



Clinical
Oncological
Society of
Australia

ANNUAL REPORT

2008

Presidents of COSA

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

The Membership Objects of COSA



**Clinical
Oncological
Society of
Australia**

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

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

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

There are six 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) **Life Membership:** A person eligible for life membership shall be a person who has made a significant and sustained contribution to the Association.
- (4) **Honorary Membership:** A person eligible for honorary membership shall be a person who has made a significant contribution to the Association.
- (5) **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.
- (6) **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 2008 there were 1,232 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 D Goldstein MBBS MCRP(UK) FRACP

President Elect: Professor B Mann MBBS PhD FRACS

Council Nominees:

Ms G Prest RN OncCert BAppSc(Nsg) MPH

Professor B Stewart MSc PhD FRAC

Ms C Carrington BPharm MMed Sci Clin Onc

Professor I Olver MD BS PhD FRACP MRACMA FACHPM Ex Officio

Ms M McJannett RN OncCert – Executive Officer

COUNCIL

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

AUSTRALIAN 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: Professor B Stewart MSc PhD FRACI

CLINICAL RESEARCH PROFESSIONALS GROUP

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

EPIDEMIOLOGY GROUP

Chair: Dr P Jelfs BSc(Hons)

FAMILIAL CANCER GROUP

Chair: Dr G Suthers MBBS PhD FRACP FRCPA

GASTROINTESTINAL ONCOLOGY GROUP

Chair: Dr C Karapetis MBBS MMedSc FRACP

GYNAECOLOGICAL ONCOLOGY GROUP

Chair: Professor M Friedlander PhD FRACP

LUNG ONCOLOGY GROUP

Chair: Dr N Pavlakis BSc MBBS FRACP

MEDICAL ONCOLOGY GROUP (MEDICAL ONCOLOGY GROUP AUSTRALIA)

Chair: A/Professor B Koczwara MBBS FRACP

MELANOMA & SKIN GROUP

Chair: A/Professor B Coventry MBBS PhD FRACS

NEURO-ONCOLOGY GROUP

Chair: Dr E Hovey MBBS FRACP MSc from October 2006

PALLIATIVE CARE GROUP

Chair: Dr K Clark MBBS MMed(Pain) FRACP FACHPM

PSYCHO-ONCOLOGY GROUP

Chair: Dr J Turner MBBS FRANZCP

RADIATION ONCOLOGY GROUP

Chair: A/Professor S Porceddu MBBS FRANZCR

REGIONAL & RURAL ONCOLOGY GROUP

Chair: Dr A Boyce BSc(Med) MBBS FRACP

SOCIAL WORKERS GROUP

Chair: Ms A Cotroneo BSW

SURGICAL ONCOLOGY GROUP

Chair: Professor B Mann MBBS 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: Mr J Newsom

COOPERATIVE TRIALS GROUPS – Sustaining members of COSA

ANZ BREAST CANCER TRIALS GROUP

Chair: Professor J Forbes

ANZ CHILDREN'S HAEMATOLOGY & ONCOLOGY GROUP

Chair: Dr P Downie

AUSTRALASIAN GASTROINTESTINAL TRIALS GROUP

Chair: Professor J Zalcberg 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

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 D Yip

Medical Oncology Unit, The Canberra Hospital
Yamba Drive GARRAN ACT 2605

HONORARY SOLICITOR

Mr C 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



This is my final report for 2008 and indeed my final report as COSA President.

The contribution made by the commitment and dedication of COSA members has seen the society build on its success in 2008. We are an organisation with over 1200 members, with a solid financial base, a well constituted corporate structure, a strong and increasingly popular Annual Scientific Meeting and recognised as an activist organisation whose views are valued in all aspects of Cancer Care. Our partnership with Cancer Council Australia has broadened and we now act as their medical and scientific advisory body on clinical matters. The material support of Cancer Council Australia is essential to our ability to function and our partnership with them is a mutually beneficial and valued one.

I highlight Professor Ian Olver for his commitment and support to the organisation in general and to me in particular. I understand mine will be the longest term ever held, due to the additional time after David Currow resigned to take up his current post as Cancer Australia CEO. He has continued to be an active partner and met with us regularly, as has Professor Jim Bishop at the Cancer Institute NSW, and their input has been very valuable and appreciated. It has been a great honour to serve the organisation. I had the good fortune to follow a line of activist and energetic leaders with strong vision which I was able to build upon. I appreciate most of all the associations I have made all over Australia through Council and our ASMs and the exposure to talented individuals in so many areas of cancer care, service delivery and research which has both educated and influenced me, both in my day to day practice and in new directions for research activity.

I will highlight a number of our current endeavours:

ASM 2008

The convenor of the 2008 Annual Scientific Meeting, the truly energetic and committed A/Professor Eva Segelov, and her committee prepared well to build on and enhance the success of the 2007 ASM. They translated the specific tumour stream approach that worked so well in Adelaide (urology and sarcoma) to focus on upper gastro-intestinal malignancies and skin cancers. We combined with our colleagues from the Australia and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA) and the International Association of Cancer Registries (IACR). The title for the meeting was "Information In: Information Out" and was highlighted by an

extensive list of international speakers. There was a strong focus on interdisciplinary presentations and significant awards for both oral and poster presentations. A particular thanks to the awards committee, Ian Olver, Chris Karapetis, Patsy Yates, Phyllis Butow and Eva Segelov who planned significant poster discussions each day, in addition to the oral session and best of the best program highlights. It was a very rewarding and interactive experience for all the presenters not only for those who received an award. We also acknowledge and thank Dr Andrew Penman and Cancer Council NSW for once again agreeing to support our ASM hosting the eighth pre COSA Consumer Forum on 17 November.



Eva Segelov

Projects

Work is progressing well on Phase 2 of the Cancer Professional Development (CPD) program, funded by Cancer Australia. The information hub website has gone live and COSA members are involved in the "beta testing". Links to the EdCan project ensures that a comprehensive approach to our members' needs is developing. A recent steering committee meeting attended by Professor Olver and myself endorsed the significant progress in rolling out the Information Hub and "road testing" it widely. Strategies for ongoing sustainability were canvassed and will be explored through a new Cancer Australia Advisory Committee of which I will be a member.

Meanwhile, the Cancer Australia-commissioned national audit of cancer services, undertaken by a consortium including COSA and led by Cancer Council Australia was further revised, with a broad range of COSA members contributing their input once again. We look forward to working with Cancer Australia in developing recommendations for improving cancer control on the basis of the audit's key findings.

Regional & Rural Cancer

COSA, with support from Cancer Council Australia have completed our joint document on the infrastructure and human resources needed to establish Regional Cancer Centres of Excellence. This has been sent to stakeholders such as regional oncologists, Members of Parliament and Departments of Health, State and Federal and a lobbying strategy is in development.

Cancer care in the elderly

The Geriatric Oncology Forum "Where Geriatrics Meets Oncology" has resulted in a report which has been prepared for publication in the Internal Medicine Journal. Its content has been presented at The National Geriatricians Scientific meeting and at the National Aged Care Alliance meeting. A plan for developing pilot projects is underway and a cross disciplinary interest group under the chair of Chris Steer met at the ASM.

Carcinoid Workshop

A workshop to address implementing world best practice in this uncommon malignancy was held in Melbourne on the 28th of July. It was a joint activity of COSA, AGITG, AHPBA, and the ANZ Clinical Nuclear Medicine Society with two international experts - Professor Irvin Modlin from the USA and Professor Graeme Poston from the UK. The entire workshop was co-ordinated by COSA. Extensive review of existing guidelines and a focus on how to implement them was undertaken. A consensus view of developing a limited number of Centres specialising in this uncommon but complex illness was agreed to with a shared care model. A report has been developed and

may serve as a model for a more global strategy on dealing with specialised cancer issues. A breakfast presentation at COSA ASM was an opportunity for those wishing to develop this agenda to meet and interact. COSA will continue to work towards improving outcomes for this rarer cancer and will form an interest group to be chaired by Dr Yu Jo Chua.

Carcinoid Workshop Organising Committee Members (from left) Prof Padbury, Dr Chua, Prof Zalberg OAM, Prof Goldstein, Dr Neuhaus, Dr Hirshorn, (second row) Professors Hicks, Professor Poston (UK), Professor Modlin (USA) and Dr Cehic.



Oral Chemotherapy safety

The project to address the prescribing, supply and administration of oral chemotherapy with respect to ensuring safety and minimising errors is now completed under the leadership of Christine Carrington, with representatives identified from a variety of groups. The document has been circulated to stakeholders and cancer centres nationally.

Enabling grant, clinical trials, tissue banking.

The ongoing hard work of the COSA Enabling Grant group led by Professor Steve Ackland and Dr Margie Campbell continues with a focus upon reducing the burden of trials insurance. A sound document with concrete proposals has already led



The Geriatric Oncology Steering group conducted a successful workshop in March 2008 with expert guidance of Professor Matti Aapro, Director, Multidisciplinary Oncology Institute, Switzerland. Professor Aapro seen here with members of the Steering Committee (from left) Robert Prowse, David Goldstein, Christopher Steer, Gavin Marx and Margaret McJannett, Executive Officer, COSA.

to some exciting potential premium reductions through an umbrella insurance scheme. Thank you to all the Executive Officers Network and the Chairs of the Cooperative Trial Groups for endeavours in making this happen.

Tissue Banking

A workshop to review tissue banking for clinical trials in Australia and effort to harmonise and optimise the process took place in late October 2008. The workshop has led to new initiatives to assist clinical trials groups in translational research by looking at opportunities to development of a health economic model to support the need for tissue banking and scoping activities to identify options for tissue banking linked to cancer clinical trials.

COSA is committed to building a business case for tissue banking linked to cancer clinical trials in Australia.

International Activity

We completed a Memorandum of Understanding with the Chinese Society of Clinical Oncology which I had the privilege of signing in Shanghai at their ASM in August. I was a speaker in an international symposium together with US, European and Japanese group representatives. I hope this will lead to great opportunities for development of links with our Chinese colleagues that will be mutually beneficial. A first example is the PUMP program supported by Blackwells. A young Chinese clinician chosen jointly by CSCO and COSA, Dr Junjie Peng from the Cancer Hospital of Fudan University, Shanghai, was sponsored to come to Australia and present his work at our ASM and then spend one week with a mentor in a clinical area of their choice. A new cross-disciplinary group to facilitate outreach activities in our region has been formed led by A/Professor Matthew Links. The group's main objective will be to establish a forum for enhancing cooperation between Australian institutions and cancer services in lower and middle income countries. Those interested in joining this group to facilitate projects abroad should contact him through our project coordinator Kathy Ansell.

The Care Coordination working party has taken up the challenge from the 2007 workshop. A survey has been circulated to COSA members working as care coordinators to help inform the directions for practical applications in service delivery. The group will maintain a strong focus on evaluation of health and economic outcomes led by Professor Patsy Yates and assisted by our project coordinator, Kathy Ansell.

The new-look site COSA website – Forum participation

Members are able to access through the members section of the website:

- on-line group forums discussion site
- read member only reports, publications and information on current COSA projects

- participate in polls
- read *Cancer in the News*, a summary of cancer stories appearing in daily media

Adolescent and Young Adult (AYA)

The Adolescent and Young Adult (AYA) workshop facilitated at the COSA ASM brought together members of the cross disciplinary interest group established by David Thomas, Chair of the Sarcoma Trials group. They have met with CanTeen which has been charged by the Federal Government with distributing the capital infrastructure money from the government with the matching of CanTeen funds to establish State based AYA centres. COSA will assist in planning this exercise from the clinician viewpoint ensuring cohesion between states and shared views on performance indicators and education and links with collaborating institutions.

Research and Education priorities

The membership survey on directions in the areas of research and education has been completed with over 400 responses and an appropriate action plan will be developed once we better understand members' needs in those areas particularly in relation to education and research. The "Burnout Survey" has been submitted for publication and we await the outcome prior to disseminating it on the website to encourage a broad membership response.

As foreshadowed last year a Complementary and Medicine interdisciplinary working group has been established and led by A/Prof Bogda Koczwara. A further workshop was convened at the 2008 ASM which concentrated on defining principles practice for COSA members working as cancer health care professionals.

Finally, I acknowledge the support of our EO Margaret McJannett. Her enthusiasm sustained me throughout my term of office. She is the rock on which our organisation is anchored by her commitment, energy and drive. We all owe her a great debt. Thanks to Kathleen Quartermaine, Linda McLachlan and Vicki Newman for administrative support, Kathy Ansell for the many projects she administers and supports, Paul Grogan for his insightful advocacy skills and advice, Glen Turner for support in media communication and Rob Firth for his ongoing support in the Finance area. We also welcome Fran Doughton, Margaret's new PA, to the team and look forward to working with her. I wish to particularly thank the Council of COSA for their interest and engagement, your President-Elect Bruce Mann and the very supportive and committed Executive of Ian Olver, Gabrielle Prest, Bernard Stewart and Christine Carrington. Most of all to the many members who have willingly responded, when I have called upon you to assist and who have ensured we are the vibrant organisation we are today. I will continue to serve in other capacities and look forward to making a continuing contribution.

Conjoint Professor David Goldstein
President – COSA

COSA Enabling Grant



Stephen Ackland

The Enabling Grant is part way through its fourth of 5 years, with substantial progress made in the following areas:

Protocol Development

The first and second rounds of Protocol Development grants which were provided to each of the 10 existing Cancer Cooperative Trial Groups (CCTGs) supported the development of a total of

23 protocols. Of these protocols, 12 have been activated and 5 have commenced recruitment. The funding provided has been used to partially support a range of personnel such as Statisticians, Clinical Research Fellows and Trial Coordinators.

For the third round of Protocol Development funding for 2009 and 2010 which has been provided to each of the 10 existing CCTGs and the 3 newer CCTGs (COGNO, ASSG and APUG), it is anticipated that at least 20 additional protocols will be developed and activated.

Quality Assurance

The COSA Enabling Project held an Education Workshop for attendees at the Australian Health & Research Data Managers Association Conference in March 2008. At this Workshop, 3 modules of a practical ICH-GCP-based clinical trials educational program for CCTG staff were piloted. A further 3 modules were also piloted at the COSA ASM in November 2008. These pilots were conducted to determine the content of a training program which COSA (including CCTG) staff could deliver.

A Project Officer was employed to conduct a review of the existing clinical trials education programs which are currently available. The report titled "Report on the availability of clinical trials education courses as appropriate for COSA members and Cancer Cooperative Trial Groups" has advocated the:

- Continued development of an accredited education program to address the requirements of study coordinators and junior clinicians which concentrates on investigator-initiated trials with a cancer-specific focus.
- Format of these education programs should comprise face-to-face workshops as well as on-line modules.

Additional funding will be sought to develop and continue the education component of the COSA & Cooperative Groups Enabling Project.

Clinical Trials Insurance

The primary focus of work undertaken over the last four months has been the COSA Umbrella Insurance for Cancer Cooperative Trial Groups. We are delighted that 9 Cancer Cooperative Trial Groups have agreed to participate in the Scheme. The participating Groups are AGITG, ALTG, ANZBCTG, ANZCHOG, ANZGOG, ANZMTG, ANZUP, ASSG & TROG. It has been a particularly difficult, complex and lengthy process to reach this stage. Thank you to all the Executive Officers Network and

the Chairs of the Cooperative Trial Groups for their patience, time and commitment to help make this happen. We believe that once it is fully operational, the Umbrella Scheme for Cooperative Trial Groups will provide a cost effective, simplified and more streamlined approach to the management of insurance for clinical trials within Australia.

Executive Officers Network

The COSA Executive Officers Network (EON) has been a particularly valuable initiative through its substantial involvement towards intergroup collaboration and streamlining of processes associated with the management of clinical trials. One significant example of this was the development of the Clinical Trials Research Agreement (CTRA) for investigator-initiated trials from Cooperative Groups by the COSA EON Working Group in consultation with the Victorian Managed Insurance Agency (VMIA) and the NSW Department of Health. In October 2008, VMIA mandated the use of this agreement across all Victorian clinical trial sites and the NSW Department of Health subsequently issued an interim directive suggesting the use of this CTRA whilst it is awaiting final sign-off.

Based on the CTRA for Cooperative Trial Groups, the COSA EON:

- Have developed a final version of this Agreement which can be used across New Zealand sites and are
- Currently preparing an Agreement which can be used for clinical trials conducted in Private Hospitals.

Stephen Ackland and Margie Campbell
Chair and Project Coordinator,
Enabling Project Steering Committee

ANZCHOG

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

In 2008, ANZCHOG continued to develop as a multi-disciplinary group committed to improving the outcomes for children with cancer. The Australian Children's Cancer Trials (ACCT) was established as a sub-group of ANZCHOG, enabling development of Phase I and Phase II studies, and access to new agents with international links. ANZCHOG has also been able to further develop current Phase III clinical trials. In addition to its own trials, ANZCHOG members are active participants in trials run by a number of international trials groups, in particular the US-based Children's Oncology Group (COG).

These initiatives have been the result of the assistance received from the Commonwealth Government through Cancer Australia.

ANZCHOG's membership remains strong with members coming from all professional sectors involved in the treatment of children's cancer, including paediatric medical oncology, paediatric radiation oncology, paediatric oncology nursing, and members of a diverse range of allied health professions.

This high level of engagement, both locally and internationally, means that all children in Australia and New Zealand diagnosed with cancer are actively considered for clinical trials, providing them with the best possible treatment options.

One area of focus for 2008 has been patients falling into the Adolescent and Young Adult group. ANZCHOG has been working with COSA and our adult colleagues to develop strategies to ensure that these patients get the most appropriate care possible and have access to clinical trials. This work will continue in 2009.

Another area of focus has been patients from Culturally and Linguistically Diverse (CALD) backgrounds. Work is being undertaken to identify strategies that can be implemented to ensure these patients' needs are met and, in particular, to ensure that they have access to clinical trials.

ANZCHOG's Annual Scientific Meeting was a great success, being held in Perth for the first time. A preliminary meeting was held to gauge interest in the establishment of a psycho-oncology/psycho-social subgroup, which was followed up by a national survey to determine what services were being offered, and the capacity for collaborative national research with the ANZCHOG paediatric cancer centres. Again, this is something that will be continued in 2009.

ANZCHOG was grateful to receive funding as part of the COSA Enabling Grant, which contributed to the development of a protocol for a Phase I trial that is scheduled to commence in 2009. During 2008, ANZCHOG also worked with COSA and the other cooperative trials groups on issues of mutual interest, including a standard clinical trials agreement and an umbrella insurance policy.



ANZCHOG will continue to work as the prime advocate for children diagnosed with cancer, and to progress further in all the above initiatives in 2009.

Peter Downie, Chair

Breast group

As far as activities of the breast group are concerned 2008/9 has been a quiet year. We have a breast cancer focus at the Annual COSA Meeting in 2010 so members of the group should expect increased communications in the next year. However as always there is still the opportunity for submission of abstracts to be part of the free papers sessions in November's meeting on the Gold Coast.

Specific issues that remain relevant to large numbers of our membership include the development of the ANZ Breast Surgeons Society. This is progressing to the point of being ready for invitations for membership within the next few months. The first stage will involve appointment of a part-time Executive Officer to coordinate the workings of the group. This development should signal the start of a new era for breast surgeons to have more control over their own credentialing and post-fellowship training requirements. It is likely to also signal a mechanism whereby oncological breast surgical practice can be audited and credentialed as well. The resultant outcomes should be good for breast surgeons and our patients.

Groups within the breast interest group who meet at the Annual Meeting for COSA can apply for one-off grants to help support their "professional day" or educational satellite meeting. Applications are valued up to \$7000 and need to be directed via myself to COSA Council. <http://www.cosa.org.au/FellowshipsGrantsAwards/Grants/ClinicalProfessionalDay.htm>

I have been asked to represent COSA at the National Working Party for Structured Pathology Reporting. This initiative should be a way of developing a requirement for all the common malignancies to have their pathology reported using agreed standards and have as a minimum data set reported in a synoptic fashion on all the factors important in assisting management decisions. Development of a common HL7 messaging communication tool for electronic feeds of histopathology reports to clinicians, relevant databases for audit and population cancer registries is also progressing.

As many of you may be aware a comprehensive evaluation of the BreastScreen program is currently nearing completion. The

Breast group (continued)

summary aims and report on activities to date are available on www.cancerscreening.gov.au. Let's hope that this is taken as an opportunity to improve the efficiency and utility of the important screening program. Creative ways of improving the service and perhaps broadening BreastScreen's capabilities and performance are needed. Possible areas to be evaluated include:

1. Improving communication with women to fully inform them of the pros and cons of screening.
2. Ensuring women with a newly diagnosed breast cancer are fully worked up including axillary and contralateral breast assessment. This should be able to be billed to Medicare

to help cover costs and save women having to go through this process when referred to a surgeon for definitive management.

3. Enabling BreastScreen services to appropriately and fully assess symptomatic women referred to them with potential to bill Medicare for these services.
4. Addressing the concerns of women related to the costs of mammography once they are diagnosed with breast cancer.

Any issues that any members of the breast group want discussed at the quarterly COSA Council meetings please let me know.

Andrew Spillane, Chair

Cancer Nurses Society of Australia

The CNSA, through its members and under the direction of the National Executive Committee, is robust and fully engaged in many important initiatives to improve cancer care and control for patients and support for cancer nurses. At the 12 year mark, we are a sufficiently mature society to be confident in our expertise and our positive impact amongst our cancer care colleagues. Our approach is collegiate and consultative. We network, partner, and participate in multidisciplinary programs to achieve best outcomes, and we are enthusiastic members of COSA whose support of our membership remains invaluable.

2008 saw continued growth and strength in the CNSA, and with that, increased participation in our many projects. The following report, while by no means exhaustive, outlines many of our activities and involvements throughout the year.

- As a partner in the National Cancer Nursing Education Project (**EdCaN**), the CNSA has remained thoroughly involved in the development of the education Framework (in addition to, and in close consultation with, those of the Continuing Professional Development project – Cancer Learning), the development of competency standards, and the development of educational resources for use in undergraduate or postgraduate and clinical settings, whilst exploring the notion of specialist recognition such as credentialing, for the cancer nursing workforce. The overall EdCaN project is heading for completion in June 2009;
- The **11th Winter Congress** on the Gold Coast in June 2008 was again a success on all levels: content, collegiality, the sharing of expertise, as well as a commercial success;
- Over the last 18 months members of the Breast Cancer Nurse Special Interest Group have developed "**Principles for Nursing Practice in the Management of Seroma post surgery for Breast Cancer**". This resource was launched at the Breast Cancer Nurse Conference in February 2009 in Melbourne. Congratulations to Tina Griffiths for her stewardship of this important resource;

- The Marketing and Promotions Sub-committee was formed over the last year to develop resources to promote the CNSA and these will be ready to distribute during May and June 2009;

CNSA members have contributed in many **other activities**, including:

- Participating in the COSA multidisciplinary working group to develop guidelines for the safe prescribing, supply and administration of cancer chemotherapy – and published November 2008;
- Contributing to a review of the NSW WorkCover Cytotoxic Guidelines;
- Representation by Ellen Barlow (NSW) on the planning committee for the very successful Sydney November 2008 COSA Annual Scientific Meeting;
- Contributing to national projects through Cancer Australia and other key pertinent national developments;
- Contributing to Radiation Oncology Nursing and Breast Cancer Nursing through two CNSA Special Interest Groups, and banding cancer nurses together across Australia through the Regional Groups
- The latest Regional Group to come on board is '**Perth and Environs**', that commenced activities formally over the last year. They have been very active with educational and professional networking and their presence and contributions are acknowledged nationally. Thanks to Meg Plaster of the National Executive, and Sandy McKeirnan as Chair of the local group, for making this happen.

In 2008 the CNSA received a donation of a bequest from the estate of the late Susan Renouf. The family have negotiated with us as to their wishes for grants for nurses in pursuing their cancer nursing careers through education. Those grants will begin to be disbursed during 2009 through the Grants and Awards Committee.

Cancer Nurses Society of Australia (continued)

2009 is now well underway, with groups and activities in full swing. We draw your attention to the CNSA's **12th Winter Congress** in Newcastle in the Hunter Valley in June 2009, coordinated by Maryanne Hargreaves, and led by the Local Organising Committee Chair Kim Adler. At the international meeting in Singapore in August 2008 Donna Milne represented CNSA on the Scientific Planning Committee. In 2008, the CNSA sponsored an Indian nurse to attend this meeting through ISNCC grants.

The work of CNSA is significant, and the commitment of the national executive of tremendous significance. Therefore, a huge "thank you" goes to members: Cathy Johnson (NSW), Glennys Stallan (Qld), Megan Plaster (WA), Julie Clowry (ACT) and Louise Nicholson (Tas). Towards the end of 2008, both Maggie Stowers (Vic) and Carina Boehme (SA) needed to withdraw from the NEC due to work obligations – we thank them again for their input.

Linda Barrett (Qld) continues as our representative on the EdCaN steering committee. Sandy McCarthy has chaired the **Education Committee** in its first year through some very important work on EdCaN and other national matters that relate to the cancer nursing profession (such as reviews of revisions of the Australia Nurses and Midwives Nurses Council – ANMC

– publications). This has been an enormous help to the national executive.

Leanne Monterosso has assumed the role of chair of the **Grants and Awards Committee** – Tish Lancaster has stepped aside after a decade of involvement in that committee (in its various iterations!) to pay particular attention to her role as regional representative for the International Society of Nurses in Cancer Care (ISNCC). 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 *Australian Journal of Cancer Nursing* (AJCN) to the new co-Editors Tish Lancaster and Mei Krishnasamy. Our thanks again go to Patsy and Catherine for their input.



In February 2009 the National Executive took the opportunity to reflect on our progress against the last **Strategic Plan** set for 2006-2009, and did some work around setting a new plan for the CNSA for 2009-2012.

Gabrielle Prest, Chair

Cancer Pharmacists group

This report provides a summary of the key activities of the group during 2008. Members should also refer to the minutes of the 2008 CPG AGM for more detail.

Chair: Christine Carrington (QLD).

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 62 at 31 December 2008.

The focus of the Pharmacy Group's activities this year was to

1. Finalise and distribute the multidisciplinary guidelines for the prevention of errors relating to the prescribing, supply and administration of chemotherapy.
2. Address the training, educational and research needs of specialist pharmacy staff working in cancer care.
3. Ensure that Cancer Pharmacists have key input into the proposed DoH new arrangements for chemotherapy reimbursement on PBS (ICSP).
4. Develop a collaborative relationship with the Society of Hospital Pharmacists of Australia (SHPA) with respect to cancer initiatives and activities.

5. Continue to revise the aims of the group and produce a defined 'mission' statement of what the group is about and what it wants to achieve.
6. Continue to support the needs of pharmacy staff working in cancer care.
7. Continue to ensure that the CPG has a key role in cancer policy and activity across Australia and to maintain the involvement with other disciplines.
8. Continue to attract and encourage new members while retaining current members.
9. Continue to develop the web based discussion forum on the COSA website .
10. To ensure a successful 2008 ASM.

1. Finalise and distribute the multidisciplinary guidelines for the prevention of errors relating to the prescribing, supply and administration of chemotherapy

The Guidelines for the Safe Prescribing, Dispensing & Administration of Chemotherapy were finalised in November 2008. Hard copies were distributed to all members of the working party, stakeholders and cancer centres throughout each state. The guidelines are available to members and non members on the COSA website and all members were emailed to notify them of the existence of the guidelines. The guidelines

have been 'advertised' through as many channels as possible to highlight their existence and encourage use of the guidelines. Future plans include publication in APJCO and an audit of the uptake and applicability of the guidelines.

2. Address the training, educational and research needs of specialist pharmacy staff working in cancer care

It was identified that the educational needs of staff working in cancer care was not being met by current educational opportunities especially for those beginning to work in the area. The CPG commenced planning for the first CPG course for cancer pharmacists during 2008 and have developed a 2-day course to assist pharmacists in developing their clinical skills in cancer care. The inaugural 'Clinical Skills for Cancer Pharmacy Practitioners' will be run on 2nd & 3rd May 2009.

The course is aimed at pharmacists who have recently started working in cancer care and have less than 2 years experience. The course will combine informative lectures with interactive workshops providing the participants with guidance and experience in working through the management of key tumours as a pharmacy practitioner. Participants will be given guidance from experienced practitioners to assist them in developing their skills and abilities in the many processes involved in providing cancer treatment to patients. The speakers will also be available to discuss their own experiences in developing a career pathway in cancer.

The speakers are experienced cancer pharmacists who are members of the CPG and work in a variety of settings across Australia at a multidisciplinary level. They have been chosen for both their vast knowledge and experience in the area of cancer pharmacy practice and their skills and ability at teaching and running workshops.

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

3. Ensure that Cancer Pharmacists have key input into the proposed DoH new arrangements for chemotherapy reimbursement on PBS (ICSP)

The CPG committee have been key in COSA's discussions with the DoH on the proposed changes to the PBS that are planned for July 2009, now known as the Intravenous Chemotherapy Supply Program (ICSP). A teleconference was held during the 2008 ASM with the DoHA and Christine Carrington, Ben Stevenson, David Goldstein & Margaret McJannett. The group made significant comment on the content of the proposals as they stood in November 2008 and have continued to provide key input.

4. 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 particularly with respect to the seminars and standards of practice.

CPG and COSA 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.

5. Continue to revise the aims of the group and produce a defined 'mission' statement of what the group is about and what it wants to achieve.

6. Continue to support the needs of pharmacy staff working in cancer care

The CPG continues to ensure that its activities are relevant to its members and constantly asks for comments and input into the groups 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 or comment. Our members are becoming more involved and active.

The logo is now used on all communication that involves the CPG. Activities and goals continue to reflect the pharmacist's role and leadership in therapeutics and medication usage in cancer.

7. Continue to ensure that the CPG has a key role in cancer policy and activity across Australia and to maintain the involvement with other disciplines

CPG 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.

Christine Carrington was elected to the executive committee of COSA in 2008 and was re-elected in 2009.

8. Continue to attract and encourage new members while retaining current members

Membership of CPG was 62 pharmacists at the end of 2008. This is a significant increase in numbers since 2007 and includes many pharmacists from both the public and private setting. Advertising and promotion within the pharmacy community continues to ensure the CPG continues to recruit new members to the group. Retention of members remains good with only 2 non-renewals in 2008 (due to personal reasons).

9. Continue to develop the web based discussion forum on the COSA website

The CPG discussion forum on the website is the most widely used of all the COSA forums. Input from CPG members in posting and answering questions could be improved. The committee have commenced sending out 'reminder' emails about the forum and current topics of interest.

The website is now being used to inform members of key developments related to cancer and pharmacy, particularly

Cancer Pharmacists group (continued)

with respect to news releases, key alerts and other important information. The resources section continues to be developed.

10. To ensure a successful 2008 ASM

This 2008 ASM was very well attended by pharmacists with over 35 members attending one or all days of the ASM. The CPG were responsible for organising a “new therapeutics” session and another ‘side effects’ session related to cancer therapy. Both were very successful and well attended and received positive feedback.

Over 30 members attended a very lively and successful annual meeting on the Wednesday of the conference despite the 7.30am start.

The future

The planned focus during 2009 will be to

- Continue to develop the training, educational and research needs of specialist pharmacy staff working in cancer care. Ensure a successful first course ‘Clinical Skills for Cancer Pharmacy Practitioners’ and continue to plan for future courses.
- Develop a CPG guide to pharmaceutical care of patients receiving cancer treatment, to incorporation of

recommendation of appropriate workforce numbers and KPI's. Consideration will be given to accreditation and competencies after this has been achieved .

- Commence work looking at the recommendations for the preparation of monoclonal anti bodies .
- Ensure that CPG continue to have major input and provide advice to both the DoHA/government and its members on the proposed ICSP.
- Formalisation of the process of nominations for chairs and CPG committee.
- Continue to support the needs of pharmacy staff working in cancer care.
- Continue to develop key links with other groups and disciplines in COSA.
- Continue to develop the CPG role in cancer policy within Australia.
- Further develop the forum, CPG webpage and increase visits to the site by members.
- Continue discussions with the SHPA on potential collaboration.
- Continue to attract new members and retain current members.
- Ensure a successful ASM in 2009.

Christine Carrington, Chair

Cancer Research group

The Cancer Research group has several hundred members but it seems probable that only a minority of such members would identify the group as the reason for their membership of COSA. For the most part, a wide spectrum of COSA members, having identified their primary interest or responsibility with reference to one of the craft or tumour type-based groups of COSA, choose to then identify cancer research as a matter relevant to professional activity. Of course it's relevant. Cancer research can be immediately aligned with laboratory activity and molecular analysis of disease. Arguably, the molecular analysis of disease has proceeded further in relation to cancer than it has for any other disease type. Moreover, research activity which once may have been limited to etiology, now addresses to some extent almost every aspect of disease management, and perhaps of patient management.

Over the past year, activity on behalf of the Cancer Research group has continued on this basis with a view to determining how COSA might best address the needs of members in relation to their interest in, and commitment to, cancer research. A key element is the manner in which COSA engages with Australian cancer research as identified by, but obviously not confined to, those projects funded by research grants from state-based Cancer Councils and listed (for 2009) in March 2009 of Cancer Forum. In this regard, the 2006 COSA ASM marked a watershed. The ASM was held as part of the Australian Health and Medical Research Congress. Hopefully, this context did not detract from the COSA ASM for those

COSA members whose activity is not immediately influenced by laboratory findings, but for those in this situation, the opportunity to hear about a wide spectrum of such research was certainly a first for COSA.

More recently, consideration by COSA Council of the current COSA strategic plan has included reference to translational research as an emergent field precisely aligned with the cancer research needs and interests of many COSA members. During 2008, and at the behest of the President of COSA, I had the opportunity to present Council with a discussion paper which explored a range of options in relation to translational cancer research. This paper noted that, with reference to professional and learned societies and associations, a national ‘home’ for translational cancer research in Australia has yet to be recognised. Obviously, the identification of a particular term or ‘buzz word’ is rarely, in itself, a solution. The challenge is

ongoing, and opportunities abound. Having seen the role of Chair of the Cancer Research group pass into the capable hands of Nik Zeps on 1st January 2009, I'm confident that the interests of those members of COSA who identify with cancer research will continue to be addressed through this group.



Bernard Stewart, Chair

Clinical Research Professionals group

The Clinical Research Professionals continue to raise their profile amongst research professionals in the area of oncology. The CRPG ran a very successful workshop prior to the 2008 ASM in conjunction with the Enabling Project. The workshop consisted of training in ICH GCP, presentations on different models of clinical research units, leadership in health care and the separation of ethics & governance in clinical research.

As a body with expertise in clinical research, we have been representative on a number of committees, including but not limited to committees from the Pharmaceutical Industry Council R&D Taskforce. CRPG has representation on the groups looking at quality, minimum standards for sites, education requirements

and initiation of a website for voluntary accreditation of clinical trial sites as well as capacity building of clinical research in Australia. CRPG is also involved in a project reviewing the costing of clinical trials for cooperative groups, which is an ongoing project within COSA.

A major achievement for the CRPG is the development of generic job descriptions for Clinical Research Coordinators (non nursing). These will compliment the Research Nursing position descriptions created last year. In 2009, Clinical Trial Assistant position descriptions will be developed.

Cate O'Kane, Chair

Epidemiology group

The Epidemiology group's work for 2008-09 came to fruition in November 2008 when the combination of the International Association of Cancer Registries (IACR) was brought together with COSA. This involved several key events where members of both associations were involved:

- Annual Scientific meeting
- Record Linkage workshop, sponsored and hosted by the ABS
- Sun Protection workshop
- Descriptive Epidemiology Course, sponsored by the COSA Epidemiology group and hosted by the Cancer Council NSW
- Cancer Registry (CanReg) Course, sponsored and hosted by the Cancer Institute NSW
- President's Dinner for COSA and IACR Executive members
- Social welcoming drinks and cruise, sponsored by the Cancer Council Victoria

From a scientific perspective the Epidemiology Group/IACR were very well represented in the Annual Scientific Meeting, with record crowds attending each epidemiology session (>200) and papers presented from around the world and across Australia. Featured epidemiologists included David Forman (UK), Bruce Armstrong (Aus), Adele Green (Aus), Marianne Berwick (USA), David Whiteman (Aus), Tomotaka Sobue (Japan), Tony Chen (Japan). The standard of the papers presented was generally quite high and encouraged significant audience participation. This standard was reflected in the abstract review process where many papers were unfortunately not able to be accommodated due to the range of interesting topics and quality abstracts. Submissions were so overwhelming additional parallel sessions were organised to allow for these presentations.

Many people contributed to the success of this joint venture in various ways. My thanks go to Graham Giles, Mike Pickford and Margaret McJannett, Eva Segalov who worked very hard to keep the program alive and viable through its planning to implementation. I would also like to thank Narelle Grayson, Dianne O'Connell, Freddy Sitas, Alison Venn, Alan Wong, Suzie Neumann, and David Roder for their contributions throughout the conference preparation.

Other significant events this year included the appointment of Professor Graham Giles as the new Chair of the Epidemiology group. Congratulations go to Graham and best wishes in taking the group forward. The Epidemiology group was also represented in a number of COSA meetings – Executive business meetings, formation of an International Interest Group meeting, workshop on Tissue Banking, and representations to the AIHW on cancer registry issues.

After a long period as Chair of the Epidemiology group, I am pleased to see that it has grown in its role as part of COSA, with attendances at conferences, numbers of papers submitted and involvement in COSA activities. I am also pleased that new members and associates have chosen to participate in COSA activities. I also am thankful that the COSA Executive supported my proposal to join the IACR meeting together with COSA to

form the largest COSA Scientific meeting in the history of the Society. I have enjoyed the time I have spent with this group and look forward to participating in future activities.

Paul Jelfs, Chair



Familial Cancer group

This is the second anniversary of the formation of the Familial Cancer group and an appropriate time for review.

There is an explosion in our understanding of familial and somatic genetics in cancer. This raises issues of fostering awareness among professionals, identifying and resolving ethical and legal issues (including patenting), developing resources for testing, and educating professionals and patients. These provide the basis for best practice.

The Familial Cancer group addresses only one component of cancer genetics. We have 58 members across many disciplines and regions. But we have no members from WA and few from QLD. We face the usual challenges of retaining and engaging our members. The email list fluctuates in effectiveness, and the forum has (thus far) failed to attract users. On the other hand, the Clinic Day at the Familial Cancer Conference has been stunning in its apparent effectiveness and acceptance.

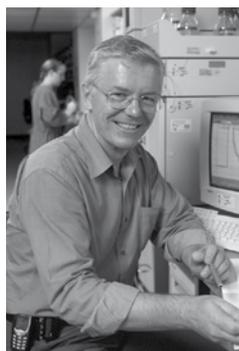
These activities support the educational requirement, but not the other required elements in familial cancer specifically, or cancer genetics more generally.

I suggest that there are a number of specific tasks that COSA should address.

- The ASM programs must continue to promote awareness of cancer genetics and familial cancer.
- The group must continue to press for resolution of the issue of record access in QLD.
- COSA must work with other key groups such as RCPA, CCA, and HGSA to press for sensible resolution of the gene patent issue.

- A national survey by the RCPA showed that 75% of genetic testing is not rebated by Medicare, 10% of such testing is for acquired (somatic) mutations, and that testing for somatic mutations increased by 23% from 2006 to 2007. We need an annual survey of such testing in relation to cancer risk and cancer care, and this could be brokered by COSA in conjunction with RCPA and HGSA.
- The RCPA is developing a web list of labs providing genetic testing, and summary information about each test. COSA could provide expert content to enhance the educational value of the site.
- International studies show a poor level of genetic understanding among medical undergraduates. Is it time for an Australian survey?

The Familial Cancer group cannot – and should not – seek to represent all cancer genetic interests in the Society. Genetics in cancer requires cross-disciplinary and cross-organisation input! It will be important that COSA work alongside RCPA, CCA, HGSA and others to progress genetic interests in cancer care.



Recognising the importance of this interaction, I am stepping aside from the position of Chair so that I can focus on my responsibilities as Chair of the Genetics Advisory Committee of the RCPA. I look forward to working closely with the incoming Chair of the group, Lara Lipton, to foster this interaction.

Graeme Suthers, Chair

Gastrointestinal group

Malignancy of the gastrointestinal tract remains a major cause of death and disability for Australians. I would like to take this opportunity to outline COSA initiatives in GI Oncology over the last 12 months and review some of the significant advances in this area.

The national bowel cancer screening program was up and running in 2008, but recent figures reveal a lower than expected participation rate. Public awareness and education programs, health professional support and appropriate resource funding are all important strategies. COSA can be an effective voice and vehicle to help promote such initiatives.

On the 28th of July last year The Australian Neuroendocrine Tumours (NETs) Consensus Workshop was held under the joint banner of COSA, Australasian Gastro-Intestinal Trails Group (AGITG), Australian New Zealand Hepatic Pancreatic and Biliary

Association (ANZHPBA) and ANZ Society of Nuclear Medicine (ANZSNM). The workshop was successful in establishing a consensus position and highlighting controversies in the management of NETs in Australia.

The COSA Annual Scientific Meeting in Sydney was a great success. The meeting was held jointly with the ANZ Gastro-Oesophageal Society of Australia and included a number of presentations from international world experts in the field of upper GI cancer.

The AGITG continues to play a major role in international clinical research. Last year saw the publication in the NEJM of data from the CO.17 trial, a collaborative effort of the AGITG and the NCIC, demonstrating that benefit with EGFR directed therapy is restricted to patients with advanced colorectal tumours that do not exhibit K-ras gene mutations. This was a landmark

Gastrointestinal group (continued)

paper that has helped to influence clinical practice globally. Despite these results, access to EGFR directed therapies such as cetuximab and panitumumab remains difficult. PBS funding has not been approved, and access to these drugs often requires participation in clinical trials or through co-funding schemes with at least partial payments by patients. This creates challenges and stresses that many clinicians and patients are not accustomed to dealing with in Australia.

So, where to from here? Issues such as access to the best therapies, optimisation of bowel cancer screening, standardisation of management pathways, guidelines for management of rare GI tumours, health professional education and professional development, and establishment of rare GI

tumour registries remain important considerations for the group. COSA remains the dominant oncology professional body in

Australia to address these and other issues in the field of GI oncology. I would like to invite members of the COSA Gastrointestinal group to offer their thoughts and suggestions about any issue of concern as we move toward the end of another decade.

Chris Karapetis, Chair



Lung group

This is my first report since taking over as chair of the COSA Lung group. Lung cancer remains a major health burden and the biggest cancer killer. Despite this, it still suffers by its relatively poor funding priority for research into treatment and patient care, with the emphasis being almost exclusively on prevention through smoking cessation. Whilst not denying the importance of prevention, I, like many of my colleagues interested in lung cancer, am sick and tired of the prevailing fatalistic and nihilistic attitude in the medical community and public arena towards the treatment of lung cancer patients. I am increasingly seeing a greater proportion of younger patients, often female and often never smokers who are crying out for the same degree of public interest as their breast cancer sufferers. I think the time has come to forcibly break down these barriers to elevate lung cancer in its standing to enable a fair and reasonable distribution of the research and health dollar to enable better patient care.

The last 12 months has been an interesting learning period for me in understanding the dynamic of this group and particularly its function in parallel with the other national lung cancer groups – the Australian Lung Foundation, the Lung Cancer Consultative Group and the Australasian Lung Cancer Trials Group (ALTG). As a member of COSA since my registrar days in the mid 1990s I have always valued its importance as the main Australian multidisciplinary cancer organisation. Each organisation has its own functional purpose but there is a degree of interdependency despite the independence of each group. This is particularly important when lobbying for funding and advocacy for lung cancer research and patient care. Here is where I believe it is important for the Lung cancer group of COSA to remain vibrant and vocal.

2009 is a great opportunity for COSA to showcase Lung cancer to the community, through the ASM where it will be one of the main themes, together with brain cancer.

The announcement in 2008 that the 2013 IASLC World Lung Cancer Conference will be held in Sydney further enhances this opportunity. Hopefully, together with the ALF and its other advocacy groups such as the Kylie Johnston Lung Cancer Network, we, the COSA Lung group, can help steer a course toward increased support and advocacy for the research and treatment of lung cancer. Immediate priority areas include the need for dedicated Lung Cancer nurses working within multidisciplinary teams in the hospital setting, patient and carer support groups and strengthening of public advocacy (remember November is National Lung Cancer Awareness month).

Speaking on behalf of myself, I know I developed an interest in lung cancer and mesothelioma through what I saw as a great challenge and community need. I have found a great camaraderie with my colleagues and with patients with lung cancer and mesothelioma and their families. It's now time to build on this camaraderie to try to induce change.

Nick Pavlakis, Chair



Medical Oncology group (MOGA)

It has been a busy year for MOGA with lots of productive work and a little celebration as well. We have continued our work in the area of advocacy and education building on success of existing projects. We have delivered another Horizon Scanning Report on New Drugs and convened an annual MOGA Drug Roundtable which raised a number of issues relating to drug availability in Australia. The main one relates to the review of the Herceptin Program and restrictions to the availability of Trastuzumab. MOGA believes that it is essential that the profession contributes a considered voice to the debate and has since convened a working group of experts to examine patterns of practice and provide recommendations on how listing should support best practice in Australia.

In May 2008 we held the inaugural Consumer Roundtable which identified areas of collaboration between consumers and our profession and has led to commencement of work on workload standards and proposal for an online oncologist directory due to be undertaken in 2009.

We continued to support medical oncology trainees with revision of support materials and delivery of Communication Skills Program supported by an unrestricted grant from Roche.

We have piloted tele and video conferencing of state base education for trainees in Victoria hoping that if such approach is beneficial it may then be offered to trainees in other parts of the country. Finally, in September we ran another successful ACORD workshop with a strong representation from many cancer disciplines from Australia and the region.

Our work in education aims to reach beyond our members' direct needs and as we build on the success of the RHSET Program in Palliative Oncology. In 2008 MOGA commenced work on the EPICC – Educational Program in Cancer Care for non cancer specialists – an education program supported by Cancer Australia aimed at providing resources to general

practitioners and non cancer specialists with a particular focus on rural and remote locations. The online program is due to be completed in May 2009 and will be piloted at the Cairns National Rural Health Conference where COSA and MOGA are supporting a cancer specific stream to highlight the new development needs in rural cancer care.

Our collaborations across disciplines, nations and regions has culminated in the inaugural joint scientific meeting of MOGA, Faculty of Radiation Oncology (FRO), New Zealand Cancer Organisations (NZSO) and NZACS (New Zealand Association of Cancer Specialists) with support from European Society of Medical Oncology. The ASM focused on “the Future of Oncology – Improving Lives Affected by Cancer” – with local and international speakers and a broad range of topics. The meeting also marked a number of important topics from biomarkers to management of specific cancers, career choices and work and life balance. The meeting also marked a commencement of the MOGA Anniversary year which will conclude in Canberra at the 2009 ASM.

In November MOGA members came together again at the highly successful COSA ASM held in Sydney and convened by a MOGA member – Eva Segelov.



We are looking forward to a busy but exciting and productive 2009 with many opportunities to work collaboratively with colleagues across all cancer related fields on improving the quality of cancer care in Australia.

Bogda Koczwar, Chair

Melanoma & Skin Cancer group

As Chair of the Melanoma and Skin Cancer group, 2008 was my last year after almost 7 years at the helm, and it has been a great pleasure to be able to represent and lead this truly diverse group of researchers, both clinical and scientific.

The Sydney COSA meeting program was excellent with our distinguished international visitor Professor Charles Balch, from John's Hopkins Cancer Center in Baltimore USA, contributing significantly again to our group. It was a great honour to have him back in Australia!

Charles launched the Australian and New Zealand Melanoma Clinical Guidelines for Management of Cutaneous and Other Melanoma. This is an important and highly practical document, which required many hours of hard work from numerous people, not the least of which was our never retiring iconic Tom Reeve.

Over my time as Chair, the range of topics have been truly diverse and never cease to astound me, ranging from public health and epidemiology through basic science research to clinical diagnosis, treatment and clinical trials, including truly cutting edge technologies. During this time, some landmark research has been performed and reported by group members at COSA, which continues to change the way we think and practice, not only in our own region, but also internationally. It has been a great honour and immensely interesting to watch many of these projects unfold, from brief discussions and presentations of research proposals, to presentation of results at COSA meetings, through to the final published work and sometimes implementation into clinical practice. The Melanoma and Skin Cancer group has continued to grow in strength, and this has been gratifying to watch, as more research centres

Melanoma & Skin Cancer group (continued)

develop across Australia investigating the many varied aspects of melanoma and skin cancer. We have also witnessed the development and establishment of the Australian and New Zealand Melanoma Trials Group from its inception in Adelaide in 1999, to its formal launch at last year's COSA meeting, through the tireless work of John Thompson and Rachel Morton, upon initial work by Bill McCarthy at its inception.

I leave the group in good hands with David Speakman, as the incoming Chair, and we are in an excellent position for conducting future high quality clinical trials in melanoma, and perhaps other skin cancers, across our region. I wish David and the group every success, and will contribute where I can into the future.

Brendon Coventry, Chair

Neuro-Oncology group

The Neuro-Oncology group had a productive 2008 with a range of activities and initiatives.

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) is the Chair of this guideline process, while Emeritus Professor Tom Reeve from the Australian Cancer Network is the Convenor (having supervised the development of the vast majority of all Cancer Guidelines in Australia). The draft document was completed by early 2008 and underwent a rigorous public consultation review and final review panel process by late 2008 and was sent off for final endorsement by COSA and CCA for a 2009 launch.

The AGOG (Australian Genomics and Clinical Outcomes of Glioma) Network (headed up by Professor Lyle Palmer along with a team of other chief investigators from Western Australia and NSW) 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. Cancer Council NSW has undertaken to employ a full-time Project Officer for the task as part of the grant. A great deal of the groundwork was completed in 2008, with plans for the roll-out of the study and prospective clinical databases in 2009. Many COSA Neuro-Oncology members are closely involved with this project.

We have continued to foster a very close relationship with the newly formed national neuro-oncology trials group COGNO (Cooperative Trials Group for Neuro-Oncology) which received funding in late 2007 and formally launched in 2008 with formation of its SAC (Scientific Advisory Committee) and its Management committees, with the interim Executive having formed in late 2007. 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 (in 2008 Kathleen Scott/Helen

Mueller) also participated in the COSA Executive Officers Network. The first COGNO ASM was held in Melbourne (22nd November 2008) following a "Controversies in Neurosurgery" meeting and the overlap neuro-oncology component of the conference was ably convened by neurosurgeon Dr Kate Drummond (who is the Deputy Chair of the COSA Neuro-Oncology group). By the end of 2008 COGNO already had over 100 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 so many of the COSA Neuro-Oncology members were present at the COGNO ASM, the COSA Neuro-Oncology group AGM was held during that meeting. Trial activity of COGNO includes the Phase II investigator-initiated (PI Mark Rosenthal) study of Caelyx and temozolomide in the adjuvant setting for glioblastoma multiforme which completed accrual by late 2008; and also the EORTC/TROG Low grade Glioma Study (Australian PI Gail Ryan) which has opened at a number of sites (having received a NHMRC grant) around Australia along with the "Elderly GBM study" (addressing the safety of temozolomide with hypofractionation). Negotiations with the EORTC for future studies (such as an international study in non-co-deleted anaplastic astrocytoma) also took place successfully in 2008.

At the Sydney COSA 2008 ASM, one of the recipients of the Best of The Best Awards was a poster presentation on "The Impact of Cognitive and Behavioural Sequelae in Patients with Primary Brain Tumours" accompanied by an oral presentation by Graham and Teresa Simpson (co-authors included E Koh, K Wright, R Firth, D Whiting and K Younan). This project started out as a NSW Neuro-Oncology group project and involved collaborations between the Cancer Therapy Centre, Neurosurgical Unit and Brain Injury Rehabilitation Units at Liverpool Hospital and the Department of Neurosurgery at Royal North Shore Hospital. It included a prevalence study, functional studies of patients, development of behavioural interventions, a practical workshop and culminated in the development of useful information fact sheets which are now available on the NSW Cancer Institute website (http://www.cancerinstitute.org.au/cancer_inst/nswog/groups/neuro.html). These fact sheets cover a range of typical cognitive and behavioural changes that may occur after diagnosis with a primary brain tumour. At the COSA Award plenary session, we also had an update from Georgina Halkett (the 2007 HOTTAH Roche Award recipient) on

Neuro-Oncology group (continued)

her project: "Determining the unmet needs of patients with high grade gliomas and their carers."

A number of COSA Neuro-Oncology members representing neurology, medical oncology, pharmacy, social work, and neurosurgical nursing formed an editorial committee to develop a Patient Education Booklet, revamped Treatment Diary (including tear-off information sheets for the pharmacists) and comprehensive Carer Booklet for patients with glioblastoma multiforme. Schering-Plough Australia sponsored this project and these resources (along with educational DVDs made in 2007) have been circulated to clinicians and neuro-oncology centres since mid-2008. Ultimately we are keen for a set of formal consumer guidelines to be developed via the Australian Cancer Network, but in the interim this package is an excellent source of education and support for patients and their carers.

The Hubert Stuertzl Memorial travelling scholarship (also 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 2008, 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) was offered to Dr Mustafa Kashraw from Royal North Shore Hospital in 2008.

The 2nd International Brain Tumour Awareness Week (an initiative of the International Brain Tumour Alliance chaired by Australia's Denis Strangman) was held between 26th October to Saturday 1st November, 2008 and a number of fund-raising and educational events were held around Australia including a well attended Consumer Forum at NSW Cancer Institute. In concert with the week, there was the "2nd Walk Around the World For Brain Tumours" activity raising money for local groups and hospitals. These walks took place between 1st January 2008 and 1st November and many Australians took part in this challenge in separate walks and activities. IBTA were hoping for

120,000km to be walked by groups around the world and well over 200,000km was achieved.

Unfortunately, 2008 unexpectedly saw the wind-up of BTA - Brain Tumour Australia (the peak Australian neuro-oncology consumer group), which closed its doors for a number of complex logistical reasons. On behalf of the COSA Neuro-Oncology group, thanks and recognition are owed to its hardworking members with special thanks to Kaye Duffy (the most recent Chair), Laraine Cross, Robyn Leonard and Denis Strangman (the inaugural Chair). By late 2008 another national consumer group was in the process of being launched - known as Brain Tumour Alliance Australia (BTAA), with Inaugural Chair Matthew Pitt. We look forward to working with the new group to further support the patient and carer community.

The COSA Neuro-Oncology group continues to advocate for funding for national neuro-oncology clinical care coordinators 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 2008. However, an initiative to form a Brain Tumour Consortium/Network linking all the neuro-oncology stakeholders (including charities, neuro-oncology laboratories and researchers, and clinical groups such as our COSA Neuro-Oncology group) was announced in late 2008, with the first meeting slated for early 2009. Such a consortium will be useful indeed in terms of advocating for neuro-oncology causes.



Since the second half of 2008, the COSA Neuro-Oncology Executive group has also started planning the programme of the 2009 COSA ASM in the Gold Coast (which will be held with the 2nd COGNO ASM), as neuro-oncology will be one of the highlighted tumours.

Liz Hovey, Chair

Palliative Care group

The practise of palliative care in Australia in 2008 has been remarkable on a number of levels. Firstly, the Federal government continues to acknowledge the need of palliative care to be supported and improved. The 2008 budget allowed the number of initiatives that include the extension of the Rural Palliative Care Project from 2008 to 2010 inclusive. The project will resource 36 rural and remote divisions of general practice, or in some areas consortia of divisions, to implement nationally key elements of the previous Rural Palliative Care model. Other notable projects funded by this budget include Health and Hospitals fund of \$10 billion to increase infrastructure to support the delivery of palliative care and improve research into palliative care.

Although not directly aimed at palliative care, palliative care services are likely to benefit from other programs aimed at increasing the numbers of nurses returning to the workforce, increasing numbers of specialist nurses and research programs aimed at improving the care of cancer patients.

With this increasing profile of palliative care in the cancer and non-cancer health workforces, the activity of palliative care clinicians within the COSA workforce will continue to grow.

Katherine Clark, Chair

Psycho-Oncology group

International Award for Professor Phyllis Butow:

Members of OZPOS warmly congratulate Phyllis who has been announced as joint recipient of the International Psycho-Oncology Society (IPOS) Bernard Fox Memorial Award, to be presented at the IPOS conference in Vienna in June. This 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. Phyllis' contributions to decision-making and communication skills research in particular have been outstanding, and her leadership in the establishment of PoCoG has provided a forum to promote and expand excellence of psychosocial research in Australia and internationally. As part of this Award Phyllis will make a presentation in Vienna and submit a paper to the Psycho-Oncology journal. Members who are unable to attend IPOS will be able to access the presentation and publication through links on the COSA website.

Research:

PoCoG's 2nd Concept Development Workshop was held in Sydney in November 2008. Key presentations were given by experts overviewing methodological issues, and feasibility, acceptability and uptake in Psycho-Oncology studies. There were also presentations about psychotherapeutic approaches with cancer patients.

The outcome of the workshop was that 4 themes were identified, to be developed as protocols over the next 12 to 18 months: Fear of recurrence; Sleep disturbance; Head and Neck Cancers, and Poor prognosis cancers. The PoCoG executive office has approached leaders for some of these concept teams, and is encouraging collaboration with other interested members. This is an exciting outcome which further promotes excellence of research in Australia, in particular encouraging the professional development of new researchers.

Inquiries about the workshop and report should be directed to: PoCoG Executive Office, Tel: 02 9036 5002; Fax: 02 9036 5292; Email: pocog@psych.usyd.edu.au

Having conducted a survey of members about psychosocial research priorities, PoCoG is now in the planning phases of a survey of consumers regarding their identified research priorities.

Cancer Survivorship:

Cancer survivorship continues to be an important issue for members providing clinical care, and also in research. During 2008 the National Breast and Ovarian Cancer Centre (NBOCC) launched a new 'survivorship' website, Life after breast cancer. The website draws on the experiences of women and men who have completed treatment for breast cancer and includes information and tips from survivors and healthcare providers. To access the Life after breast cancer website, visit www.nbocc.org.au/survivorship.

Members of the group continue to take active roles in international strategies to improve psychosocial care and research regarding cancer survivorship.

In November Professor Afaf Girgis presented at a Survivorship Research Workshop, in November 2008 in Vancouver.

In March 2009 several members participated in a Survivorship Think Tank in Melbourne coordinated by the Breast Cancer Network of Australia (BCNA). Based on this day a number of Survivorship research categories were raised which will be further refined and used to inform the upcoming BCNA survey of women about their priorities in the area of survivorship research for women with breast cancer. Ultimately these results will inform BCNA's contribution to the Survivorship Chapter of the National Breast Cancer Foundation's National Research Plan, which is due to be released later this year.

BCNA has a database of women who are interested in participating in research. If members are interested in accessing women through this database please contact Michelle Marven, BCNA's Policy Manager by email mmarven@bcna.org.au or by telephone on (03) 9805 2515 to discuss.

Communication Skills:

The NBOCC continues to promote the importance of communication skills in cancer care, and develop new resources to guide evidence-based practice. During 2008 the Centre developed a DVD training module for GPs, and a new model of training integrating communication skills training into real-time clinical training. NBOCC continues to work with state and national organisations to promote the provision of communication skills training by implementing locally-based workshops. Further details about the NBOCC communication skills training initiative are at: www.nbocc.org.au/commskills. For specific information on NBOCC's communication skills training program please contact Ms Heidi Wilcoxon on heidi.wilcoxon@nbocc.org.au or 02 9357 9411.

Education:

Members of OZPOS continue to be actively involved in a number of educational initiatives regarding psychosocial issues in cancer. Some examples include the EPICC project (Education Program in Cancer Care); Cancer Learning and EdCan. Members who have an interest in professional education are invited to contact the Chair who is often approached about accessing expert input into educational programs. Participating in educational initiatives represents a very real opportunity to positively influence cancer care and professional satisfaction, and often provides a basis for subsequent collaboration in service and research development.

Networking and professional groups:

During 2008 a new interest group was formed through the Australian Psychology Society (APS) with the aim of providing a forum for psychologists working in the hospital system, in private practice and in areas otherwise unsupported. It is anticipated that training and mentoring initiatives can be fostered through this group. Psychologists do not have to be members of the APS to join the special interest group. For further information, please visit the website at www.groups.psychology.org.au/poig/about_us/ or download an application form at www.groups.psychology.org.au/igs/

Psycho-Oncology group (continued)

Conferences:

■ **COSA ASM:** The change in format for the ASM in 2008 provided the opportunity for multidisciplinary sessions and collaboration. The AGM of OZPOS was well-attended and resulted in useful discussion about strategic directions for the group, including commitment to develop a directory of members.

Further updates will be provided on the COSA website. Members are contributing to the development of the Programme for the ASM to be held at the Gold Coast in November. The theme of the meeting is "Cancer Services and Our Community: awareness, access, action" with a particular focus on brain and lung. Members of OZPOS will be acutely aware of the often profound psychosocial difficulties facing patients in these tumour streams and are encouraged to actively participate in the meeting in order to promote evidence-based psychosocial care for these patients whose needs are often not addressed.

■ **15th UICC Reach to Recovery International Breast Cancer Support Conference:** In May 2009 the 15th UICC Reach to Recovery International Breast Cancer Support Conference will be held in Brisbane. The conference will focus on survivorship, capacity building, and peer support. It will be the first global forum for women affected by breast cancer, issues of interest to members of OZPOS. Details about registration are available: www.reachtotherecovery2009.org/.

IPOS:

Members are encouraged to consider attendance at the International Psycho-Oncology Conference to be held in Vienna from 21-25 June. Details are available at: www.ipos-society.org/ipos2009/registration.asp

Jane Turner, Chair

Radiation Oncology group

This is my first annual report as the Chair of Radiation Oncology following on from George Jacob who stepped down early last year.

It has been a busy and productive year for radiation oncology and in this annual report I wish to highlight some of the important events that have taken place.

Annual Scientific Meeting and Membership

Congratulations go to Eva Segelov, Margaret McJannett, Mike Pickford and the organising committee for hosting the most successful COSA ASM. Pleasingly, the Radiation Oncology group was well represented at the meeting in terms of moderators, speakers and delegates.

One of the highlights from a radiation oncology point of view was the awarding of the Tom Reeve Award to Professor Lester Peters AM, one of the country's top radiation oncologists.

Our presence in a number of interest groups is growing and the convenor of this year's meeting will be Dr Art Kaminski, a radiation oncologist from Queensland.

Over the past 12 months our membership within COSA has grown from 72 in 2008 to 123 in 2009 reflecting the growing impact and importance of COSA to radiation oncology and visa versa.

Our thanks go to Margaret McJannett for her commitment to improving the profile of radiation oncology within COSA. Over the next 12 months we hope to co-opt more radiation oncologists to join, as well as our other colleagues such as radiation therapists and physicists who have much to contribute to our organisation.

Faculty of Radiation Oncology

This year A/Professor Roger Allison completed his term as Dean of our faculty. Over the past few years he has led the faculty through a challenging period in relation to changes in the political landscape and a new training curriculum. He has been a true ambassador for our college and we thank him for all his efforts.

A/Professor Christopher Milross has been elected our new Dean and over the next few years will oversee the implementation of the new curriculum and deal with the implications we face in regards to the ever evolving new technologies in radiation oncology.

With his support as Dean and my role on the faculty Board we both feel we can bring the 2 groups closer and make us both more productive.

The new Radiation Oncology Curriculum has now been rolled out across Australia and New Zealand. The new competency-based model under-pins the new process and is designed to enhance the training process and ensure we continue to produce world-class radiation oncologists.

The Quality Program, a shared commitment of the Tripartite Committee (radiation oncology, radiation therapy and physics) has developed draft standards for a Radiation Treatment Services Quality Program in Australia. The aim is to pilot these standards at a number of centres to test its feasibility. This is an important early step to produce a set of national standards for the delivery and quality assurance of radiation treatment. The pilot is set to commence in late 2009.

Radiation Oncology group (continued)

Trans Tasman Radiation Oncology Group (TROG)

It has been an extremely productive year for TROG. First established in 1989 by a group of radiation oncologists from New Zealand and Australia it has now accrued over 8,000 patients onto clinical trials and produced over 60 publications in peer-reviewed journals. Professor Bryan Burmeister is the current President and Professor Gillian Duchesne the Chair of the Trials Scientific Committee.

It currently has 15 trials open for accrual covering a wide range of malignancies, a further 7 trials approved for activation and 10 trials under development.

TROG continues to run high quality trials, making it one of the largest and most productive collaborative trials group in the

country. We now collaborate with other trials groups overseas, have strong links with trials groups within Australia/New Zealand

and look toward collaborating with other local groups. This process has already begun with Professor Madeleine King representing PoCoG at the recent Annual Scientific Meeting. TROG plans to hold a QoL workshop at the next Trials Review Meeting in Brisbane later this year with Professor King as a facilitator.



Sandro Porceddu, Chair

Regional & Rural Oncology group

The major aim of the Regional and Rural group is to improve access for all patients regardless of the geographic location. 2008 saw further development of the Regional Cancer Centres of Excellence (RCCE) document. The aim is to develop regional hubs that can provide high quality, multi-disciplinary, integrated cancer care. Thank you to everyone that provided input in to this important document. It can be viewed on the COSA website.

The RCCE document also provided the platform for an important session at the 2008 COSA ASM in Sydney. "Building a Cancer Centre" explored the role of government, public and private providers in delivering cancer care to rural and regional Australia. Models of care for geographically dispersed populations were also explored. This session was well attended and I thank all of those involved. Thank you also to the ASM organising committee for continuing to recognise the importance of regional and rural issues. Well done to all those who submitted abstracts for the meeting. A multi-disciplinary array of topics was covered including many innovative programs particularly concerning indigenous access to cancer services.

It can be difficult for Regional and Rural members to "meet" to discuss issues. For 2009 I will try and organise several

teleconference sessions so that important issues can be raised at Council.

Looking ahead, 2009 sees a number of opportunities for the group. In May the 10th National Rural Health Conference is being held in Cairns. COSA will be participating with a dedicated cancer stream. This will give access to a wide array of health professionals from regional and rural Australia. This will be an excellent opportunity to increase awareness of COSA and increase the scope for multi-disciplinary lobbying to all levels of Government to promote the RCCE document. Hopefully a research project can be developed to emphasise the benefits of regional cancer centres. I must particularly acknowledge Craig Underhill and David Goldstein for the time and effort they are putting into this. The COSA 2009 ASM on the Gold Coast in November will be another good opportunity to highlight the quality work going on in regional areas and I would encourage you to submit abstracts for this.

Thank you for your support and I look forward to hearing from you throughout 2009.

Adam Boyce, Chair

Social Work group

It has been quite a busy twelve months for OSWA. We have been working really hard to get a new website up and running that is user friendly and promote national communication with our membership. As this report goes to print, the website will no doubt have gone live. Please take time to check it out at www.oswa.net.au. The past year has been a fruitful year; we had a wonderful COSA ASM which saw an increase in attendance by social workers, as well as an increase in presentations and posters submitted by social workers. It was a tremendous opportunity to meet colleagues, learn about work and research that people are doing around the country. We were also very fortunate to have Linda Diaz from the United States be invited by COSA as an international speaker for the conference. Linda presented a very thorough and interesting clinical perspective in relation to working in oncology.

As always many of our members have participated in various policy forums and interest groups. Social workers are dedicated to having our clients voices heard at all levels of decision making and intervention. Our national meeting saw the election of some new members to the executive as well as a very full 2 days of wonderful and inspiring presentations. Oncology social

workers continue to participate at international conferences and representing the organisation. Once again much planning is underway for yet another wonderful COSA ASM on the Gold Coast in November of this year and we look forward to seeing many of you there!

In other news, the various state groups remain committed to providing ongoing professional development and networking opportunities at a local level, activity levels seem to be increasing with more social workers attending state group meetings and getting involved in research and collaborative projects. The research bug seems to have gone national, with projects underway in WA, QLD, VIC, NSW and SA. It appears that the study bug has also caught hold with a significant increase in numbers of oncology social workers engaged in post-graduate tertiary studies. Our goals for the coming year are to establish our communication networks, develop our web based projects and continue to provide excellence in psychosocial care through direct practice, advocacy, research and involvement at all levels of cancer care. I for one am looking forward to a productive and satisfying year ahead.

Angela Cotroneo, Chair

Surgical Oncology group

The aim of the Surgical Oncology group is to promote the discipline of surgical oncology within the medical and wider community. As community and government increasingly expect efficient multidisciplinary care to be delivered to all patients, it is vital that surgeons maintain their knowledge and expertise in the whole spectrum of cancer care to be able to properly care for patients with solid tumours.

The Surgical Oncology groups within COSA and within the College of Surgeons bring together a wide range of surgeons who have the common feature of being specialist oncologists, commanding the respect of medical and radiation oncology colleagues. The Surgical Oncology group includes surgeons with primary interest in Breast cancer, Melanoma, Upper GI cancer, Colorectal cancer, Hepatobiliary cancer and Sarcoma. We are thus able to contribute the surgical perspective on the issues in cancer care.

The ASM is the key activity of the group, and the multidisciplinary nature of COSA means that there are always interesting speakers who one would usually not hear at a standard surgical or medical meeting. The recent decision of COSA Council to promote strong specific disease themes in the ASM should lead to the engagement or re-engagement of many surgeons involved with cancer work who have previously viewed the COSA meeting as being too diffuse to warrant their attendance. Building on the Breast theme in 2006 and the Urological and Sarcoma in 2007 there was very strong interest

from Surgical Oncologists in the Gastro-Oesophageal and Skin cancer themes at the 2008 ASM. Feedback and attendance figures suggest that this has been a welcome initiative.

College of Surgeons Surgical Oncology Group

There is much overlap between the memberships of the Surgical Oncology groups of COSA and the College. Thus the Annual Scientific meeting of the College of Surgeons is our other educational activity. In 2008 the meeting was in Hong Kong, and Prof Ron deMatteo from the Memorial Sloan Kettering Cancer Center in New York was our visitor. He is an eminent Surgical Oncologist with a hepatic surgery speciality. He is also PI of the major American study of adjuvant Glivec in GIST. His presentations eloquently summarised the future of targeted therapy in cancer care.

A highlight of the meeting was when Professor Murray Brennan delivered the "Tom Reeve Oration in Surgical Oncology". His topic was "the Surgeon as an International Citizen", and was a wonderful tribute to the life and work of Professor Reeve, and the lessons that all can draw from his achievements. Tom made the trip to Hong Kong especially for this occasion.

Surgical Oncology Training

Surgery training in Australia is undergoing great changes. The traditional 3 years of basic training plus 4 years of advanced surgical training has changed to a 5 year integrated programme. The Surgical Oncology group took this opportunity

Surgical Oncology group (continued)

to develop a weekend course covering the basics of modern cancer care. It preceded the annual meeting of General Surgeons Australia in September 2008, and attracted about 100 advanced general surgical trainees from around Australia.

Surgical oncology training requires more than 5 years of General Surgery or subspecialty training. Traditionally surgeons have obtained further training at major cancer centres in the UK and USA, but these are becoming more difficult to secure. Opportunities for post-fellowship training in various aspects of surgical oncology throughout Australia and New Zealand continue to emerge and are attractive to many Australian trainees. We are also exploring training opportunities in places such as Canada and Ireland.

It has been an honour to serve as Chairman of the Surgical Oncology group for the last few years. I now hand this position

to Dr Susan Neuhaus, a sarcoma and melanoma surgical oncologist from Adelaide, and look forward to the continued development of the discipline of surgical oncology in Australia.

Bruce Mann, Chair



Urologic Oncology group

Membership and activity within the group continues to grow and we have a very ecumenical demographic. Although urologic oncology was not a key theme for the COSA ASM in Sydney in November 2008, the group still had an active presence. A significant number of relevant posters were presented. The program included symposia held jointly by the group together with the Australian and New Zealand Urogenital and Prostate Cancer Clinical Trials Group Ltd (ANZUP, previously APUG); the International Association of Cancer Registries (IACR); the Australian Prostate Cancer Collaboration (APCC); and specific involvement from other COSA groups. These symposia were attended by an enthusiastic audience and covered topics ranging from epidemiology to basic science. A breakfast session on renal cell carcinoma was also well attended. We plan to continue to have a presence in future ASMs in terms of symposia, posters, oral presentations and other sessions. A priority will be to continue to include involvement of other COSA groups in joint sessions.

The group AGM addressed issues relating to membership, prioritisation of projects, group subcommittees, relationship of the group to ANZUP, interactions with the Australian-Canadian Prostate Cancer Research Alliance, and other issues. Ian Davis and Scott Williams continue as group chair and secretary

respectively. Sadly Raji Kooner is no longer able to continue as deputy chair and has been replaced by David Nicol. Jarad Martin has agreed to be the group representative on the 2009 ASM convening committee.

Other recent activity has included representation of the group at other meetings in November, including TROG, the Prostate Cancer Foundation of Australia, the Australian-Canadian Prostate Cancer Research Alliance, and an ANZUP scientific meeting held in December.

Priorities for 2009 and beyond will include:

- Increasing the number and diversity of members
- Establishing subcommittees for tissue collection and bioinformatics
- Improving consumer involvement
- Becoming a resource for advocacy for patients and clinicians involved with urologic cancers.

Ian Davis, Chair



Cancer Council Australia

Cancer Council Australia (CCA) takes a 360 degree view of cancer control. Its activities span the spectrum from research and providing cancer information, to public health advocacy and supporting patients with cancer and their families. Many of the clinical support activities are also priorities for COSA as a multidisciplinary organisation and there have been many opportunities to collaborate over the past year.

Advocacy has had an important place over the past year as a new government established groups to explore policy on disease prevention and health system reform, and CCA and COSA made a number of joint submissions in response. There has been the ongoing interest from both organisations in the plight of rural cancer patients with continued advocacy over rural cancer centres and the patient transport assistance schemes.

An issue re-emerging last year was gene patents. CCA became interested in the issue over the announcement by Genetic Technologies that they would enforce their patents on BRCA1 and 2 testing. This issue became the subject of an absorbing debate at the COSA ASM and we have prepared a joint submission to a current Senate Inquiry.

Complementary and Alternative Medicines (CAMs) is another area where COSA and CCA share an interest, both from a research perspective and as part of patient support. I facilitated

a workshop at the COSA ASM on this issue, as to the way forward for COSA. The activities of the two organisations will be complementary.

Other issues have included the various drug issues that surface, usually over restricted availability, and we also explored together the issue of how to best give patients information about the availability of clinical trials suitable to their condition.

A new group in COSA is focussing on international projects. Some of CCA's budget goes to suitable projects in our international region, particularly where our involvement can leverage other resources. This initiative provides another opportunity for synergistic activities.



CCA is grateful to the COSA membership for agreeing to be our Medical and Scientific Committee providing expert comment and advice as needed. We also value COSA's collaboration on the Oncology Education Committee, as we value the Ideal Oncology Curriculum as a key document to guide tertiary education in this field.

Ian Oliver, CEO CCA

Australian Cancer Network

The Australian Cancer Network continues its active role in the field of clinical practice guidelines and promoting networking for the management of cancer and enjoys its ongoing association with COSA and the support of its successive Presidents.

Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand (Nov 2008)

During 2008 there was significant work being done to bring the "Melanoma" Guidelines to publication. The considerable voluntary contribution of Working Party members is recognised in the acceptance and promotion of the Guidelines in both Australia and New Zealand, where they are clearly seen as a very useful resource. As Dr Dan Coit of Memorial Sloan Kettering Cancer Center noted in a letter to ACN, "I have distributed these to members of our interdisciplinary melanoma disease management team today; each and every member was enormously impressed with the thoughtful effort that went into the production of this work. You must be very proud of this accomplishment. Every disease management team should be so fortunate to have a similar reference work available to them."

ACN had a number of sponsors for this project which took three years to complete with support received from Professor Jim Bishop and the Cancer Institute NSW, Professor Michael Frommer and Dr Phoebe Holt of the Sydney Health Projects

Group, Sydney University and the New Zealand Guideline Group. Dr Holt is now Director, Coordinating Unit, NSW Melanoma Network.

Professor John Thompson was an indefatigable Chair. The dissemination, acceptance and intimated implementation is going to plan and should result in wide clinical acceptance.

The cooperation received from the New Zealand Guidelines Group and Drs Graham Stevens and Anne Buckley assured the Trans-Tasman success of the Guidelines. This seamless interaction was gratifying to the Working Party.

An **Aide-memoire to assist GPs in the diagnosis of melanoma** was produced from the Guidelines by a wide range of contributors. This was funded by the Department of Health and Ageing and distributed in the "Australian Family Physician" to all Fellows of the Royal Australian College of General Practitioners and the Royal Australian College of Physicians – 37,000 in total. Dissemination to individuals and groups continues.

Recommendations for the Pathology Reporting of Breast Cancer – 3rd Edition

This publication has been developed together with the National Breast and Ovarian Cancer Centre. It is not produced to

NHMRC clinical practice guidelines protocol. It has been effective in promoting movement towards more standard pathology reporting of breast cancer.

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 treatment and management in Australia (2002)

The Guide was produced in consensus mode aiming to benefit general practitioners because they provide the majority for those suffering from non-melanoma skin cancer. It was launched at the COSA ASM in November 2008. The Guide Working Party has encouraged the undertaking of well designed prospective randomised controlled trials to delineate the best surgical approaches to manage these cancers.

The title was changed to better represent the material covered.

A second edition of a **summary card for GPs** complements the Guide and has been distributed similarly to the Melanoma Guidelines.

Colonoscopy Credentialing and Synoptic Reporting

Short and extended Data Sets have been developed to assist in the better recording of information adduced at colonoscopy, together with a document on Credentialing Colonoscopists. These papers have been submitted to the Screening Section of the Department of Health and Ageing (DoHA) and have been transmitted by DoHA to the Quality Working Group on Colonoscopy.

Clinical Practice Guidelines for the Management of Advanced Prostate Cancer

Evidence-based Guidelines are under development to address the Management of Advanced Prostate Cancer. This project has needed further funding during 2008. This has been provided by the Prostate Cancer Foundation of Australia. Professor Willis Marshall Chairs the Working Party, which is convened through ACN. Associate Professor Dianne O'Connell (CCNSW) oversees the project team, which hopes to have the Guidelines completed in about twelve (12) months.

An accompanying booklet to advise consumers on Advanced Prostate Cancer is well advanced with Dr Carole Pinnock as Chair.

Clinical Practice Guidelines for the Management of Adult Gliomas: Astrocytomas and Oligodendrogliomas

These Guidelines have been developed this year in consensus mode with the final draft being close to completion. It is being assessed by CCA and COSA for approval, before completion. Publication and launch is planned at the COSA ASM in November 2009.

Colorectal Cancer

A second edition of Familial Aspects of Bowel Cancer: A Guide for Health Professionals was updated in July 2008.

Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer: A Guide for General Practitioners 3rd Edition – was also updated in July 2008.

Wongi Yabber

The ACN newsletter continues production four times a year. It reports ACN activity and includes regular reports from COSA, Cancer Council Australia, Cancer Voices Australia, National Breast and Ovarian Cancer Centre, Cancer Nurses Society of Australia and occasional reports from Professor Dick Cotton, Director of the Genomic Disorders Research Centre. It announces some personal items and provides a platform for the announcement of special meetings and a world calendar of cancer meetings. ACN Executive Assistant and Co-Editor, Wongi Yabber, Ms Christine Vuletich has maintained a high standard for "Wongi", which is distributed in hard and electronic copy to over 900 recipients across the world and receives welcome support from a number of quarters.

Guidelines

The ongoing revision of Guidelines will be more eclectic when the current "batch" is completed.

Attention will be given to emerging and controversial information and online updating of guideline chapters with the exploration of a Wiki type platform is underway. This will be the topic for discussion at ACN Council meeting in 2009.

ACN continues to enjoy its interaction with COSA and looks to it continuing effectively in future.

Staff

The Secretariat presents the public face of ACN and has wide and effective interaction with professional and institutional bodies and individuals.

Ms Christine Vuletich has maintained effective interaction with the very broad field of interest groups and with a wide range of enquiries.

Ms Alice Winter-Irving resigned from the position of Office Assistant on graduation, after giving excellent service to the Secretariat. ACN thanks her for her cheerful and willing support in the Secretariat and wishes her well.

Volunteers

The effectiveness of ACN has been dependent on support from its stakeholders and the cooperative activity of its Working Parties. The members of the Working Parties have been highly effective volunteers and their efforts assist in maintaining Guidelines activity at the highest level. Since 1994, 21 publications have been published by ACN, with close to 100% pro-bono support from volunteers.



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

Cancer Voices Australia

Cancer Voices Australia is the national peak body for seven 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 Australia is a young organisation. It was formally launched in February 2007. The first State Cancer Voices – in New South Wales – only came into existence in 2000, The Northern Territory link remains to be developed – although contacts with cancer support groups was made during the 2008 year.

Throughout Australia, 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 must acknowledge the support of COSA.

Advocacy

The primary role of Cancer Voices is to act as advocate for their members' interests. During 2008 we have been and are still active in many arenas, such as:

- access to their superannuation, non-taxed, for terminally ill cancer patients;
- pressure for improved financial support (PATs) for patients in rural and remote areas – an ongoing issue;
- advocacy to reduce waiting times for radio (and medical oncology) therapy at State, National and even regional and hospital levels;
- patient access to new cancer therapies – consumers are now able to comment on items on the agenda ahead of Pharmaceutical Benefits Advisory Committee meetings;
- holding a watching brief on the impending changes in the Australian health system and, where appropriate, making submissions to and appearing before governments and their inquiries; and
- keeping a watch on progress towards the introduction of a comprehensive electronic health record system (e-Health);
- Working with national clinical groups, incl. MOGA RANZCR, etc.

A new form of advocacy is emerging. Relations between clinicians and health bureaucracies can be such that consumer advocates can raise shared concerns in forums that clinicians find hard to reach. Cancer Voices can, for example, advocate for action to ameliorate staff shortages or equipment inadequacies – radio therapy being a good example in 2008 in a number of States.

Again, Cancer Voices advocates have been able to argue objectively about, for example, access to new pharmaceuticals, where researchers might be regarded as compromised because of links with industry. Of course, in order to do this, Cancer

Voices advocates must be able to demonstrate that they are in no way beholden to pharmaceutical industry support.

Collaboration and Partnerships

Not all our work involves political advocacy. Cancer Voices are small organisations. We have been building 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, leukemia, 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 2008 has been a collaboration to ensure that the full benefits of bowel cancer screening to the Australian public should be as wide as possible and as effective as possible.

Representation

Cancer Voices (CVs) exercise influence on behalf of people affected by cancer in a variety of ways besides advocacy. We estimate the number of "tables" at which Cancer Voices representatives sit is approaching 200. 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, 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 is becoming increasingly active in two aspects of research.

The first is with 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. The most advanced national model of this is the Australasian Gastro-Intestinal Clinical Trials Group which has a consumer advisory panel of 10 people who are becoming involved in trials from inception through to completion. Cancer Voices provides the chair of this group and he is also a member of the AGITG Scientific Committee.

Some ten 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.

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.

John Newsom – Chair





**Clinical
Oncological
Society of
Australia**

Financial statements at 30 June 2008 and Independent Audit Report

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 2008.

Committee Members

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

Ms Christine Carrington

Prof David Goldstein

Prof Bruce Mann

Prof Ian Olver

Ms Gabrielle Prest

Prof Bernard Stewart

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

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

Operating Result

The surplus of the Society for the financial year ended 30 June 2008 amounted to \$328,285 (2007: \$151,223).

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 David Goldstein
President 2007/8



Prof Bruce Mann
Vice-President 2007/8

Dated 07 November 2008
Sydney

Income Statement

For the year ended 30 June 2008

	Note	2008 \$	2007 \$
Income			
Revenue from ordinary activities		138,774	135,710
Net income from Annual Scientific Meeting		235,319	102,682
NHMRC Enabling Grant Revenue		409,356	245,152
Other revenue from ordinary activities		455,381	132,578
Expenses			
Administration		99,591	63,497
Management Fees		52,273	50,750
NHMRC Enabling Grant expenses		409,356	245,152
Other expenses from ordinary activities		349,325	105,500
Surplus from ordinary activities	4	328,285	151,223

The accompanying notes form part of these financial statements

A Detailed Trading Profit and Loss Account appears at the end of these formal published accounts

Balance Sheet

As at 30 June 2008

	Note	2008 \$	2007 \$
Current Assets			
Cash & Cash Equivalents	5	1,464,167	1,032,066
Trade & Other Receivables	6	63,908	139,666
Other Current Assets	7	20,000	9,000
Total Current Assets		1,548,075	1,180,732
Total Assets		1,548,075	1,180,732
Current Liabilities			
Trade & Other Payables	8	723,511	684,453
Total Current Liabilities		723,511	684,453
Total Liabilities		723,511	684,453
Net Assets		824,564	496,279
Equity			
Retained Surpluses	9	824,564	496,279
Total Equity		824,564	496,279

The accompanying notes form part of these financial statements

Statement of Changes in Equity

For the year ended 30 June 2008

	Note	2008 \$	2007 \$
Retained surpluses at the beginning of the financial year		496,279	345,056
Net surplus for the year		328,285	151,223
Retained surpluses at the end of the financial year	9	824,564	496,279

The accompanying notes form part of these financial statements

Statement of Cash Flows

For the year ended 30 June 2008

	Note	2008 \$	2007 \$
Cash flows from operating activities:			
Receipts from Subscriptions and donations		143,009	152,310
Net Receipts from Annual Scientific Meeting		258,850	112,950
Receipts from funding grants		393,800	383,955
Other Revenue		521,281	94,830
Interest received		73,797	46,366
Payments to suppliers and employees		(958,636)	(324,997)
Net cash provided by (used in) operating activities	11(b)	432,101	465,414
Net increase/(decrease) in cash and cash equivalents held		432,101	465,414
Cash and cash equivalents at the beginning of the financial year		1,032,066	566,652
Cash and cash equivalents at the end of the financial year	11(a)	1,464,167	1,032,066

The accompanying notes form part of these financial statements

Notes to the Financial Statements

For the year ended 30 June 2008

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 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 association 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.

(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 at 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 less then expenses associated with the meeting. The net income showing for the 2007 Annual Scientific Meeting is \$235,319 (2006: \$102,682).

Notes to the Financial Statements (continued)

Note 1. Statement of significant accounting policies (continued)

(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, \$680,065 has been allocated to fund this activity of which \$409,356 has been spent this year. The balance of unspent monies is held as Income in Advance in the Balance Sheet awaiting future expenditure. Funding is recognised as Income as the funds are spent.

(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 2008/2009 Year and funds from the multi-year NHMRC Enabling Grant.

(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 1,125 financial members of The Clinical Oncological Society of Australia Incorporated at 30 June 2008. (2007: 1,276 financial members)

Notes to the Financial Statements (continued)

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.

Note 4. Surplus from ordinary activities

	2008 \$	2007 \$
Surplus from ordinary activities has been determined after:		
Expenses:		
Remuneration of auditor for audit services	2,000	1,510
Significant Revenue and Expenses		
The following revenue and expense items are relevant in explaining the financial performance:		
Net Surplus from Annual Scientific Meeting	235,319	102,682
Fully-funded NHMRC Enabling Grant expenses	409,356	245,152
Management Fees paid to The Cancer Council Australia	52,273	50,750

Note 5. Cash & Cash Equivalents

Cash at bank	1,464,167	1,032,066
	1,464,167	1,032,066

Note 6. Trade and Other Receivables

Current		
Trade Debtors	63,726	104,981
Amounts due from associated organisations	182	34,685
	63,908	139,666

Note 7. Other Current Assets

Prepayments	20,000	9,000
	20,000	9,000

Note 8. Trade and Other Payables

Current		
Trade Creditors	92,351	22,209
Income in Advance	576,019	630,291
Amounts due to associated organisations	55,141	31,953
	723,511	684,453

Notes to the Financial Statements (continued)

	2008 \$	2007 \$
Note 9. Retained Surpluses		
Retained Surplus at the beginning of the financial year	496,279	345,056
Net surplus for the year	328,285	151,223
Retained Surplus at the end of the financial year	824,564	496,279
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 2008.		
Note 11. Auditors remuneration		
Remuneration of the auditor		
Auditing the financial year	2,000	1,510
Note 12. Notes to the statement of cash flows		
(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	1,464,167	1,032,066
(b) Reconciliation of cash flow from operating activities with Surplus from ordinary activities:		
Surplus from ordinary activities	328,285	151,223
Changes in assets and liabilities:		
Decrease/(increase) in receivables	75,758	63,745
Decrease/(increase) in other assets	(11,000)	(97)
(Decrease)/increase in payables	39,057	250,543
Cash flows from operating activities	432,100	465,414

Notes to the Financial Statements (continued)

Note 13. Society details

The registered office of the society is:

Building 44 Richmond Avenue
Fairbairn ACT 2609
Australia

The principal place of business until 16 September 2007 was:

Level 5, 192 Parramatta Road
Camperdown NSW 2050
Australia

Since 17 September 2007, the principal place of business has been:

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 in accordance with the accounting policies outlined in Note 1 to the financial statements.

The Executive Committee members declare that:

- 1 The financial statements and notes – as set out on pages 29-37:
 - 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 2008 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 David Goldstein
President 2007/8



Prof Bruce Mann
Vice-President 2007/8

Dated 7 November 2008

Sydney

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
CLINICAL ONCOLOGICAL SOCIETY OF AUSTRALIA INCORPORATED****Scope**

We have audited the attached financial report, being a special purpose financial report of The Clinical Oncological Society of Australia Incorporated for the year ended 30 June 2008, as set out on pages 2 to 9. The incorporated association is responsible for the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Associations Incorporation Act 1999 (ACT) and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of The Clinical Oncological Society of Australia Incorporated. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for the purpose of fulfilling the requirements of the Associations Incorporation Act 1999 (ACT). We disclaim any assumption or 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.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the Association's financial position, and performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis

Audit Opinion

In our opinion the financial report of The Clinical Oncological Society of Australia Incorporated presents a true and fair view of the financial position of The Clinical Oncological Society of Australia Incorporated as at 30 June 2008 and the results of its operations and cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Inherent Uncertainty Regarding 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, Annual Scientific Meeting income is received from the Events Co-ordinator. The Clinical Oncological Society of Australia Incorporated does not undertake any review of the accounting systems of the Events Co-ordinator and therefore cannot verify the completeness of net income.


PKF
Paul Bull
Partner

Sydney, 7th November 2008

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Detailed Trading Profit and Loss Account

For the year ended 30 June 2008

	2008 \$	2007 \$
Income		
Advertising Income		
Subscriptions	138,774	135,710
Net Revenue from Annual Scientific Meeting	235,319	102,682
NHMRC Enabling Grant	409,356	245,152
CPD Project	74,189	11,385
SOP Project	759	1,786
Burnout Survey	11,000	11,000
Special Projects	37,500	15,000
Care Coordinators Workshop	15,000	20,000
Adolescent & Young Adult Workshop	0	27,038
Interest Received	73,797	46,366
Other Revenue	0	3
Geriatric Oncology	37,950	0
Sarcoma Group	180,000	0
Neuroendocrine Tumour	25,186	0
Total Income	1,238,830	616,122
Expenses		
Advertising	252	1,931
Audit Fees	2,000	1,510
Bank Charges	2,323	1,255
Catering	101	171
Courier	330	506
Consultancy Fees	5,600	0
Filing Fees	59	57
Management Fees	52,273	50,750
Postage & Packaging	991	5,540
Printing	6,366	11,098
Salaries & Wages	33,743	12,987
Seminars & Conferences	355	1,364
Stationery	245	199
Subscriptions	1,255	1,921
Sundry Expenses	2,029	3,450
Telephone	1,668	1,363
Travel & Accommodation	7,046	8,124
Website	32,857	9,698
Council Meetings	23,750	18,877
Executive Committee Meetings	1,474	874
Cancer Forum	9,617	5,502
NHMRC Enabling Grant Activities	409,356	245,152
Care Coordinators Workshop	12,433	12,359
Adolescent & Young Adult Workshop	930	16,126
CPD Project	53,734	28,885
Special Project Burnout Survey	0	20,000
Miscellaneous Special Projects:	2,567	1,377
ACCORD Funding	9,091	1,500
ASCO/COSA Project	2,721	0
Geriatric Oncology	27,721	0
Tissue Banking	43	0
Sarcoma Study Group	180,056	0
Neuroendocrine Tumour Workshop	25,186	0
Total Expenses	910,544	464,899
Net Surplus	328,285	151,223



**Clinical
Oncological
Society of
Australia**

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