical practice. We were able to have Dr Carolyn Messner, who was one of the international invited speakers at COSA, as well as having our invited national speaker Dr Pam McGrath. The rest of the program was filled with lots of interesting and exciting work and research that is being done in the field of oncology social work nationally. Speakers topics ranged from practitioner based research, through to clinical practice skills and new researchers in the field. This was also followed by research that is being published by our seasoned social work researchers. The conference is the main arena for the coming together of our group, it is exciting to see 70 people from across the country converge in one space for two days sharing in the exchange of ideas, brainstorming new ideas and learning from each other. It makes for a somewhat tiring but overall invigorating and inspiring two days which have a definite positive flow-on effect that in turn enhances practitioner experience of their professional work.

This is also achieved through structured academic relationships and to this end The Melbourne University postgraduate course is also developing along very nicely with wonderful input from experienced oncology social work practitioners. Dr Pam McGrath is also fostering practitioner lead research from Qld and Dr Kate Burns is doing the same with her PhD students through Flinders University.

Our members also continue to be strong advocates for a broad range of issues in cancer care. Members have been very active in various policy forums, consumer forums and in the publication of pertinent research. Some of our members have had a very personal, as well as professionally satisfying year with public recognition of their expertise and commitment to the field of oncology social work. Dr Cynthia Holland was a successful recipient of the Churchill Fellowship and Dr Carrie Lethborg was awarded the Catholic Health Australia Emerging Leader Award.

The state groups continue to commit to provision of professional development, advocacy and training to their state based members and this continues to be a strength of the organisation. Our focus for 2010 is continuing building on these foundations and to further enhance the relationships we have fostered. Many of our members will be travelling overseas to present at international forums including American Association of Oncology Social Workers, International Psychosocial Oncology Society Conference amongst others. The strength of this group is that they have a strong national level of expertise in the field of oncology, with many members focussing on further developing their professional capacity and engaging in further academic and field-based research. We are looking forward to another exciting year ahead, please come visit our website for further information www.oswa.net.au

Angela Cotroneo, Chair

Surgical Oncology Group

In writing the Surgical Oncology report for 2009 it is timely to review the role of Surgical Oncology within COSA and the wider community. Surgeons are involved in many different dimensions of cancer management and are represented within each of the individual tumour streams within COSA such as lung, neuro, sarcoma, melanoma and breast. What is it then that's makes a Surgical Oncologist and what does Surgical Oncology bring to the table that is distinct from the service delivery of operating on a patient with cancer?

Surgical oncology has traditionally been regarded as a discipline of (general) surgery with a particular, but not exclusive focus on cancer surgery. Indeed to quote from the RACS website:

What is Surgical Oncology?

- Surgical Oncology is the planned, coordinated surgical care of the cancer patient. It represents more than Cancer Surgery alone. A Surgical Oncologist is trained in the principles of multi-disciplinary care and multi-modality treatment options, including medical and radiation oncology and palliative care. Surgical training, expertise and practice may be within a defined area (e.g. breast, Upper GI, melanoma or colorectal surgery) or across several tumour types (e.g. melanoma, sarcoma and breast).

- Surgical Oncology approaches are usually underpinned by sound knowledge of basic tumour biology, and the likely effects of useful combinations or sequence(s) of different therapeutic approaches.
- Surgical Oncologists are trained in the particular scientific principles of cancer surgery, aimed at delivering a high quality level of coordinated multi-disciplinary care to improve clinical outcome.

Undoubtedly the common feature of this group of surgeons is their involvement in all aspects of the patients' cancer care, and in particular the multi-disciplinary involvement with medical and radiation oncology colleagues, with genetic services, palliative care, counselling and support services. The surgeons' role within this context is more than just considerations of 'resectability' or of 'surgical cure'. Indeed the role of surgeons within the collaborative trials groups, the role of surgical leadership in cancer care and in education is pivotal.

Whilst Surgical Oncology broadly represents a major part of general surgical practice, it also includes a number of surgical sub-specialties, with a specific interest in surgical treatment of cancer. A definition of surgical oncology remains somewhat elusive. For many it involves management of 'rare' or 'solid' tumours – for others it involves 'any' tumour. It is arguable that many surgeons involved in management of cancer from a non-general surgical discipline may not regard themselves as surgical oncologists. Inclusion of gynae-oncologists, head and neck surgeons and orthopaedic tumour surgeons under this umbrella can only strengthen the discipline and provide greater opportunities for collaboration and engagement.

Surgical Oncology Nursing

COSA is a multidisciplinary organisation. Key to the development of Surgical Oncology in Australia will be better engagement with our surgical oncology nursing colleagues. Strengthening these relationships and building more effective models of nursing coordinators will be of enormous benefit.

College of Surgeons Surgical Oncology Group

There is considerable overlap between the Surgical Oncology groups of COSA and the College of Surgeons. As the College of Surgeons moves toward 'interest groups' rather than 'sections' it is opportune to review the synergies between the two groups and what role COSA can play in promoting multidisciplinary cancer care within the surgical framework.

The ASM of the College of Surgeons remains a key activity and an opportunity to engage, educate and recruit surgeons across a broad range of tumour streams.

In 2010 the ASC will be held in Perth. The Surgical Oncology visitor will be Professor Laura Esserman, Professor of Surgery and Radiology at the University of California, San Francisco and the Director of the UCSF/ Mt. Zion Carol Franc Buck Breast Care Centre. Professor Esserman is the co-leader of the Breast Oncology Program of the UCSF Cancer Centre and her clinical practice is devoted to breast cancer.

Whilst the RACS section of surgical oncology is a unique opportunity to 'capture' the surgical community, COSA provides a vehicle for engagement of surgeons in multidisciplinary aspects of cancer care. In particular COSA can promote clinical trials opportunities, educational opportunities and involvement of surgeons in shaping delivery of surgical cancer services.

Surgical Oncology Training

In 2008 the Surgical Oncology group took on a leadership role in advanced surgical training developing a weekend course covering the basics of modern cancer care. This was a watershed in the role of the group and it is timely to consider whether this should be repeated and the potential to develop a 'surgical oncology module' within the advanced training curriculum.

As Professor Mann identified in the 2008 Annual Report, post Fellowship training opportunities in Surgical Oncology are becoming more challenging due to increasing difficulty securing overseas opportunities. Post-fellowship training opportunities in various aspects of surgical oncology throughout Australia and New Zealand remain problematic and poorly coordinated. It is essential for the Surgical Oncology community to continue to identify emerging positions that are attractive to both Australian and overseas trainees.

The challenge for the Surgical Oncology group is to determine how the discipline of Surgical Oncology in Australia will develop over the next 5 years. It is vital that surgeons and surgical nurses remain engaged within this process.

Susan Neuhaus, Chair

Urologic Oncology Group

The Urologic Oncology group membership continues to grow and to be eclectic. Our most recent information indicates that we have 83 members, who have self-identified as consisting of 27 medical oncologists, 19 urologists, 9 radiation oncologists, 8 scientists, 6 pathologists, 5 data managers, 4 nurses, 3 psychologists, 1 allied health and 1 imaging. This broad spread of professional representation bodes well for the future of this multidisciplinary group. Unfortunately David Nicol resigned as deputy chair, however Shomik Sengupta took up this role on the recommendation of the Urological Society of Australia and New Zealand. We look forward to Shomik's increasing involvement with the group and with COSA.

The major activities of the group this year have been in respect of the COSA Annual Scientific Meeting, and interactions with the Australian and New Zealand Urogenital and Prostate Cancer Clinical Trials Group Ltd (ANZUP). Jarad Martin (radiation oncologist) was the group representative on the convening committee for 2009 and Ian Davis will take on this role again for 2010 in Melbourne. Genitourinary cancer was not one of the key themes at the 2009 ASM, however the group had a substantial program occupying the final day of the meeting. This began with a breakfast session supported by sanofi-aventis and was followed by a symposium entitled, "Multidisciplinary trials for high risk prostate cancer." This symposium addressed multidisciplinary perspectives of management of this condition and was chaired by Jarad Martin with presentations from a urologist, a radiation oncologist, a medical oncologist and a cancer nurse. The group AGM was held on that day, and after the conclusion of the main ASM a satellite symposium sponsored by Novartis was held. This was a case-based panel discussion entitled, "An holistic approach to the advanced RCC patient." It was chaired by Ron Bukowski from Cleveland and generated considerable interest and participation from the audience. Panel members represented urology, radiation oncology, medical oncology, palliative care and nursing.

An additional highlight this year was the successful joint initiative of COSA with sanofi-aventis to provide funding for the first "Advancing Care for

Prostate Cancer Patients 2009 Research Grants." The aim of this initiative was to improve the outcomes of prostate cancer patients by development of sustainable processes. Eligible applicants had to be financial members of COSA and be a nursing and/or allied health professional. The key selection criteria were: a patient-based project with a research component; sound scientific approach and feasibility; description of key milestones, research governance process, and mentorship where applicable; track record of the applicant and/or supervisor; budget; description of a business plan aiming to demonstrate how the position will move to become financially self-sustaining upon completion of the project. The proposals were intended to lead to improvements in patient outcomes, cost savings for the centres involved, and development of models that can be rolled out to other centres. In this way a limited amount of seed funding would be able to be used to develop sustainable models. A significant number of applications was received and were of very high quality. The winners were:

- Dr Jane Phillips, Cancer Australia. Project title: Identifying and better supporting vulnerable older men with prostate cancer – NCCI. This project will specifically involve geriatricians in the care of men with prostate cancer.
- Dr Geneviève Baratiny, University of South Australia. Project title: Clinical and quality of life outcomes after pelvic floor muscle rehabilitation for post-prostatectomy urinary incontinence – A randomised controlled trial of a DVD-guided training tool versus standard care.

The winners were announced by the President of COSA at the conference dinner. It is hoped that this initiative will continue into the future and this is currently under discussion.



The recipients of the 2009 sanofi-aventis Prostate Cancer Research grant: Dr Jane Phillips and Dr Genevieve Baratiny.

The group AGM covered issues of membership and leadership; project priorities; interactions with ANZUP and other organisations; informatics and tissue collection initiatives; consumers and advocacy; funding opportunities; and plans for the 2010 COSA ASM. The Urologic Oncology group plans to maintain a significant presence at future ASMs regardless of whether genitourinary cancer is a key theme. We are grateful for COSA's support.

The activities of the group on the final day of the ASM meant that it was possible to link it seamlessly with the ANZUP ASM held on Friday 20 November 2009. This meeting was facilitated by COSA and was also very well attended, with discussion of current and pending trials, future trial ideas, opportunities for engagement of other groups including basic science, psycho-oncology/supportive care, and tissue collection. Key agenda items also included discussions of strategic directions, and mentorship of younger investigators.

As previously, priorities for 2010 and beyond will include:

- Increasing the number and diversity of members
- Moving forward with initiatives to enhance bioinformatics
- Further engagement with COSA in terms of optimising tissue collection
- Improving consumer involvement
- Becoming a resource for advocacy for patients and clinicians involved with urologic cancers



Ian Davis, Chair

Australian Cancer Network

The Australian Cancer Network has found the year 2009 to be a year of consolidation, ensuring that loose ends have been addressed before embarking on to new activities.

The distribution of **Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand (Nov 2008)** has continued to have significant acceptance and is being distributed by the NSW Melanoma Network as well as ACN, over time this role will devolve to the NSW Melanoma Network.

ACN receives significant enquiry for the Guideline books and the **Aide – Memoire to Assist GPs in the Diagnosis of Melanoma**. The two together are used widely in promoting and improving GP care of melanoma, with the Melanoma Network becoming a very important player in this process.

Clinical Practice Guide – Basal Cell Carcinoma, Squamous Cell Carcinoma (and related lesions) - A Guide to Clinical Management in Australia (Nov 2008) – a revision of "Clinical Practice Guidelines: Non – Melanoma Skin Cancer Guidelines for the Treatment and Management in Australia" (2002).

The document is completed by an illustrated summary card for GPs. The Guide is in consensus mode due to the paucity of RCTs in relation to surgical treatment and so there is a lack of high level evidence.

It is hoped that these documents which are used widely in a teaching role together with melanoma, may lead to interest in RCTs for surgery in non-melanoma skin cancer to be developed.

Clinical Practice Guidelines for the Management of Adult Gliomas: Astrocytomas and Oligodendrogliomas (Nov 2009)

These Guidelines, developed under the chairmanship of A/Professor Michael Barton OAM and the project guided by Dr Elizabeth Hovey, have had the strong endorsement of COSA and been received with great enthusiasm by patients and professionals alike. It has been launched as a successful first in its field.

I was indeed privileged to be given the role of launching these Guidelines at the Annual Meeting of COSA on the Gold Coast in November 2009.

Clinical Practice Guidelines for the Management of Advanced Prostate Cancer

A great deal of work has continued on these Guidelines throughout the year. The Guidelines have taken longer than anticipated, there being a good deal of time finalising the area of hormone deprivation. The penultimate draft of the Guidelines was sent to the NHMRC just before Christmas and the Working Party is awaiting comment from that office.

Colorectal Cancer

The 1995 Guidelines are approaching review and chapters 9 and 17 are being overseen by a Working Party. Three areas of "Surveillance Colonoscopy" are being undertaken:

1. Following adenoma management.
2. Following surgery for colonic cancers.
3. For inflammatory bowel disease. Systematic reviews are well under way and completion in the second half of 2010 expected.

Wongi Yabber

A successful newsletter that is published quarterly and continues reporting the progressive activities of CCA, COSA, NBOCC, CVA, Surgical Oncology, CNA and from time to time Genomic Disorders Research Centre. It is a running report on ACN activities. Personal items are sometimes reported, particularly awards and reports of upcoming and recently past meetings and more especially meetings focussed on cancer.

Electronic distribution has grown to 116 recipients. This is a useful time and money saver. The Co-Editor and ACN Executive Assistant, Christine Vuletich, takes great pride in "Wongi" and deserves an accolade from all of us.

Guidelines – Present and Future

The Advanced Prostate and Surveillance Colonoscopy Guidelines may be the last Guidelines in the current format. It is proposed that the "Wiki" format be followed and is endorsed by a number of groups.

Plans are afoot to revise the Lung Cancer Guidelines in this manner. The COSA Lung Cancer Group will be involved in this activity.

ACN looks forward to enjoying its excellent relations with COSA into the future.

Staff

The Secretariat continues the public face of ACN and fields many requests and comments on ACN while promoting its prime activities, it maintains strong inter-institutional linkages and serves the needs of many individuals.

Ms Christine Vuletich serves as Executive Assistant and gives enormous assistance to a wide range of Networkers in cancer. Christine has served with great distinction in this role for 16 years and is pivotal in its success.

Ms Kate Muir served as Office Assistant and worked effectively in her position, resigning on graduation from university.

Emeritus Professor Tom Reeve will be leaving ACN at the end of June 2010.

Volunteers

The broad group of primarily medical professional volunteers are the jewel in ACN's crown. Their hard work, loyalty and agreeability have been matchless. ACN looks forward to maintaining this group whose pro-bono support has been a clear mark of their dedication.

Last Report

This will be my last report for ACN to COSA. I have had some 16 years at ACN and have decided that CCA and COSA have been most tolerant of me and I will leave you all with great memories and satisfaction, all being underpinned by the loyalty all have shown to me.

Emeritus Professor Tom Reeve AC CBE
Senior Medical Advisor, Australian Cancer Network



Cancer Voices Australia

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

Cancer Voices organisations enjoy close relationships with the National and State Cancer Councils. The interests and objectives of both groups, though not identical, overlap considerably. The support of Cancer Councils has been a key factor in the formation and development of Cancer Voices. At the national level we also acknowledge the support of COSA.

Advocacy

The primary role of Cancer Voices is to act as advocate for their members' interests. During 2009 we have been and remain active in many arenas, such as:

- Intravenous Chemotherapy Supply Program
- Guidelines for Rural and Regional Cancer Centres;
- Pressure for improved financial support (PATs) for patients in rural and remote areas – an ongoing issue;
- Advocacy to reduce waiting times for radiation therapy at State, National and even regional and hospital levels;
- Advocacy to improve access to radiotherapy at State and National levels;
- Development of a new dosimetry to ensure safe delivery of radiation
- Patient access to new cancer therapies through regular briefings with the PBAC
- Maintain a frontline approach with the Government as it develops its comprehensive electronic health record system (e-Health);

- Working with national clinical groups, inc. MOGA, RANZCR etc.
- Palliative Care Guidelines
- National Pain Summit

But a new form of advocacy is the mainstay – collaboration.

Collaboration may be defined as “coming together to work toward a common vision.” The collaborative process is intended to move participants away from the traditional definition of power as control or domination and towards a definition that allows for shared authority. This results in greater achievements than would be attained by one organisation working alone.

Because no one agency operates in a vacuum, engaging stakeholders in change, helps eliminate barriers, increases opportunities for success, enriches the change process, educates stakeholders and creates a shared vision that supports change in the cancer arena. Collaboration is difficult because organisations get really stuck in their own proprietary silos. But collaboration is a necessity, not just for sharing resources, sharing best practices, increasing our collective strength but more importantly for survival. As we face an economy and world influx, more often than not, the not for profit and support sector is the first to be affected. We must make it a priority to band together, realise that we are not competing with each other, and understand that we are all providing unique services for the betterment of the entire cancer community.

Collaboration and Partnerships

CVA has built alliances with a wide range of like-minded cancer and acute or chronic illness agencies so that we can combine forces as and when an issue of joint concern emerges. Some of these organisations might be cancer specific (lung, breast, leukaemia, prostate etc.) or might relate to stages in the cancer journey (carers, palliative and end of life care etc.). Again, many of them are at regional health area level where State Cancer Voices are particularly active.

A good example of this in 2009 has been a collaboration to ensure that the full benefits of the current Intravenous Chemotherapy Program are maintained to ensure continued access and equity of this service to all cancer patients.

Representation

Cancer Voices (CVs) exercise influence on behalf of people affected by cancer in many ways besides advocacy. We estimate the number of “tables” at which Cancer Voices representatives sit is approaching 200. As the earliest formed Cancer Voices, NSW has the majority of these, but the number of national “tables” is now increasing rapidly. Principal among these is Cancer Australia where there are Cancer Voices representatives on all advisory and working groups and on the State Government cancer agencies covering cancers of all types.

In addition many of our members play an active role through their appointment on Department of Health and Ageing, NHMRC, and Consumers’ Health Forum advisory committees.

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

Research

Cancer Voices involvement in research projects and grant applications continues to grow. As well as talking to researchers

a number of our members are now listed as contributors to the research project.

We maintain strong links with, and membership of, organisations that fund research grants – Cancer Australia, State Cancer Councils, Victorian Cancer Agency, Cancer Institute NSW etc. – where Cancer Voices representatives sit as members of grant assessment panels in research organisations, especially clinical trials.

Since publication of the NHMRC/Consumer Health Forum Model Framework for Consumer and Community Participation in Health & Medical research in 2005, there has been a rapidly increasing demand for trained consumers to work with research projects and clinical trials, sometimes as team members, at other times as advisers. In the past 18 months a number of national trials groups now boast of a CVA member as Chair of their Consumer Advisory Panel. Advanced national models include - the Australasian Gastro-Intestinal Clinical Trials Group, ANZUP (uro-genital trials) ANZBCTG (breast cancer trials) and Cancer Australia which have consumer advisory panels who are becoming involved in trials from inception through to completion. Cancer Voices provide the chairs for these groups.



Consumer Panel Members at the Consumer workshop held on 15 November 2009

Some 15 or so other institutions and groups now involve consumer representatives in their work, representing over 100 potential research projects. Demand for trained consumers is now beginning to exceed the capacity of the Cancer Council NSW/Cancer Voices NSW capacity to supply trainees. Cancer Voices Australia has entered into discussions with Cancer Australia and other agencies to replicate the NSW initiative in other States, beginning in Victoria. Our members provide a valuable resource for input to the research agenda.

Acknowledgements

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

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

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

Ian Roos - Chair



Financial statements at 30 June 2009 and Independent Audit Report



**Clinical
Oncological
Society of
Australia**

The Clinical Oncological Society of Australia Incorporated

ABN 97 631 209 452

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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 2009.

Committee Members

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

Ms Christine Carrington

A/Prof Ian Davis Appointed 7 Sep 2009

Prof David Goldstein

A/Prof Bogda Koczwara Appointed 1 Jan 2009

Assoc Prof Bruce Mann

Prof Ian Olver

Ms Gabrielle Prest

Prof Bernard Stewart Resigned 1 Jan 2009

Dr Jane Turner Appointed 1 Jan 2009

Unless indicated otherwise, all members held their position as an Executive Committee member throughout the entire financial year and up to the date of this report.

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

Operating Result

The surplus of the Society for the financial year ended 30 June 2009 amounted to \$284,506 (2008: \$328,285).

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 2008.

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.

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



A/Prof Bogda Koczwara
President-Elect 2009

Income Statement

For the year ended 30 June 2009

| | Note | 2009 \$ | 2008 \$ |
|---|------|------------|------------|
| Income | | | |
| Member subscription income | | 53,222 | 138,774 |
| Net income from Annual Scientific Meeting | | 303,773 | 235,319 |
| NHMRC Enabling Grant Revenue | | 494,750 | 409,356 |
| Other revenue from ordinary activities | 4 | 286,408 | 455,381 |
| Expenses | | | |
| Administration | | 150,895 | 98,712 |
| Management Fees | | 54,207 | 52,273 |
| NHMRC Enabling Grant expenses | | 494,750 | 409,356 |
| Other Grant expenses | | 225,798 | 317,482 |
| Other expenses from ordinary activities | | 27,998 | 32,722 |
| <hr/> | | | |
| Surplus from ordinary activities | 4 | 284,506 | 328,285 |
| <hr/> | | | |

Balance Sheet

As at 30 June 2009

| | Note | 2009 \$ | 2008 \$ |
|----------------------------|------|------------|------------|
| Current Assests | | | |
| Cash & Cash Equivalents | 5 | 1,600,764 | 1,464,167 |
| Trade & Other Receivables | 6 | 160,841 | 63,908 |
| Other Current Assets | 7 | 20,000 | 20,000 |
| Total Current Assets | | 1,781,605 | 1,548,075 |
| Total Assets | | 1,781,605 | 1,548,075 |
| Current Liabilities | | | |
| Trade & Other Payables | 8 | 672,535 | 723,511 |
| Total Current Liabilities | | 672,535 | 723,511 |
| Total Liabilities | | 672,535 | 723,511 |
| Net Assets | | 1,109,070 | 824,564 |
| Equity | | | |
| Retained Surpluses | 9 | 1,109,070 | 824,564 |
| Total Equity | | 1,109,070 | 824,564 |

Statement of Changes in Equity

For the year ended 30 June 2009

| | Note | 2009 \$ | 2008 \$ |
|---|------|------------|------------|
| Retained surpluses at the beginning of the financial year | | 24,564 | 496,279 |
| Net surplus for the year | | 284,506 | 328,285 |
| Retained surpluses at the end of the financial year | 9 | 1,109,070 | 824,564 |

Statement of Cash Flows

As at 30 June 2009

| | Note | 2009 \$ | 2008 \$ |
|--|-------|------------|------------|
| Cash flows from operating activities: | | | |
| Receipts from Subscriptions and donations | | 174,899 | 143,009 |
| Net Receipts from Annual Scientific Meeting | | 318,773 | 258,850 |
| Receipts from NHMRC Enabling Grant | | 301,950 | 393,800 |
| Other Grant Income & Revenue | | 228,837 | 521,281 |
| Interest received | | 70,941 | 73,797 |
| Payments to suppliers and employees | | (958,803) | (958,636) |
| Net cash provided by (used in) operating activities | 12(b) | 136,597 | 432,101 |
| Net increase/(decrease) in cash and cash equivalents held | | 136,597 | 432,101 |
| Cash and cash equivalents at the beginning of the financial year | | 1,464,167 | 1,032,066 |
| Cash and cash equivalents at the end of the financial year | 12(a) | 1,600,764 | 1,464,167 |

The accompanying notes form part of these financial statements

Notes to the Financial Statements

For the year ended 30 June 2009

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 is \$303,773 (2008: \$235,319)

Notes to the Financial Statements (cont.)

(iv) NHMRC Enabling Grant

During the year, the Clinical Oncological Society of Australia 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 \$494,750 has been spent in 2009 (2008: \$409,536). The balance of unspent monies is held as Income in Advance in the Balance Sheet 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 Clinical Oncological Society of Australia Incorporated 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.

(d) Income in Advance

Income in Advance includes subscription revenue for the 2009/10 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 & Cash Equivalents

Cash & cash equivalents comprise cash on hand and cash at the bank.

(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 Clinical Oncological Society of Australia Incorporated 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 Clinical Oncological Society of Australia Incorporated.

There were 1,239 financial members of The Clinical Oncological Society of Australia Incorporated at 30 June 2009. (2008: 1,125 financial members)

Note 3. Economic dependence

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

Notes to the Financial Statements (cont.)

| | 2009 \$ | 2008 \$ |
|---|------------|------------|
| Note 4. Surplus from ordinary activities | | |
| Significant Revenue and Expenses | | |
| The following revenue and expense items are relevant in explaining the financial performance: | | |
| Other revenue from ordinary activities - | | |
| Interest revenue | 70,941 | 73,797 |
| Grant income | 215,384 | 381,584 |
| Other revenue | 83 | 0 |
| | 286,408 | 455,381 |
| Fully-funded NHMRC Enabling Grant expenses | (494,750) | (409,356) |
| Management Fees paid to Cancer Council Australia | (54,207) | (52,273) |
| Note 5. Cash and cash equivalents | | |
| Cash at bank | 1,600,764 | 1,464,167 |
| | 1,600,764 | 1,464,167 |
| Note 6. Trade and other receivables | | |
| Current | | |
| Trade Debtors | 156,441 | 63,726 |
| Amounts due from associated organisations | 4,400 | 182 |
| | 160,841 | 63,908 |
| Note 7. Other current assets | | |
| Prepayments | 20,000 | 20,000 |
| | 20,000 | 20,000 |

Notes to the Financial Statements (cont.)

| | 2009 \$ | 2008 \$ |
|---|------------|------------|
| Note 8. Trade and other payables | | |
| Current | | |
| Trade Creditors & Accruals | 68,613 | 92,351 |
| Income in Advance | 542,624 | 576,019 |
| Amounts due to associated organisations | 61,298 | 55,141 |
| | 672,535 | 723,511 |
| Note 9. Retained surpluses | | |
| Retained Surplus at the beginning of the financial year | 824,564 | 496,279 |
| Net surplus for the year | 284,506 | 328,285 |
| | 1,109,070 | 824,564 |
| Note 10. Events subsequent to reporting date | | |
| There have been no events subsequent to year end that have effected or may effect the financial statements as at 30 June 2009 | | |
| Note 11. Auditors remuneration | | |
| Remuneration of the auditor | | |
| | 4,000 | 2,000 |

Notes to the Financial Statements (cont.)

| | 2009 \$ | 2008 \$ |
|--|------------|------------|
| Note 12. | | |
| (a) Reconciliation of cash | | |
| Cash at end of the financial year as shown in the statement of cash flows is reconciled to the related items in the Balance Sheet as follows | | |
| Cash at bank | 1,600,764 | 1,464,167 |
| (b) Reconciliation of cash flow from operating activities with surplus from ordinary activities | | |
| Surplus from ordinary activities | 284,506 | 328,285 |
| Changes in assets and liabilities: | | |
| Decrease/(increase) in receivables | (96,933) | 75,758 |
| Decrease/(increase) in other assets | 0 | (11,000) |
| (Decrease)/increase in payables | (50,976) | 39,057 |
| Cash flows from operating activities | 136,597 | 432,100 |

Note 13. Society Details

The registered office of the society is:

Building 44 Richmond Avenue
Fairbairn ACT 2609
Australia

The principal place of business is:

Level 1, 120 Chalmers Street
Surry Hills NSW 2010
Australia

Executive Committee's Declaration

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. 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 2009 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



A/Prof Bogda Koczwar
President-Elect 2009

Dated 4 November 2009
Sydney



Chartered Accountants
& Business Advisers

INDEPENDENT AUDITORS' 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 balance sheet as at 30 June 2009, and the income statement, statement of changes in equity and cash flow statement 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 and gives a true and fair view of the financial position of The Clinical Oncological Society of Australia Incorporated as of 30 June 2009 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.


PKF

Dated in Sydney, 4 November 2009


Paul Bull
Partner

Tel: 61 2 9251 4100 | Fax: 61 2 9240 9821 | www.pkf.com.au
PKF | ABN 83 236 985 726
Level 10, 1 Margaret Street | Sydney | New South Wales 2000 | Australia
DX 10173 | Sydney Stock Exchange | New South Wales

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Liability limited by a scheme approved under Professional Standards Legislation.

Detailed Trading Profit and Loss Account

For the year ended 30 June 2009

| | 2009 | 2008 |
|--|------------------|------------------|
| | \$ | \$ |
| Income: | | |
| Subscriptions | 153,222 | 138,774 |
| Net Revenue from Annual Scientific Meeting | 303,773 | 235,319 |
| NHMRC Enabling Grant | 494,750 | 409,356 |
| CPD Project | 373 | 74,189 |
| SOP Project | 1,018 | 759 |
| Burnout Survey | 0 | 11,000 |
| Special Projects | 59,211 | 37,500 |
| Care Coordinators Workshop | 0 | 15,000 |
| Adolescent & Young Adult Workshop | 6,601 | 0 |
| Interest Received | 70,941 | 73,797 |
| Other Revenue | 83 | 0 |
| Geriatric Oncology | 0 | 37,950 |
| Sarcoma Group | 34,329 | 180,000 |
| Tissue Banking | 14,037 | 0 |
| Neuroendocrine Tumour | 59,814 | 25,186 |
| APUG grant income | 40,000 | 0 |
| Total Income | 1,238,153 | 1,238,830 |
| Expenses: | | |
| Advertising | 0 | 252 |
| Audit Fees | 4,000 | 2,000 |
| Bank Charges | 4,478 | 2,323 |
| Catering | 1,400 | 101 |
| Courier | 250 | 330 |
| Computer Expenses | 3,582 | 0 |
| Consultancy Fees | 0 | 5,600 |
| Filing Fees | 32 | 59 |
| Internet | 16 | 0 |
| Insurance | 2,425 | 2,372 |
| Management Fees | 54,207 | 52,273 |
| Postage & Packaging | 843 | 991 |

Detailed Trading Profit and Loss Account

For the year ended 30 June 2009

| | 2009 | 2008 |
|-----------------------------------|-------------|-------------|
| | \$ | \$ |
| Expenses (cont.): | | |
| Printing | 16,026 | 6,366 |
| Salaries & Wages | 75,321 | 32,352 |
| Seminars & Conferences | 570 | 355 |
| Stationery | 166 | 245 |
| Subscriptions | 2,377 | 1,255 |
| Sundry Expenses | 2,846 | 2,029 |
| Superannuation | 6,304 | 1,391 |
| Telephone | 1,176 | 789 |
| Travel & Accommodation | 20,354 | 7,046 |
| Website | 8,729 | 32,857 |
| Council Meetings | 18,925 | 24,629 |
| Executive Committee Meetings | 6,041 | 1,474 |
| Cancer Forum | 3,032 | 6,617 |
| NHMRC Enabling Grant Activities | 494,750 | 409,356 |
| Care Coordinators Workshop | 4,217 | 12,433 |
| Adolescent & Young Adult Workshop | 10,680 | 930 |
| CPD Project | 373 | 53,734 |
| Miscellaneous Special Projects: | 43,711 | 4,584 |
| ACCORD Funding | 7,992 | 10,074 |
| ASCO/COSA Project | 91 | 2,721 |
| Geriatric Onclogy | 2,455 | 27,721 |
| Tissue Banking | 13,606 | 43 |
| Sarcoma Study Group | 54,339 | 180,056 |
| Neuroendocrine Tumour Workshop | 48,333 | 25,186 |
| APUG grants | 40,000 | 0 |
| <hr/> | | |
| Total Expenses | 953,647 | 910,545 |
| <hr/> | | |
| Net Surplus | 284,506 | 328,285 |
| <hr/> | | |

education
research
professional development
collaboration



**Clinical
Oncological
Society of
Australia**

Level 1, 120 Chalmers Street
Surry Hills NSW 2010
GPO Box 4708
Sydney NSW 2001

Telephone: (02) 8063 4100
Facsimile: (02) 8063 4101
www.cosa.org.au