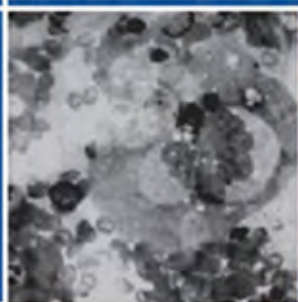
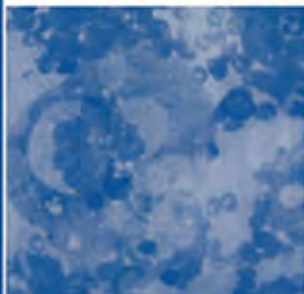


collaboration
education
research
multi-disciplinary care



**Clinical
Oncological
Society of
Australia**

ANNUAL REPORT 2007



professional development
multi-disciplinary care
collaboration
professional development

Presidents of COSA

November 1973 – November 1976	Mr WB Fleming AM MBBS FRACS FRCS(Eng) FACS
November 1976 – November 1979	Professor L Atkinson FRCS FRACS FACR
November 1979 – November 1981	Dr RP Melville MBBS FRCS FRACS FACS
November 1981 – November 1983	Professor MHN Tattersall 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 BSc(Med) PhD MBBS FRACP
January 1992 – December 1993	Professor WH McCarthy AM MEd FRACS
January 1994 – December 1995	Professor AS Coates AM MD FRACP
January 1996 – December 1997	Professor RJS Thomas MBBS MS FRACS FRCS
January 1998 – December 1999	Professor H Ekert AM MBBS MD FRACP FRCPA
January 2000 – December 2001	Professor J Zalcborg 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 –	Professor D Goldstein MBBS MCRP(UK) FRACP



The Membership Objects of COSA

- To promote and foster the exchange and diffusion of information and ideas relating to the causation, prevention, diagnosis and treatment of neoplastic diseases;
- To provide a forum in which to encourage optimal communication between the various groups concerned with neoplastic diseases;
- To foster improvements in the total care of patients suffering from neoplastic diseases;
- To foster and promote cancer research;
- To further the training of all persons in cancer research and clinical oncology.

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 2007 there were 1,290 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

Mrs Margaret McJannett RN OncCert – Executive Officer

Council

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

Australia and New Zealand Children's Haematology Oncology group

Chair: Dr F Alvaro MBBS FRACP – to July 2007

Dr P Downie MBBS FRACP – from September 2007

Breast Oncology group

Chair: Dr A Spillane BMBS 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 A Provis RN GradDipHlthAdmin

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 R Abraham MBBS FRACP MMedSc – to October 2007

Dr N Pavlakis BSc MBBS FRACP – from November 2007

Medical Oncology group (Medical Oncology Group Australia)

Chair: A/Professor B Koczwara MBBS FRACP

Melanoma & Skin group

Chair: A/Professor B Coventry BMBS 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: Dr G Jacob MBBS DMRT FRANZCR

Regional & Rural Oncology group

Chair: Dr C Underhill 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

The Cancer Council Australia Representatives

Professor I Olver MD BS PhD FRACP MRACMA FACHPM

Professor I Frazer FRCP(Ed) FRCPA FAA

Executive Officer

Mrs Margaret McJannett RN OncCert

Public Officer

Dr Desmond Yip

Medical Oncology Unit

The Canberra Hospital

Yamba Drive, GARRAN ACT 2605

Honorary Solicitor

Mr Chris Dawson

Turner Freeman

Level 16, 111 Elizabeth St, Sydney NSW 2000

Auditors

PKF

Level 10, 1 Margaret St, Sydney NSW 2000

Report of the President

I am delighted to report that 2007 has seen our Society continue to extend its reach across the cancer control spectrum and become increasingly active in program and policy development and advocacy. A particular focus in 2007 was on equity issues and professional development.



Continuous professional development

Work continues on phase 2 of the Cancer Professional Development (CPD) program funded by Cancer Australia, with several demonstration sites developed in 2007. COSA's participation as one of a five-member consortium led by the Centre for Innovation in Professional Health, Education and Research (CIPHER) has helped ensure multidisciplinary clinical cancer expertise is incorporated into the professional development packages.

Equitable access to cancer care for regional Australians

In 2007 COSA continued to build its role in cancer control policy development and promotion, with improved equity in cancer treatment outcomes a priority issue.

We worked closely with Cancer Council Australia on a joint submission in response to the Senate inquiry into patient travel and accommodation schemes, the report of which was largely consistent with our priorities. We will continue to work with Cancer Council Australia on promoting our recommendations, which include national standards, a significant increase in subsidy and eligibility for travel support for isolated patients participating in clinical trials.

COSA also continued to promote regional cancer centres of excellence as the centrepiece of our policy reform agenda to reduce rural/regional inequity long-term. To this end the federal Member for Riverina in western NSW, Kay Hull, invited a delegation from COSA and the Cancer Council to Wagga to discuss the future of the Wagga Cancer Centre in the context of our plan for national reform. Mrs Hull, a tireless campaigner for cancer services in her electorate, supported our national vision and was particularly interested in what would be required to bring the Wagga facility up to the standard expected of a "centre of excellence". This led to the development of an ideal service model, which in 2007 was set to be circulated for the endorsement of all disciplines. In further collaboration with Cancer Council Australia we plan to work with committed MPs like Mrs Hull at all levels of government to promote regional cancer reform nationally over the short and long term.

Privacy review

In December, COSA again collaborated with Cancer Council Australia on a joint submission in response to a review of privacy law in Australia, strongly recommending that the potential to save and improve the quality of human lives be put before irrational privacy concerns when it comes to use of medical and health data. Our submission called for more efficient use of data for epidemiological, clinical and behavioural research, provided ethical standards were maintained to protect the privacy interests of individuals.

Coordination of care project

Care coordination remained an important issue and was discussed in Adelaide, at a dedicated workshop convened on the eve of the ASM, with sponsorship from Cancer Australia and the Cancer Council. With a focus on practical applications in service delivery, the meeting looked at the benefits of care coordination in terms of health and economic outcomes. A report commissioned by COSA and prepared by Dr Alison Evans will be published in Cancer Forum in 2008.

It has been proposed that a Cancer Care Coordinators Interest Group, led by Prof Yates, be formed to continue to monitor and respond to the needs of co-ordinators.

Other key activities

- COSA in collaboration with its paediatric oncology group (ANZCHOG) facilitated an Adolescent and Young Adult workshop in May, with sponsorship from Cancer Council Australia, the Cancer Institute NSW and Cancer Australia. Young adult and paediatric cancer stakeholders examined emerging models of care and outlined an action plan to address the issue over the next few years.
- The new-look COSA website www.cosa.org.au was launched in late 2007. The revamped members' only area provides exclusive access to reports and publications, Cancer in the News and the opportunity to participate in group forums and polls.
- COSA and The Cancer Council were represented at an American Society of Clinical Oncology international round table to discuss opportunities to support less developed nations in improving cancer services.

Report of the President (continued)

The COSA Enabling Grant, under the leadership of Prof Steve Ackland and project officer Ms Laura Jakob continues to work with the Cancer Cooperative Trials Groups of COSA to enhance their capacity to conduct high quality clinical research by developing and providing fundamental resources in four key areas:

- Protocol development from concept outline to externally approved protocol
- Web-based randomisation and data collection
- Independent, comprehensive quality assurance program
- Standardised operating procedures

In 2007 COSA looked at trials insurance, with a report commissioned under the auspices of the enabling grant and with the consent of the NHMRC to explore indemnity options. The report is expected to be circulated in 2008.

A COSA burnout survey, funded by Cancer Australia, was undertaken by Professor Afaf Girgis, Director, Centre for Health Research & Psycho-oncology (CHeRP) during 2007. The survey of all COSA members was to assess issues surrounding professional burnout amongst those providing or contributing to cancer care. Preliminary data was presented at the 2007 ASM. A final report will be published in mid-2008; a summary was presented at the 2007 ASM by Professor Girgis.

COSA Annual Scientific Meeting

The 34th Annual Scientific Meeting (ASM) held in Adelaide on 14-16 November attracted a record attendance and formal feedback confirmed its enviable status as a leading international scientific meeting.

Urologic oncology, sarcoma trials and proposed nutrition groups had active programs, reflecting COSA's growing diversity as a multidisciplinary cancer care society. We hope this enthusiasm continues to broaden COSA's member base. The multidisciplinary event offered two tumour streams, urologic oncology and sarcoma, together with presentations from a number of world leaders in cancer management.

We saw the President of Cancer Council Australia and COSA member, Professor Ian Frazer, open the meeting and deliver an excellent plenary presentation on the future of cervical cancer immunisation. Among other highlights was a communication workshop in association with the American Society of Clinical



Chris Karapetis, 2007 COSA Annual Scientific Meeting convenor

Oncology, a quality of life workshop, a special symposium addressing cancer in adolescents and young adults, and a very successful and well attended consumer forum.

In summary, it was a milestone ASM. Congratulations to Chris Karapetis and his organising committee for their excellent work. Thanks also to A/Prof Brenda Wilson and her staff at The Cancer Council South Australia for supporting the event.

Audit of cancer services

A consortium led by Cancer Council Australia and including COSA is working towards finalising a national audit of cancer control activity for Cancer Australia. We look forward to working with Cancer Australia to develop recommendations for improving cancer control on the basis of the audit's key findings.

What's ahead?

- A Geriatric Oncology workshop will be held in May 2008. This multidisciplinary forum will bring together interested professionals to discuss the key issues associated with the clinical management of cancer in the elderly.
- A project addressing the prescribing, supply and administration of chemotherapy with respect to ensuring safety and minimising errors continues and a report is expected by mid-2008.

I would like to thank the many people whose contributions are vital to COSA's continuing success. Cancer Council Australia continues to be a valued partner and the move this year to formally establish COSA as Cancer Council Australia's expert advisory committee on medical and scientific issues serves to strengthen our relationship and further demonstrates the value of our multidisciplinary expertise base.

Our thanks to Cancer Council Australia President, Prof Ian Frazer, and CEO, Professor Ian Olver, for their ongoing support for our mutually beneficial alliance. I acknowledge the continued support and efforts provided by the hard working staff of CCA. In particular Paul Grogan (advocacy), Rob Firth and his finance team, and Glen Turner and Nicole Fulton (communications).

I am also grateful to all COSA Council and Cooperative Group Chairs, our COSA Executive for advice and thoughtful consultation and particularly to Bruce Mann and Steve Ackland for their continued support.

Finally (and I will have to insist she does not humbly edit this comment out!), my thanks to our executive officer Margaret McJannett, under whose day-to-day stewardship for the past 4½ years COSA has continued to grow. Marg's hard-working team of Kathleen Quartermaine, Vicki Newman and Linda McLachlan also deserve special mention for their contribution to COSA, along with our project officers Laura Jakob and Rosemary Dillon.

Conjoint Professor David Goldstein
President – COSA

Cosa Enabling Grant



*Stephen Ackland, Chair,
Enabling Project Steering
Committee*

The Enabling Project is part way through its third of 5 years, with substantial progress made in several areas.

Protocol Development

In the first round in 2006-7, 23 protocols were developed to various stages by supporting the 10 Cooperative Trials Groups (CTG) with funding of \$18,000 each. 8 have been activated and 4 of these have begun recruitment. Funds have been used to support statisticians, project coordinators, trial managers, etc.

Some groups have provided the tools used to develop protocols (outlines, protocol templates, etc.) to form a repository for the benefit of all groups. This process is continuing to be encouraged.

Information Systems

In 2007 the NHMRC Clinical Trials Centre and BaCT were supported with grants of \$80,000 each to assist in development of web-based data systems for clinical trials.

CTC will use funds to assist development of the randomisation and drug distribution modules as applied to cancer trials and the development of specific templates related to cancer eCRFs. The use of CTC web-based clinical trials systems has already been of benefit to some CTG (AGITG and ANZBCTG) in providing the capacity of these groups to undertake both national and international clinical trials. Further developments and investment will enable new trials to be set up quickly (within 2-3 weeks) on a cost recovery basis related mainly to maintenance, hosting and routine data management.

BaCT and the ALLG are collaborating in the development of web-based clinical trials system. This has arisen out of the recently successful NHMRC Enabling Grant (#337911) obtained by the ALLG with the support of staff from BaCT. The BaCT/ALLG collaboration will provide the resources for the system's initial and ongoing development. The software will be written by a local company who will incorporate the developed modules – a registration and randomisation module (RRM) and an electronic data capture module (EDCM) – into an integrated clinical trials package. Negotiations over the RRM are almost complete prior to the signing of contracts and beginning of development.

Both the RRM and EDCM modules would be available to support any investigator-led trials from Australasian cancer collaborative trial groups. Charges for using the software will be those arising from trial set-up and ongoing trial centre support, to enable recovery of development costs and to provide funding for ongoing maintenance and upgrading of the system, but will not include any direct charge for the amount of data stored or processed. It is intended that the integrated system could be provided to enable other trial centres to use the software to set up their own trials and access their trial data for an appropriate

licence fee. For both modules, input by potential users of the system into the design features is invited and encouraged.

Quality Assurance

Since the priority-setting workshop held in late 2006, several modules of a practical ICH-GCP-based clinical trials educational program for CTG staff and clinicians have been piloted at ANZBCTG annual meeting (July 2007) and COSA ASM (Nov 2007), and a further pilot of 3 more modules is planned for the AHRDMA meeting (March 2008). Through these pilots we will determine the requirements of an ideal training program and what we/our staff (including CTGs) can deliver. In the next 3 months we will employ a project officer to fully scope existing training packages available via academia and industry, for either recommendation or adaptation into an Enabling Project-generated training program/package. We intend to develop an e-learning component in GCRP, as well as auditing and monitoring processes.

We are continuing to encourage the collection and dissemination of group SOPs, so that a complete listing of SOPs can be made available to all groups, new and existing.

Consideration is being given to an intergroup auditing program, whereby staff of one group conduct audits on the operational processes of another. However, it is acknowledged that this initiative is not budgeted for in the Enabling Project and so further grants to support it will need to be sought.

Clinical Trials Insurance

The COSA Enabling Project commissioned Healthcare Risk Resources International (Melbourne) to produce a report on issues surrounding insurance for cooperative trials groups and their members and affiliates, which includes recommendations for change. The Steering committee has agreed that an umbrella insurance arrangement held by COSA to indemnify all CTGs may have merits and are about to enter into an arrangement with a broker acting on our behalf to negotiate with the insurance industry to obtain quotes.

Executive Officer's Network

In 2006 Margaret McJannett initiated a regular meeting of the Executive Officers of the CTGs, supported by COSA. In November 2007 the Steering Committee endorsed the support of this Network through the Enabling Project.

This initiative has been productive, contributing significantly to intergroup collaboration and harmonisation in relation to some operational processes.

Website

Enabling Project progress reports are publicly available on the COSA website, and a secure area within the website is used by committee members for correspondence and record retention.

*Stephen Ackland and Laura Jakob
Chair and Project Coordinator,
Enabling Project Steering Committee*

Breast group

The Breast group has had a relatively quiet year with no sessions in the last scientific meeting. Just to remind members of the group that the Breast group aims to provide a forum for the presentation and discussion of scientific material related to all aspects of breast cancer. The membership of the Breast group includes epidemiologists, tumour biologists, biostatisticians, oncology nurses, pathologists, radiologists and clinicians concerned with the diagnosis and treatment of breast cancer.

We share significant common ground with many of the other sub groups in COSA and the COSA Annual Scientific Meeting provides an excellent opportunity for cross-fertilisation of ideas and education. The group works co-operatively with various other breast cancer groups and organisations outside of COSA when opportunities arise, to develop scientific meetings of excellent educational content and broad appeal.

Membership of the Breast group is open to anyone with an interest in malignancies of the breast.

As a warning to stake holders and a major issue of interest to our surgical membership is the development of the *Breast Surgeons' Society of Australia & New Zealand*. This society is likely to be launched later this year and will take over the majority of the activities of the Breast Section of the Royal Australasian College of Surgeons. The formation of the BSSANZ is due to the divestment of these responsibilities by the RACS. The RACS wants to be seen as more focused on educational activities. This society will bring Breast Surgeons into line with other subgroups of the Division of General Surgery who have formed their own societies or associations - e.g. Colorectal Society of Australia and Australian Endocrine Surgeons Association. This development will be discussed in open forum at the Breast Section AGM at the upcoming RACS ASM in Hong Kong 12 – 16 May 2008.

For more details regarding this group or to become a member of this group please contact us at: cosa@cancer.org.au

Andrew Spillane, Chair

Cancer Nurses Society of Australia

The CNSA, through its members and under the direction of the National Executive, is robust and fully engaged in many important initiatives to improve cancer care and control for patients and support for cancer nurses. At the ten-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 firmly collegiate and consultative. We often network, partner, and participate in multidisciplinary programs to achieve best outcomes, and we are vigorous members of COSA whose support of our membership remains invaluable.

2007 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 intimately involved in the development of the education Framework (in addition to, and in close consultation with, those of the Continuing Professional Development project), the development of competency standards, and the formation of a standing education committee which will advise the National Executive on matters around education, including potentially some form of specialist recognition such as credentialing, for the cancer nursing workforce.
- The **10th Winter Congress** combined with the MOGA Annual Scientific Meeting in Melbourne in August to create an event judged a success on all levels: content, collegiality, the sharing of expertise across the two disciplines, and

commercial success. Two of the Society's founding members, Patsy Yates and Laurie Grealish, were made Life Members of the Society at the AGM held during the conference. The CNSA also wishes to acknowledge Keith Cox OAM on his Queen's Birthday Honour for services to the community and to oncology nursing.

- Members of the National Executive participated in the **Adolescents and Young Adults with Cancer Forum** in May 2007, hosted by COSA, CanTeen and Cancer Australia in what was a productive day, and the precursor to important changes to address the poorer outcomes of this group.
- The CNSA's **Central Venous Access Device Guidelines** were formally launched at Winter Congress 2007. A set of evidence-based and peer-evaluated clinical guidelines, they are an invaluable resource for cancer nurses, available on CD through the CNSA website.

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
- Contributing to a review of the draft of the new NSW WorkCover Cytotoxic Guidelines
- Contributing to the Cancer Australia National Advisory Group in either specific cancer site groups or population groups
- Engaging with AMGEN in the Titan project, which addressed care and management of people experiencing myelosuppression

- Representation by Rosemary Seiboth on the Rural Health Support, Education and Training (RHSET) project conducted by MOGA and intended to enhance palliation in patients with advanced cancer in rural Australia and launched at Winter Congress 2007
- Contributing to national projects through Cancer Australia, the NBOCC (which launched "How are you Travelling?", the consumer psychosocial care guidelines), Senate enquiries, 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 through Regional Groups
- Contributing, in particular, to the discussion and paper on cancer care coordinators and their impact on patient outcomes at the COSA ASM in Adelaide in November 2007.

2008 is now well underway, with groups and activities in full swing. We draw your attention to the CNSA's Winter Congress on the Gold Coast in June 2008, coordinated by Maryanne Hargreaves, and the international meeting in Singapore in August 2008 at which Donna Milne has represented CNSA on the Scientific Planning Committee.

The work of CNSA is significant, and the commitment of the national executive of tremendous significance and weight. Therefore, a huge "thank you" must go to outgoing members: Kate Cameron, Catherine Jones, Linda Barrett, Liz Zwart and Megan Rogers. Cathy Johnson and Megan Plaster continue on the committee and are joined in 2008 by newcomers Maggie Stowers (Vic), Glennys Stallan (Qld), Carina Boehme (SA), Julie Clowry (ACT), and Louise Nicholson (Tas).

The CNSA would like to thank the administrative staff at the COSA/TCCA office for ongoing services to our membership.

Gabrielle Prest, Chair

Cancer Pharmacists group

This report provides a summary of the key activities of the group during 2007.

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

1. Review the aims of the group and produce a defined 'mission' statement of what the group is about and what it wants to achieve.
2. Continue to support the needs of pharmacy staff working in cancer care.
3. Continue to attract and encourage new members while retaining current members.
4. Ensure that the CPG has a key role in cancer policy and activity across Australia and to maintain the involvement with other disciplines.
5. Address the training, educational and research needs of specialist pharmacy staff working in cancer care.
6. Develop multidisciplinary guidelines for the prevention of errors relating to the prescribing, supply and administration of chemotherapy.
7. Develop a web based discussion board.

1. Review the focus and aims of the group and produce a defined 'mission' statement of what the group is about and what it wants to achieve.

It was agreed that the focus of the group should be clinical pharmacy practice. Activities and goals will reflect the pharmacist's role and leadership in therapeutics and medication usage in

cancer. This will include research, education and policy related to this area. A role in developing standards and guidelines has been discussed as an essential element of the group's activities. Currently standards of practice are overseen by the Society of Hospital Pharmacists (SHPA) however discussions have taken place in 2007 with the Chair of the Committee of Speciality Practice within the SHPA to include the CPG as a key group in developing standards. Many of the SHPA standards are outdated.

A new logo has been designed for the group and will be used to identify the group.

Ways forward for the group were discussed at the 2007 AGM and it was encouraging that many came with ideas of what the group should focus on in 2008.

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

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. It is still a concern that many members remain inactive or 'silent'. Despite requests for more input, this continues to be an issue.

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

A letter written by the CPG committee was published in the Journal of Pharmacy Practice and Research to highlight

the existence of the group, its activities and to encourage membership. Further new members were recruited in 2007. Membership has remained stable but it is difficult to ensure new pharmacists working in cancer are recruited as COSA members. Advertising and promotion within the pharmacy community is key to recruiting to the group.

4. 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 been included in many of the key multidisciplinary cancer activities this year including involvement in the COSA/ Cancer Australia Continuing Professional Development (CPD) project and the AYA workshop. Input has also been sought into the development of the clinical trials working group to review costing for trials and the geriatric workshop to be held in 2008.

The CPG have led the development of the prescribing, supply and administration guidelines. Plans are also being considered to link more closely with MOGA in developing guidelines and considering therapeutic issues.

Efforts have been made to ensure all members are aware of the work of COSA and what it is being achieved by the society.

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

The Marryalyan newsletter continues to include reports on areas of interest that are occurring in the oncology pharmacy community and encourages members who are interested in the reports to obtain further information through the chair or relevant sources. Whilst it has been agreed that it would be advantageous to have a more comprehensive newsletter no other members have come forward to assist in contributing to the newsletter or website.

The development of the CPD project is being followed with keen interest in the CPG to see if this can evolve into an educational tool for this group.

The format of the ASM was changed this year for the CPG and proved to be a success. The abstract session was replaced by an educational 'workshop' session on organ dysfunction and was attended by many disciplines. This format will be continued and developed at the 2008 ASM. Contributed papers received for the 2007 ASM were low however this may be reflected in the fact that no individual pharmacy session existed in the conference. Pharmacy once again hosted the new drugs session where pharmacists presented and discussed experiences in using some of the newer agents available and this proved to be educational and informative.

Plans to develop an educational seminar were discussed at the 2007 AGM for implementation in 2008.

6. Develop multidisciplinary guidelines for the prevention of errors relating to the prescribing, supply and administration of chemotherapy.

Guidelines have been compiled on the prescribing, dispensing and administration of chemotherapy with the aim of providing guidance on preventing medication errors and improving patient safety related to the use of chemotherapy. The working group led by the CPG chair includes representatives from CPG, CNDSA and MOGA. The document is in the final stages and will be submitted to the council in 2008.

7. Develop a web based discussion board.

The discussion forum on the new website became available to members late 2007 has been used extensively since its launch.

The website is now being used to inform members of key developments related to cancer and pharmacy particularly with respect to news releases, key alerts and other important information. A resources section has been added and continues to be developed.

The future.

The planned focus during 2007 will be to

- Continue to support the needs of pharmacy staff working in cancer care
- Develop the CPG role in cancer policy within Australia
- Develop key links with other groups and disciplines in COSA
- Continue to develop the training, educational and research needs of specialist pharmacy staff working in cancer care. Develop an educational seminar to support pharmacists and use as a training and education tool
- Develop a cancer pharmacists research network focusing on key practice research that is being carried out and where collaboration can be enhanced
- Develop the website
- Develop guidance on appropriate staffing levels for pharmacists providing cancer services
- Discuss options with the SHPA for developing standards of practice in cancer services.

Christine Carrington, Chair

Cancer Research group

In the mid-1970s, COSA involved four groups and the Cancer Research group was one of them (the others were the Breast, Paediatric and Head and Neck groups). At that time, a separate forum for the presentation of laboratory data seemed like a good idea because the issues addressed in laboratory research were remote from the management of cancer patients. Those days are long gone. Amongst other things, the term 'translational research' illustrates the importance – if not, the requirement – for at least some laboratory investigations to be focused on achieving change in clinical management. The Cancer Research group is not made up of clinical oncologists who have stepped into the laboratory and once there, speak a different language. On the contrary, the language and substance of cancer research is to be heard within many COSA groups. What then is the role and requirement for a separate Cancer Research group in COSA?

The answer to this question is readily evident from the recent history of the Society, and particularly its Annual Scientific Meetings (ASMs). The option of staging the 2006 ASM as part of the Australian Health and Medical Research Congress in Melbourne (where COSA was the largest participant society, displacing even Australian Society for Medical Research which established the Congress) came through the Cancer Research

group. Though tumour-based and craft-based groups may each encompass cancer research activity, that engagement is a minor consideration for any one group. Many groups can, and do, address cancer research issues once they emerge at Council or some similar context. The Cancer Research group may serve to focus such broadly-based interest.

In the 2007 Adelaide ASM program, the Cancer Research group was not evident as a separate entity as was the case at ASMs in the 1970s. However at the 2007 ASM, cancer research was presented and integrated within literally dozens of sessions. This seems likely to be the pattern for many years to come. The notion of a COSA session for the benefit of the Cancer Research group alone may soon pass from being unusual to being an anachronism. To the extent that this state of affairs identifies cancer research that is immediately relevant to, if not determinant of, clinical care, we are certainly travelling in the right direction. While a separate Cancer Research group may not be immediately obvious from the ASM program, hopefully that state of affairs will continue to be evident from COSA Council minutes and consequent action.

Bernard Stewart, Chair

Clinical Research Professionals group

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

For those working in clinical research the launch of the new National Statement on Ethical Conduct in Human Research was a major event. In line with its release the NHMRC conducted a number of national information sessions which were well attended. The changes were quite extensive and provided clarification in many areas, of note was the clarification on the role of HREC and institutional research governance in terms of clinical research. The flow on effect of this change is seen in many areas including the development of a new NEAF application form.

Generic position descriptions for Clinical Research Professionals were also a focus in 2007. A separate working party was established to develop job descriptions (JDF's) and look at career pathways for clinical research professionals. Final drafts of the documents were presented at the COSA ASM, 2007 and subsequently the research nurse JDF's were accepted by the Victorian nursing federation. Special thanks go to all the members of the working party for this much needed work.

During the year our group, along with MOGA enquired into the potential for COSA to support a uniform approach to

co-operative group trial budgets. Plans are underway to develop a working party to review this in 2008.

Professional education has also been a relevant topic in 2007. The Rand D taskforce and the COSA Cancer Professional Development (CPD) program are 2 projects currently underway in addressing this need and we look forward to hearing about the progress of these projects in 2008.

In 2007 a number of personnel working in the area of cancer registry and audit were instrumental in formalising a research audit/registry special interest group within the CRPG. This was well received by the members and we look forward to this group growing over the coming years.

Many of you will now be familiar with the new look COSA website, and I would like to thank Vendra for working with COSA to enhance the CRPG website.

The CRPG is an active and dynamic group and I would like to thank everyone who has contributed to the group during my time as Chair of the group. I would also like to take this opportunity to welcome the incoming chair, Cate O'Kane, who will take over the position in 2008.

Andrea Provis, Chair

Epidemiology group

The Epidemiology group had a fantastic Annual Scientific Meeting in Adelaide in 2007 with rooms overflowing with people wishing to hear about the latest epidemiological studies and methods. Over the three epidemiology sessions on the first day we had over 200 attendees. Epidemiology papers placed elsewhere in the program also attracted strong interest.

Epidemiology received over 30 papers for its sessions, all of which deserved a place in the program in their own right, but the limited presentation space in the program meant that some missed out. Given the increasing level of interest in this area of work we will investigate providing extended options for epidemiology papers to be presented at future conferences. This will definitely be addressed in the 2008 conference which will be a joint COSA - International Association of Cancer Registries meeting with a strong epidemiological focus.

At the 2007 Annual Scientific Meeting, we had the company of April Fritz from the USA who gave us an overview of the patterns of cancer in the USA and discussed the issues of data collection and integration of information standards. April then went on to support members in other ways through a series of training sessions around the country. We also addressed cancer cluster issues with Professor Bruce Armstrong addressing breast cancer clusters in the ABC television studios in Brisbane, and Professor Bernard Stewart discussing criteria

for assessing these clusters. Other great papers discussed specific cancers, while other papers addressed information development now and into the future and the role of record linkage in understanding cancer patterns.

Once again the COSA Epidemiology group was paired with the Annual Business and Scientific meeting of the Australasian Association of Cancer Registries and their contribution into the COSA epidemiology program is acknowledged.

My thanks to the conference organiser Dr Chris Karapetis, whose efforts to manage the conference issues was much appreciated by our group and to Professor David Roder (The Cancer Council SA) for his representation of epidemiology at the organising committee. My thanks also to Diane Buranyi-

Trevarton (Royal Adelaide Hospital) for managing our liaison with April Fritz.

I look forward to increased interest in the Epidemiology group in 2008 as we take on an international flavour at the Sydney conference.

Paul Jelfs, Chair



Familial Cancer group

The first year of the Familial Cancer group has been successful, with a current membership of approximately 40. The diversity and interest has been pleasing, and represents a great start for our new group. However, this represents only a small proportion of healthcare professionals with active involvement in the delivery of familial cancer care Australia wide, and a major task for the next year or so will be to increase our membership to ensure representation in both diversity and numbers.

The success of the Familial Cancer group is evident from the two meetings that we have helped organise during 2007, the Familial Cancer Conference in August on the Gold Coast, and the Annual Scientific Meeting in November in Adelaide. On

both occasions we were able to arrange an excellent series of presentations that were warmly received by both members of the Familial Cancer group and others. A standard has been set that we trust will be maintained in the years ahead. These meetings were arranged in consultation with the Cancer Genetics Special Interest Group of the HGSA.

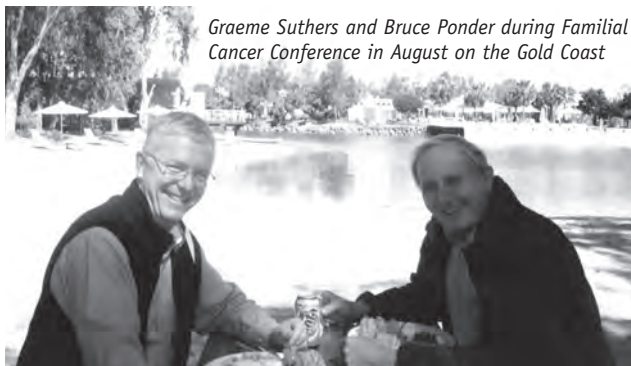
We are now in a position to begin to tackle other issues, including the difficulty of accessing medical records in Queensland.

The inaugural executive (Suthers, Kirk, Lipton) will continue for another 12 months as per COSA rules. But it is important that we both broaden the executive committee and include "fresh blood" as soon as possible.

COSA remains the premier organisation representing healthcare professionals to governments, policymakers, and the public, and as such the COSA Familial Cancer group is an important voice for familial cancer care in Australia.

Graeme Suthers, Chair

Graeme Suthers and Bruce Ponder during Familial Cancer Conference in August on the Gold Coast



Gastrointestinal group

COSA has remained a strong supporter of evidence based population cancer screening programs, and 2007 saw the beginning of screening for colon cancer in Australia. The screening program followed on from successful pilot projects which had been run across several selected sites in Australia. The screening program will be monitored and the compliance and resource utilisation will be measured. The ultimate measure of success will be a fall in the mortality rate from bowel cancer, which remains one of the most common causes of cancer related death in Australia.

Multidisciplinary management of GI cancer is essential as we strive to provide the best possible care to patients. This involves the treating clinicians, but communication with diagnostic services (pathology and radiology) is also very important. Add to this list the laboratory researcher, as effective collaboration between clinical and laboratory researchers is essential to achieving success through translational research. As an example KRAS mutation status has been found to be an important predictive marker for benefit from EGFR directed therapy. This finding is a direct result of correlative

research. Further biomarkers may also lead to improving the therapeutic index and cost effectiveness of new therapies. The development of tumour tissue banks is an important step forward in efforts to enable successful and important translational research.

The Annual Scientific Meeting in Adelaide was well attended, and several gastrointestinal topics were covered, including mucositis and cancer in the elderly. The meeting also showcased the important progress made through clinical trials



in Australia, including the valuable contribution to clinical research through the AGITG. In 2007, and into the future, COSA strives to foster productive collaboration between all of the health related professionals and events such as the Annual Scientific Meeting help to bring us all together within an Australian context.

Chris Karapetis, Chair

Gynaecological group

2007 was a very busy and successful year for the ANZGOG/ Gynaecology group of COSA. We started the year with an educational and clinical trials meeting in Noosa which was very successful and attracted over 120 registrants. The Executive recommended that we continue to have a regular meeting at Noosa and we are meeting again on the 23rd of February 2008. Alison Brand, Michelle Vaughan and Andreas Obermeier have organised the meeting and our international guests include Dr Robert Bristow and Carien Creutzberg. We anticipate that this will be a regular event in our calendar.

The Executive, RAC and Data Managers all had separate meetings during the Noosa conference and we also had the ICON 7 and TRIPOD investigators meeting and these studies are now open for recruitment.

The ANZGOG website is now up and running. It has a lot of valuable resources and will be of immense value in supporting our clinical trial activities as well as educating the public about ANZGOG and gynaecological cancer trials.

The Executive have had regular meetings at 3 monthly intervals and we had a strategic planning meeting late last year and addressed short term and medium term goals. We also recognised the importance for having a consumer representative on Council and the RAC and it is very gratifying that Karen Livingstone from OVCA has joined us. She is very committed to the process of clinical trials and educating and informing the public about ovarian cancer and clinical trials. We are planning to have a public meeting about gynaecological cancer and clinical trials before COSA in November and will be contributing to a consumer forum on ovarian cancer on March 1 in Melbourne.

We had a successful AGM in Adelaide followed by the COSA conference and our invited guest this year was Martin Gore from the Royal Marsden Hospital. We received positive feedback about our scientific sessions and we are currently planning the meeting for later this year at COSA. Our invited guest will be Professor Jonathan Lederman who is an outstanding speaker.

We submitted a number of grants in 2006 and have received funding for TRIPOD our Intraperitoneal Chemotherapy Study as well as for the study of accelerated chemotherapy for germ cell tumours which we are doing in collaboration with the Germ Cell Trials Group. In addition we received \$25,000 from the Ovarian Cancer Research Foundation towards the study we will be opening shortly in collaboration with Psycho-Oncology group looking at better ways to measure the benefit of palliative chemotherapy in women with platinum resistant/refractory ovarian cancer. We have submitted 3 NHMRC grants to support new studies as the funding of Cancer Australia does not support our clinical trials and we require grants to open studies.

We have 5 open trials – SCOTROC, ICON7, TRIPOD, Accelerated BEP, PORTEC 3 and Symptom Benefit. Calypso and Maintenance Tarceva closed late last year and are in follow up. The RAC will be meeting in Noosa to review new studies and new concepts.

We have continued to work closely with COSA and other groups in COSA as well as with our International Colleagues in the GCIG and GOG and plan to increase our collaborative efforts in the coming year.

Michael Friedlander, Chair

Medical Oncology group (MOGA)

MOGA has had a very busy and productive year in 2007. Its activities revolved around 2 key areas – advocacy and education.

The main work in advocacy related to access to cancer treatment. MOGA has delivered a Horizon Scanning Report on New Drugs and has convened a Professional Standards Subcommittee to focus specifically on prescribing and monitoring standards of oral cancer treatments. In December MOGA convened a third Drug Round Table meeting of key stakeholders involved in cancer drug approval and regulation with, for the first time, representation from our partner organisations – Haematology Society of Australia and Private Cancer Physicians of Australia. The meeting is a unique forum of monitoring of key issues relating to cancer drugs in Australia and an opportunity to consider strategies of collaboration across agencies that may lead to better access to treatment and better standards of care.

The relationship with the pharmaceutical industry was also the focus of the work of the MOGA Ethics Committee which has released for consultation the draft of its guidelines for interaction with the pharmaceutical industry.

The education activities have culminated in the Annual Scientific Meeting in Melbourne in August with the theme “From good clinical science to the patient”, conducted jointly with Cancer Nurses Society of Australia. The meeting, well attended by members of both organisations has provided an excellent opportunity for sharing expertise across both professions. The

meeting coincided with the launch of the web based program on palliation of cancer supported by a grant from the Rural Health Support, Education and Training. The program is freely available to any health professional. It links well with other education activities of MOGA including work on Diploma in Oncology for Non Cancer Medical Professionals that MOGA is leading with the support of Cancer Australia.

The 2007 has marked the beginning of revision of the Educational materials like Hitchhikers Guide to Oncology which are provided to trainees and the standardisation of the Communication Skills program which will be rolled out in 2008.

Together with our partners, MOGA has awarded a record number of travel awards and research grants and once again in collaboration with the industry and Haematology Society of Australia has supported a HOTT fellowship designed to promote the conduct of high quality clinical or translational

research in the fields of clinical oncology and haematology.

We are looking forward to a busy but exciting and productive 2008 with many opportunities to work collaboratively with colleagues across all cancer related fields on improving the quality of cancer care in Australia.



Bogda Koczvara, Chair

Melanoma & Skin Cancer group

The Melanoma and Skin Cancer group has progressively developed a wide interest in melanoma and non-melanoma skin cancers over the years, with diverse presentations occurring at the COSA Annual Scientific Meeting each year. This year, the diversity was amply displayed at the Australian and New Zealand Melanoma Trials Group, which met during the COSA Melanoma and Skin Cancer program. Established and proposed trials covered almost every aspect of melanoma research providing much interest for all concerned. The program sparked some lively discussion, and some interesting ideas were put forward, to enhance some of the trials in their design phases before the finalisation of the study protocols. Although almost every Australian state was involved in these studies in some way, a strong need still remains for more funding to assist every Australian state to develop and run clinical trials in melanoma, and such infrastructure does not currently exist in many states to achieve this.

There remain serious inequities in funding between different States, and the more strongly supported states should take a leadership role in correcting the inequalities for all Australians. The overall funding for skin cancer research remains unjustifiably low, considering that skin cancer is the commonest form of cancer affecting 1 in 2 Australians, and melanoma incidence is the highest in the world here in Australia! I implore

all Melanoma and Skin Cancer group members to work hard to correct this illogical travesty.

Many members have taken a significant leadership and contributing role in the re-writing of the Melanoma Clinical Guidelines, which were first written in 1999 and now require significant revision due to the availability of new techniques, approaches and study results. New Zealand contributions have been included to form a document comprising Australian and NZ composite opinions – from the two countries with the highest incidence of melanoma in the world. We look forward to the release of the revised ANZ Clinical Guidelines for the Treatment of Melanoma later in 2008.

The Biennial International Sentinel Node Meeting is in Sydney in February 2008 and will undoubtedly be a gala event, with much stimulating discussion, flowing from the Multicentre Selective Lymphadenectomy Trial (MSLT) for cutaneous melanoma in which several Australian centres and members of the M & SC group participated.

I encourage members to forward their opinions to me, and any contributions to the newsletter, including job advertisements, papers published or trials planned or being conducted.

Brendon Coventry, Chair

Neuro-Oncology group

The Neuro-Oncology group had an extremely productive 2007, with many exciting developments and new collaborations.

The Neuro-Oncology group executive has expanded – it now includes Dr Kate Drummond (deputy Chair, neurosurgeon from Melbourne who also chairs the Victorian Neuro-Oncology group), Dr Anna Nowak (medical oncologist & triallist from Perth), Dr Meera Agar (palliative care specialist, Sydney), Dr Gail Ryan (radiation oncologist, triallist, from Melbourne; who is the Australian chief investigator for the multicentre EORTC low grade glioma study), Dr David Walker (neurosurgeon who also runs a neurosciences lab programme, Queensland) and Dr Kevin Patterson (medical oncologist, South Australia) in addition to Dr Elizabeth Hovey (Chair, medical oncologist NSW).

There was a very successful “Glioma 2007” meeting, held in Sydney on the 16th-17th August at the Sofitel Wentworth Hotel. This followed on from the inaugural “Glioma 2005” meeting. It was very well attended and congratulations must go to the Convenors, neurosurgeon Noel Dan (NSW) and neuro-oncologist Lawrence Cher (Victoria) and their committee. International Guest Speakers included Dr Peter Black (Neurosurgeon-in-Chief at both the Brigham & Women's Hospital & the Children's Hospital, Boston USA) and Dr Susan Chang (Director of neuro-oncology at University of California, San Francisco, USA). Dr Chang gave an inspiring elegant talk for the Hubert Sturtz memorial oration on the current and future management of gliomas with an emphasis on new molecular markers and targeted agents. There were also many dynamic local speakers. The free paper section demonstrated that there is some very exciting neuro-oncology research taking place in Australia - including a number of translational oncology presentations from the Kolling Institute as well as presentations of various neuro-oncology psychosocial studies from around Australia. On the 18th August BTA (Brain Tumour Australia) hosted a very well-attended and popular Consumer (Patient & Carer) Day where approximately 100 patients and carers had the opportunity to hear the international guest speaker Dr Peter Black, as well as numerous other speakers, and to participate in a question and answer panel with local neuro-oncology experts from a variety of disciplines.

A number of COSA neuro-oncology members sat down with a very tight timeline in August 2007 to apply for funding for

the creation of a national neuro-oncology trials group. Despite significant competition from a number of other interested groups, we are pleased to report that in late 2007 Cancer Australia announced funding for the formation of COGNO (Cooperative Trials Group for Neuro-Oncology), one of only 2 groups funded in this inaugural round of funding. COGNO will co-ordinate national neuro-oncology clinical and translational research, and be a liaison point for international clinical trials. European, Canadian and U.S. neuro-oncology consortia have already expressed interest in collaborating with COGNO. COGNO will operate (at least initially), 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 Inaugural Chair of COGNO, Dr Elizabeth Hovey is COGNO secretary and Ms Michelle Cummins is the Executive Officer; and a number of other clinicians already have volunteered to be on the SAC (Scientific Advisory Committee). COGNO already has more than 70 members and is continuing to grow, with a number of meetings and activities slated for 2008. COGNO and the COSA Neuro-Oncology group look forward to sharing an ongoing close and fruitful association.

Prior to the formation of COGNO (since late 2006), a group of clinicians and psychologists from Western Australia, Queensland, NSW and Victoria have been teleconferencing with regards to a number of psycho-oncology pilot studies looking at the broad spectrum of needs of both patients, and carers of patients with high grade gliomas. In 2007, Lynn Oldham in Perth was the recipient of a Roche-sponsored HOTTAH (Allied Health) grant for further development of aspects of these initiatives. Hopefully this group will have the opportunity for development of a multi-centre collaborative study in the near future.

Concurrently, there has been a translational research collaborative initiative from Western Australia (Professor Lyle Palmer, a genetic epidemiologist is the principal investigator) and NSW called AGOG (Australian genomics and clinical outcomes in high-grade glioma) which will be co-ordinating a large tumour banking project for high-grade gliomas with an associated clinical database. This project will include testing for various genetic polymorphisms and signatures associated with different clinical presentations and outcomes. Funding was announced in late 2007 for this initiative in the form of a STREP

Grant by The Cancer Council NSW. AGOG aims to coordinate tumour banking of all national glioma specimens eventually (although it is starting in 4 sites initially).

In other good news on the neuro-oncology trials front, the EORTC-TROG Low Grade Glioma Study (Dr Gail Ryan from Victoria is the Australian Principal Investigator) has received NHMRC funding from the 2007 round of funding and is opening in a number of sites



Just some of the participants who attended the Glioma Guidelines Meeting, Sydney

Neuro-Oncology group (continued)

around Australia.

The Neuro-Oncology group Free Communications Session at the COSA ASM in Adelaide in November 2007 was also successful. In addition to a number of excellent original research papers presented we had two invited speakers – Dr Kerrie McDonald from the Kolling Institute (speaking on “The role of biomarkers for diagnosis, prognosis and guiding treatment decisions for glioma”) and radiation oncologist Dr Martin Borg (speaking on Late Central Nervous System Effects of Radiotherapy in Childhood Cancer Survivors).

The COSA Neuro-Oncology membership has provided significant expertise in terms of the ongoing 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 providing leadership as 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 in late 2007 and is now undergoing the rigorous multi-phase review process. (Those interested in reviewing the document can contact the Project Officer at Elizabeth.Hovey@cancer.org.au).

The Inaugural International Brain Tumour Awareness Week, held 21st-27th October 2007, was an initiative from IBTA (International Brain Tumour Alliance) which is currently being chaired by Mr Denis Strangman (from ACT).

There were a number of local Australian fund-raising activities supporting this international initiative.

A number of COSA Neuro-Oncology members representing neurosurgery, radiation oncology, medical oncology, neurology and nursing assisted in the development of a Patient Education Glioblastoma Multiforme DVD resource (which Schering-Plough sponsored & developed) and these DVDs have been circulated to clinicians and neuro-oncology centres since late 2007.

The Hubert Stuertzl Memorial travelling scholarship (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 2007, having started 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 Matthew Foote, a Queensland radiation oncology trainee, in 2007. He used the opportunity to undertake clinical observerships at both Princess Margaret Hospital, Toronto, Canada as well as Massachusetts General Hospital, Boston, USA and also to attend the 12th Annual SNO (Society for Neuro-Oncology) meeting in Texas. The Ben Donohoe Paediatric Neuro-Oncology Grant, (administered by BTA (Brain Tumour Australia), the national neuro-oncology consumer group), was also begun in 2007 with the first recipients being Catherine McKersie, Danielle Beston and Sara Burrett, a team of social workers from the Sydney Children’s Hospital.

The COSA Neuro-Oncology group continues to advocate for funding for national neuro-oncology clinical care co-ordinators and for federal and state funding for creation of appropriate sites for young patients who need nursing homes.

With COGNO now able to concentrate on the clinical trials activities, the COSA Neuro-Oncology group will help identify the important questions and to prioritise which are most feasible for the Australian neuro-oncology community to answer (as well as help identify sites for the research). The COSA Neuro-Oncology group will continue to provide networking and

educational opportunities for the national neuro-oncology community, facilitate the sharing of resources, as well as providing ongoing educational and political advocacy activities for our patients and their carers.



Liz Hovey, Chair

Palliative Care group

Palliative care continues to grow the evidence base that guides clinical practise. This report selectively summarises a number of the changes that have occurred.

The federal government continues to acknowledge palliative care as an important issue. In April, there was a further funding of more than \$6.5 million in the field of palliative care - to provide more coordinated care for rural Australians with a life-limiting illness. This further supplements the funding that has been made through the Australian Health Care agreements, Palliative Care Community funding and Local Palliative Care grants. Despite the funding, it remains a reality that the provision of palliative care services is not homogenous across Australia and gaps in service provision remain a reality.

The National Palliative Care program, funded by the Department of Health and Aging is a co-ordinated program

aiming to improve co-ordination of care and information needs of palliative care health professionals. The Care Search website (www.caresearch.com.au) is remarkable for the amount of information that is readily available to clinicians and researchers in palliative care. Importantly, this site improves awareness and communication between palliative care teams working in different parts of Australia.

Palliative Care Australia, the national palliative care organisation continues to advocate for people requiring and providing palliative care. One notable program commenced in 2007 is the education program to improve end of life care in residential aged care. It has been acknowledged that nursing homes will become the surrogate hospices in the future and care must be delivered in an appropriate manner.

Katherine Clark, Chair

Psycho-Oncology group

Research

Psycho-oncology Co-operative Research Group

The year 2007 was a very active one for PoCoG due to the outstanding efforts of the Executive Director Dr Nicole Rankin, the Executive Committee and the staff in the executive office. By the end of 2007 PoCoG had over 250 members, spanning the whole of Australia and New Zealand.

The following achievements are noted:

- PoCoG won its first NHMRC grant and commenced a study of unmet needs, psychological morbidity, quality of life and patterns of care in culturally and linguistically diverse (CALD) populations. Focusing on Greek, Chinese and Arabic speakers, this project will also develop and validate culturally appropriate measures for CALD groups.
- In collaboration with St George Hospital, PoCoG applied successfully to the CINSW for a Clinical Fellowship. Ms Maree Thomas has been appointed to this position, to undertake research into the impact of a mindfulness training intervention for people undergoing radiotherapy.
- In July PoCoG launched its new database driven website, which continues to develop. New members can now join using an on-line registration form. There is a regularly-updated news section and information about various services that PoCoG offers to its members. The PoCoG Quality of Life Office has its own section. It is anticipated that the website will eventually become the most efficient and accessible means of communication with our members.
- In July and September 2007 PoCoG offered two rounds of Travel Grants. Disciplines of psychology and science were predominant amongst applicants but other professional groups included Social Science, Social Work, Radiology and Art. Applications were reviewed according to criteria published on the PoCoG website, and 21 applicants received grants – 4 for international conferences and 17 for national conferences, the awards totalling \$35,413.
- The inaugural PoCoG Protocol Development Workshop took place on 24 – 26 October 2007 in Sydney. Twenty-five participants, 12 Faculty members and five invited guests participated in the workshop. Their attendance was fully sponsored by PoCoG thanks to a grant received from Cancer Australia for this purpose. The workshop was highly successful, 61% of participants rating it as 'excellent' and 35% as 'very good'. Other feedback is being used to refine future workshops to ensure they are aligned with participants' needs.
- The QoL Office was a centre of activity in 2007. Dr Tim Luckett was appointed as the Office manager, and A/Prof Madeleine King as a Visiting Fellow. They have been actively liaising with other Cooperative Trials Groups to establish working relationships in QoL research. The QoL office has also been fielding an increasing number of enquiries about QoL research in the oncology setting. PoCoG is delighted to announce that a contract has been signed with Cancer Australia to fund a Chair in Cancer QoL through PoCoG and the position will be filled shortly.
- November saw PoCoG participating actively in the COSA Annual Scientific Meeting. The CALD study group presented two posters and an oral presentation, and the QoL office gave an oral presentation for which they were awarded the "Best of the Best" COSA/Roche Travel Award for new services to cancer. The PoCoG Annual General Meeting and the Scientific Advisory Meeting were held at the COSA ASM on 14 November 2007.

Communication skills training initiatives

National Breast and Ovarian Cancer Centre (NBOCC)'s Communication Skills Training Initiative continues to support the local implementation of evidence-based communication skills training workshops across Australia. Hundreds of oncology health professionals attended NBOCC supported communication skills training during the year nationally on both capital cities and regional locations. To further the reach and sustainability of communication skills training, NBOCC has again trained workshop facilitators and provided these health professionals with mentoring opportunities with leaders in the field and two new initiatives were implemented.

Noteworthy developments:

- NBOCC is working towards developing national, sustainable partnerships to implement our range of evidence-based communication skills training modules. NBOCC has successfully partnered with The Cancer Council Victoria (TCCV) to both implement workshops based on existing NBOCC modules throughout Victoria and to implement a workshop series based on the new module *Effectively discussing complementary therapies*. The workshop module was developed in collaboration with Peter MacCallum Cancer Centre. TCCV has also supported the mentoring of new facilitators trained by the NBOCC at Victorian workshops.
- NBOCC has also developed a communication skills training module specifically for GPs incorporating DVD footage of GP consultations with people with cancer. The GP workshop module is based on three NBOCC evidence-based modules *Breaking bad news*, *Eliciting and responding to emotional cues* and *Discussing prognosis*. Ten workshops were held across the country in collaboration with Divisions of General Practice in early 2008, an evaluation report is currently in development.

Establishing partnerships with organisations at the national and state-based level to increase local implementation of workshops will be an important focus for the future of NBOCC's Communication Skills Training Initiative.

Evaluating patient satisfaction with care

An objective of the Cancer Institute NSW as dictated in its Act is to improve the quality of life of those affected by cancer. The *Cancer Patient Satisfaction Survey 2007* was designed to measure the experience of cancer patients. To establish this survey the Cancer Institute NSW partnered with NSW Health to employ the survey as a strategy to better understand trends across the state related to cancer care and to identify opportunities to improve cancer care in NSW by addressing unmet needs. The Survey for the first time measured the patient's experience directly and identified what they rated highly and where more effort was needed.

This information provides a baseline measure to identify service development opportunities better aligned to patients' needs and expectations. The Survey used two questionnaires (one for cancer inpatients, one for cancer outpatients) developed by the Picker Institute and NRC in the United States of America, and covered eight core dimensions of care valued by patients including: 1) access to care; 2) coordination of care; 3) information and education; 4) physical comfort; 5) emotional support; 6) family and friends; 7) continuity and transition; and, 8) respect for patient preferences. More than 90% of cancer inpatients and 97% of cancer outpatients rated the overall care as excellent, very good or good. The Cancer Institute NSW plans to work with NSW Health to repeat the survey annually and to address opportunities for improvement.

Professional education

Members of the group have remained active in liaison with the various groups developing professional education resources commissioned by Cancer Australia.

Resources

The NBOCC resource *Cancer – how are you travelling?* has been enthusiastically received by consumers. Copies can be ordered by calling 1800 624 973, or on-line at www.nbocc.org.au

The NBOCC has also released a new resource called the *Psychosocial care referral checklist for patients with cancer*. The checklist is based on evidence contained in the *Clinical Practice Guidelines for the psychosocial care of adults with cancer*, and is a structured template to allow for easy and systematic recording of risk factors for experiencing psychosocial distress. This resource is produced as a pad which comprises 50 copies of the checklist along with the National Comprehensive Cancer Network Distress Thermometer, and includes explanatory notes. This resource can be ordered free of charge by calling 1800 624 973 or on-line: www.nbocc.org.au

Scientific meetings

The 9th World congress of Psycho-Oncology was well-attended by Australians in London in September. Several plenary sessions devoted to screening and the imperative to provide more systematic psychosocial care were well-received, but threw into sharp relief the substantial progress we have already made in Australia in some of these areas.

The Psycho-Oncology group again contributed a large number of high-quality abstracts for the COSA ASM in Adelaide. The calibre of presentations was outstanding, reflected in the large delegate numbers at each session and animated discussions.

Progress in the formation of an association

Following extensive discussions at the COSA ASM, there has been progress towards formally becoming incorporated as

an association. The Registrar-General's Office was unable to register us as our preferred name of AUSPOS because the name is used by incorporated companies, and rejected an appeal, but the group has now reserved the name OZPOS, being the Australian Psychosocial Oncology Society. We will be incorporated in the ACT as we operate across states and this necessitates appointment of a Public Officer who resides in ACT. We gratefully acknowledge Dr Desmond Yip who has generously agreed to be our Public Officer.

The mission of OZPOS is to promote the psychosocial care of patients with cancer, their families and carers, to enhance the capacity of health professionals to deliver optimal psychosocial care, and to promote the timely translation of research into clinical practice. Terms of Reference of the association are on the COSA website. Model Rules for the association have been devised and a formal application to be registered as an

association is in process. Membership is open to all members of COSA who are interested in the psychosocial care of patients with cancer and their families. Health professionals providing clinical care are encouraged to join, as are educators, administrators and others interested in psychosocial care.

Future directions

The launch of the new COSA website provides the opportunity to develop some robust discussions via the forum, and for members to collaborate more closely and discuss clinical, educational and research issues. It is anticipated that the committee of OZPOS will develop a more active plan of engagement of members and recruitment of new members to further promote psychosocial care.

Jane Turner, Chair

Radiation Oncology group

This is a brief report of activities in 2007. The highlight of the year was the ASM in Adelaide in November. This meeting had one of the largest, if not the largest, attendance for any COSA meeting. The Uro-Oncology sessions were well attended and were most informative. Rad Onc did not have a dedicated session but was spread across the various tumour sites and was more productive in terms of multidisciplinary management. This is the way we practice our day to day patient management and this was reflected at these meetings. COSA has been a strong supporter of such an approach.

The challenge for us in the future is our membership. We have a small membership and this clearly needs to be expanded for

meaningful participation in COSA activities. COSA is evolving as a peak Oncology body in Australia and we need to be there to benefit our specialty. TROG is represented on the Council and this provides opportunities for the group to link in to research activities of other groups. This is to urge members to participate and also recruit colleagues for membership.

I have stepped down from the Chair. A/Prof Sandro Porceddu has taken over as Chair for the next term and I would like to wish him the best in this role.

George Jacob, Chair

Regional & Rural Oncology group

Following on from the publication of the scoping exercise “Mapping Rural and Regional Oncology Services in Australia – March 2006”, the Regional and Rural group of COSA had another busy year in 2007.

The members continued advocacy to various levels of government to understand the main findings of the report and to institute the main recommendations of the report.

The report can be accessed on the COSA website at www.cosa.org.au – see under “Publications”. Many times COSA was asked about regional cancer centres or more specifically what would a regional cancer centre of excellence look like? As a follow up to the 2006 report, a further document was developed after consultation with all of the COSA craft groups, and has been published and is also available on the COSA website (as above). This document seeks to describe the concept of a regional cancer centre of excellence. Based in a region with a population large enough to support a radiotherapy centre, these regional centres would provide a hub for improved access to high quality patient focussed multi-disciplinary care for a region. They would be linked to larger metropolitan centres for planning and treatment of low volume cancers, for mentoring and for research.



David Goldstein – our energetic President, speaking at the National Rural Health Alliance 9th National Rural Health Conference in Albury-Wodonga



Prof Bruce Armstrong, Professor of Public Health & Epidemiology, Sydney University at the 9th National Rural Health Conference



Prof David Roder, Head of the Centre for Cancer Control Research CCSA (left) and Prof Jim Bishop, CEO Cancer Institute NSW (right) presenting at the National Rural Health Alliance 9th National Rural Health Conference.

March 2007 also saw COSA participation in the National Rural Health Alliance 9th National Rural Health conference in Albury-Wodonga. The NRHA is the peak national organisation working to improve the health of Australians in rural and remote areas. Cancer was one of the main themes of the meeting and included several sessions focussed on cancer services in rural and regional Australia. Regional Cancer services featured in the conferences communiqué and priority recommendations which can be viewed at <http://9thnhrc.ruralhealth.org.au/recommendations>

The Commonwealth and state/territory governments should support, through COAG, a regional cancer care reform program built around cancer centres of excellence in larger rural centres. These would significantly reduce the distance travelled by isolated patients and have spin-off benefits in other areas of rural/remote healthcare. Remote patients would be further supported through improved funding and coordination of patient travel and assistance schemes.

The 34th ASM of COSA in November 2007 for the 2nd year included a dedicated rural and regional session focussing on innovative solutions to improved cancer care in regional and rural Australia. A large group of dedicated health professionals from a wide spectrum of the COSA craft groups and government attended a lively session. Thank you to all who participated and I encourage all of the members to think about submitting an abstract for the 2008 ASM.

July 2007 also saw the publication of a rural specific edition of the *Cancer Forum*. For those of you whom have not had a read, it is accessible on the COSA website. This edition of *Cancer Forum* again focussed on some possible solutions to improve regional cancer care. Again, I would like to sincerely thank all of the contributors to the forum.

In November 2007, I handed over the chair of the Regional and Rural group to Dr Adam Boyce, a medical oncologist in Lismore NSW. Thank you to all of the members who have made my term as chair so pleasurable. I am sure that Adam can look forward to the same level of support and assistance in this challenging but extremely satisfying role as we look forward to improving services to better support out patients and carers, and better support regional and rural cancer professionals.

Craig Underhill, Chair

Social Work group

Over the past twelve months much has happened for Oncology Social Workers Australia. We have become incorporated and have been busy with membership drive, putting together and finalising protocols and policies. Two of the major projects for this year are well underway, the first being the post graduate course through Melbourne University, this is due to start in a few weeks. This is a very exciting joint collaboration between OSWA and the University, with several OSWA members doing some of the teaching for the subject.

Our other project, organising a national meeting at the end of the year is also coming together, with special thanks to COSA for their support of this. Many of our members have represented OSWA at various international forums and conferences including the American Oncology Social Workers conference, the international psycho-oncology conference and many others. Our members continue to provide clinical practice to clients as well as giving lectures, workshops and presentations. Many members have participated in various national and state based initiatives and policy developments. In short it has been quite a busy year, and we are looking forward to the ASM in November, where COSA have organised to have

Carolyn Messner, a social worker with Cancer Care in New York, as one of the international guest speakers.

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.

Our research agenda continues with Kate Burns as the chair, many of the projects are steadfastly coming together and taking shape. It is a very exciting, albeit very busy time in oncology social work, the ability to balance the clinical loads with growing interest in research and participating in a multitude of innovative policy and service development is truly inspirational.

The coming year will be one of consolidating our membership base and continuing with our research projects as well as the collaborative projects that many of our members are involved in.

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, was the

Urological and Sarcoma themes in Adelaide in 2007. 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 2007 the meeting was in Christchurch, NZ, and Prof Douglas Evans from the MD Anderson Cancer Center in Houston was our visitor. He is an eminent Surgical Oncologist with pancreatic and endocrine interests. His presentations eloquently demonstrated the benefits of the surgical member of the cancer care team being fully aware of the overall cancer care plan.

A highlight of the meeting was when Professor Evans delivered the "Tom Reeve Oration in Surgical Oncology". His topic was the role that genetics can play in the management of patients with hereditary thyroid cancer. It was a masterful demonstration of translational oncology in practice.

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 has taken this

Surgical Oncology group (continued)

opportunity to develop a weekend course covering the basics of modern cancer care. This will be launched as part of the annual meeting of General Surgeons Australia in September 2008.

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.

I am looking forward to the future of our group. It is particularly pleasing that many talented registrars are interested in a career in surgical oncology.

If you have suggestions regarding any aspect of the group's activities, please feel free to contact me on bruce.mann@mh.org.au

Bruce Mann, Chair

Urologic Oncology group

The COSA ASM in Melbourne in November 2007 included a very active urologic oncology program spreading over 1.5 days, with almost continuous sessions mainly concentrating on prostate cancer but also covering other relevant cancers. Attendance was very broad from multiple disciplines and was not restricted primarily to medical oncologists and cancer nurses, but also included urologists (many of whom were new COSA members or ASM attendees), radiation oncologists, palliative care professionals, research professionals, epidemiologists, geneticists, links to other groups within COSA, and others. This clearly reflects the eclectic membership and broad interest base of the group. Our sessions ranged from basic science through epidemiology to controversies in treatment and management of advanced disease.

The Group AGM was attended by 29 people and there was lively discussion. The group resolved that we would actively target members from both within and outside COSA and specifically for some groups that are underrepresented currently. Subcommittees will be set up to look into standardisation of data collection, and systematic tissue collection, respectively.

The Group AGM also included the inaugural meeting of the Australian Prostate and Urogenital cancer Group (APUG). Membership of APUG was initially the same as the COSA Urologic Oncology group. The COSA Urologic Oncology group executive acted as an interim Board of Management and the formal APUG Board of Management was elected in December 2007. In late 2007 APUG received seed funding from the Victorian Cancer Agency to support its first year of operation. The goals for the use of this money during 2008

will be to set up APUG structures including transparent governance mechanisms with broad representation including consumers, establish a sustainable financial plan, appoint a Scientific Advisory Committee to oversee the strategic direction of APUG, continue to broaden links with other relevant state/national/international organisations, and to extend clinical trials activity. The first APUG trial is the RE05 "SORCE" trial of adjuvant sorafenib in intermediate or high risk resected RCC, being run by MRC UK. We will employ a part time business manager and a project officer, initially shared with the Australian Sarcoma Study Group. Some additional funding has also been secured from Bayer Australia and will be used to support part of a project officer at COSA to facilitate communications and monitor accruals. It is likely that further funding will be available from Cancer Australia and other funding bodies have also indicated an interest in supporting the group.

The COSA Urologic Oncology group executive is the same as for 2006, consisting of Ian Davis, Raji Kooner and Scott Williams. The executive is in frequent communication usually by email or telephone. The group intends to continue to be very inclusive and to set its direction according to the needs and opportunities identified by its members. The group is actively involved in the convening committee for the 2008 COSA ASM in Sydney.



Ian Davis, Chair

Cancer Council Australia

The Cancer Council Australia shares many common goals with COSA and our co-location facilitates collaboration. Reciprocal reporting to our Board and Council underpins this and we share the responsibility for the Oncology Education Committee. COSA has a formal role as the CCA's reference group on medical and scientific issues because of its broad multidisciplinary range of experts.

Joint initiatives that have arisen over the past year have included our advocacy for rural cancer centres as part of strategies to make multidisciplinary cancer care more accessible to rural and remote patients. We also presented a joint submission to the Senate Committee – Highway to Health: better access to for rural, regional and remote patients and I was pleased to be a member of the COSA group to present at the National Rural Health Alliance annual conference in Albury.

Two notable contributions to the COSA ASM were the opening plenary by the President of the Cancer Council Ian Frazer and support for the second of the care co-ordination workshops. I look forward to my part on the organising committee for what promises to be a successful Sydney ASM in 2008.

A very successful meeting supported by CCA and organised by COSA was held into the problems faced by adolescents and

young adults with cancer. This was a unique combination of paediatric and adult oncologists and supportive groups such as CanTeen which formed a solid foundation for future initiatives.

Likewise we will be participating in a COSA forum next year addressing the challenges faced by cancer in the elderly. It is clear that this may well become a subspecialty to better address the needs of these patients. The Cancer Council Australia is leading a consortium to audit cancer control activities for Cancer Australia and the multidisciplinary expertise of COSA will be key to this project.

There are so many diverse issues facing both organisations that we will need to face together in the future spanning the practical issues of workforce and oncology education through to how to identify complementary medicines that may benefit patients and how to integrate them into care. COSA and CCA embrace complementary skill sets which can be best combined to meet such challenges.



Ian Olver, CEO CCA

In 2007 the Australian Cancer Network (ACN) continued to benefit in its cancer control activities from association with TCCA and COSA.

During 2007, ACN continued working in the field of clinical practice guidelines and working further to promote the guidelines and encourage their implementation. These activities being heavily based on the activities and publications of 2006.

During the year the National Institute of Clinical Studies (NICS) became a component of the National Health and Medical Research Council (NHMRC).

NICS has continued to hold workshops that help refine guidelines development and make them more user-friendly.

Clinical Practice Guidelines for Management of Malignant Adult Brain Tumours

These guidelines are progressing well. They are delayed by the volume of work involved at the reviewing level. This is of course a vital component of developing useful guidelines.

A/Professor Michael Barton and Dr Liz Hovey are directing the process in association with ACN.

There is also considerable interest among advocacy and support groups in the upcoming document.

Clinical Practice Guidelines for the Management of Melanoma

This Working Party is now close to completing these guidelines. Professor John Thompson and Dr Phoebe Holt have provided first class leadership for chapter leaders who have responded in a truly now expected superb fashion.

The Guidelines have been through a public consultation and there will be a public meeting in 2008 to fine tune the Guidelines before their submission for endorsement by NHMRC.

Clinical Practice Guidelines for the Management of Metastatic Prostate Cancer

The project team of A/Professor Dianne O'Connell, Drs Louisa Jones and Annette Moxey and Ms Suzanne Hughes continue to work on corraling the literature in what has become a very large task.

Some segments of the Guidelines, e.g. chemotherapy and psychosocial issues are virtually complete, but hormone management and radiation treatment are still involving considerable work, this is led by Dr Jeremy Millar.

The leadership of Professor Willis Marshall has been further bolstered by introducing Professors Frank Gardiner and Chris Sweeney to the team.

Dr Carole Pinnock is developing a consumer document and is holding regular teleconferences with members of the Working Party to facilitate this project.

Clinical Practice Guide – Basal Cell Carcinoma, Squamous Cell Carcinoma and Related Keratinocyte Dysplasias – A Guide to Clinical Management in Australia

These Guidelines have been under development since mid-year. They have a tight time-frame and are being developed in consensus style. The Working Party is chaired by Professor Robin Marks and is expected to be completed by mid 2008.

Aid Memoire – Diagnosis of Melanoma for General Practitioners

This document is under development and should be published at the same time as the Melanoma Clinical Practice Guidelines.

Colonoscopy Credentialing and Synoptic Reporting

Under the chairmanship of Dr Russell Stitz, a Committee is developing Guidelines for Credentialing Colonoscopy and for Synoptic Reporting of Colonoscopy. Both will be completed in 2008.

Pathology Reporting of Breast Cancer

The development of this document is proceeding well with a Working Party under the chairmanship of A/Professor Michael Bilous.

This is a shared activity with the National Breast Cancer Centre and is planned for completion in early 2008.

These four activities have received funding from the Australian Government.

Other Activities

The Medical Director continued to play a very active role in the program of activities outlined above, while also playing a leading international role in the Safety and Quality movement. This being enhanced by development of a surgical check list to promote safe surgery for the World Health Organisation.

The Senior Medical Advisor has attended American Surgical Association meeting in Colorado Springs and the American Association of Endocrine Surgeons in Tucson. He also attended the Royal Australasian College of Surgeons meeting in Christchurch and the COSA ASM with the Medical Director in Adelaide.

Contact was maintained with NICS throughout the year.

Wongi Yabber

This is ACN's masthead newsletter and continues to attract interest.

Special editorials have been well received and electronic distribution is now widely endorsed.

Staff

Professor Bruce Barraclough AO resigned as director of ACN at the end of December 2007. Bruce was an active leader and his work in accreditation and credentialing documents paralleled

his work in safety and quality, he has left a valuable legacy in all areas of his involvement with ACN.

The Secretariat continues to provide A1 service with a smile. Ms Christine Vuletich maintains excellent interaction with our many collaborations and fields many questions from those interested in our activities. Ms Mariana Zafeirakopoulos resigned in February 2007 to further her legal studies. Ms Alice Winter-Irving was appointed to the position of office assistant and has become an excellent colleague – she works three days a week.

ACN has been very well served by its competent, cheerful and efficient staff.

Every year the main activities of ACN are bolstered by its volunteers. ACN's Guideline programme would languish without

their expertise, cooperation and understanding. Their work is much appreciated and helps in the promotion of best care for cancer sufferers.



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

Cancer Voices Australia

Early in 2007, and with the ongoing support of COSA and The Cancer Council Australia, Cancer Voices Australia was launched. This was followed by the launch in July of Cancer Voices Queensland and in November 2007, at the COSA ASM in Adelaide, of Cancer Voices SA. In 2008 Cancer Voices Tasmania will be launched leaving only the Northern Territory to complete the national family.

At the CVA AGM at COSA ASM in Adelaide, John Newsom was elected as Chair for the next two years. Early in 2008 CVA will be visiting the Northern Territory to talk to support groups and to establish contact with indigenous health organisations.

In September last year, after consistent lobbying led by Cancer Voices, the Government approved tax exemption on access to

superannuation for terminally ill patients. A particular challenge for CVA in 2008 will be to have similar benefits extended to chronically ill and financially disadvantaged patients.

As Cancer Australia developed rapidly during 2007, and with it an increasing demand for cancer consumer involvement in research projects and decision-making, it became clear that the existing consumer research training programs, principally The Cancer Council NSW, would soon be overtaxed. An early priority for 2008, therefore, will be the development of consumer training programs to supplement the TCCN effort.

John Newsom – Chair



**Clinical
Oncological
Society of
Australia**

Financial statements at 30 June 2007 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 2007.

Committee Members

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

Assoc Prof Stephen Ackland	<i>Resigned 28 November 2006</i>
Ms Kate Cameron	<i>Resigned 28 November 2006</i>
Ms Christine Carrington	<i>Appointed 14 February 2007</i>
Prof David Currow	<i>Resigned 20 July 2006</i>
Prof David Goldstein	
Assoc Prof Bruce Mann	<i>Appointed 30 November 2006</i>
Prof Ian Olver	
Ms Gabrielle Prest	<i>Appointed 28 November 2006</i>
Prof Bernard Stewart	
Ms Anne Woollett	<i>Resigned 28 November 2006</i>

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 2007 amounted to \$151,223 (2006: \$131,408).

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 2007.

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 2006/7



A/Prof Bruce Mann
Vice-President 2006/7

Dated 26 October 2007

Sydney

Income Statement

For the year ended 30 June 2007

	2007 \$	2006 \$
Income		
Revenue from ordinary activities	135,710	108,803
Net income from Annual Scientific Meeting	102,682	101,255
NHMRC Enabling Grant Revenue	245,152	44,927
Other revenue from ordinary activities	132,578	89,038
Expenses		
Administration	63,497	32,795
Management Fees	50,750	50,000
NHMRC Enabling Grant expenses	245,152	44,927
Other expenses from ordinary activities	105,500	84,893
Surplus from ordinary activities	151,223	131,408

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

Balance Sheet

As at 30 June 2007

	Note	2007 \$	2006 \$
Current Assets			
Cash & Cash Equivalents	5	1,032,066	566,652
Trade & Other Receivables	6	139,666	203,411
Other Current Assets	7	9,000	8,903
Total Current Assets		1,180,732	778,966
Total Assets		1,180,732	778,966
Current Liabilities			
Trade & Other Payables	8	684,453	433,910
Total Current Liabilities		684,453	433,910
Total Liabilities		684,453	433,910
Net Assets		496,279	345,056
Equity			
Retained Surpluses	9	496,279	345,056
Total Equity		496,279	345,056

The accompanying notes form part of these financial statements

Statement of Changes in Equity

For the year ended 30 June 2007

	Note	2007 \$	2006 \$
Retained surpluses at the beginning of the financial year		345,056	213,648
Net surplus for the year		151,223	131,408
Retained surpluses at the end of the financial year	9	496,279	345,056

The accompanying notes form part of these financial statements

Statement of Cash Flows

For the year ended 30 June 2007

	Note	2007 \$	2006 \$
Cash flows from operating activities:			
Receipts from Subscriptions and donations		152,310	116,720
Net Receipts from Annual Scientific Meeting		112,950	97,771
Receipts from funding grants		383,955	341,579
Other Revenue		94,830	0
Interest received		46,366	14,254
Payments to suppliers and employees		(324,997)	(223,827)
Net cash provided by (used in) operating activities	11(b)	465,414	346,497
Cash flows from investing activities:			
Payment for property, plant and equipment		0	0
Net cash provided by (used in) investing activities		0	0
Net increase/(decrease) in cash held		465,414	346,497
Cash and cash equivalents at the beginning of year		566,652	220,155
Cash and cash equivalents at the end of year	11(a)	1,032,066	566,652

The accompanying notes form part of these financial statements

Notes to the Financial Statements For the year ended 30 June 2007

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 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 \$102,682 (2006: \$101,255).

(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, \$447,500 has been allocated to fund this activity of which \$245,152 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 2006/2007 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.

Notes to the Financial Statements (continued)

(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 1276 financial members of The Clinical Oncological Society of Australia Incorporated at 30 June 2007.

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

Surplus from ordinary activities has been determined after:

Expenses:

Remuneration of auditor for audit services

2007	2006
\$	\$

1,510	1,400
-------	-------

Significant Revenue and Expenses

The following revenue and expense items are relevant in explaining the financial performance:

Net Surplus from Annual Scientific Meeting

102,682	101,255
---------	---------

Fully-funded NHMRC Enabling Grant expenses

245,152	44,927
---------	--------

Management Fees paid to The Cancer Council Australia

50,750	50,000
--------	--------

NOTE 5. Cash & Cash Equivalents

Cash at bank

1,032,066	566,652
-----------	---------

1,032,066	566,652
-----------	---------

NOTE 6. Trade and Other Receivables

Current

Trade Debtors

104,981	183,193
---------	---------

Amounts due from associated organisations

34,685	20,218
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139,666	203,411
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Notes to the Financial Statements (continued)

	2007 \$	2006 \$
NOTE 7. Other Current Assets		
Prepayments	9,000	8,903
	9,000	8,903
NOTE 8. Trade and Other Payables		
Current		
Trade Creditors	22,209	17,379
Income in Advance	630,291	397,918
Amounts due to associated organisations	31,953	18,614
	684,453	433,910
NOTE 9. Retained Surpluses		
Retained Surplus at the beginning of the financial year	345,056	213,648
Net surplus for the year	151,223	131,408
Retained Surplus at the end of the financial year	496,279	345,056
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 2007		
NOTE 11. 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	1,032,066	566,652
(b) Reconciliation of cash flow from operating activities with Surplus from ordinary activities:		
Surplus from ordinary activities	151,223	131,408
Changes in assets and liabilities:		
Decrease/(increase) in receivables	63,745	(166,416)
Decrease/(increase) in other assets	(97)	8,370
(Decrease)/increase in payables	250,543	373,135
Cash flows from operating activities	465,414	346,497

NOTE 12. Society details

The registered office of the society is:

Building 44 Richmond Avenue
Fairbairn ACT 2609 Australia

The principal place of business during the year 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 26 to 33:
 - 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 2007 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 2006/7



A/Prof Bruce Mann
Vice-President 2006/7

Dated 26 October 2007

Sydney



Chartered Accountants
& Business Advisers

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 2007, 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 2007 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.




Paul Bull
Partner

Sydney, 26th October 2007

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Detailed Trading Profit and Loss Account

For the year ended 30 June 2007

	2007 \$	2006 \$
Income		
Subscriptions	135,710	108,803
Net Revenue from Annual Scientific Meeting	102,682	101,255
NHMRC Enabling Grant	245,152	44,927
CPD Project	11,385	57,757
SOP Project	1,786	9,664
Burnout Survey	11,000	0
Special Projects	15,000	0
Care Coordinators Workshop	20,000	0
Adolescent & Young Adult Workshop	27,038	0
Interest Received	46,366	14,254
Other Revenue	3	7,362
Total Income	616,122	344,022
Expenses		
Advertising	1,931	0
Audit Fees	1,510	1,400
Bank Charges	1,255	1,147
Catering	171	114
Courier	506	43
Filing Fees	57	84
Insurance	2,321	0
Management Fees	50,750	50,000
Postage & Packaging	5,540	8,248
Printing	11,098	12,024
Salaries & Wages	12,987	0
Seminars & Conferences	1,364	0
Stationery	199	358
Subscriptions	1,921	348
Sundry Expenses	3,450	761
Telephone	1,363	1,130
Travel & Accommodation	8,124	6,774
Website	9,698	365
Council Meetings	18,877	23,572
Executive Committee Meetings	874	1,758
<i>Cancer Forum</i>	5,502	10,620
NHMRC Enabling Grant Activities	245,152	44,927
Care Coordinators Workshop	12,359	0
Adolescent & Young Adult Workshop	16,126	0
CPD Project	28,885	22,757
Special Project Burnout Survey	20,000	0
Miscellaneous Special Projects	1,377	585
Sponsorship	1,500	9,091
ASCO/COSA Project	0	5,000
SOP Projects	0	11,509
Total Expenses	464,899	212,615
Net Surplus	151,223	131,408

collaboration
research
education
multi-disciplinary care
professional development



**Clinical
Oncological
Society of
Australia**

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