Clinical Oncology Society of Australia

COSA ANNUAL REPORT

2013

EDUCATION · RESEARCH · PROFESSIONAL DEVELOPMENT · COLLABORATION

Clinical Oncology Society of Australia

PRESIDENTS OF COSA

November 1973 - November 1976	Mr WB Fleming AM MBBS FRACS FRCS(Eng) FACS	January 1996 - December 1997	Professor RJS Thomas MBBS MS FRACS FRCS
November 1976 - November 1979	Professor L Atkinson - Deceased FRCS FRACS FACR	January 1998 - December 1999	Professor H Ekert AM MBBS MD FRACP FRCPA
November 1979 - November 1981	Dr RP Melville - Deceased MBBS FRCS FRACS FACS	January 2000 - December 2001	Professor J Zalcberg OAM MB BS, PhD, FRACP, FRACMA, FAICD
November 1981 - November 1983	Professor MHN Tattersall AO MA MD MSc FRCP FRACP	January 2002 - December 2003	Dr L Kenny MBBS FRANZCR
November 1983 - November 1985	Professor GJ Clunie CHM(Ed) FRCS(Ed) FRCS FRACS	January 2004 - December 2005	Dr S Ackland MBBS FRACP
November 1985 - November 1987	Dr JVM Coppleson MBBS MD FRCOG FRACOG	January 2006 - 20 July 2006	Professor D Currow BMed FRACP MPH
January 1988 - December 1989	Dr JA Levi MBBS FRACP	21 July 2006 - December 2008	Professor D Goldstein MBBS MCRP(UK) FRACP
January 1990 - December 1991	Professor RM Fox AM BSc(Med) PhD MBBS FRACP	January 2009 - December 2010	Professor B Mann MBBS PhD
January 1992 - December 1993	Professor WH McCarthy AM AM MEd FRACS	January 2011 - December 2012	Professor B Koczwara BM BS FRACP GAICD MBioethics
January 1994 - December 1995	Professor AS Coates AM MD FRACP	January 2013 – Present	Associate Professor SV Porceddu MBBS FRANZCR

THE MEMBERSHIP OBJECTS OF COSA

The overarching mission of COSA is to improve cancer care and control through collaboration.

COSA achieves this by:

- supporting the professional and educational needs of cancer health professionals
- enhancing cancer care and control through network development
- advocating for improvements in cancer care and control
- facilitating research across the spectrum of cancer

There are 2 types of COSA membership:

(a) Individual membership – COSA Members

(b) Organisational membership – Affiliated Organisations

The categories of membership of COSA are:

1

Ordinary Membership:
A person with a specific interest in oncology and with professional qualifications is eligible for admission as an ordinary member.

- **Medical Member:** Medical members are qualified clinical practitioners or scientists with a specific interest in oncology. Medical members hold a postgraduate degree or fellowship from a recognised College or Society that is relevant to the vision and mission of COSA.
- **Non-medical Member:** Non-medical members have a specific interest in oncology and a professional qualification relevant to COSA's vision and mission.

2

Retiree Membership:
A person who has retired from their professional employment, who has held COSA membership for 10 years prior to retirement, and who has a continued personal interest in cancer care is eligible as a retiree member, subject to Board approval.

3

Honorary Membership:
A person who has made significant and sustained contributions to COSA or to cancer care in general is eligible for admission as an honorary member. This membership category is offered to past Presidents of COSA and nominees and must be approved be the COSA Board.

4

Student Members:
A person who is undertaking full time undergraduate or post-graduate studies with a stream of cancer care is eligible as a student member. Documented evidence of their status is required upon application annually and membership is subject to Board approval.

5

Affiliated Organisations:
Affiliated organisations include not for profit companies, institutions or organisations that have a similar vision to COSA.

MEMBERSHIP OF COSA

MEMBERS

As at 30 January 2014 there were 1080 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.

BOARD

President: *A/Professor S Porceddu MBBS FRANZCR*

President Elect: *A/Professor M Krishnasamy RN. Ph.D*

Dr C Carrington BPHarm(Hons) MMedSci Doctor Clin Pharm

Professor I Davis MBBS(Hons) PhD FRACP FAChPM

Dr H Dhillon BSc MA PhD

Professor D Goldstein FRACP FRCP MBBS

A/Professor C Karapetis MBBS FRACP MMedSc

Professor B Mann MBBS PhD FRACS

Professor I Olver AM, MD BS PhD FRACP MRACMA FAChPM

Ms M Malica - COSA Executive Officer (ex-officio)

COUNCIL

Council comprises the President, President Elect, Chair of each COSA Group and the nominee of each Affiliated Organisation.

ADOLESCENT AND YOUNG ADULT GROUP
Chair: Dr W Nicholls MBChB FRACP

BREAST CANCER GROUP
Chair: Position Vacant

CANCER BIOLOGY GROUP
Chair: Dr N Zeps BSc (Hons) PhD

CANCER CARE COORDINATION GROUP
Chair: Professor P Yates PhD RN

CANCER PHARMACISTS GROUP
Chair: Mr D Mellor MPharm(Hons) SpecCertCR(Onc) MRPharmS

CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP
Chair: Ms H Rajandran BSc (Hons) GCSc GCertCR

COMPLEMENTARY AND INTEGRATIVE THERAPIES GROUP
Chair: Mr P Katris MPsych

DEVELOPING NATIONS GROUP
Chair: A/Professor M Links MB BS PhD FRACP

EPIDEMIOLOGY GROUP
Chair: Ms H Farrugia BAppSc HIM Dip BIT

FAMILIAL CANCER GROUP
Chair: Dr G Mitchell BSc MRCP FRCR PhD FRANZCR FRACP

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

GERIATRIC ONCOLOGY
Chair: Dr C Steer MBBS FRACP

GYNAECOLOGICAL ONCOLOGY GROUP
Chair: Dr A Brand MD FRCS(C) FRANZCOG CGO

LUNG ONCOLOGY GROUP
Chair: Dr N Pavlakis BSc MBBS FRACP

MELANOMA AND SKIN GROUP
Chair: A/Professor D Speakman MBBS FRACS

NEUROENDOCRINE TUMOURS GROUP
Chair: Dr Y Chua FRACP

NEURO-ONCOLOGY GROUP
Chair: Dr E S Koh FRANZCR

NUTRITION GROUP
Chair: A/Professor J Bauer PhD AdvAPD

PAEDEATRIC ONCOLOGY GROUP
Chair: Dr P Downie MBBS FRACP

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

PSYCHO-ONCOLOGY GROUP
Chair: Dr H Dhillon BSc MA (psych) PhD

RADIATION ONCOLOGY GROUP
Chair: Position Vacnt

REGIONAL AND RURAL ONCOLOGY GROUP
Chair: Dr S Sabesan MBBS FRACP

SOCIAL WORKERS GROUP
Chair: Ms K Hobbs MSW

SURGICAL ONCOLOGY GROUP
Chair: Position Vacant

SURVIVORSHIP GROUP
Chair: Dr H Dhillon BSc MA (psych) PhD

UROLOGIC ONCOLOGY GROUP
Chair: Professor I Davis MBBS (Hons) PhD FRACP FAChPM

CANCER COUNCIL AUSTRALIA REPRESENTATIVE
Professor I Olver AM MD BS PhD FRACP MRACMA FAChPM

CANCER FORUM REPRESENTATIVE
Professor B Stewart MSc PhD FRACI Dip Law

AFFILIATED ORGANISATIONS

AUSTRALASIAN GASTROINTESTINAL TRIALS GROUP
Representative: Professor J Zalcberg OAM MBBS PhD FRACP GAICD MRACMA

AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP
Representative: Professor M Hertzberg MBBS PhD FRACP FRCPA

AUSTRALASIAN LUNG TRIALS GROUP
Representative: A/Professor P Mitchell BHB MBChB MD FRACP GAICD

AUSTRALASIAN METASTASIS RESEARCH SOCIETY
Representative: A/Professor R Anderson PhD BSc

AUSTRALASIAN SARCOMA STUDY GROUP
Representative: Dr J Desai MBBS FRACP

AUSTRALIA AND NEW ZEALAND BREAST CANCER TRIALS GROUP
Representative: Professor F Boyle AM MBBS FRACP PhD

AUSTRALIA AND NEW ZEALAND CHILDREN'S HAEMATOLOGY AND ONCOLOGY GROUP
Representative: Dr P Downie MBBS FRACP

AUSTRALIA AND NEW ZEALAND GYNAECOLOGY ONCOLOGY GROUP
Representative: Dr A Brand MD FRCS(C) FRANZCOG CGO

AUSTRALIA AND NEW ZEALAND HEAD AND NECK CANCER SOCIETY
Representative: A/Professor B Panizza OHNS\

AUSTRALIAN AND NEW ZEALAND MELANOMA TRIALS GROUP
Representative: Professor J Thompson MBBS, BSc (Med) MD FRACS FACS

AUSTRALIA AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP
Representative: A/Professor G Toner MBBS MD FRACP

CANCER NURSES SOCIETY OF AUSTRALIA
Representative: Ms S McKiernan MPH

COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY
Representative: Professor M Rosenthal MBBS PhD FRACP

FACULTY OF RADIATION ONCOLOGY
Representative: Professor G Duchesne BSc(H1) MB ChB MD FRCR FRANZCR Gr Cert

MEDICAL ONCOLOGY GROUP OF AUSTRALIA
Representative: A/Professor G Richardson MBBS FRACP

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE
Representative: Dr P Allcroft BMBS FRACP

PRIMARY CARE CANCER CLINICAL TRIALS GROUP
Representative: Professor J Emery MBBch, DPhil, FRACGP, MRCGP, MA

PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP
Representative: Professor P Butow BA (Hons),Dip Ed, MClinPsych, MPH, PhD

ROYAL COLLEGE OF PATHOLOGISTS AUSTRALASIA
Representative: A/Prof D Ellis MBBS FRCPA

TRANS TASMAN RADIATION ONCOLOGY GROUP
Representative: A/Professor B Burmeister FF Rad (T) SA FRANZCR MD

EXECUTIVE OFFICER

Ms M Malica

PUBLIC OFFICER

Dr D Yip
Medical Oncology Unit
The Canberra Hospital
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GARRAN ACT 2605

AUDITORS

BDO
Level 10
1 Margaret St
Sydney NSW 2000


Sandro Porceddu

REPORT OF THE PRESIDENT

I am honoured to present my first contribution as President to the COSA annual report. 2013 was a landmark year for COSA – we commenced operation as a company limited by guarantee, appointed a new Board, welcomed new Affiliated Organisations to the table, launched a new website, started work on a new strategic plan and held our 40th Annual Scientific Meeting. More information about these accomplishments and others can be found below in my President's report and in those of the Group Chairs on the following pages.

GOVERNANCE

Whilst the new Constitution was approved at the 2012 AGM, all the hard work to enact the changes and establish the organisation as a company limited by guarantee was undertaken throughout 2013. Operating as a company limited by guarantee will allow us to function more effectively as a national entity. While this might entail more stringent reporting rules and accountability, it will ultimately strengthen our organisation.

The new Board held its first meeting in July 2013 and met a further two more times during the year, including a strategic planning workshop to gain agreement on a framework to guide decision-making about priority COSA activities and budgetary planning for the next five years. The Board agreed on the main strategic goals being advocacy, research, education and sustainability of the organisation. The challenges we face in early 2014 will include the preparation of detailed financial and implementation plans to support the strategy going forward. The new Board is committed to ensuring COSA continues to grow from strength to strength. The discussion at Council now focusses on cancer control matters as the governance and finances have been removed from their agenda to the Board's. Council can now concentrate on being the main forum for discussing ideas and collaborations across the COSA memberships and Affiliated Organisations.

The introduction of the Affiliated Organisation membership has allowed us to formalise our arrangements with our colleagues at MOGA and CNSA, and continue to build on our alliances with the Cancer Cooperative Trials Groups. Additionally we have welcomed new affiliates – the Australian and New Zealand Head and Neck Cancer Society, Australasian Metastasis Research Society, Faculty of Radiation Oncology and the Royal College of Pathologists Australasia – all now have a seat at COSA Council.

ANNUAL SCIENTIFIC MEETING (ASM)

In 2013 we celebrated COSA's 40th birthday at the ASM. As always the ASM was a highlight on the COSA calendar. The theme for the 40th ASM in Adelaide "Cancer Care Coming of Age" highlighted geriatric oncology. The Program Committee aimed to build upon the legacy of previous meetings and provide a forum for COSA's broad range of disciplines to come together to hear from opinion leaders about key issues in cancer management as well as to engage with one another. Dr Nimit Singhal and his organising committee put together an outstanding program, which was acknowledged by many, including our international speakers.

In accepting the Tom Reeve Award for Outstanding Contributions to Cancer Care, Professor Ian Frazer AC delivered an engaging and poignant speech at the conference dinner. He shared some of his achievements and details of his ongoing research into other potential vaccines; he also drew attention to the important role COSA plays in cancer control and reminded us all there is much more work to do.

The meeting culminated in the Presidential Lecture on Thursday afternoon by Professor Ian Maddocks, the 2013 Senior Australian of the Year. He synthesised the geriatric oncology theme to deliver a captivating lecture. By sharing his perspective as a palliative care physician, he illustrated how the specialities of palliative care, geriatric oncology and aged care can work together – again supporting the efforts

of COSA as Australia's peak multidisciplinary cancer society. The ASM generated many stories in the local and national media, and featured conference speakers Emeritus Professor Glyn Jamieson, former South Australian Health Minister John Hill, Professor Phyllis Butow, Kevin O'Shaughnessy and Dr Agnes Vitry.

Most importantly, the meeting was welcoming and educational. With over 900 registrations this was a record for COSA in Adelaide, proving our ASM continues to be the premier cancer conference in Australia.

PARTNERSHIPS AND COLLABORATIONS

Our valuable partnership with Cancer Council Australia brings us a solid grounding in public health and prevention, with COSA acting as CCA's clinical, medical and scientific advisors. This alliance continues to build each year and was again emphasised by COSA's input to and endorsement of CCA's election priorities in 2013 which called upon the federal government to take up our recommendation for evidence-based measures to reduce the nation's short and long-term cancer burden.
In support of COSA's position as the peak multidisciplinary cancer organisation we hold ongoing representation on the National Cancer Expert Reference Group hosted by DoHA, the Cancer Australia Intercollegiate Advisory Group and the Cancer Council Australia Board. In 2013 COSA was also invited to join the Genomic Cancer Clinical Trials Initiative Scientific Steering Group (a Cancer Australia funded project).

HIGHLIGHTS

Some of the highlights of 2013 include:

- Submission to the Senate Inquiry into the Supply of Chemotherapy Drugs such as Docetaxel
- Submission to the Independent Hospital Pricing Authority on standard costs for clinical trials in collaboration with the Cancer Cooperative Trials Groups
- Response to the NHMRC discussion paper on proposed revisions to consent for research
- Joint submission with Cancer Council Australia to the NHMRC Public Consultation on Complementary and Alternative Medicine Resource for Clinicians
- Publication of the following position statements:
    - "Use of CAMs by Cancer Patients" by the COSA Complementary and Integrative Therapies Group
    - "Safe handling of monoclonal antibodies in healthcare settings" by the COSA Cancer Pharmacists Group with input from CNSA
    - "The role of single nucleotide polymorphisms (SNP) testing for personalised breast cancer risk prediction" by the COSA Familial Cancer Group

THANKS AND ACKNOWLEDGMENTS

The strength of our organisation lies in our multidisciplinary membership, which is represented by the COSA Council and governed by the Board. I thank all Board and Council members for their continued dedication to leading and guiding the organisation. My sincere thanks go to Bogda Koczwara whose unwavering leadership and stamina ensured the foundations were laid to enable the implementation of the new governance structure at the conclusion of her Presidency. I also extend my sincere gratitude to Marie Malica our Executive Officer and the COSA staff who make it all happen.

Sandro Porceddu
President COSA 2013-Present

Marie Malica

REPORT OF THE EXECUTIVE OFFICER

2013 proved to be another year full of activity, some of which occurs behind the scenes and isn't always obvious outside the COSA office.

Much of the work at my end has focussed on the requirements and application for COSA to become a company limited by guarantee. Working with the new and very enthusiastic Board has been an honour and a pleasure. Coming with such valuable experience, they all have the utmost respect for the organisation and its place in cancer control, and accordingly they take their responsibilities very seriously. Working with them to develop a new strategic plan to guide our activities for the next five years has been enlightening. At the end of 2013 we had agreement on our guiding principles and overarching strategic goals.

As a membership organisation, COSA's activities are rightly driven by the needs of its members. The Board has determined the following guiding principles to provide an overarching direction for all COSA activities:

1. COSA activities should have a multidisciplinary focus
2. COSA activities should have a clinical focus
3. COSA activities should have outcomes relevant to its members, patients and carers
4. COSA will act as a hub and facilitator for idea generation

We will use these principles to guide decision making around new projects. As Sandro mentioned in his President's Report, the overarching strategic goals are defined as advocacy, research, education and sustainability of the organisation. Our work in early 2014 will concentrate on developing actions and KPIs for each area and a plan to support the implementation of these goals. The finalised plan will be released in mid-2014 to be put into practice in July 2014.

One of our unique values is that we are the only organisation that provides a perspective on cancer control activity in Australia from those who deliver treatment and care services across all disciplines. Our broad membership allows us to facilitate collaborations that span tumour types and professional disciplines, where members come together to share ideas and knowledge and work on projects of mutual importance. COSA could not be the effective organisation it is today without the tireless efforts of the Board, Council, Group Chairs and Executive Committees and working party members who all contribute their time voluntarily and without hesitation.

I'm sure you will enjoy reading the Groups and Affiliated Organisation reports on the following pages – these illustrate just how busy many have been throughout the year.
By now most COSA members would be aware that CNSA have finalised their move to establish their organisation independent of COSA – a move reflecting their evolution into an effective and functioning society. COSA is proud to have been involved with CNSA since its inception and looks forward to its ongoing success. We believe there is enormous benefit in continuing our close relationship – for both our societies and members. The introduction of the Affiliated Organisation membership category allowed us to formalise our arrangements with CNSA as well as MOGA. The CNSA and MOGA Presidents continue to hold a seat on COSA Council which will ensure we strengthen our links and identify opportunities for collaboration.

With COSA's focus on clinical activity, our alliance with Cancer Council Australia ensures we remain connected to cancer advocacy, prevention and public health programs. However our most important association is the support they continue to provide in office accommodation, financial, HR and IT services. Our sincere thanks to Ian Olver and his team for helping to ensure that COSA continues to function effectively and efficiently.

I'd also like to extend my appreciation to Sandro for his commitment to the organisation, myself and the team. Working with a new President every two years might at first seem a challenge but the opportunities it presents are unexpected and stimulating. Sandro has been an absolute pleasure to work with and constantly gives me new inspiration.

In closing I would also like to thank the COSA staff – Rachael Babin, Fran Doughton, Rhonda DeSouza, Chantal Gebbie, Hayley Griffin, Jessica Harris and Kate Whittaker – some have come or gone during the last 12 months as they work on family life outside COSA, but I am delighted when they return after maternity leave. The team truly do share a mutual respect for each other and an ongoing commitment to our cause – without them we couldn't do what we do.

Marie Malica
Executive Officer

COSA GROUP REPORTS

ADOLESCENT AND YOUNG ADULT GROUP

Chair: Wayne Nicholls (QLD)

Membership: There are currently 52 members of the AYA Group and 91 area of interest subscribers.

Activities

Work continued on the projects funded to COSA under the Youth Cancer Networks Program in 2013 in the areas of the AYA Cancer Network and Clinical Practice guidelines.

In December 2012, COSA performed a survey to evaluate the success of the AYA Cancer Network. The survey was closed in January 2013 and the results indicate that the Network was successful in the key areas of enabling communication between stakeholders to maximise exchange of knowledge and learning and to encourage sharing of best practice in AYA cancer care. The results of the survey also indicate that awareness of the AYA Cancer Guidances produced by COSA was good and that the information is being accessed via the wiki.

Promotion of the clinical practice guidance in AYA cancer management in the areas of fertility preservation, psychosocial management and early detection to health professionals and relevant organisations across Australia also continued in 2013.

However, with the completion of funding for the YCNP the main focus of the AYA Group in 2013 was to develop a strategic plan for the Group's ongoing activities.

The first step towards this was the formalisation of the Group's structure back within COSA by establishing membership and terms of reference for an AYA Executive Committee. The members of the Executive Committee are; Wayne Nicholls (Chair), Lisa Orme (Deputy Chair), Antoinette Anazodo, Jennifer Chard, Michael Osborn, Marianne Phillips, Kate Thompson, Toby Trahair, Martin Tattersall, Sharon Bowering (now resigned) and Kylie Mason. The AYA Executive Committee has representation from each state and representation from a variety of disciplines within AYA cancer care including paediatric oncology, medical oncology, radiation oncology, adult haematology, nursing and AYA senior management.

The Executive Committee held a strategic planning day in Melbourne on 6 September 2013 to discuss future priorities and develop an agenda for ongoing activities for the next 5 years. During this meeting the Executive Committee were able to identify several key areas of focus for the activities of the COSA AYA Group:

1. In the area of AYA guidances and protocols, the COSA AYA Group plan to update and review the existing guidances and develop 2 or 3 more guidances with funding.
2. The COSA AYA Group intend to influence the agenda and programmes for conferences as well as the broader education framework. The COSA AYA Executive Committee are committed to working with ANZCHOG to develop an AYA component for the 2014 ANZCHOG ASM. The COSA AYA Executive Committee plan to hold a workshop/professional development day in conjunction with the World Cancer Congress AYA symposium in 2014. The COSA AYA Executive Committee also see an ideal opportunity to facilitate the development of the agenda and program for the CanTeen conference in 2015 possibly as a scientific advisory/program committee.
3. The COSA AYA Group intend to identify and formulate research priorities by holding an AYA Research Agenda workshop in the first quarter of 2014. The six priority areas for research were identified as biological/ pharmacology, front line treatment, psychosocial, supportive care/survivorship/palliative care, genetics/ epidemiology and health economics. Four disease priority areas were identified; poor prognosis tumours, ALL, sarcoma and brain (medulloblastoma).

The aims of the planned AYA research agenda workshop are:

- To formulate a research agenda for research in AYA that will identify which research priorities members want to work on and who to collaborate with on these priorities. This research agenda can be used by members of the Executive Committee individually and COSA to source funding for research, and an advocacy platform.
- To acknowledge the barriers to AYA research in Australia and develop strategies to overcome them.
- To elaborate further the priority areas discussed at the Strategic Planning Day so that concepts can be identified for further development.

Lastly I'd like to thank the AYA Executive Committee and COSA for their commitment and support during 2013 and I look forward to further progressing the strategic plan with you in 2014.

Wayne Nicholls
Chair, Adolescent and Young Adults Group

CANCER CARE COORDINATION GROUP

In late 2012 the Cancer Care Coordination (CCC) Executive developed a Strategic Plan to outline the direction of the Group's projects over the following two years. Three subcommittees of the CCC Group drive the objectives of the broader group, and in 2013 a project group was formed specifically tasked with developing a position paper on the role of the Cancer Care Coordinator. The Group had a productive year and is in a position to continue to support the objectives within the strategic plan into 2014.

The position paper project team commenced work in early 2013, led by Jacinta Elks. The purpose of the paper is to review the evolving context of Cancer Care Coordinator role's involvement in the coordination of cancer care. The paper aims to articulate the current 'point in time' position, scope and principles underpinning a defined role to provide context for patients, Cancer Care Coordinators, health care system managers and funders to reduce variation in practice and maximise patient outcomes. With a tight deadline, the team produced a well-researched and considered draft allowing Jacinta to present the key principles at the COSA CCC Workshop 'Updating this Key Role' held prior to the CNSA Winter Congress in July.

An expert multidisciplinary panel addressed the contents of the draft paper providing perspective across various areas of cancer care.This feedback, as well as the audience participation in the discussion, has formed the second stage of review for the project team for consideration prior to a final draft being released for stakeholder consultation. I thank all who participated in the workshop and the membership's contribution to practical real life considerations for the cancer care coordinator role. In September Jacinta resigned from her Cancer Care Coordinator position to spend time with her family, and I thank her for the instrumental leadership she provided to the project team, but also the CCC Group. The project team will continue its development.

The Professional Development subcommittee led by Douglas Bellamy worked consistently in 2013 to organise the Workshop 'Updating this Key Role' and the program for the 2014 Cancer Care Coordination Conference, 'Constructing Cancer Care Across the Continuum' which is being held on 4 and 5 March 2014 in Sydney. More information is available via http://cosaccc2014.org/. The Group welcomes Professor Jessica Corner, Dean of the Faculty of Health Sciences, Southampton, UK to present in key sessions throughout the two days. Local speakers and your colleagues will present the latest research and projects relevant to cancer care coordination. The conference will address how cancer is changing and how we need to respond to it including health services perspective, research, settings and transitions of care, and communicating with and for patients.

In addition to large project work in 2013, the Group continues to communicate and network with the membership through the National Contacts Database and The Coordinator e-newsletter. These resources can be accessed via the CCC Group page on the COSA website.

I look forward to meeting with delegates at the Conference in March 2014 and updating the membership on the direction of the Group for 2014. I'd welcome any feedback or ideas the membership has and look forward to working with you over the next 12 months.

Patsy Yates
Chair, Cancer Care Coordination Group
p.yates@qut.edu.au

CANCER PHARMACISTS GROUP

Chair: Gail Rowan
Deputy Chair: Dan McKavanagh
Committee: Zeyad Ibrahim, Maria Larizza, Jude Lees, Michael Powell, Geeta Sandhu, Dan Mellor, Christine Carrington, Karim Ibrahim

The CPG has had a busy year, following on from 2012.

We continued with our education aims and provided two focused education opportunities for cancer pharmacists. The eNewsletter started in 2012 has continued and is increasing our communication with members.

The CPG has again been a representative body at the national level for cancer pharmacists (and for COSA) in a number of areas including: funding for chemotherapy and the senate inquiry into chemotherapy reimbursement.

With the AGM held at the COSA ASM in Adelaide in November we were sad to say good-bye to Dan Mellor and Jude Lees as our Chair and Deputy Chair although both remain on the CPG committee for 2014. Gail Rowan was confirmed as Chair, with Daniel McKavanagh becoming Deputy Chair, we also welcomed Dr Karim Ibrahim to the committee.

Education for Cancer Pharmacists

The 6th CPG foundation 'Clinical Skills for Cancer Pharmacy

Practitioners Course' was held on 18 and 19 May in Brisbane. This course has proved over time to be a great success and as usual was fully booked. Feedback shows the need for this foundation level skills teaching for pharmacists beginning their career in cancer and as a valuable way of contributing to the ongoing development of both cancer pharmacy and hospital pharmacy. Thanks go to Dan McKavanagh for his organisation of this meeting and for the presenters who gave their time and shared their vast experience.

We are already planning the 2014 course in May in Brisbane.

In 2013 we did not run our advanced course ('Advanced Clinical Practice for Cancer Pharmacists Course') deciding to have a one-day advanced practice seminar attached to the main COSA ASM on 12 November in Adelaide. This day proved hugely successful with over 40 pharmacists attending.

COSA ASM 2013 - Adelaide

CPG and cancer pharmacists were well represented at the COSA ASM in 2013, with speakers in the main program and representation in the 'Best of the Best' oral sessions and posters - all these presentations helped make a varied and interesting meeting for pharmacists.

CPG Advanced Practice Day – COSA ASM 2013

The CPG was fortunate to be able to hold a pre-COSA day this year. This was held as an alternative to the Advanced Oncology/Haematology Seminars that have previously been run by the CPG.

Around 40 pharmacists attended this day, we were lucky to have our international speaker, Dr Alex Chan, available and he participated in a great session on Advanced Pharmacy Practice Frameworks (Oncology) with both Sue Kirsa (SHPA) and Krissy Carrington. We hope to build on this work with co-operation with the SHPA in their project on these frameworks.

Completing the day were a number of presentations on advanced practice with topics including neuropathic injuries from chemotherapy and their treatment, cancer in the solid organ transplant recipient and new therapies coming to market. The day had great feedback from participants and the CPG thank all the speakers for sharing their experience so willingly and COSA for supporting this day.

The future

Looking forward, the CPG committee remain committed to continuing to ensure that its activities are relevant to its members and cancer pharmacy as an area of practice. We are already standing by our commitment to education and planning our 7th foundation course, and looking at options for providing professional development for our more experienced and senior practitioners.

We will continue to work closely with COSA and other member groups on advocacy and support for cancer care, as well as other pharmacy bodies to develop pharmacy as a profession and cancer pharmacy as an important part of that profession.

Lastly, I would like to acknowledge the huge contribution of our previous Chair (Dan Mellor) and Deputy Chair (Jude Lees) who have both stood down from their roles, but thankfully have remained on committee, for their service and the position in which they leave the CPG.

Gail Rowan
Chair, Cancer Pharmacists Group
Gail.rowan@petermac.org

CLINICAL TRIALS AND RESEARCH PROFESSIONALS GROUP

Chair: Hema Rajandran, Sir Charles Gairdner Hospital Cancer Centre; Medical Oncology Clinical Trials Unit, Western Australia
Members: Sally Dean, Calvary Mater, Newcastle (Secretary); Jill Davison, Peter MacCallum Cancer Centre, Melbourne; Valerie Jakrot, Melanoma Institute, Sydney; Dianne Lindsay ANZBCTG, Newcastle; Anne Woollett, Barwon Health, Melbourne.

2013 was a very busy and rewarding year for the Clinical Trials Research Professionals Group. We went through a few changes and also accomplished one of our major goals in the area of Professional Development for our members.

I had the opportunity to be nominated for and accepted the role of Chairperson. My predecessor, Sam Ruell left us for the rewarding role of motherhood and we worked hard together in the first few months of 2013 towards some key goals for the CTRPG.

The CTRPG officially had a name change in 2013 to further clarify the types of members we advocate for. The Executive Group members are representatives from major cancer units and clinical trial groups across the country and have a shared goal; to represent those who work within clinical trials research units and collaborative groups in a professional and supportive manner.

The Group also discussed the need to provide training and education for members; this was a key goal for 2013. This led to a grant application for a Clinical Professional Day (CPD) to

be held during the week of the 40th COSA ASM in Adelaide. Our grant application was successful and a CPD was held as a full day training workshop on Monday 11 November 2013 in the lead up to opening day of the 40th COSA ASM.

The workshop was facilitated by the CTRPG and Eleanor Allan from Caledonian Clinical Training. Eleanor has extensive experience in the design and delivery of interactive training for clinical research personnel and has specialised in training and quality assurance since 1997.

The full day interactive workshop focused on Clinical Trials Management, Quality Practices and GCP for all Clinical Trials Professionals. The morning session focused on GCP with a good overview of the regulatory and legal requirements in Australia. All participants interacted with each other to brainstorm ideas and learn from various case studies throughout the morning. This was a great start to the day and laid a solid foundation for the afternoon session which focused on Quality Practices in clinical trials.

The workshop had a fair number of attendees from various clinical trials sites across Australia. The diversity of participants made for an interesting day with various experiences, case studies and ideas exchanged throughout the afternoon. Participants were encouraged to get involved in role play and to discuss challenges faced daily in their practice and Eleanor provided excellent insight into coping strategies and management skills.

The CTRPG received positive feedback following the Professional Development day and are pleased to have been able to serve our members in the area of Professional Development. The Group would like thank all of our members for their attendance at the workshop and support throughout the year.

We were pleased with the goals achieved last year as the Clinical Professional Day Grant application was a key goal for the Group and we wish to provide a forum for interested parties to further develop their knowledge and skills in the area of clinical trials. It was also very encouraging to see a rise in membership numbers.

I have certainly enjoyed my first term as Chair with the support of the Executive Committee. We are hoping to hear more on how best to serve our members and provide further opportunities in the area of professional development in 2014.

Hema Rajandran
Chair, Clinical Trials and Research Professionals Group
Hema.Rajandran@health.wa.gov.au

COMPLEMENTARY AND INTEGRATIVE THERAPIES GROUP

COSA members formed the multidisciplinary Complementary and Integrative Therapies Group to respond to a broad range of issues associated with use of complementary and alternative medicines in Australia (CAM), including the need for information, guidelines for practice, specific issues in oncology and management of unconventional treatments.

The Group welcomes communication with likeminded bodies throughout Australia and the world interested in all aspects of CAM and integrative therapies in oncology settings. Below we highlight major achievements over 2013.

Position statement on the use of complementary and alternative medicine by cancer patients

A multidisciplinary national working party chaired by Dr Lesley Braun (National Institute of Complementary Medicine, Sydney) developed a position statement for health professionals treating cancer patients who choose to use or are contemplating using CAM. The Group is grateful for the several submissions and comments received form COSA members on various drafts in development.

The Position Statement will be submitted for publication in 2014 and is available here:
cosa.org.au/media/1133/cosa_cam-position-statement_final_new-logo.pdf

Research Activity Survey

The Group has conducted an online survey of COSA members to ascertain levels of research activity investigating CAM and integrative therapies in Australian oncology settings and is happy to share the findings and methodology with any interested person or professional body. Results of the survey were presented as a poster at the 2013 ASM in Adelaide, a copy can be requested by emailing – pkatris@cancerwa.asn.au. To date, the National Institute of Complementary Medicine has decided to incorporate many of the fields into a data collection tool for an upcoming national survey of CAM research in Australia.

CAM-Cancer Collaboration - cam-cancer.org

COSA and the Group has become a partner of the CAM-Cancer Collaboration.

'CAM-Cancer' is the name of a project entitled 'Concerted Action for Complementary and Alternative Medicine Assessment in the Cancer Field' (CAM-Cancer). Originally funded by the European Commission (EC), it is now hosted by the National Information Center for Complementary and Alternative Medicine (NIFAB) at the University of Tromsø, Norway.

The aims of the CAM-Cancer project are: to prepare and disseminate suitable evidence-based information for health professionals in order to assist them in informing their patients to build an international authoritative network around CAM in cancer led by a panel of experts in CAM research and/or in cancer care with privileged contacts to cancer organisations.

The CAM-Cancer Collaboration comprises an executive committee, an editorial team and a network of official partners. Members of the committee and editorial team are all experts in CAM and/or cancer care; they include researchers, clinicians, oncologists and representatives from national cancer societies. Authors and reviewers are recruited from the Collaboration and beyond.

Future directions

The Group plans to work on initiatives geared towards raising the profile of issues surrounding complementary and integrative therapies in oncology settings through activities such as working with CAM-Cancer Collaboration, developing and distributing a newsletter and working towards a greater presence at the COSA ASM.

Paul Katris
Chair, Complementary and Integrative Therapies Group

DEVELOPING NATIONS GROUP

2013 was the third year that the COSA Developing Nations Group supported a fellowship for the Asia-Pacific Mentoring Program. In addition, we were successful in an application to the Australian Leadership Fellowships supported by AusAID which aims to develop leadership, address priority regional development issues, and build partnerships and links between Australian organisations and partner organisations in developing countries in the Asia-Pacific. This funding allowed COSA to offer an additional fellowship in 2013.

The AusAID funding supported a placement for Ashodra Gautam, Pharmacist from Colonial War Memorial Hospital in Suva, Fiji. She was mentored by Thanh Lam, Senior Oncology Pharmacist at Prince of Wales Hospital with support from David Goldstein. She undertook a very comprehensive program which allowed her to have short visits to eviQ, Peter MacCallum Cancer Centre, Children's Hospital at Randwick and Princess Alexandra Hospital in Brisbane. To continue COSA's relationship with Fiji, Bruce Mann and David Goldstein are considering a return trip for 2014. The purpose of this trip will be to undertake a scoping exercise to assess the needs of Fijian cancer care and treatment.

In 2013, the Program received 10 individual fellowship applications and interest from various COSA members willing to host a particular program within their speciality. The Group endeavoured to provide feedback and Australian based contacts for all applications.

COSA funding supported Rajinikanath Janakiraman, Professor and Consultant Surgeon in Head and Neck Oncology from Christian Medical College and Hospital in Vellore, India. His placement was with Associate Professor Jonathan Clark at the Sydney Head and Neck Cancer Institute at Royal Prince Alfred Hospital. Rajini spent considerable time at Liverpool and St George Private Hospital's. He was provided the opportunity to visit surgeons and specialists at Royal Darwin and Royal Adelaide Hospitals.

The Executive continues to consider strategic ways to ensure outcomes, relationships and key learning areas are relevant, impactful and maintain evaluation over time. In 2014, the group will focus on assisting in the relationship prior to grant application to develop a collaborative and supportive program as well as monitoring and evaluation during and post program.

In addition to the Asia-Pacific Mentoring Program the Executive discussed identifying and formalising volunteer opportunities for Australian based clinicians to go on self-funded short term visits to educate health professionals within a developing country. Matthew undertook a placement through Health Volunteers Organisation in November in 2013 and other members of the Developing Nations Group have be a part of similar programs which they found rewarding and of value.

Kate Whittaker
COSA Project Coordinator on behalf of Matthew Links
Chair, Developing Nations Group
Matthew.links@sesiahs.health.nsw.gov.au

GERIATRIC ONCOLOGY GROUP

The Geriatric Oncology Group had a very active and successful year in 2013. Planning for many of these activities began in 2012 as a result of ongoing interest from COSA members in considering the care needs of elderly cancer patients.

The Executive Group hosted a Concept Development Day in March which was attended by 26 people representing a diverse and multidisciplinary group of oncology and research

professionals. Seven research proposals were heard on the day. The workshop was an opportunity to support and strengthen early stage geriatric oncology research proposals that would enhance the care provided to older people with cancer and their families, and build the geriatric oncology evidence base. Experts in study design, bio-statistics, health economics and health service research were available to offer expert feedback to further their concepts into a feasible research proposal. A full report from the day is available on the COSA website.

Jane Phillips and I were charged with the position of guest editors for the November 2013 edition of Cancer Forum highlighting Geriatric Oncology. A group of national and international contributors provided articles for inclusion in this edition across areas of nutrition, polypharmacy, geriatric assessment, research priorities, the role of primary care, specialist nurse and allied health professionals and how our understanding of the needs of the older patient have evolved in recent years. This edition is available via the Cancer Forum website.

Nimit Singhal was the Convenor of the 2013 COSA Annual Scientific Meeting (ASM) held in Adelaide in November which highlighted geriatric oncology. Nimit and the COSA Program Committee produced a fantastic program featuring a selection of speakers and topics in this area. The Geriatric Group executive were successful in their application to host a Clinical Professional Day prior to the ASM allowing the workshop attendees to hear from and network with ASM invited international speakers Harvey J Cohen and Janine Overcash. The workshop program covered the geriatric oncology models of care being used nationally and internationally and explored the barriers and potential opportunities to implementing services within existing clinics. Other themes discussed on the day included negotiating with health administrators, the role of the geriatrician and opportunities for collaboration and research.

Moving forward, the Executive will develop strategies to build on the achievements of 2013 with a continued focus on research and education.

The interest in geriatric oncology is increasing around the country and the COSA Group is ideally placed to lead these efforts at a national level.

Christopher Steer
Chair,
Geriatric Oncology Group
Christopher.Steer@bordermedonc.com.au

NEUROENDOCRINE TUMOURS GROUP

In 2013 the Neuroendocrine Tumour (NETs) Group has focused on the growth and improvement of the SIGNETURe™ clinical registry, as well as maintaining the currency of the guidelines for the diagnosis and management of gastroenteropancreatic neuroendocrine tumours and continuing to foster trans Tasman collaboration in this disease.

SIGNETURe™ is an observational registry that facilitates the collection of retrospective and prospective data on patients with NETs in Australia. The SIGNETURe™ registry was initiated by Ipsen Pty Ltd, with COSA assuming sponsorship of the project in November 2010 following a pilot phase led by Associate Professor Tim Price. Ipsen continues to provide funding for the database but has no direct access to data. COSA hopes that the registry will facilitate greater understanding of the diagnosis and treatment of NETs, as well as allowing for the evaluation of long term outcomes to optimise clinical care for patients with these rare tumours.

There are now a total of nine sites participating in the registry: Queen Elizabeth Hospital (including Lyell McEwin Hospital; SA), Royal Adelaide Hospital (SA), Flinders Medical Centre (SA), Peter MacCallum Cancer Centre (VIC), St George Hospital (NSW), Royal North Shore Hospital (NSW), Prince of Wales Hospital (NSW), The Canberra Hospital (ACT) and Western Australian Clinical Oncology Group (including Sir Charles Gairdner and Fremantle Hospitals; WA). As at 24 December 2013, there were a total of 185 patients entered in the registry, almost double the number who were enrolled at a similar time the previous year. It is anticipated that this number will increase significantly over the next 12 months as all sites are now entering data or are in the final stages of preparing to migrate extensive data from existing databases.

The NETs group also held an invitation only investigators meeting at the COSA ASM on 13 November 2013. This was a very successful meeting which brought together principal investigators, data managers and study coordinators from all of the trial sites. The agenda for the meeting included the presentation of initial results, site experiences with data entry and the mapping of retrospective data, as well as an open discussion on barriers and limitations. The outcomes of this meeting should improve the usability of SIGNETURe™ and recruitment to the registry.

The COSA guidelines for the diagnosis and management of gastroenteropancreatic neuroendocrine tumours (GEP-NETS) were developed through a collaborative effort between clinicians from Australia and New Zealand in 2009. They were launched on the CCA wiki platform in 2010 (http://wiki.cancer.org.au/australia/COSA:NETs_guidelines)

and have served as national guidelines for Australia since that time, and were subsequently also adopted as national guidelines in New Zealand in August 2012.

Yu Jo Chua
Chair, Neuroendocrine Tumours Group

NEURO-ONCOLOGY GROUP

The neuro-oncology community continues to enjoy a dynamic phase of growth, with increasing local, state-based and national activity amongst both health professional and consumer groups.

Below is a brief summary of a few key events and selected initiatives that occurred across ANZ and internationally in 2013:

Brain Cancer Action Week was held across different Australian states from Sunday 28 April to Saturday 4 May 2013, with many key events and initiatives. Two are highlighted below:

- **Cancer Institute NSW Brain Tumour Support and Education Forum** – Wednesday May 1, 2013, Sydney http://www.cancerinstitute.org.au/events/i/brain-tumour-support-and-education-forum-2013
- **Brain Tumour Clinical Education Day - A forum for health professionals** – Friday May 3, 2013 hosted by Cancer Council QLD, Brisbane www.cancerqld.org.au.

Several internationally renowned speakers visited Australia in 2013, including neuro-oncologists Prof Warren Mason from Toronto, Canada and Prof Wolfgang Wick from Germany.

In parallel, Brain Tumour Alliance Australia, in conjunction with Austin Health and the Olivia Newton-John Cancer and Wellness Centre, convened a Melbourne Forum attended by nearly 100 participants on Sunday 3 March, 2013. Their keynote speaker was Prof Warren Mason. For more information on this event, see http://www.btaa.org.au

The membership of COGNO, the Cooperative Trials Group for Neuro-Oncology, continues to grow, now exceeding 340 members - an excellent achievement. COGNO held its 6th Annual Scientific Meeting, its inaugural stand-alone meeting, from Friday 25 October to Saturday 26 August 2013 in Sydney.

COGNO was pleased to host four international guest speakers: Professor Mitchel Berger (neurosurgeon and scientist, University San Francisco), Professor Jan Buckner (neuro-oncologist from the Mayo Clinic), Professor Peter Burger, (renowned neuropathologist, from Johns Hopkins Hospital, Baltimore) and Associate Professor James Perry (neuro-oncologist from Toronto) as well as a number of well-known Australian experts who all participated in the COGNO program.

Selected speaker video presentations are available via the COGNO website (www.cogno.org.au).

The 4th Quadrennial Meeting of the World Federation of Neuro-Oncology (WFNO) in conjunction with the Scientific Meeting of the Society for Neuro-Oncology (SNO) was held in November in San Francisco, California. Several Australian experts were invited speakers and session co-chairs, along with a strong contingent presenting their research. ANZ clinicians, scientists and consumer advocates were well represented at this premiere international forum.

International Brain Tumour Awareness Week was held during 27 October - 2 November. A host of activities were held during this time. Some further information can be found summarised here: http://www.btaa.org.au/LowResOct2013.pdf

We look forward to an eventful, dynamic 2014 in advancing care and research relating to brain tumours which will aid understanding and improve treatment outcomes for those patients and carers affected by brain tumours.

Please contact Dr Koh (eng-siew.koh@sswahs.nsw.gov.au) if you have suggestions regarding any aspect of COSA Neuro-Oncology.

Best wishes
Dr Eng-Siew Koh
Chair, and Associate Professor Kate Drummond, Deputy Chair, Neuro-Oncology Group

PALLIATIVE CARE GROUP

The COSA Palliative Care Group would like to thank outgoing Chair A/Prof Meera Agar for leading the group over the past couple of years and welcome the incoming Chair Prof Jane Phillips.

The Palliative Care Group was active during the COSA ASM in Adelaide, with the breakfast launch of the Australian Cancer Pain Guidelines on Tuesday 12 November 2013. COSA member, Dr Melanie Lovell, a Palliative Care Physician from HammondCare in Sydney has led the collaborative development of this National Project, with support and input from numerous consumers, organisations and clinical experts. During the launch Melanie provided an overview of the project and took attendees on a guided tour of the guidelines which are available on the Cancer Council Australia's wiki platform (http://wiki.cancer.org.au/australia/Guidelines:Cancer_pain_management).

Paliative care group launch

During the ASM, Dr Tim To, a Geriatrician and Palliative Medicine Physician facilitated a Palliative Care session which presented progress in four different areas in Palliative Care. Associate Professor Meera Agar reviewed important developments in therapeutics, including recently published studies by the Australian Palliative Care Studies Collaborative. Professor Jane Phillips presented an insightful and far-reaching review of the models of care, and evidence to support, for Palliative Care Services. Associate Professor Jen Tieman discussed the rapidly progressing area of e-health in palliative care, looking at a range of applications from the system and service level to individual patient care including remote monitoring. Dr Deidre Morgan finished the session with an insightful presentation on rehabilitation in palliative care patients. This session highlighted the growing evidence base informing the delivery of palliative care both nationally and internationally, and reinforced the importance and interest in palliative care streams in COSA activities.

Jane Phillips
Chair, Palliative Care Group

REGIONAL AND RURAL GROUP

It was an exciting year for our group since most of the 26 regional cancer centres (RCC) as part of the federal initiative were nearing completion across the country. It has been noted that many centers that were once outreach clinics have become regional cancer centers.

However, concerns remain as to how much of the promised recurrent funds by the states are actually released to the RCCs or used by regional hospitals for this purpose.

As part of the plan to expand the engagement of its members during 2013, members of the Regional and Rural Group were invited to nominate for a position on the Regional and Rural Group Executive. The new Executive Committee comprises members with a broad range of experience who are all directly involved in the delivery of care working in regional and rural areas or are responsible for regional services. Current members are; Sabe Sabesan (Chair), Rob Zielinski (Deputy Chair), Jacqui Adams, Adam Boyce, Leisa Brown, Sidney Davis, Matthew George, David Goldstein, Victoria Jones, Louise Nicholson, George Petrou and Craig Underhill.

The first meeting of the new Executive was held in Sydney on the 23 August 2013. The following key activities from recommendations arising from the COSA 2012 workshop and this meeting were identified:

- To establish a formal network for directors of the regional cancer centres.
- Establish a voluntary register of oncology health professionals working in regional and rural Australia for networking and mentoring purposes
- Write to the learned colleges of Australia requesting an increased commitment to the training of oncology professionals in regional and rural Australia
- Conduct a survey to collect data on the current services, linkages and research activities at regional sites.
- In addition to these key activities three new projects have been identified for 2014:
- Development of telehealth guidelines
- Development of a framework for treating adolescent and young adults in regional and rural areas
- Activities around Indigenous health

Sabe Sabesan
Chair, Regional and Rural Group

UROLOGIC ONCOLOGY GROUP AND ANZUP REPORT

2013 was an exciting year for genitourinary cancers. Several TGA-approved agents are up for PBS reimbursement. Urothelial cancers remain on the outer with few new options available and this remains an area of clinical need, particularly for treatments in the second line setting and beyond. Immunotherapy is now emerging as a real option for some cancers and there is every reason to expect that this will be the case for genitourinary cancers as well.

Urologic cancers were not a key theme of the 2013 ASM

but we still made our presence felt. Many of the over 300 abstracts were related to urologic cancers. A special symposium sponsored by Janssen was held on Tuesday 12 November 2013, including great presentations from Ben Tran (medical oncologist), Peter Sutherland (urologist) and Kumar Gogna (radiation oncologist). This was well attended and there was a lively discussion.

On Wednesday 13 November 2013 the Urologic Oncology Group ran a concurrent symposium entitled, appropriately for an Adelaide meeting, 'Fine wine: the old and the new in prostate cancer.' This session promoted discussion about old and new therapies, old and new ideas, and old and young and newly-old patients. Our speakers included Wayne Tilley, who spoke on the role of androgens in aging and prostate cancer; Nick Brook, who adhered tightly to the ASM theme of geriatric oncology in his talk about whether age mattered in treatment selection for localised disease; Raghu Gowda, who gave a masterful overview of the history and some of the many developments in radiation oncology in prostate cancer; and Alex Chan from Singapore, who managed to describe clearly many of the new agents for prostate cancer now available or coming soon. The session was highlighted by a vigorous discussion, indicating the interest that many hold in these areas.

The Annual General Meeting of the COSA Urologic Oncology Group was poorly attended and in fact we did not have a quorum. This also occurred in 2012 and is of some concern. It is possible that the role of the Group should now be reviewed, particularly in the light of the new COSA governance model whereby the interests of members can be represented through various means; and also the increasing role that ANZUP Cancer Trials Group plays in meeting many of our collaborative and multidisciplinary needs. This will be a discussion to be held with the Group members early in 2014.

ANZUP continues to grow and flourish and it is an exciting time for our members. We had another highly successful ASM in July this year and planning is well underway for the 2014 ASM to be held 13-15 July in Melbourne. Our international speakers are already confirmed: Eric Klein (urologist from Cleveland), Christian Kollmansberger (medical oncologist, Vancouver), Rob Bristow (radiation oncologist, Toronto) and Theresa Wiseman (psychology and supportive care, London).

ANZUP has an active trials portfolio and we are about to commence two large scale international trials in prostate cancer, for example. Many other opportunities are also being developed, including some concepts that have come up through the group, successfully received funding, and are about to commence in earnest. It is an exciting time for genitourinary cancer research in our region.

The success and vigorous activity of ANZUP does not mean a loss of relevance for COSA. The two organisations can work together to represent the interests of the members and to meet the goals of both organisations, and there are good reasons for belonging to and participating in both organisations. Primarily this is because there are separate needs to be met. ANZUP is a cooperative clinical trials group. Its function is to perform clinical research. Part of this involves educational and training activities, fostering research links, and building collaborations and shared systems. COSA has separate activities in terms of advocacy, public education, influencing health policy, and research links other than clinical trials. It also provides broader educational links mainly in the context of its ASM, where we meet with people working in other cancer types and learn things that we might not learn in our subspecialty meetings. COSA is the only organisation in Australia where it is possible to do this.

ANZUP remains very active across all genitourinary cancer types. Our work is greatly enriched by the involvement of our Consumer Advisory Panel, which now includes representation across our tumour types and better involvement of our consumer members within the subcommittees. We could not work without them, and similarly we could not work without the tireless involvement of our Quality of Life & Supportive Care subcommittee and our Translational and Correlative Research subcommittee. ANZUP intends to remain associated with COSA under the new Constitution as an Affiliated Organisation.

For now, the COSA Urologic Oncology Group continues to plan to grow in 2014 and beyond, unless the members see that their needs can be best met in some other way. Our priorities will include strategies to meet the objectives of the Group, ie:

1. To provide an inclusive forum for cross-discipline communication between health care professionals involved in the care of patients with urological cancers, synergising but not competing with other groups.
2. To act as a national body in order to facilitate clinical and basic research in urological cancers in Australia.
3. To develop cooperative and complementary laboratory research programs in urological cancer, including development and maintenance of tissue bank resources.
4. To facilitate success in multicentre research grant applications.
5. To develop common data sets for collection of clinical information from patients with urological cancer, with a view to development and integration of national databases.
6. To provide a key point of contact for industry and other sponsors of clinical trials.
7. To promote public awareness of urological malignancies.

1. To be a source of expert advice to government, industry and other bodies.
2. To participate in COSA activities including contributing to the Annual Scientific Meeting.

The vision of ANZUP is very simple: to improve outcomes for our patients through clinical research. Anyone involved in the care of people with these cancers, or research into these cancers, is welcome to join. Membership of ANZUP is free and gives a discount for COSA membership.

Thanks once again to the other members of the Urologic Oncology Group Executive, Shomik Sengupta and Scott Williams. Many thanks also to the wonderful ANZUP Executive Officer Marg McJannett, our project officer Yi Feng and a warm welcome to the new ANZUP Marketing and Communications manager, Liz Thorp.

Ian Davis
Chair, Urologic Oncology Group
Chair, ANZUP Cancer Trials Group
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AFFILIATED ORGANISATION REPORTS

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

2013 saw a great number of important activities and achievements for the Australasian Gastro-Intestinal Trials Group (AGITG). These include the notification of final 2012 grant application outcomes; submission of new project and infrastructure grant applications; an international investigator meeting in Korea for INTEGRATE; continued work at the NHMRC CTC to open new study sites for a number of trials and the opening and closing of new trials such as CO.23 and IMPaCT.

A strategy workshop with the AGITG's Board Members and Scientific Advisory Committee saw the focus on key activities in 2013 to include strengthening international linkages, engaging membership and increasing trial recruitment.

Trial updates

2013 marked an important milestone for the AGITG. For the first time AGITG led trials were conducted and co-ordinated in Europe, Korea and Canada. Two new trials, CO.23 and IMPaCT, were launched and the AGITG's ongoing studies continue to impact future practice and understanding of cancer and treatment options. The AGITG had 10 studies open to recruitment and 16 studies in follow up.

The **IMPaCT** (Individualised Molecular Pancreatic Cancer Therapy) study opened in June 2013. A pilot phase to evaluate feasibility and activity on progression free survival will focus on 20 patients from four sites. Bankstown Hospital in Sydney was the first to open the trial and it also opened at Royal North Shore Hospital and Royal Prince Alfred Hospital in Sydney.

CO.23, a global study which will primarily examine the effect of treatment with a new cancer stem cell inhibitor for people with colorectal cancer who have exhausted all other therapies, recruited its first Australian patient at the Monash Cancer Centre in September. By the end of 2013 it had opened in 14 sites open across Australia.

TOP GEAR, a randomised phase II/III trial of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer, extended its recruitment of patients across Australia and New Zealand to include Canadian and European sites. The first EORTC and NCIC CTG sites were activated in November 2013. The magnitude of TOP GEAR makes it one of the AGITG's most significant trials to date.

The **ASCOLT** study, which will test if aspirin can reduce the recurrence of bowel cancer and improve survival after surgery, received funding in December 2013. The grant was awarded through the Priority-driven Collaborative Cancer Research Scheme and co-funded by Bowel Cancer Australia and Cancer Australia. The ASCOLT study is being centrally coordinated by the National Cancer Centre Singapore and locally coordinated by the AGITG. Australia's recruitment target is 200 of the global 1500 patients.

PAN-1 closed in February. A total of 16 patients were recruited and final follow up data has been collected.

Final data was collected for **QUASAR2** patients in September 2013 and the close of sites will commence in 2014.

Due to recruitment difficulties, **ATTACHE**, a randomised phase III multi-centre comparison of chemotherapy given prior to and post surgical resection versus chemotherapy

given post surgical resection, closed to recruitment on 2 October. Patients who are on study treatment or in follow-up will continue to be monitored.

The **SCOT** study, a study of adjuvant chemotherapy in colorectal cancer, closed to recruitment on the 29 November 2013 having recruited 213 ANZ patients.

TACTIC closed to recruitment in December 2013 when the target of 48 patients was reached.

Publications and conferences

In 2013, 13 articles were published in journals - four relating to C0.17, four for MAX, two for CO.20, one for EORTC 409 and the final covered the topic of clinical trials and advancing cancer care.

The AGITG was represented at 16 conferences including the American Society of Clinical Oncology Annual Scientific Meeting in Chicago, the 9th World Congress on Health Economics in Sydney, the American Association for Cancer Research in Boston and Clinical Oncology Society of Australia 40th Annual Scientific Meeting in Adelaide.

Investing in tomorrow's researchers

The AGITG are committed to supporting new researchers through awards, courses and grants. In August, 40 young researchers from across Australia attended a two-day intensive course sponsored by Roche to increase understanding about colorectal cancer treatments.

Preceptorship in colorectal cancer

The first of its kind to be held by the AGITG, the forum allowed the participants to understand the evolution of the treatment for colorectal cancer through the seminal clinical trials. "It's important that we provide innovative and interactive avenues to enhance medical knowledge in the field of bowel cancer," said Associate Professor Eva Segelov, Convenor and developer of the Preceptorship.

Both advanced trainees and junior consultants commented that it was a novel and highly effective educational experience which built foundations of knowledge as well as excellent multidisciplinary relationships.

Kristian Anderson Award

In December the AGITG announced Dr Danielle Ferraro as the recipient of the AGITG Kristian Anderson Award, sponsored by Merck Serono. The AGITG Kristian Anderson Award provides funding to support a clinician to research an aspect of personalised medicine in the area of bowel cancer. "My aim is to produce a test that gives clinicians more accurate information about which patients with advanced colorectal cancer would benefit from using the targeted agents cetuximab and panitumumab. This will spare patients who have no chance of benefit from the side effects of these agents," said Dr Ferraro.

AGITG's Annual Scientific Meeting

The 15th AGITG Annual Scientific Meeting was held in Melbourne on 8-10 October 2013. The meeting featured presentations by world leaders in gastro-intestinal cancer research, updates on AGITG clinical trials and interactive workshops.

On the first day of the meeting the AGITG teamed up with other member organisations of the Federation of Gastrointestinal Societies for Australian Gastroenterology Week.

Collaborative sessions involved:

- Australian and New Zealand Gastric and Oesophageal Surgery Association
- Australian and New Zealand Hepatic, Pancreatic and Biliary Association
- Colorectal Surgical Society of Australia and New Zealand.

The AGITG also collaborated with the Australasian Pancreatic Club to hold a Pancreas Cancer Research Workshop on Monday 7 October 2013. The aim of the workshop was to develop new collaborations and new research ideas involving the Australasian Pancreatic Club (APC) and the AGITG. It looked at translational research and projects in the treatment and prevention of pancreatic ductal adenocarcinoma across a broad range of activities. This included basic science and clinical trials, through to ultimately impacting on better outcomes for patients. The hope is that this will ultimately lead to new initiatives under the umbrella of APC and AGITG in the treatment, prevention and understanding of pancreatic cancer. The workshop was not held to critique or review concepts in terms of whether they should go ahead or not, but rather to discuss them at an earlier stage of their development. Based on the success of the workshop the AGITG and APC will now hold the workshops annually.

GI cancer forums a great success

The GI Cancer Institute is the public face of the AGITG, raising awareness of gastro-intestinal cancer and funds for AGITG led clinical trials. Over 400 people attend the GI Cancer Institute's inaugural Engage Community Forums held in Melbourne, Adelaide and Sydney in October and November 2013.

The meetings helped people understand the challenges of gastro-intestinal (GI) cancer and updates about the latest advancements in medical research were shared. Support groups were invited to host displays and information table at the forums.

Feedback was very positive. “One of the best forums I have ever been to,” wrote one participant. “These forums provided attendees with access to medical specialists, research scientists, nursing and community support providers – an opportunity rarely available in a formal hospital setting,” said the Australian Association of Stomal Therapy Nurses.

The Sydney forum is available to watch as a webcast on www.gicancer.org.au.

John Zalcberg
Chair, AGITIG
Russell Conley
Executive Officer, AGITG

AUSTRALASIAN METASTASIS RESEARCH SOCIETY

In 2013, OzMRS was formally established and joined COSA as an Affiliated Organisation. OzMRS grew out of local interest in this area of research, with much momentum being gained by hosting the 14th International Biennial Congress of the Metastasis Research Society (MRS) in Brisbane in 2012.

Our interim committee from 2012 was formally established in 2013 when we joined COSA, and comprises Dr Erik Thompson (Melbourne), Dr Robin Anderson (Melbourne), Dr Judith Clements (Brisbane), Dr Andreas Evdokiou (Adelaide), Dr Belinda Parker (Melbourne), Dr Normand Pouliot (Melbourne), Dr John Price (Melbourne), Dr Carmela Ricciardelli (Adelaide), Dr Lillian Soon (Sydney), Dr Elizabeth Williams (Melbourne/Brisbane), Dr Mark Waltham (Melbourne) and Dr Alex Swarbrick (Sydney).

We are now working on our membership list, and we expect that between 80-100 research scientists and clinicians will formally join in 2014.

In regard to dissemination of information about metastasis, we have contributed an initial article to the August 2013 Marryalyan and are editing the June 2014 edition of Cancer Forum, which has a focus on the clinical aspects of metastasis. Many of our OzMRS members are contributing authors to this special edition.

We have negotiated MRS membership discount rates for OzMRS members to attend the 15th International MRS Congress, June 28-July 1 in Heidelberg, Germany, for which we will provide two travel grants of AU$500 each for OzMRS members. We expect that in 2014 we will organize some one-day events for OzMRS members, around international visitors. In addition, we are organizing a one day satellite meeting to be held on Monday, December 1, the day before COSA 2014 officially commences in Melbourne.

The MRS and MRS2014 Congress websites can be found at http://www.metastasis-research.org/.

Robin Anderson
Chair, OzMRS

AUSTRALIAN AND NEW ZEALAND BREAST CANCER TRIALS GROUP

Breast cancer is the most common cancer among Australian women. In 2014, 15,270 women will be diagnosed with breast cancer which equates to 42 women each day. They are sobering statistics and reinforce the importance of breast cancer clinical trials research.

The Australia and New Zealand Breast Cancer Trials Group (ANZBCTG) is the largest independent oncology clinical trials research group in Australia and New Zealand. For more than 35 years, the ANZBCTG has conducted clinical trials for the treatment, prevention and cure of breast cancer. Our aim is to eradicate all suffering from breast cancer and achieve the ultimate goal of a ‘world without breast cancer’.

Our research program rigorously and scientifically tests the efficacy of new breast cancer treatments and prevention interventions through the conduct of multicentre national and international clinical trials. This program brings together over 700 researchers in 84 institutions throughout Australia and New Zealand. This includes oncologists, surgeons, trial coordinators, nurses, breast physicians and our staff. The ANZBCTG’s central offices are located in Newcastle, Australia. More than 14,000 women have participated in ANZBCTG clinical trials.

The Breast Cancer Institute of Australia is the fundraising and education department of the ANZBCTG and was established in 1994 to raise awareness of, and seek ongoing funding for, the ANZBCTG research program.

It is this collaboration between our researchers, women who participate in our clinical trials, our donors and corporate supporters and our international research partners, which has made a significant contribution to the 29% reduction in mortality rates over the last 20 years.

The ANZBCTG is governed by a Board of Directors whose role is to oversee all aspects of the ANZBCTG’s activities. Our Directors are: Associate Professor Jacquie Chirgwin (Vice Chair), Professor Stephen Ackland, Associate Professor Ian Campbell, Professor John Forbes AM, Mr Michael Hamar,

Professor David Joseph, Professor Geoffrey Lindeman, Professor John Simes and myself as Chair of the Board.

In the reporting period, the results of two international trials that were coordinated in Australia and New Zealand by the ANZBCTG, were presented at the San Antonio Breast Cancer Symposium and published in The Lancet.

The IBIS-II study found that taking the breast cancer drug anastrozole for five years reduced the chances of postmenopausal women at high risk of breast cancer developing the disease by 53 per cent compared with women who took a placebo. The results could offer a new option for preventing breast cancer in moderate to high risk postmenopausal women which is more effective than tamoxifen and has fewer side-effects. More than 800 women from Australia and New Zealand participated in IBIS-II from 30 institutions.

Results from the international ATLAS clinical trial showed that extending the use of tamoxifen from five years to 10 years reduces the risk of late breast cancer recurrence and improves survival rates for women with oestrogen receptor-positive breast cancer. During the second decade after diagnosis, women who had been allocated to continue tamoxifen treatment had a 25% lower recurrence rate and a 29% lower breast cancer mortality rate than the women who had been allocated to stop after only 5 years. In Australia and New Zealand, 784 women participated in ATLAS across 32 institutions.

Meanwhile, the ANZBCTG opened a new phase III study of the CDK inhibitor Palbociclib (TRIO-022). The study aims to confirm whether Palbociclib when combined with letrozole, is a safe and effective treatment option for ER positive, HER2 negative metastatic breast cancer, and will test these drugs in a larger number of postmenopausal women to validate the results from the recent phase II study. This trial will be open at 15 sites in Australia.

We were successful in our grant application with the National Health and Medical Research Council to help fund a new breast cancer clinical trial called ELIMINATE, which has been developed by researchers of the ANZBCTG. This trial will investigate whether combining chemotherapy with oestrogen lowering treatment before surgery will be more effective in shrinking breast cancer in women diagnosed with large oestrogen receptor positive breast cancer. For some women who have a good response to treatment, it may provide the opportunity for breast conserving surgery and a mastectomy might be able to be avoided. ELIMINATE will be open at 21 sites in Australia and four sites in New Zealand.

We also received a Cancer Australia Infrastructure Grant that provides costs for staff who are central to activating and running our trials. This grant also provides funds for developing a web based consent module in partnership with the Australia and New Zealand Melanoma Trials Group.

In 2013, BCIA social media pages were launched on Facebook, Twitter and YouTube, to help build brand awareness and to promote our research and fundraising activities. More recently the ANZBCTG started its own company page on LinkedIn.

Two new awards were presented to our members at the 2013 Annual Scientific Meeting (ASM) which was held in Brisbane. The Robert Sutherland Award for Excellence in Translational Research was presented to Professor Geoffrey Lindeman from The Walter and Eliza Hall Institute of Medical Research and the Royal Melbourne Hospital, Victoria. This award recognises Translational Researchers and their achievements and contributions to improved patient outcomes as well as scientific excellence. The award is named after the late Professor Robert Sutherland AO. The Alan Coates Award for Excellence in Clinical Trials Research was presented to Associate Professor Prudence Francis from the Peter MacCallum Cancer Centre, Victoria. This award recognises a member of the ANZBCTG who has made an outstanding contribution to the ANZBCTG's clinical trials research program and aims to assist the recipient in their professional development. The award is named after Professor Alan Coates AM, who is one of the founding members of the ANZBCTG. Our 2014 ASM will be held in Wellington, New Zealand, from 16-19 July.

Cancer research in Australia has never been more important. It was reported in the World Health Organisation's World Cancer Report earlier this year, that cancer has now surpassed heart disease as the leading cause of death worldwide. In Australia, the number of women diagnosed with breast cancer is expected to rise to 17,210 by 2020. This is why the clinical trials research program of the ANZBCTG, and research conducted by the 14 cancer cooperative clinical trials groups in Australia, is so vital. Together we strive to provide better treatment and prevention strategies for all Australians.

Fran Boyle
Chair, ANZBCTG

AUSTRALIAN AND NEW ZEALAND CHILDRENS'S HAEMATOLOGY AND ONCOLOGY GROUP

The Australian and New Zealand Children's Haematology and Oncology Group (ANZCHOG) functions as the Paediatric Oncology Group of COSA. Our key aim is to improve outcomes for children and adolescents with blood diseases and cancer and their families.

2013 has been a busy year for ANZCHOG, with a wide range of initiatives implemented to support our diverse, multidisciplinary membership to provide best practice treatment and care, and to strive towards improvement through undertaking world-class, cutting edge clinical research.

Research and Clinical Trials

Our priority of improving care and treatment through research and clinical trials received a significant boost through securing continued funding from Cancer Australia's Supporting Cancer Clinical Trials Program. This has enabled us to continue existing research programs and launch several new research initiatives, all designed to support our members to develop national and international collaborative research networks and trial protocols. ANZCHOG continues to endorse and support research projects from Australian and New Zealand researchers, assisting with project development and securing funding support. Internationally, ANZCHOG continues to facilitate access to international trials, through collaborative relationships with overseas trial groups, acting as the national sponsor and addressing drug supply issues. These initiatives are beginning to show dividends for ANZCHOG, with more collaborative projects being developed nationally, higher quality projects applying for and securing competitive grants, access to more international trials and strengthening our reputation as a worthy international research collaborator.

Mentoring and education

ANZCHOG has enabled our members to access a range of educational and mentoring opportunities throughout 2013. These opportunities have included support to build research and trial capacity (Specialist Certificate in Clinical Research, GCP training), professional development (joint clinical fellowship with ULCH, attendance at ANZCHOG's ASM) and mentoring junior fellows through a monthly national WebEx conference highlighting complex cases.

Annual Scientific Meeting

The 2013 ANZCHOG ASM was held in Melbourne in May/June. We received excellent reviews regarding the diversity of the program content, the quality of the speakers and the social program. The two international invited keynote speakers – Professor Rob Pieters (Erasmus MC, Netherlands) and Professor Pamela Hinds (Children's National Medical Center, Washington D.C) - provided an international perspective on a range of issues, covering clinical, psychosocial and ethical themes. The ASM also provided an opportunity for specialised groups to meet and develop collaborative projects.

ANZCHOG's 2014 ASM will be held in Sydney in June with the theme: *Improving Patient Care – From Bench to Bedside.*

Other projects

ANZCHOG has been involved in a number of other successful projects. We are proud of our involvement with the Victorian Paediatric Integrated Cancer Service (PICS) and their work to promote the practical involvement of consumers within Australian paediatric oncology health services. Similarly, ANZCHOG continues to build and mentor members of its National Patient and Carer Advisory Group, which has provided vital input and advice into a range of ANZCHOG activities. Several of our specialised craft groups have commenced projects that will potentially impact direct care, such as the development of clinical recommendations and examining the impact of variation in practice across childrens' cancer centres.

ANZCHOG is looking forward to another busy year in 2014. We will continue to undertake activities to support our members in priority areas, specifically building our research portfolio, establishing and consolidating our collaborative ties with other national and international groups and supporting our members to grow and provide the best care and treatment for our children and their families.

New members are welcome. Please visit our website (www.anzchog.org) for more information about ANZCHOG and membership application.

Peter Downie
Chair, ANZCHOG

AUSTRALIA AND NEW ZEALAND GYNAECOLOGY ONCOLOGY GROUP

ANZGOG has had a very strong year of development. Membership is now more than 500 for the first time and we have a very balanced representation across all States and specialities. In 2013 we completed our 'Looking to 2018' Strategic Plan and are well underway on our work to achieve its goals:

1. Undertaking a diverse portfolio of clinically important research in gynaecological cancer including rare tumours and translational research
2. Development of a national gynaecological cancer biobank
3. Collaboration with relevant national and international groups with a focus on Asia
4. Recognition as the leader in gynaecological cancer research in Australia and New Zealand
5. Financial sustainability

Communication with members has been improved with regular ALERTS and twice per annum TRIALS newsletters. I have attended a number of meetings on behalf of ANZGOG, including the GCIG meetings in Chicago and London and the new Cancer Australia Genomic Cancer Clinical Trials Initiative (GCCTI) here in Sydney. We have key members representing us on a number of the GCIG committees and serving on working parties here in Australia for Cancer Australia and the Cancer Council.

Our combined Annual Scientific Meeting with ASGO will be in a new venue in 2014 – the Hyatt Hotel, Canberra. We have an outstanding line-up of keynote speakers including Professor Jonathan Ledermann providing insights into the ICON8 ovarian cancer trial, Professor Lynette Denny, President of IGCS and Associate Professor Akila Viswanathan, from Dana Farber Institute at Harvard. I encourage all clinicians with an interest in gynaecological oncology to attend. ANZGOG ASGO Combined Meeting - 26-29 March 2014 - www.anzgog.org.au.

We recently introduced tumour type working groups to our activities and I wish to thank the 30 plus members who attended from all over Australia and New Zealand to establish the ovarian, cervix and endometrial working groups. These groups next meet at our Annual Scientific Meeting. We look forward to adding a rare tumours group shortly.

We were successful in the latest Project Grant round with Symptom Benefit study (receiving funding for 3 years and also the pilot study for the ECHO study).

ANZGOG expanded its community engagement activities in the past year and continues to foster a strong community supporter base. We have a twice per annum ResearcHER newsletter that is circulated to our donors and community supporters highlighting ANZGOG activities, a webcast of an ANZGOG consumer forum with Prof Michael Friedlander sharing developments in current gynaecological cancer research and a panel of specialists discussing symptom management. We want to provide ongoing online resources for regional and remote cancer support groups and people who may have trouble accessing the latest gynaecological cancer trial information.

ANZGOG has been fortunate to receive wonderful fundraising support from the community this past year from charity fun-runs, speaker nights and movie nights, just to name a few. We have a quality line up of activities to raise the ANZGOG profile, so watch this space.

ANZGOG is co-hosting the International premiere of the award winning documentary N.E.D. (No Evidence of Disease) with the Big Picture Film Festival in Sydney on 25 March. This documentary film is about an amazing rock band whose members are also gynaecological oncologists. Using the powers of medicine and music to fight for their patients' lives, N.E.D. is a wonderful and entertaining story of their journey, touring the USA and inspiring women and men to make a stand for more awareness and research into gynaecological cancer. It's a great opportunity to grow awareness in Australia and we hope to take the film to other states in the next 12 months.

ANZGOG Directors at 2013 Strategy Day

ANZGOG's strength comes from its passionate and focused investigators and dedicated research staff. We have had some great successes this year. Looking forward to 2018 - our strategic plan will assist in focussing our efforts so that the organisation can continue to grow and strengthen.

Alison Brand
Chair, ANZGOG

AUSTRALIA AND NEW ZEALAND HEAD AND NECK CANCER SOCIETY

Over the last 12 months the ANZHNCS has had a continued and steady increase in new members representing all the speciality groups involved in the multidisciplinary care of the head and neck cancer patient.

The core philosophy of respect, recognition and support for all those involved in head and neck cancer care remains critical for successful outcomes for our patients and I believe it to be one of the greatest strengths of our society and one that makes it unique amongst international groups.

Education and research continue to be major roles for the society, reflected by the strength in the numbers attending the annual meetings. Future meetings will reflect expansion and liaison within other groups particularly next year, (2nd) Tri Society Meeting with Singapore and Hong Kong Groups to be held in Darwin (Convenor, Dr Suren Krishnan). In 2015, the World Congress on Larynx Cancer in Cairns (Convenor, Dr Bob Smee) will fuse with the ASM, attracting a good international audience. Dr John Chaplin will convene the 2016 ASM in Auckland.

At the 2013 ASM the society awarded various grants/prizes, including the Developing Nations grant to Dr Sam Endican, ENT, Head and Neck Surgeon, PNG; Travelling Lectureship grant to Dr Phub Tshering, ENT Surgeon, Bhutan; best poster and presentation prizes and the Medal of Excellence, which was awarded to Prof Wayne Morrison for his significant contribution to improving outcomes for Head and Neck cancer patients.

There has been good progress over the last 12 months in the promotion and support for multidisciplinary clinics. The Executive Subcommittee headed by Dr Martin Batstone is continuing to clarify and put into practice the aims and objectives of ANZHNCS support for the multidisciplinary clinics throughout Australia and New Zealand. Over the next few months, more information on this will be available on the society website. This year, Dr Lyndell Kelly and Dr Swee Tan visited the Christchurch Hospital multidisciplinary team and over the next 12 months there will be further visits throughout Australia and New Zealand by the Vice President and the Secretary.

Dr Bob Smee has continued to work with Dr Swee Tan to set up The New Zealand Research Foundation (as legally they cannot be combined). This year the ANZHNCS Research Foundation will be donating a $1000 prize for the best research paper submitted at our multidisciplinary ASM.

ANZHNCS

AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP

The Australasian Leukaemia and Lymphoma Group celebrated the 40th anniversary of its foundation in 2013. As the oldest cancer collaborative trials group in Australia, the ALLG traces its existence back to the establishment of the Australian and New Zealand Lymphoma Group in 1973. The very first trial, amazingly a randomised phase III study in non-Hodgkin Lymphoma, accrued 181 patients from 7 sites in Victoria, NSW, QLD, ACT and SA between 1974 and 1979 and was published in 1982.

Set up as part of the 40th anniversary commemoration, the Hall of Fame was inaugurated at a gala dinner in Sydney in November. Its purpose is to give recognition to those who have made an outstanding contribution to clinical research in blood cancers through the ALLG. Four prominent persons were inducted to the Hall of Fame: Ian Cooper, Ray Lowenthal (AO), Jim Bishop (AO) and Jane Matthews.

Dr Ian Cooper at the Peter MacCallum Cancer Centre chaired the ANZLG for over 20 years. Ian has been honoured by induction into the recently established ALLG Hall of Fame. Ian was also for many years Chairman of the COSA standing committee on clinical trials. This committee was established in 1979, initially under the chairmanship of Dr John Colebatch, to advise on the design, conduct and evaluation of trials conducted by groups within COSA. Ian was Chair of the committee from 1981 until his retirement in 1994. During his time as Chair, the committee published a book entitled “Guidelines for Clinical Trials in Cancer” which was an important document guiding clinical research in cancer in Australia for a long period.

The Australian Leukaemia Study Group began as a separate group in 1982. The first trial was a phase I/II study in AML and accrued 28 patients from 6 sites between 1983 and 1984. Prof Ray Lowenthal AO (Royal Hobart Hospital) who was its inaugural Chairman is also a Hall of Fame inductee. Ray was a PI and author on most of the early AML studies. His particular contribution was the promotion of the use of idarubicin in AML, which became a standard component of group trial regimens. As well as having been an active member of the ALSG and then the ALLG for over 40 years, Ray is well known in the haematology/oncology community for his wide clinical interests. He published one of the first books on cancer for consumers in 1990 and in 2005 convened a conference in Darwin on cancer in Indigenous Communities. He has been the recipient of many awards most notably the Officer of the Order of Australia in 2006. Ray has recently retired from clinical practice.

The second Chairman of the ALSG from 1984 to 1993, Prof Jim Bishop AO, was also an inductee into the Hall of Fame. Jim was a key driver of the ALSG leukaemia trial program

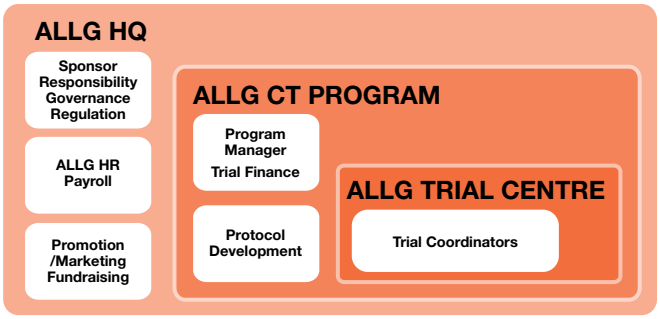
which helped establish new Australian standards of care for AML. As PI or co-PI of many AML studies he led trials which made important contributions to shaping clinical care in AML nationally and internationally. Jim's subsequent career has taken him to leading positions in other agencies, including chair of the Cancer Institute NSW, Chief Medical Officer of Australia and most recently Executive Director of the Victorian Comprehensive Cancer Centre.

A central figure in both early groups was Dr Jane Matthews, biostatistician, who was the fourth Hall of Fame inductee. Jane made an impact on almost every aspect of the group and continues involvement to this day. She was instrumental in setting both groups up, served on Executive Committees, the Safety and Data Monitoring Committee and many writing committees. Jane was responsible for statistical input for the vast majority of protocols from 1973 until her retirement in 2003, and almost every publication of trial results to that date and beyond. She was particularly associated with the flagship series of randomised NHL and AML studies. Jane was intimately involved with all stages of trial conduct in the Trial Centre at Peter MacCallum Cancer Centre, and also analyses and publication. She brought her high standards to play in particular in relation to ethical issues and data integrity and her trial reports set a standard of comprehensiveness, level of detail, clarity of expression and scientific accuracy that remains a model to this day.

In 1999 the two groups, the ANZLG and the ALSG fused to form the ALLG. The gala dinner on 14 November celebrated the group's research achievements over 40 years and the people who have made this possible. Today the ALLG remains a robust clinical trial group, boasting 20 trials open to accrual, and a continuous pipeline that sees 3 – 6 new trials open per year.

In 2013, the ALLG actioned its biggest business improvement to date, by opening its own in-house trial coordination centre. What was previously a team of 5 acting to take trial concepts through feasibility to final trial protocol, has now doubled to a team of 10 that ensure development leads seamlessly into actual trial coordination, with central controlled data management.

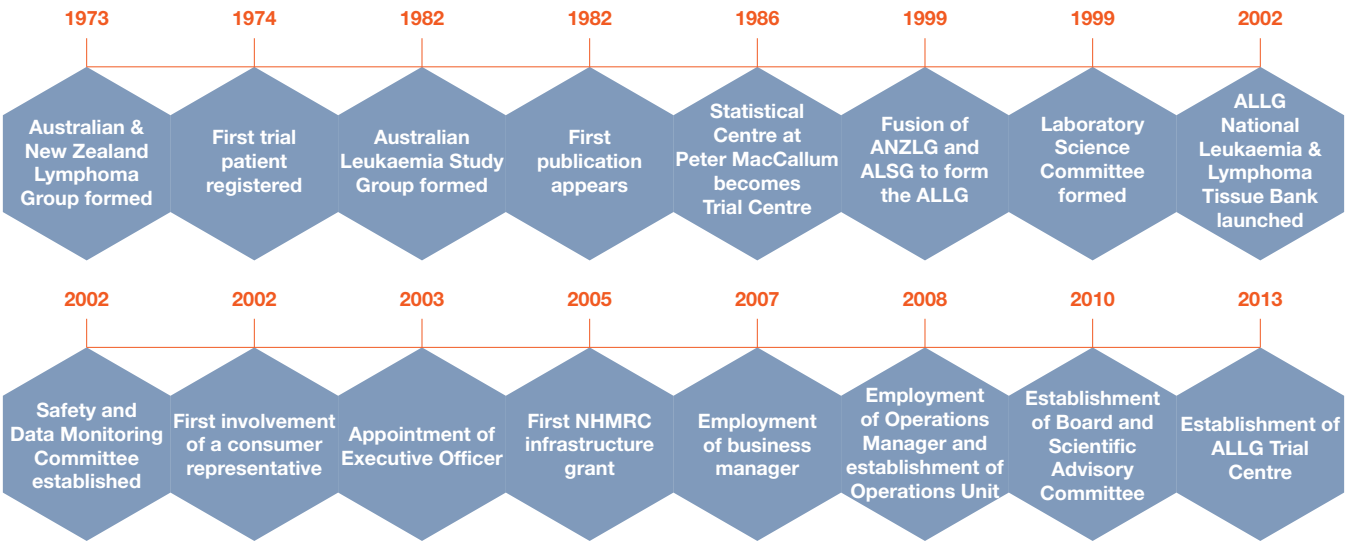
Figure 1: ALLG model of cooperative clinical trial management:



Thankyou to all that have helped the ALLG achieve 40 years of clinical trial milestones!

Professor Mark Hertzberg
Chairman Scientific Advisory Committee ALLG
Delaine Smith
Chief Executive Officer ALLG

MILESTONES



AUSTRALIAN AND NEW ZEALAND MELANOMA TRIALS

ANZMTG Australia and New Zealand Melanoma Trials Group

I am pleased to report that the Australia and New Zealand Trials Group (ANZMTG) had another successful and productive year in 2013.

ANZMTG is unique as the only melanoma-specific clinical trials research group in the world, and we have developed a number of relevant protocols which are now open and recruiting at over 25 melanoma departments in Australian hospitals and overseas centres. The final analysis of our first trial, ANZMTG 01.02, was performed in 2013 and will be published soon. Furthermore ANZMTG has established a number of open and recruiting clinical trials, approved Trials in Development and there are many new research concepts under consideration for development.

ANZMTG was successful in receiving ongoing infrastructure support from Cancer Australia in July 2013 - this was critical to maintaining current activities and we gratefully acknowledge this ongoing support for the group. ANZMTG also has a number of other grants to support its trials and the group continues to actively seek funding for the growing number of new ANZMTG-led collaborative projects.

In November 2013, we held our Annual ANZMTG Scientific Research Meeting in Brisbane coinciding with The Global Controversies in Skin Cancer Congress. The Research Meeting was a great success. Current studies were reviewed as well as new concept proposals, and the future direction and research priorities for the group were discussed.

ANZMTG's 2013 highlights included presentation and publication of a number of trial reports at major melanoma meetings, in particular the presentation of the ANZMTG 01.02 final results at the American Society of Clinical Oncology (ASCO) Congress in Chicago USA; a number of poster and oral presentations at the World Melanoma Congress in Hamburg, Germany; The Global Controversies in Skin Cancer Congress in Brisbane, Australia and at several Cancer Cooperative Trials Group meetings including the Trans-Tasman Radiation Oncology Group (TROG) meeting in Wellington, New Zealand and the Cooperative Trials Group for Neuro-Oncology (COGNO) Annual Scientific Meeting in Sydney, Australia. ANZMTG also had three abstracts about current clinical trials accepted for poster presentation as part of the Clinical Trials in Progress sessions at the 2013 Clinical Oncology Society of Australia (COSA) Annual Scientific Meeting. Dr Megan Lyle, Medical Oncology Fellow at Melanoma Institute Australia and ANZMTG member, presented as part of the COSA Annual Scientific Meeting program, on recent data regarding melanoma genetics, targeted therapies and upcoming medical oncology trial protocols. More information on ANZMTG's publications and the group's activities is available online via the website (http://www.anzmtg.org/content.aspx?page=publications).

In 2014, ANZMTG plans to continue expansion of its current trial recruitment, promote clinical trial development and will also hold a series of concept development workshops to encourage new research in melanoma. ANZMTG will continue to maintain and support the membership to ensure appropriate representation nationally.

This will be my final year as the Chairman for the group. It has been a pleasure and privilege to lead the group from its beginning in 1999. The group now includes over 700 members from around the world and the need for investigator-driven, independently run clinical trials for melanoma remains just as important, especially as we enter a new era of melanoma treatment and management. I take this opportunity to acknowledge the support of the Executive Committee and the Executive Office staff throughout my term and the support and commitment of the ANZMTG members, trial study chairs, site research and data management staff, and most importantly the patients and their families for their participation in research studies undertaken by the ANZMTG.

John Thompson
Chair, ANZMTG

AUSTRALASIAN SARCOMA STUDY GROUP

The Australasian sarcoma study group was established in 2008, and since this time has been successful in making an impact for sarcoma patients and their families. The ASSG continues to strive to achieve its missions of 1) conducting sarcoma clinical trials, 2) supporting world class basic and translational research, 3) raising awareness and education about sarcoma, 4) partnering with the sarcoma community and 5) to improve outcomes for sarcoma patients and their families through a multidisciplinary approach to treatment.

A major achievement of the last year was the launch of the Australia Sarcoma Guidelines led by Associate Professor Susan Neuhaus from Adelaide. This was a collaborative process with sarcoma experts across Australia over two years. The guidelines, facilitated by the Cancer Council and sponsored by the ASSG, were launched officially at the ASSG Research meeting held in November in Adelaide. Christine

Vuletich, Manager of the Clinical Guidelines Network at Cancer Council Australia was also on hand to present the functionality of the guidelines and the process involved in creating this resource. The Cancer Council Australia Cancer Guidelines Wiki program utilises the wiki platform to present up to date research and recommendations to inform evidence based guidelines for adult onset sarcoma. The next phase of this work will be to include the paediatric and adolescent and young adult populations. The Sarcoma Guidelines are publicly available at http://wiki.cancer.org.au/australia/Guidelines:Sarcoma. Cancer Council Australia and the ASSG are partners in this endeavour and will continue the ongoing support of this important work.

The ASSG deferred the 2013 Annual Sarcoma Conference to coincide with the Asia Pacific Musculoskeletal Tumour Society Meeting to be held in Melbourne April 9-11, 2014. The APMSTS Meeting will be held at the Melbourne Convention Centre and will host delegates from around the world, particularly from the Asia Pacific region. The opportunity for the ASSG and the ASG to host a meeting of this calibre is a great coup for Australia. Prof Peter Choong and the organising team have secured several high profile international speakers and will structure the meeting around the theme, 'Driving Multidisciplinary Collaboration.'

Research endeavours continue to address a wide range of issues for sarcoma patients. These include the following projects that were undertaken in 2013:

Sarcoma Database Projects

- The ASSG Sarcoma Fellow, Dr Susie Bae has been busy mining the data in the sarcoma database for several new projects including:
  - a nationwide sarcoma project that will review/investigate current practice trends in management of advanced soft tissue sarcoma in Australia. This project will utilise the databases linked by BioGrid Australia and is kindly funded by GSK; and
  - a project asking what is the best follow up regimen for patients post surgery with curable sarcoma. This project is headed by Dr Susan Neuhaus and is funded by the GPA Andrew Ursini Charitable Fund based in South Australia.

New Trials

- The ASSG has partnered with Threshold Pharmaceuticals and SARC (Sarcoma Alliance through Research Collaboration) based in the USA to locally sponsor a Phase III trial for patients with locally advanced unresectable or metastatic soft tissue sarcoma. This is an important new study to bring to Australian patients and the ASSG is delighted to be working in collaboration with these sarcoma research partners.
- Dr Gillian Mitchell was awarded a Sarcoma Research Grant to fund her new trial based out of the Familial Cancer Centre at PeterMac looking at whole body MRI as a surveillance tool for patients and families identified with known genetic mutations.
- EuroEwings 08 is now under development by the ASSG to open in Australia and New Zealand. The Rainbows for Kate Foundation have generously agreed to support this study as there has been a great need for this clinical trial for Ewings sarcoma patients particularly in the Adolescent and Young Adult population.

The ASSG membership has continued to grow and we look forward to continued engagement with the sarcoma community.

Jayesh Desai
Chair, ASSG

CANCER NURSES SOCIETY OF AUSTRALIA

In 2013, the Cancer Nurses Society of Australia (CNSA) reached a turning point in its history. First established in 1998 as the cancer nurses group of COSA, in its 16th year the CNSA finalised the move to an independent society, a move that was initiated by the member decision at the 2011 AGM. Our thanks go to the COSA Executive and also Cancer Council Australia's financial team for their support and advice during the completion of this undertaking.

During the transition, the National Executive Committee (NEC) took the opportunity to review our logo and branding; undertake the development and implementation of a new member focused website and, integrate these changes into the look and feel of our Winter Congress. This year also brought Social Media to the CNSA with the launch of our Facebook https://www.facebook.com/CNSA.ORG and Twitter https://twitter.com/cnsa_org accounts to coincide with our new look website. With the support of ChilliFox Events we are bringing more news to our members and like organisations on the activities of CNSA as well as updates on research and support for people affected by cancer.

CNSA members have continued the work of the Society, delivering against our strategic plan and deliverables, with a number of the NEC and wider CNSA members representing us in a range of activities. Throughout the reporting period, the CNSA has continued to be recognised and sought out by

Government and influential national bodies as the voice for Australian Cancer Nurses.

This year we have had representation at:

- Cancer Australia Intercollegiate Advisory Working Party
- Australian College of Mental Health Nursing – Chronic Disease and Mental Health expert reference group
- Queensland University of Technology - Cancer Wellness Working Party
- Psycho – Oncology Collaborative Research Group (PoCOG) Scientific Advisory Committee
- Australian New Zealand Urology Group – Scientific Advisory Committee; and
- COSA Council

The CNSA has provided input into a number of reviews and documentation development including:

- Australian Guidelines on Cancer Pain Management in Adults
- The Tripartite Radiation Oncology Practice Standards
- Cancer Council Australia – Election Priorities for 2013 Federal Election; and
- Cancer Australia Research Grants Audit

The CNSA values our professional affiliations and we continue to work in partnership with the following groups:

- Clinical Oncology Society of Australia - COSA
- Coalition of National Nursing Organisations - CoNNO
- International Society of Nurses in Cancer Care - ISNCC
- Union for International Cancer Control - UICC
- Australian and New Zealand Lung Cancer Nurses Forum ANZLCNF
- New Zealand Nurses Society – Cancer Nurses Section – CNS; and
- Haematology Society of Australia and New Zealand – Nurses Group - HSANZ NGF.

The work of our Regional Groups continues with five groups providing a range of educational and networking events through the year. Current Regional Groups includes Victoria, NSW - Sydney, NSW - Hunter, South Australia and Western Australia. Additionally our Specialist Interest Groups (SIG) – Breast, Radiation Oncology and Gynaecologic Oncology have continued to bridge the regions and offer collegial support to members in these specialist areas.

Our first Winter Congress as in independent society, held in Brisbane in July 2013, was a wonderful event for all nurses involved in the care of the patient with cancer. It brought together highly regarded, internationally renowned experts in their field who shared their knowledge and experiences.

Delegates were provided with dynamic clinical presentations and workshops. Professor Nevidjon, the Clinical Professor and Director, Nursing & Healthcare Leadership, Duke University School of Nursing, US, President elect of the International Society of Nurses in Cancer Care, and a past President of the Oncology Nurses Society, was an outstanding key note speaker who has devoted her energy to bridging practice settings and academic environments to advance patient care, creating innovative work environments, promoting scholarship in practitioners (including advanced practice) and developing leaders in nursing.

Finally in 2013 the CNSA has produced two themed editions of the Australian Journal of Cancer Nursing. Thanks to our Co – Editors Tish Lancaster and Moira Stephens and the Editorial committee for ensuring two quality journals this year.

We farewelled a number of National Executive Committee members – Past President Mei Krishnasamy, Megan Nutt (Treasurer), Sandie McCarthy (QLD), Mary Ryan (NSW), Renae Grundy (TAS) and welcomed new NEC members Ray Chan (President Elect), Trevor Saunders (past VIC rep – now Treasurer), Jane Campbell (QLD), Ellen Barlow (NSW), and Laura Pyszkowski (TAS) and Nicole Loft (SA). Tish Lancaster (ISNCC Representative) and Maryanne Hargraves (Winter Congress Coordinator) also both retired from the National Executive Committee.

Finally thanks also to Julie Calvert (CNSA Executive Officer) and Amy Ribbons (CNSA Administration Officer) without whom the day to day functions of the CNSA including continual member support would not be possible.

Sandy McKiernan
President, CNSA

FACULTY OF RADIATION ONCOLOGY

The Royal Australian and New Zealand College of Radiologists
The Faculty of Radiation Oncology

Faculty of Radiation Oncology, RANZCR

Radiation oncology is a vital component of effective cancer care, contributing to 40% of cancer cures. Despite the solid investment in workforce and resources that has occurred since the release of the Baume report in 2002, every year thousands of patients in Australia still miss out on potentially beneficial radiation treatment.

Radiation Oncology: Targeting Cancer:

To help raise awareness of radiation oncology and to debunk some of the myths associated with it, the Faculty of Radiation Oncology has embarked on a communications campaign – titled *'Radiation Oncology: Targeting Cancer'* to deliver the key message that:

- 1 in 2 cancer patients would benefit from radiation therapy (if they knew it was an option for them, and if they had access to it)
- Radiation therapy is effective and cost-effective, and is delivered by a highly skilled professional team using sophisticated technology.

The campaign is mainly targeted at consumers, but is also be relevant for health consumer organisations, the medical sector, governments and other stakeholders. The campaign website contains a wealth of useful information on radiation therapy, and can be accessed at www.targetingcancer.com.au.

The Faculty values endorsement and support for this initiative from other stakeholders. If you have any suggestions or feedback on the campaign, or wish to get involved, please email us at faculty@ranzcr.edu.au.

A Career in Radiation Oncology:

The *'A Career in Radiation Oncology'* project is an initiative of the Radiation Oncology Tripartite Committee, involving The Royal Australian and New Zealand College of Radiologists (RANZCR), the Australian Institute of Radiography (AIR) and the Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM). The project, which aims to promote the professions of radiation oncologist, radiation therapist and radiation oncology medical physicist, has been made possible through a grant from the Department of Health through Better Access to Radiation Oncology (BARO) funds.

The objectives of the project are to build an awareness of radiation oncology through education and career awareness, influence career choice at an earlier age by targeting specific groups and develop resource materials to be used by the profession, in order to increase the number of high calibre individuals who pursue a career in radiation oncology.

A number of resources have been developed for the project including a career brochure, a comprehensive website, videos and PowerPoint presentations. These resources have been promoted and utilised at careers events, student seminars and post graduate careers expos in both urban and regional areas. The current funding cycle of the project will conclude in May 2014. For further information, please visit www.acareerinradiationoncology.com.au.

Consumer and Stakeholder Engagement:

The Faculty values the opinions of cancer patients and all others affected in the community. Both the Faculty Council and the Radiation Oncology Tripartite Committee have consumer representation to provide input on radiation oncology matters from patients' perspectives.

On behalf of the Radiation Oncology Tripartite Committee, the Faculty convened a Consumer Forum on 13 August 2013 in Sydney, with the aims of educating an interested and informed consumer panel about radiation oncology and the Tripartite National Strategic Plan for Radiation Oncology 2012-2022, and enlisting their suggestions.

The consumers who attended the Forum are very engaged and have already undertaken many advocacy activities, particularly with regards to implementation of the Radiation Oncology Practice Standards.

A report on the Consumer Forum is available from the RANZCR website at http://www.ranzcr.edu.au/about/faculty-of-radiation-oncology/faculty-initiatives/tripartite-strategic-plan-consultation.

We are exploring avenues for continued consumer engagement, and ways to assist consumers in their efforts to advocate for quality and accessible radiation oncology services.

Engagement with governments and other key stakeholders in the cancer space also remains one of the Faculty's priorities, and we particularly value the relationship with COSA. We would be happy to discuss similar initiatives across the broader cancer community with interested groups.

Quality, Safety and Technology:

National Radiation Oncology Incidents Reporting System

The Department of Health and Ageing in 2013 released a report on the findings of a survey of incident reporting systems used in Australian radiation oncology facilities. The survey is one of the key achievements of the Radiation Oncology Reform Implementation Committee (RORIC) Quality Working Group, and the report provides a very useful summary of the current status of incident reporting systems used across the country.

There was general consensus among radiation oncology professions that incident reporting should become an essential part of standard radiation oncology practice in all facilities, that facilities would benefit from uniform reporting using identical classifications across Australia, and that all centres would benefit from access to national incident reporting data identifying benchmarks and trends. This would require co-ordination by different levels of government and various stakeholders.

As a key professional organisation in the radiation oncology sector, the Faculty has expressed our willingness to fully and effectively engage with the Department to develop a national incident reporting system. Some progress is being made in NSW, SA and TAS as a result of advocacy efforts by radiation oncology professionals.

Radiation Oncology Waiting Times

The Faculty, in collaboration with Collaboration for Cancer Outcomes, Research and Evaluation (CCORE) has been collecting four waiting time data points from 21 radiation oncology centres in VIC and NSW (covering both public and private) on a quarterly basis. The in-house dataset is a valuable independent data resource which enables the Faculty to develop its position as opinion leader in the radiation oncology sector. The Faculty is planning to continue and expand this project in 2014.

Radiation Oncology Horizon Scan

The Faculty's Horizon Scan Position Paper on Radiation Oncology Techniques and Technologies presents our position on the uptake of techniques used for safe delivery of high quality radiation therapy in Australia. This document, which is regularly updated with the latest available evidence and informed by data collected through the Faculty's biannual Radiation Oncology Facilities Survey, has also been contextualised for New Zealand.

The Faculty hosted an Industry Roundtable on 29 November 2013, which provided an opportunity to present the updated Horizon Scan paper to industry representatives for discussion.

Education and Research:

The Faculty is committed to providing world class specialty training and promoting research in radiation oncology. The model of the 'Clinician-Scientist' is becoming more attractive as a means of combining specialist training with a formal research higher degree, and there are a growing number of trainees seeking to engage with this model. The Faculty has developed a Clinician/Scientist pathway as part of its training program, which will enable trainees to undertake full-time research activities while maintaining the quality of clinical radiation oncology training.

The Faculty continues to collaborate with the Educational School of the European Society for Radiotherapy and Oncology (ESTRO), which includes joint membership for trainees and access to ESTRO resources. Many exciting developments are under discussion with representatives from other radiation oncology training programs (including the Canadian Association of Radiation Oncology, the Royal College of Physicians and Surgeons of Canada, the American Society for Radiation Oncology, as well as organisations in Ireland and South Africa) regarding the sharing of training resources and/or Fellowship opportunities.

The Faculty is also working on a number of initiatives around advocating for funding for radiation oncology training, improving quality service delivery, and encouraging public/private collaboration. We will keep our stakeholders informed of the progress.

As the leading cause of mortality in Australia and in New Zealand, and of significant morbidity when cure is not achieved, cancer control must remain a top health priority. The national health and hospital reform changes in Australia are still evolving, and we are monitoring the process and intervening when required. In 2014, we hope to build on the strength of our achievements to date, to ensure the cancer control community as a whole remains centre-stage on the political and funding agenda. The Faculty looks forward to continue its close collaboration with COSA, and strengthening the relationship between the two organisations.

Prof Gillian M Duchesne
Dean, Faculty of Radiation Oncology, RANZCR

MEDICAL ONCOLOGY GROUP OF AUSTRALIA

The Medical Oncology Group of Australia Incorporated (MOGA), the peak national body for the medical oncology profession, experienced a record-breaking year in 2013. Membership of the Association continued to grow with the number of trainees entering speciality training in medical oncology through the Royal Australasian College of Physicians growing annually; consultant membership running at an all-time high as new Fellows joined the Association; and, increasing numbers of members participating in Association initiatives.

Our Members

As a professional membership organisation MOGA recognises the valuable contribution our members make to the development of medical oncology practice, research and education not only in Australia but globally. The Association welcomed Associate Professor Phillip Parente (Melbourne) and Dr Zarnie Lwin (Brisbane) to the Executive as newly elected members and Dr Ashayana Malalaskera (Sydney), as the new National Trainee Representative in 2013. Dr Mark Shackleton, Pfizer Australia Senior Research Fellow, Veski Innovation Fellow and Group Leader with the Melanoma Research Laboratory at Melbourne's Peter MacCallum Cancer Centre took over the convenorship of the Association's ground-breaking *Sciences of Oncology Program*. Professor Paul de Souza, Professor and Foundation Chair, Medical Oncology, School of Medicine University of Western Sydney and Director, Medical Oncology, Liverpool Hospital has taken on the role of convenor for the Association's 2014 Annual Scientific Meeting, *Integrating Molecular and Immunological Advances into Practice* (Sydney Hilton 6-9 August). Both of these education programs focus on the latest advances in a number of tumour streams, including breast, lung and colorectal cancers, their relevance to clinical practice and other developments at the forefront of cancer treatment and management globally, including immunotherapy and bioinformatics.

The Association's media and public profile was further strengthened over the last 12 months through a proactive approach to providing expert comment on a range of oncology issues including issues around access to oncology drugs and treatments in Australia, chemotherapy services and national drug shortages to cite but a few examples. Senior MOGA members also took to the spotlight for a range of media interviews in relation to national oncology issues, including the high cost of drugs and professional standards. MOGA also actively worked with regulators and other major stakeholders to address these and other national health and medical issues, continuing to maintain a strong and influential voice.

Oncology Drugs and Treatments

The MOGA Oncology Drugs Working Group set up to pursue oncology drugs and treatment matters as well as meet quarterly with the Pharmaceutical Benefits Advisory Committee (PBAC) as a clinical advisory body, completed its second year of operations. These meetings have proven to be an important forum for addressing national oncology issues and allowing the professional organisations to provide quality, up-to-date advice on clinical practice and trial developments directly to the key decision-makers and ministerial advisers.

The Association's ninth Annual Drugs Roundtable with key stakeholders groups such as Cancer Australia, Medicare, Medicines Australia, Therapeutic Goods Administration (TGA) and the PBAC, in late November, focussed on national oncology drug issues and the Annual Horizon Scanning Report. The 2013 Report highlighted more than 40 new oncology drugs that are in the pipeline, and this number is anticipated to increase. The number of oncology drugs and treatments in the pipeline will place considerable strain on our health system and will pose many access challenges for clinicians and patients.

Advocacy and Lobbying

The Associations' policy and advocacy work for oncology drugs and treatment had continued unabated and there has been significant progress on all fronts. The Association has continued to work closely with the regulatory agencies on long standing matters such as amending indications to reflect clinical practice for off patent drugs and strategies to address national drug shortages. We have also been active in developing submissions and participating in key meetings regarding the Workforce, the Chemotherapy Review, Streamlined Authority, National Barriers to Access to Oncology Drugs and the Medicines Australia Transparency Review to name but a few.

In June MOGA made a submission to the TGA in response to a consultation examining Product Information (PI) and consumer medicine information, which focused on the key long standing issues of concern to oncology professionals including the notable gap between PIs and actual clinical practice. MOGA continues to advocate for a new pathway for oncology drugs listings and PI changes for older agents. The company sponsor have indicated they would assist with making a submission for the listing of tamoxifen for breast cancer prevention in Australia in line with recent developments in breast cancer prevention. In 2013 the PBAC made a number of positive recommendations that reflect various positions advocated by MOGA over the last year or longer including: extending the listing for lenalidomide to include treatment of transfusion dependent, low risk/INT- 1, 5q-myelodyspkastoc syndrome; and the listing of vinorelbine tablets on the PBS as an Authority required benefit for the treatment of advanced breast cancer after failure of standard prior therapy which includes anthracyclines. Most importantly, both Ipilimumab and abiraterone, the subject of ongoing submissions and discussions in the post PBAC phase at pending subsequent Cabinet as well as Ministerial approvals, went through the system as of June end and placed on the PBS.

MOGA supplied the PBAC with a listing of Essential Oncology Drugs in May that we believed should never go into short supply in Australia. This list developed with input from Association's members, focuses on curative regimens

and includes some supportive care drugs, antibiotics and anti-emetics. At year end the Association was finalising additional information on the regimens for each drug so that the price and cost for each regimen can be determined by the regulator and, if curative, the survival benefits. This will be another important step in addressing national oncology drugs shortages. MOGA has also recently requested consideration be given to the large number of antiobiotics that are not listed on the Pharmaceutical Benefits Schedule (PBS) but that are used extensively in a range of conditions in addition to oncological conditions. Some of these are used in areas such as soft tissue, bone infections, and in penicillin sensitive patients where only one available drug exists, there are associated problems and where an alternate on the PBS is a priority.

Training in Medical Oncology

The Association works in close collaboration with the Royal Australasian College of Physicians and the Special Advisory Committee-Medical Oncology on certified training requirements for Australian medical oncologists and related specialities in palliative care and paediatrics. The number of trainees entering medical oncology training continued to grow as did the membership of the Association which rose to over 400 consultant and 190 trainee members in 2013. MOGA's commitment to supporting medical oncology trainees incorporated a far-reaching travel awards program, *Communication Skills Training* on the theme of *Transition to Palliation* (with Professor Fran Boyle AM, recipient of the 2013 Cancer Achievement Award) and the *Sciences of Oncology Program* (developed by Convenor Professor Stephen Clarke OAM, Dr Deme Karikios and Dr Tess Schenberg). These Programs were established to ensure that Australian medical oncology trainees are not only fully equipped to effectively communicate with their patients but to also fully understand the sciences that underpin our speciality and ensure that their clinical knowledge aligns with the rapidly changing discipline of oncology. The *Sciences of Oncology Program* held in May was attended by 60 medical oncology trainees from around the country and built upon the session platform that has developed over the last 4 years. The Program has resulted in an ever-expanding and valuable portfolio of education resources for medical oncology trainees and consultants. We thank our many members and colleagues in the Australian oncology community who have and continue to support this important Program by acting as faculty.

Education Activities

2013 Annual Scientific Meeting

Dr Yoland Antill, Convenor of the 2013 ASM ***Blood, Biomarkers and Beyond*** and the members of the planning team put together an outstanding scientific and social program for this year's Annual Meeting in Melbourne (1-2 August). The meeting's focus on biomarkers provided a timely opportunity for Australian medical oncology practitioners to review the role biomarkers play in the management of patients with cancer and how they guide drug development as well as impact on targeted therapy. International guest speakers, Professor Allen Chan (Hong Kong) and Professor Mark Ratain (USA), provided a range of perspectives on biomarkers and related scientific and research trends. The Scientific Program sessions on specific tumour types included a symposium on Gynaecological and Ovarian Cancer with international speaker Professor Amit Oza (Canada). Professor Caroline Robert (France) shared sessions with major Australian specialists, including Professor Grant MacArthur on current developments in melanoma research and clinical practice. The Meeting attracted a record number of registrants and considerable interest nationally and overseas, with strong interest from international journals and media outlets as well as delegates from not only around Australia but Japan, Cuba, Singapore and Taiwan.

MOGA also successfully presented ***Best of ASCO® Australia,*** which featured international oncology research highlights following the 2013 Annual Meeting. This Program provided a unique opportunity for Australian oncology and allied health professionals to consider and debate the very latest developments in the field with key Australian and international experts.

MOGA welcomed Professor Kazuo Tamura (President, Japan Society for Medical Oncology (JSMO)) and Professor Hirotoshi Akita (Education Committee Chair, JSMO) respectively as international speakers at the August meetings. This enabled MOGA and JSMO to establish a good working relationship with the aim of developing future projects and activities of mutual interest. As MOGA Chairman, I had the pleasure of attending the JSMO Meeting in Sendai in September and was pleased to be an international guest speaker and share professional expertise with colleagues not only based in Japan but from across the Asia Pacific Region.

ACORD

Planning for the 2014, 10th Anniversary ***Australia and Asia Pacific Clinical Oncology Research Development Workshop (ACORD)*** Workshop to be held from 14-20 September at Coolum, Sunshine Coast (www.acord.org.au), proceeded throughout the year, including a range of new activities. ACORD continues to grow as a major international oncology education program with increased support from long-standing and collaborating partners: the American Association for Cancer Research, the American Society of Clinical Oncology, the European Society for Medical Oncology (ESMO), Cancer Council Australia, the Clinical Oncology Society of Australia, Cancer Australia, the US National Cancer Institute and Cancer Council New South Wales.

To facilitate Workshop applications from across the Asia Pacific region and spread clinical trials protocol development skills, from mid-late November, Professor Martin Stockler, ACORD Convenor and Dr Andrew Martin from the NHMRC Clinical Trials Centre, University of Sydney, presented ***Turning Good Ideas into Successful Studies…Getting Started in Clinical Research: Writing a Concept Outline to start the Clinical Trails Process Workshop.*** This series of six 1-day workshops aimed to help early career researchers in India and Pakistan turn their new ideas for cancer clinical research studies into persuasive 1-page research concept outlines- ideal starting points for writing study protocols, letters of intent to industry or grant applications to funding bodies and developing applications for the ACORD 2014 Workshop. Participants in the workshops were asked to come with an idea for a clinical research study and workshop faculty members assisted participants in developing a persuasive 1-page concept outline. The workshop program included short presentations, written exercises and small group discussions. The Program was supported by the National Cancer Institute, USA.

The application process for the 2014 ACORD Workshop opened in late 2013 for junior clinicians and scientists from a broad range of disciplines involved in cancer care including medical, radiation, surgical, haematologic and paediatric oncology, supportive care, palliative medicine, imaging and psycho-oncology. Applicants are required to submit a clinical trials outline as part of their application to attend the next week-long ACORD Protocol Development Workshop. Selection for the Workshop is highly competitive, increasingly so as only the best 60 applications from more than 120 applicants can be offered places.

The Association is proud to have recorded so many successes in 2013 and acknowledge the support and assistance of our many members from around Australia in achieving these professional outcomes.

Gary Richardson
Associate Professor
Chairman, MOGA

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE

PaCCSC celebrated its 6th year of collaborative research in 2013. Officially launched in 2007 by the then Minister for Health and Ageing, the 1000th patient was randomised in late 2013 into one of the many trials that have been undertaken in this time.

PaCCSC is administered from a central office in Adelaide, South Australia, and involves clinicians from around Australia, who collaborate to drive investigator led studies addressing clinical symptoms and management, in an attempt to gain evidence to provide guidance in clinical care of patients with a life limiting illness. Studies have concentrated on symptoms including unrelieved pain, nausea, bowel obstruction, constipation management, breathlessness and delirium.

Highlights of the last 12 months include the completion of the role of Ketamine in unrelieved pain in cancer. This was a blinded, randomised placebo controlled study of 150 patients. This study was published in the Journal of Clinical Oncology and has generated tremendous comments both nationally and internationally.

The study involving Octreotide in bowel obstruction in patients with a malignancy has completed recruitment and is in the process of being analysed and prepared for publication. Initial results have been presented at major palliative care forums.

The PaCCSC Scientific Meeting, the Annual Research Forum, is held in March, and is well attended. It provides an opportunity for clinicians to submit research ideas and have these workshopped with a view to involvement of the Palliative Care Clinical Studies Collaborative. PaCCSC has extended its program internationally, with collaboration with clinicians from many countries including our Asian neighbours, the United Kingdom and United States of America. The Rapid Pharmaco-vigilance program of assessing medication use, effectiveness and side-effects has generated considerable interest in post marketing pharmaceutical surveillance and has led to rapid publication of results from three medication series completed to date in the Journal of Palliative Medicine.

Whilst PaCCSC investigators have been awarded funds to conduct clinical studies in palliative care, we are about to embark on our first NH&MRC funded study gained as a Collaborative. This will further explore the role of opioids in the management of dyspnoea, and will build on a suite of previously published work in this area.

Peter Allcroft
Chair, PaCCSC

PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP

I am very pleased to present COSA members with the report of PoCoG activities in 2013.

Our membership

Once again we have seen growth in the membership numbers, now standing at more than 1200 members. Thanks to the initiation of PoCoG's Social Work Project in collaboration with OZWA and the initiation of a collaborative relationship with the National Indigenous Cancer Network (NICaN), we have increased numbers of social workers and members from regional areas of Australia. PoCoG now boasts membership representation in every state and territory as well as a growing international associate membership.

We have fostered the development of two new interest groups: the Clinician's Research interest group initiated by the NSW Psychologists in Oncology group and the Adolescent and Young Adult (AYA) interest group, which was set up and is managed collaboratively with CanTeen.

Our activities

We continue to provide research support services to members. These include the biostatistics advisory service, web-based networking tools, and the scientific and consumer review processes. In 2013 PoCoG held two Open SAC meetings and two Concept Development Workshops, one of which was conducted jointly with the Australia and New Zealand Melanoma Trials Group.

In November 2013 we held a joint professional day with OZPOS and the COSA Survivorship Group attracting more than 65 registrants. The professional days are conducted as part of the COSA ASM and would not have been possible without the Society's generosity.

Our research highlights

PoCoG currently hosts two large multicentre trials that are recruiting at sites across Australia:

- Conquer Fear, addressing fear of cancer recurrence with a novel therapy delivered by psychologists.
- RAVES DA – testing the efficacy of a decision aid to participate in the RAVES trial. The RAVES DA trial is a collaboration between TROG and PoCoG.

In addition, PoCoG in collaboration with ANZUP has developed an innovative on-line intervention (e-Tc) addressing distress in testicular cancer survivors. A pilot study of the intervention will commence in early 2014. PoCoG has also continued its groundbreaking work with CALD groups and is working with a number of other research groups who are leading innovative interventions to improve outcomes for CALD patients.

PoCoG has also developed consensus-based clinical pathways for screening and management of anxiety and depression. This framework aims to provide cancer care clinicians with clear evidence-based guidance on appropriate screening, management and referral strategies based on the severity and type of psychological distress. To ensure the pathways are amenable to implementation in the oncology setting, in 2013 PoCoG conducted a consensus review with stakeholders from across Australian oncology settings using a Delphi methodology. We plan to conduct implementation studies across a range of cancer care settings in Australia in the future.

Our thanks

We would like to thank COSA, the PoCoG committee members, our collaborative partners, our funding bodies and our members for their support and input in 2013 and look forward to strengthening these relationships in the future.

Phyllis Butow
Chair, PoCoG

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

Pathology is fundamental to cancer management and research. In the traditional model, pathology has followed the full patient journey from screening programs, to cancer diagnosis, staging, monitoring and finally autopsy. In this evolving age of genomics, targeted therapies and personalised medicine, pathology faces two major challenges. The first is to manage the plethora of data from new technologies (such as next generation sequencing) to assess and manage a patient's risk of cancer development. The second is to ensure that key diagnostic, prognostic and predictive pathology information about an individual's cancer is provided accurately, in a standardised and timely manner – to agreed international standards wherever they exist.

Yet these challenges themselves depend upon pathologists

adapting to change in two further key areas. The first of these is the need to break through traditional barriers between pathology disciplines. Increasingly, a pathology cancer report needs to integrate information from multiple disciplines. This information is usually of varying degrees of certainty and sometimes contradictory. We need pathologists who are able to understand the significance, specificity and sensitivity of eclectic multi-disciplinary information and provide a clinically useful diagnostic synthesis.

The second is a need to embrace information technology at all levels. From bioinformatics, and knowledge base management to decision support and electronic messaging standards, IT is critical to implementation.

Finally, whilst the preceding paragraphs relate to individual patient management, we are keenly aware that pathology data, aggregated at institutional, state, national and international levels is fundamental to managing population health.

The following summary outlines the key activities of RCPA Advisory Committees and Project groups in addressing some of these challenges.

David Ellis
Chair, ICCR
Chair, NSPRC Project
on behalf of CanSAC and the
RCPA, 17th February, 2014

RCPA CANCER-RELATED ACTIVITIES

RCPA Cancer Services Committee (CanSAC)

The initial stimulus for CanSAC derived from the need to provide governance for the National Structured Pathology Reporting for Cancer Project (NSPRC – see further on) however it was established with a multidisciplinary approach intended to provide oversight for all cancer related activities within the College including tissue banking and the introduction of new predictive and prognostic assays and biomarkers essential to personalised cancer therapy. CanSAC also acts as a portal for the RCPA to the many Cancer related organisations within Australia including Cancer Australia, the Cancer Monitoring Advisory Group of the Australian Institute of Health and Welfare (AIHW) and Cancer Registries – and more recently, COSA. CanSAC was an early advocate for the establishment of the Intercollegiate Advisory Group in Cancer Australia and has also been invited by the UICC in Geneva to convene the multi-disciplinary Australasian TNM committee.

In December 2013, CanSAC Chair, Prof Jane Dahlstrom led a strategic planning session in which the following points were discussed

Biobanking:

- The need for laboratory guidelines to standardise fixation and storage of routine diagnostic tissue blocks to ensure consistent and accurate biomarker assays whenever they may be required.
- The need to address costs and logistics of archival tissue retrieval.
- The need to better map and understand the MSAC approval process for new biomarker assays, to fund professional assistance in applications to MSAC and to be better informed of future needs through horizon scanning.
- The need to improve cross disciplinary training for pathologists.
- The need for advocacy of the role of pathology in cancer – to patients and clinicians.

Possible synergies with COSA include joint horizon scanning for future likely targeted therapies and coupled biomarker assays as well as the possibility of expert pathologist involvement in specific cancer groups within COSA.

RCPA Anatomical Pathology Advisory Committee (APAC)

The APAC has interests in common with CanSAC but deals with all aspects of Anatomical Pathology. In 2012-2013, APAC was involved in the following cancer related areas:

- Developing a submission to MSAC for funding of second opinions in morphology-based diagnoses. Pathology is alone in Australian medicine in having no Medicare fee for consultative second opinions. Availability of secondary (or even tertiary) review of cancer diagnoses has been shown in many studies to be an essential part of oncological practice yet this is not funded in Australia and complex cases are frequently reviewed philanthropically, in pathologists own time causing delays in management and acting as a deterrent to good practice.
- Developing a submission to MSAC for funding the retrieval of archival blocks for biomarker assessment
- Working in conjunction with the Pathology Services Advisory Committee (PSAC) to provide advice on issues relating to the MSAC/MBS process particularly involving biomarker assays
- Providing advice to Government to enable pathologist-determinable biomarker assays

- Providing advice in developing a position statement on the role of pathology in biobanking

RCPA Genetics Advisory Committee

The Genetics Advisory Committee is engaged in a number of cancer-related activities:

- The inaugural 4-day practical bioinformatics workshop, held Sept-Oct 2013. This hands-on workshop was a joint RCPA-HGSA-AACB initiative designed to provide greater fluency in the application of bioinformatics tools used in genomic sequencing (including cancer applications).
- The PathWiki guidelines, launched at Pathology Update 2013. These guidelines are designed to assist laboratories implementing next generation sequencing technologies, which will again include both constitutional and somatic cancer applications.
- The QUPP project on the development of standards for the accreditation of DNA sequence variation databases; which will help towards standardisation of interpretation and reporting of cancer associated DNA variants (again both somatic and constitutional).
- The sponsored visit of Dr Elaine Mardis as part of RCPA Pathology Update program 2014 and the RCPA Board of Education visiting professor program. Dr Mardis is considered to be a pioneer of cancer genomics. She has research interests in the application of DNA sequencing to characterise cancer genomes and transcriptomes, and using these data to support therapeutic decision-making.

Informatics Advisory Committee & the PITUS Project

The Informatics Advisory Committee is newly formed within the RCPA to facilitate advances in informatics in pathology and to facilitate education.

Following publication of the Australian Pathology Units and Terminology Standard (APUTS) in 2011, the RCPA obtained funding from the Department of Health to continue IT standardisation in the Pathology Informatics Terminology Units Standardisation (PITUS) project. Although not limited to cancer, the PITUS project is working towards necessary standardisation in ways which will benefit cancer professionals and patients. The Steering Committee is chaired by Dr Michael Legg and there are five Working Groups (WG), all of which have relevance for cancer treatment:

- WG1 is concerned with software vendor implementation of pathology requesting and reporting.
- WG2 is concerned with developing an informatics model and terminology to support electronic requesting, part of which involves the modelling for genetic testing requests.
- WG3 is concerned with safety in pathology, in particular examining the rendering of reports on paper or electronically to avoid errors or ambiguity. Part of this relates to developments in the PCEHR (Personally Controlled Electronic Health Record) in which it was agreed that all electronic reports must include a fully formatted or rendered version (eg. pdf) to avoid errors due to misalignment or omission of text. A further example of WG3 output is a consultative effort to ensure that cumulative reports are all represented in the same direction with the same exception indicators.
- WG4 is concerned with standardising the use of significant figures, decimal places, related comments and flagging. In some pathology tests it is both inappropriate and unsafe to combine results between laboratories and/or over time in a single cumulative report. WG4 will make recommendations to the College and, if agreed, publish the guidance values (reference ranges) for the analytes where consensus has been achieved.
- WG5 is concerned with information modeling of reports and with standardising reporting to registries – including cancer registries. The NSPRC/RCPA published Dataset for Gastric Cancer has been modeled with terminology binding and a proof of concept for structured atomic reporting of cancer data is to be trialed with a participating cancer registry. An information model (archetype) will be similarly modeled for the NSPRC/RCPA thyroid cytology dataset and terminology bindings applied. A white paper is being prepared to standardise reporting to cancer and other registries throughout Australia.

National Structured Pathology Reporting Project (NSPRC)

Established as a joint exercise between the RCPA, Cancer Australia, the Cancer Institute NSW and the Department of Health, this project, now in its 6th year, has developed over 22 structured reporting protocols for pathology reporting of cancer in Australasia. Use of these datasets is now mandated in New Zealand and will be required in Australia by NPAAC, the organisation which determines the standards upon which laboratories are accredited.

An important component of this project has been the establishment of expert multidisciplinary committees across the full range of cancer types including surgeons, oncologists, radiation oncologists and other cancer care

physicians in addition to expert pathologists. This virtual assemblage of well over one hundred cancer experts has become a valuable resource.

Macroscopic Reporting and on-line Cut up Manual Project

Macroscopic examination, dissection and description of organ resections and biopsies is an important source of cancer staging data as well as metadata for tissue banking. With input from CanSAC and the NSPRC project, funding was sought and subsequently provided by the Department of Health to develop a standardised, online manual to guide the dissection and structured macroscopic reporting of all pathology specimens – including data integral to the NSPRC datasets. This has made great progress and will be online from February 2014.

Cancer Staging and UICC

The RCPA, through the NSPRC project, submitted the Australasian TNM report to the UICC in Geneva in May 2012. As a result, we have been asked by the UICC President, Dr Mary Gospodarowicz, to convene a multidisciplinary Australasian TNM Committee. TNM staging is currently undergoing some major conceptual changes, with a move to separate anatomical TNM stage from tumour "profiling" which would include tumour type as well as all other prognostic and predictive markers. The ICCR and RCPA will be involved in these discussions at the TNM Core Group meeting in Geneva in May 2014.

International Collaboration on Cancer Reporting (ICCR)

The RCPA continues to play a major role in the ICCR which is currently being incorporated in Australia as a not-for-profit organisation with a Board and Steering Committee similar to the new COSA Constitution.

- There is now agreement between the Royal College of Pathologists UK, the College of American Pathologists, the RCPA, the Canadian Association of Pathologists in association with the Canadian Partnership Against Cancer and the European Society of Pathology to become founding members in the incorporation of the ICCR. These organisations will shortly sign the constitution as the first step in setting up the ICCR as a separate not-for-profit entity.
- In recent months the ICCR has been working towards a closer relationship with IARC/ WHO, which produces the Classification of Tumours - 'Blue books'. This has resulted in an agreement to develop datasets in synchrony with Blue book updates and formal representation of IARC on the ICCR dataset steering committee.
- The ICCR has completed four datasets – Melanoma, Prostate, Endometrium and Lung which have been published on the ICCR website following a period of extended international consultation (currently residing under the new RCPA website).
- Articles by the ICCR expert committees on the Endometrium, Lung, Melanoma and Prostate datasets have been published.[1-4]
- Work on a renal cancer dataset and an ovarian/ fallopian tube cancer dataset is progressing. An additional four datasets are in planning phase: Heart, Mesothelioma, Thymus, and Liver. An update to the existing ICCR Lung dataset is planned in synchrony with the WHO classification of tumours update later in 2014.
- ICCR is currently forming strategic partnerships with staging organisations AJCC, FIGO and UICC.
- EORTC has recently engaged with ICCR and agreed to use ICCR pathology cancer datasets in several of their major upcoming trials.

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TRANS-TASMAN RADIATION ONCOLOGY GROUP

In the past year, the Trans-Tasman Radiation Oncology Group (TROG Cancer Research) has enthusiastically continued its mission to conduct world-class research involving radiotherapy to improve the lives of those affected by cancer. A steady focus on this aim has seen TROG during this time become the highest recruiting collaborative cancer trials group in Australasia.

Moving forward, we have identified our three key strategic goals for 2014-2016 as financial sustainability; enhanced communication with stakeholders; and improved clinical trial conduct.

TROG successfully applied for grants from the Cancer Institute NSW (Cooperative Clinical Trial Grant and Equipment grant) and Cancer Australia (Support for Cancer Clinical Trials). However, government funding is diminishing and the costs of conducting clinical trials are increasing. Hence, we are now in the process of sourcing funding from other areas making genuine attempts to engage with the corporate sector and the public.

We were also fortunate to receive the 'Innovation in Cancer Clinical Trials' award at the 2013 NSW Premiers Awards for Outstanding Cancer Research. Using this award, we developed and launched the ***TROG ClinTrial Refer*** mobile/tablet app which will put information about TROG's cancer research trials at the fingertips of patients and clinicians. The app is available in the App Store and on Google Play for Android.

Other efforts to enhance communication with members, the public, corporate organisations and collaborative groups included development and launch of our new website; introducing social media; achieving more media exposure; and encouraging positive interaction with members and other collaborative groups.

To improve clinical trial conduct, we have introduced trial coordination centre activities to be conducted from TROG's Central Office. Working jointly with TROG's current quality assurance services provided to sites, the combination of both will ensure the robust conduct of clinical trials.

The TROG Scientific Committee working with Trial Chairs, Trial Management Committees and the TROG Central Office staff have improved trial activation and amendment timelines. Over the next three years we hope to have increased engagement of the wider radiation oncology community in TROG collaborative trials, and a translational group is also being developed to increase this aspect of future TROG trials. An Independent Data Monitoring and Safety Committee has been developed and should be in place for all future TROG phase III trials and most phase II trials from mid-2014 onwards. In addition, through the introduction of tumour site specific groups, we hope to engage a wider variety of cancer clinicians in TROG trials and processes. This last year also saw a record fifteen new proposals submitted from our membership. Following review and approval, seven have been accepted for presentation at TROG's 26th Annual Scientific Meeting at Novotel Twin Waters, Sunshine Coast on 1-4 April, 2014.

As we celebrate TROG's 25th anniversary in 2014, we may reflect on how much has changed since the organisation was started by a small, dedicated group of radiation oncologists in 1989, particularly with respect to how we conduct trials and the greater expertise offered by other disciplines.

TROG can be proud of what its members have achieved in the last year. Moving forward, we remain confident TROG has developed a strong plan to secure our future and build on our past successes.

Thank you to our 900+ members for their engagement this year, including the Board; TROG Scientific Committee; Jarad Martin, TROG's Clinical Liaison Leader from Calvary Mater Newcastle; and our sponsors. TROG's research program is truly a team effort. For more information please visit www.trog.com.au

Bryan Burmeister
Representative, TROG

OTHER REPORTS

CANCER COUNCIL AUSTRALIA

It has been a very productive year for Cancer Council Australia (CCA). In advocacy the Federal election provided an opportunity to highlight some pressing needs and the government must be congratulated for announcing the completion of the bowel screening program by 2020 and annual tobacco price increases which when added to the plain packaging will see a reasonable chance of driving the adult smoking prevalence below 10% by 2018. We often engage COSA for advocacy over clinical concerns and this year drug availability and funding topped the list. Although we ultimately used different advocacy opportunities these joint ventures represent a powerful lobbying capability.

CCA relies on community and corporate support to be able to pursue its cancer control agenda. We are most grateful to the community for their support of our events particularly Australia's Biggest Morning Tea, Daffodil Day and the Pink events. We also recognise the value of corporate support and the highlight of the year was winning the eftpos Giveback public competition which saw them provide us with $1 million dollars to run a national program to place sun shelters in secondary schools for each state and territory. A more constant source of income is from our sun protection products and our sunscreen has been particularly successful in overseas markets.

Our most innovative program over the year has been the continued development of clinical practice guidelines on a wiki platform. We were invited to present this new approach at a plenary at the Guidelines International Conference in San Francisco and to highlight it in an editorial in the Medical Journal of Australia. Although the wiki makes updating and dissemination easier the guidelines still need to be written by teams of experts and here the COSA membership makes a significant contribution to their success. We completed the lung treatment guidelines this year and commenced on a program with the Prostate Cancer Foundation of Australia of producing PSA testing guidelines.

A major role of CCA is engagement with other national and international cancer and public health related organisations, both government and non-government. An important initiative came from 2 invitations to evaluate Papua New Guinea's cancer capabilities; one visit with the Australian and New Zealand College of Radiologists and the other with the International Atomic Energy Agency. The second of these will hopefully result in substantial funding flowing to PNG to bolster their cancer services. Cancer Council Australia has also been able to play a mentoring role to the staff of the Papua New Guinea Cancer Foundation, which was formed at the end of the year.

Another valuable collaboration is with the UICC (Union for International Cancer Control). Cancer Council Australia won the right to host the UICC World Cancer Congress in Melbourne in December 2014 and we are delighted that the COSA Annual Scientific meeting will share sessions as it overlaps by a day.

There are many other opportunities for CCA and COSA to work together. For example CCA provides media support for the COSA ASM which also involves us preselecting the abstracts with the greatest media potential to highlight. COSA members in turn contribute their expertise to our professional and public education programs. They make important contributions to issues of the journal Cancer Forum as well as help answer patient queries and debunk the myths through CCA's very popular iHeard website.

We are currently planning a new MOU between COSA and CCA which will further strengthen a valuable, mutually beneficial relationship.

Ian Olver AM,
CEO, Cancer Council Australia

Clinical Oncology Society of Australia

Financial statements at 30 June 2013 and Independent Audit Report

The Clinical Oncological Society of Australia Incorporated
ABN 97 631 209 452

Executive Committee's Report

Your Executive Committee members submit their report on The Clinical Oncological Society of Australia Incorporated (the Society) for the financial year ended 30 June 2013.

Committee Members

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

Prof Ian Davis
Dr Haryana Dhillon
A/Prof Mei Krishnasamy
Prof Bogda Koczwara (1 July to 15 Nov 2012)
A/Prof Sandro Porceddu
Prof John Zalcberg OAM (1 July to 31 Dec 2012)
Prof Ian Olver AM

Unless indicated otherwise, all members held their position as an Executive Committee member throughout the entire financial year and up to the date of this report.
Committee members are appointed on an honorary basis and as a result do not receive any remuneration either directly or indirectly from the Society.

Operating Result

The deficit of the Society for the financial year ended 30 June 2013 amounted to $102,218 (2012; $78,138 surplus).

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

At its AGM in November 2012, the Society's Members approved the migration from an incorporated association to a company limited by guarantee and approved a new Constitution; these changes came into effect on 1 July 2013 when a new Board was formed.

There were no other significant changes in the state of affairs of the Society during the year ended 30 June 2013.

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

Environmental Regulations

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

Dividends

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

Proceedings on behalf of the Society

No person has applied for leave of Court to bring proceedings on behalf of the Society or intervene in any proceedings to which the Society is a party for the purpose of taking responsibility on behalf of the Society for all or any part of those proceedings.
The Society was not party to any such proceedings during the year.

Signed in accordance with a resolution of the Executive Committee

A/Prof Sandro Porceddu
President

A/Prof Mei Krishnasamy
President-Elect

Dated 4 October 2013
Sydney

Statement of Profit or Loss and Other Comprehensive Income For the year ended 30 June 2013

	Note	2013	2012
		$	$
Income			
Member subscription income	1 (a) (ii)	81,580	164,874
Net Income from Annual Scientific Meeting		257,039	245,948
NHMRC Enabling Grant revenue		2,000	49,663
Interest income		72,857	124,279
Other revenue from ordinary activities	4	449,104	523,641
Expenditure			
Administration expenses		(604,428)	(544,229)
NHMRC Enabling Grant expenses		(1,792)	(49,257)
Other grant expenses		(317,634)	(396,227)
Other expenses from ordinary activities		(40,945)	(40,554)
Surplus before income tax expense		(102,218)	78,138
Income tax expense		0	0
Surplus for the year	4	(102,218)	78,138
Other comprehensive income for the year		0	0
Total comprehensive income for the year		(102,218)	78,138

The accompanying notes form part of these financial statements.

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

Statement of Financial Position As at 30 June 2013

	Note	2013 $	2012 $
ASSETS			
Current assets			
Cash & cash equivalents	5	1,679,991	1,603,035
Trade & other receivables	6	80,217	67,681
Other current assets	7	470,000	870,000
Total current assets		2,230,208	2,540,716
Non-current assets			
Plant & equipment	8	4,861	3,739
Total non-current assets		4,861	3,739
Total assets		2,235,069	2,544,455
LIABILITIES			
Current liabilities			
Trade & other payables	9	387,395	591,245
Provisions	10	17,157	20,475
Total current liabilities		404,552	611,720
Total liabilities		404,552	611,720
Net assets		**1,830,517**	**1,932,735**
EQUITY			
Retained surpluses		1,830,517	1,932,735
Total equity		**1,830,517**	**1,932,735**

The accompanying notes form part of these financial statements.

Statement of Changes in Equity For the year ended 30 June 2013

	Retained Surpluses $	Total Equity $
Balance at 1 July 2011	**1,854,597**	**1,854,597**
Net surplus for the year	78,138	78,138
Other comprehensive income for the year	0	0
Total comprehensive income for the year	78,138	78,138
Balance at 30 June 2012	**1,932,735**	**1,932,735**
Balance at 1 July 2012	**1,932,735**	**1,932,735**
Net surplus / (deficit) for the year	(102,218)	(102,218)
Other comprehensive income for the year	0	0
Total comprehensive income for the year	(102,218)	(102,218)
Balance at 30 June 2013	**1,830,517**	**1,830,517**

The accompanying notes form part of these financial statements.

Statement of Cash Flows
For the year ended 30 June 2013

	Note	2013 $	2012 $
Cash flows from operating activities:			
Receipts from subscriptions (inclusive of GST)		34,052	164,874
Net receipts from Annual Scientific Meeting		257,039	245,948
Grant income & other revenue received		473,156	758,370
Interest received		72,857	124,279
Payments to suppliers and employees (inclusive of GST)		(1,145,472)	(1,145,649)
Net cash provided by operating activities	13	(308,368)	147,820
Cash flows from investing activities:			
Received from / (payments for) term deposits		400,000	0
Payments for purchase of plant and equipment		(3,211)	(1,945)
Net cash provided by / (used in) investing activities		396,789	(1,945)
Net increase in cash and cash equivalents		88,421	145,875
Cash and cash equivalents at the beginning of the year		1,603,035	1,457,160
Cash and cash equivalents at the end of the year	5	1,691,456	1,603,035

The accompanying notes form part of these financial statements.

Notes to the Financial Statements For the year ended 30 June 2013

Note 1. Statement of significant accounting policies

This financial report is a special purpose financial report prepared in order to satisfy the financial report preparation requirements of the Associations Incorporation Act 1999 (ACT). The Executive Committee members have determined that the Clinical Oncological Society of Australia (the "Society") is not a reporting entity.

The Clinical Oncological Society of Australia is an incorporated association domiciled in Australia.

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated. The Executive Committee has determined that the accounting policies adopted are appropriate to meet the needs of the members of the Society.

New, revised or amending Accounting Standards and Interpretations adopted

The incorporated association has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

BASIS OF PREPARATION

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the disclosure requirements of AASB 101 'Presentation of Financial Statements', AASB 107 'Statement of Cash Flows', AASB 108 'Accounting Policies, Changes in Accounting Estimates and Errors', AASB 1031 'Materiality' and AASB 1048 'Interpretation and Application of Standards', as appropriate for not-for-profit oriented entities. These financial statements do not conform with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

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

Revenue is recognised when it is probable that the economic benefit will flow to the Society and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

(i) Grants

The Society receives grants to fund certain activities. Where the grant is non reciprocal, it is recognised as revenue of the association upon receipt. Associated expenditure for the completion of the grant is recorded as incurred. Where the grant is subject to a reciprocal transfer, a liability associated with the reciprocal transfer is recorded upon receipt of the grant. No income is recorded for reciprocal transfers until conditions associated with the grant are satisfied.

(ii) Member Subscriptions

Member subscriptions are recorded on an accruals basis and apportioned across the calendar year of membership. With the re-alignment of the membership year with the financial year, there was a mmbership free period from January 2013 to June 2013 where no membership fees were collected and accounted for.

(iii) Net Annual Scientific Meeting Income

The Clinical Oncological Society of Australia Incorporated contracts a professional Events Co-ordinator to manage the staging of the Annual Scientific Meeting including the receipt of revenue and payment of expenses in relation to the event. Documents detailing the income and expenses have been received from the Events Co-ordinator together with a reconciling statement. A 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 statement of comprehensive income in the financial year the Annual Scientific Meeting is conducted.

Net Annual Scientific Meeting income is calculated as the excess of revenue in relation to the Annual Scientific Meeting compared to expenses associated with the meeting.

The net income for the 2012 Annual Scientific Meeting was $257,039 (2011: $245,948).

(iv) NHMRC Enabling Grant

In 2006, the Society began work on activities associated with the NHMRC Enabling Grant, the five-year funding provided through The University of Newcastle to facilitate enhancements to the operating resources of the ten cancer cooperative clinical trials groups.

To date, $1,6280,483 has been allocated to fund this activity of which $2,000 has been spent in 2012/13, (2011/12: 49,663).The balance of unspent monies is held as income in advance in the Statement of financial position awaiting future expenditure (refer to note 9). Funding is recognised as Income as the funds are spent.

Notes to the Financial Statements For the year ended 30 June 2013

The Clinical Oncological Society of Australia Incorporated
Notes to the Financial Statements for the year ended 30 June 2013 (cont.)

(v) Interest
Interest income is recognised as it accrues, using the effective interest method.

(b) Tax
The Society is exempt from the payment of income tax pursuant to Section 50-5 of the Income Tax Assessment Act (1997).

(c) Trade and other receivables
Trade and other receivables are recognised at amortised cost, less any provision for impairment.

(d) Other Current Assets
Prepayments included in other assets primarily relates to prepayments for future Annual Scientific Meetings.
Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the Society's management has the intention and ability to hold to maturity.

(e) Trade and other payables
These amounts represent liabilities for goods and services provided to the Society prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

(f) Income in Advance
Income in Advance includes subscription revenue for the 2013/14 year together with funds from the multi-year NHMRC Enabling Grant and other grants where conditions associated with the grants have not yet been satisfied.

(g) Cash and Cash Equivalents
Cash and cash equivalents comprise cash on hand and cash at the bank with original maturities of three months or less.

(h) 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.

(i) 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.

(j) Plant & equipment
Each class of plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment.

Depreciation
The depreciable amount of all plant and equipment is depreciated on a straight-line basis over their expected useful lives to the Society commencing from the time the asset is held ready for use.

The depreciation rates used for each class of plant and equipment are:

Class of plant and equipment	Useful Life
Office Equipment	5 years
Computer Equipment	3 years

Impairment
The carrying values of plant and equipment are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. If such an indication exists and where carrying values exceed the recoverable amount, the asset is written down to the recoverable amount. Recoverable amount is the greater of fair value less costs to sell and value in use.

As a not for profit entity whose future economic benefits of an asset (or class of asset) are not primarily dependent on the assets ability to generate cash flows and it would be replaced if the Society was deprived of it, value in use is the depreciated replacement cost.

(k) Employee benefits
Wages and salaries and annual leave
Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.
Employee annual leave accrued at the end of the financial year totaled $17,157 (2012: $20,475).

Notes to the Financial Statements For the year ended 30 June 2013

Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.
There was no employee long service leave accrued at the end of the financial year.

(l) New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Society for the annual reporting period ended 30 June 2013. The Society has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

(m) Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Estimation of useful lives of assets

The Society determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Long service leave provision

As discussed in note 1(k), the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation are taken into account.
There was no employee long service leave accrued at the end of the financial year.

Note 2. Nature and objects of the association

The Society is an association incorporated under the Associations Incorporation Ordinance (ACT) 1953, now the Associations Incorporation Act 1991. Its object is to promote and foster the exchange and diffusion of information and ideas relating to the causation, diagnosis and treatment of neoplastic diseases with particular emphasis on human biology; to further training in cancer research and in the total care of patients with neoplastic diseases and to encourage optimal communication between the various disciplines concerned with neoplastic diseases.

In the event of the Society being wound up, the members undertake to contribute an amount not exceeding $20.00 to the assets of the Society.
There were 1,324 financial members of the Society at 30 June 2013 (2012: 1,409).

Note 3. Economic dependence

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

Note 4. Revenue

	2013	2012
	$	$
Revenue has been determined after the following:		
Membership subscriptions (also refer to note 1 (a) (ii))	81,580	164,874
Interest revenue	72,857	124,279
Net ASM income	257,039	245,948
NHMRC Enabling Grant	2,000	49,663
Other grant income	356,406	380,795
Recoveries of clinical trials insurance cover	92,699	120,119
Other revenue	0	22,727
	862,581	1,108,405

Notes to the Financial Statements For the year ended 30 June 2013

The Clinical Oncological Society of Australia Incorporated
Notes to the Financial Statements for the year ended 30 June 2013 (cont.)

	2013	2012
Note 5. Cash & cash equivalents	$	$
Cash at bank	1,679,991	1,603,035
	1,679,991	1,603,035
Note 6. Trade and other receivables		
Current		
Trade receivables	66,910	17,466
Amounts due from associated organisations	0	622
Other receivables	13,307	49,593
	80,217	67,681
Note 7. Other current assets		
Prepayments	20,000	20,000
Held to maturity investments - term deposits	450,000	850,000
	470,000	870,000
Note 8. Plant & equipment		
Computer equipment		
- Computer equipment, at cost	8,694	5,482
- Accumulated depreciation	(3,833)	(1,743)
Total computer equipment	4,861	3,739
Note 9. Trade and other payables		
Current		
Trade creditors & accruals	51,934	191,947
Income in advance	335,461	399,298
Amounts due to associated organisations	0	0
	387,395	591,245
Note 10. Provisions		
Accrued staff leave entitlements	17,157	20,475
	17,157	20,475

Note 11. Events subsequent to reporting date

In July 2013, The Clinical Oncological Society of Australia Incorporated (The Society) decided to migrate from an Incorporated Association to a Company limited by Gurarantee. This new company was incorporated with an ABN 97 631 209 452 and started trading from 1 July 2013.

Note 12. Auditors remuneration		
Audit of the financial statements	4,661	4,500
Note 13. Reconciliation of the surplus for the year to net cash flows from operating activities		
Surplus / (Deficit) for the year	(102,218)	78,138
Non-cash flows in surplus from ordinary activities:		
Depreciation	2,090	1,376
Changes in assets and liabilities:		
Decrease / (increase) in trade & other receivables	(12,537)	185,064
Decrease / (increase) in other current assets	0	0
(Decrease) in trade & other payables	(203,850)	(137,233)
Increase / (decrease) in provisions	(3,318)	20,475
Cash flows from operating activities	(319,833)	147,820

Note 14. Society details

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

The principal place of business is:
Level 14, 477 Pitt Street
Sydney NSW 2000
Australia

Executive Committee's Declaration

The Clinical Oncological Society of Australia Incorporated (ABN 97 631 209 452)
Financial report for the year ended 30 June 2013

Declaration by The Executive Committee
The Executive Committee has determined that the Society is not a reporting entity and that these special purpose financial statements should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The Executive Committee of the Society declares that:

1. The financial statements comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity, and accompanying notes, present fairly the Society's financial position as at 30 June 2013 and its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements; and
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:

A/Prof Sandro Porceddu
President

A/Prof Mei Krishnasamy
President-Elect

Dated 4 October 2013
Sydney

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Fax: +61 2 9240 9821
www.bdo.com.au

Level 11, 1 Margaret St
Sydney NSW 2000
Australia

INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncological Society of Australia Incorporated

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Clinical Oncological Society of Australia Incorporated (the Society), which comprises the statement of financial position as at 30 June 2013, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the executive committee members' declaration.

Executive Committee Members' Responsibility for the Financial Report

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

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

Auditor's Responsibility

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

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

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

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Opinion

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

(a) giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards to the extent described in Note 1 and the *Associations Incorporations Act 1999 (ACT)*

Basis of accounting

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

BDO East Coast Partnership

Paul Bull
Partner

Sydney, 4 October 2013

Detailed Trading Profit and Loss Account
For the year ended 30 June 2013

	2013	2012
Income	**$**	**$**
Subscriptions	81,580	164,874
Net revenue from Annual Scientific Meeting	257,039	245,948
Grants:		
NHMRC Enabling Grant	2,000	49,663
Special projects	43,648	13,000
Adolescent & young adult workshop	139,360	140,193
Act Now project	0	45,000
Neuroendocrine tumour	20,000	19,000
APUG grant income	0	47,000
Consumer Engagement program	153,398	116,602
Cancer Care Coordination workshop	0	22,727
CT insurance recoveries	74,699	102,118
CT insurance wages recoveries	18,000	18,001
Interest received	72,857	124,279
Total Income	**862,581**	**1,108,405**
Expenditure		
Advertising	80	569
Audit fees	4,661	5,529
Bank charges	1,527	3,812
Catering	821	384
Courier	35	110
Computer and IT	0	188
Consultancy fees	0	12,101
Depreciation	2,090	1,376
Employee entitlements	(3,318)	20,475
Filing fees	69	0
Freight & cartage	4	93
Internet	0	142
Insurance	5,120	4,910
Clinical Trials insurance	90,000	90,000
Postage & packaging	1,128	2,055
Printing	9,348	10,151
Staff Salaries	409,125	336,392
Seminars & conferences	12,770	0
Stationery	217	1,025
Subscriptions	5,829	1,070
Sundry expenses	2,258	1,655
Staff Superannuation	37,444	36,508
Telephone	2,002	1,809
Travel & accommodation	1,004	2,305
Website	22,214	11,572
Council meetings	39,378	39,322
Executive committee meetings	1,567	1,232
NHMRC Enabling Grant activities	1,792	49,257
Care Coordinators workshop	12,983	1,828
Adolescent & young adult workshop	121,245	140,193
CPD Project	0	200
Miscellaneous special projects:	37,634	53,414
ACORD funding	14,450	39,167
Geriatric oncology	5,054	648
Tissue banking	28	311
Neuroendocrine tumour workshop	41	82
Nutritional group head & Neck	13	82
Urological cancers	0	40,000
Cancer Care Coordination conference	0	3,698
Consumer Engagement program	126,187	116,603
Total Expenses	**964,799**	**1,030,267**
Net Surplus / (Deficit)	**(102,218)**	**78,138**

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DISCLAIMER

The additional financial data as presented in the detailed trading profit and loss account is in accordance with the books and records of Clinical Oncological Society of Australia Incorporated, that have been subjected to the audit procedures applied in the audit for the year ended 30 June 2013. Our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such data and no warranty is given on its accuracy or reliability.

Neither BDO, nor any member or employee of BDO undertakes responsibility in any way whatsoever to any person other than Clinical Oncological Society of Australia Incorporated in respect of such data including any errors or omissions however caused.

Paul Bull
Partner

BDO East Coast Partnership

Sydney, 4 October 2013

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