



Clinical
Oncology
Society of
Australia

COSA ANNUAL REPORT



EDUCATION

COLLABORATION

ADVOCACY

RESEARCH

2014

PRESIDENTS OF COSA

November 1973 - Mr WB Fleming AM
November 1976 MBBS FRACS FRCS(Eng) FACS

November 1976 - Professor L Atkinson - Deceased
November 1979 FRCS FRACS FACR

November 1979 - Dr RP Melville - Deceased
November 1981 MBBS FRCS FRACS FACS

November 1981 - Professor MHN Tattersall AO
November 1983 MA MD MSc FRCP FRACP

November 1983 - Professor GJ Clunie
November 1985 CHM(Ed) FRCS(Ed) FRCS FRACS

November 1985 - Dr JVM Coppleson
November 1987 MBBS MD FRCOG FRACOG

January 1988 - Dr JA Levi
December 1989 MBBS FRACP

January 1990 - Professor RM Fox AM
December 1991 BSc(Med) PhD MBBS FRACP

January 1992 - Professor WH McCarthy AM
December 1993 AM MEd FRACS

January 1994 - Professor AS Coates AM
December 1995 MD FRACP

January 1996 - Professor RJS Thomas
December 1997 MBBS MS FRACS FRCS

January 1998 - Professor H Ekert AM
December 1999 MBBS MD FRACP FRCPA

January 2000 - Professor J Zalcborg OAM
December 2001 MBBS, PhD, FRACP, FRACMA,
FAICD

January 2002 - Dr L Kenny
December 2003 MBBS FRANZCR

January 2004 - Dr S Ackland
December 2005 MBBS FRACP

January 2006 - Professor D Currow
20 July 2006 BMed FRACP MPH

21 July 2006 - Professor D Goldstein
December 2008 MBBS MCRP(UK) FRACP

January 2009 - Professor B Mann
December 2010 MBBS PhD FRACS

January 2011 - Professor B Koczwara AM
December 2012 BM BS FRACP GAICD MBioethics

January 2013 - Associate Professor SV Porceddu
December 2014 MBBS FRANZCR

January 2015 - Professor M Krishnasamy
Present BA RN DipN MSc PhD

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 members:** 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 by 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 2015 there were 970 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 SV Porceddu MBBS FRANZCR MD*

President Elect: *Professor M Krishnasamy BA RN DipN MSc PhD*

Directors: *Dr C Carrington BPharm (Hons) MMedSci Clin*
Professor I Davis MBBS(Hons) PhD FRACP FACHPM
Dr H Dhillon BSc MA PhD
Professor D Goldstein MBBS FRACP FRCP
A/Professor C Karapetis MBBS FRACP MMedSc
Professor B Mann MBBS PhD FRACS
Professor I Olver AM MBBS MD PhD Cert Min FRACP AFRACMA

Ex-Officio: *Ms M Malica – Executive Officer*

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

PRESIDENT

A/Professor SV Porceddu MBBS FRANZCR MD

PRESIDENT ELECT

Professor M Krishnasamy BA RN DipN MSc PhD

COSA GROUPS

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

BREAST CANCER
Chair: Position Vacant

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

CANCER CARE COORDINATION
Chair: *Professor P Yates PhD RN*
FAAN FACN

CANCER PHARMACISTS
Chair: *Ms G Rowan Dip Pharm BCOP*

CLINICAL TRIALS RESEARCH PROFESSIONALS
Chair: *Ms H Rajandran-Maurel*
BSc(Hons) GCertSc GCertCR

COMPLEMENTARY AND INTEGRATIVE THERAPIES
Chair: *Mr P Katris MPsyCh*

DEVELOPING NATIONS
Chair: *A/Professor M Links MBBS PhD*
MPhil(HEd) FRACP

EPIDEMIOLOGY
Chair: Position Vacant

FAMILIAL CANCER
Chair: *Dr N Poplawski MBChB*
DipPaed FRACP MD

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

GERIATRIC ONCOLOGY
Chair: *Dr C Steer MBBS FRACP*

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

LUNG CANCER
Chair: *Dr N Pavlakis BSc MBBS*
MMed (Clin.Epi) PhD FRACP

MELANOMA & SKIN CANCER
Chair: *A/Professor D Speakman*
MBBS FRACS

NEUROENDOCRINE TUMOURS**Chair:** Dr YJ Chua FRACP**NEURO-ONCOLOGY****Chair:** Dr ES Koh MBBS FRANZCR**NUTRITION****Chair:** A/Professor J Bauer BSc
GradDipNutrDiet MhlthSc PhD FDAA**PAEDEATRIC ONCOLOGY****Chair:** Position Vacant**PALLIATIVE CARE****Chair:** Professor J Phillips RN PhD**PSYCHO-ONCOLOGY****Chair (Jan-Sept):** Dr H Dhillon BSc
MA PhD**Chair (Sept-Dec):** Dr L KirstenBSc(Psych) MAppSc (Beh Hlth Sc)
DPsyc (Clinical) PhD**RADIATION ONCOLOGY****Chair:** Position Vacant**REGIONAL & RURAL ONCOLOGY****Chair:** Dr S Sabesan BMBS(Flinders)
FRACP**SURGICAL ONCOLOGY****Chair:** Position Vacant**SURVIVORSHIP****Chair:** Dr H Dhillon BSc MA PhD**UROLOGIC ONCOLOGY****Chair:** Professor I Davis MBBS (Hons)
PhD FRACP FACHPM**CANCER FORUM
REPRESENTATIVE**Professor B Stewart MSc PhD FRACI
DipLaw GradDipLegalPract**AFFILIATED
ORGANISATIONS****AUSTRALASIAN GASTRO-
INTESTINAL TRIALS GROUP**(Jan-Jun): Professor J Zalcberg OAM
MBBS PhD FRACP GAICD MRACMA(Jun-Dec): A/Professor T Price MBBS
DlthSc (Medicine)**AUSTRALASIAN LEUKAEMIA &
LYMPHOMA GROUP**Professor M Hertzberg MBBS PhD
FRACP FRCPA**AUSTRALASIAN LUNG CANCER
TRIALS GROUP**A/Professor P Mitchell BHB MBChB
MD FRACP GAICD**AUSTRALASIAN METASTASIS
RESEARCH SOCIETY**A/Professor R Anderson BAgSc(hons)
PhD**AUSTRALASIAN SARCOMA STUDY
GROUP**

Dr J Desai FRACP

**AUSTRALIA & NEW ZEALAND
BREAST CANCER TRIALS GROUP**Professor F Boyle AM MBBS FRACP
PhD**AUSTRALIA AND NEW ZEALAND
MELANOMA TRIALS GROUP**Professor B Burmeister FF Rad (T) SA
FRANZCR MD**AUSTRALIAN & NEW ZEALAND
CHILDRENS HAEMATOLOGY
ONCOLOGY GROUP**

Dr C Fraser FRACP MBBS MPH

**AUSTRALIAN & NEW ZEALAND
HEAD AND NECK CANCER
SOCIETY**A/Professor B Panizza MBBS MBA
FRACS MAICD**AUSTRALIAN AND NEW ZEALAND
UROGENITAL & PROSTATE
CANCER TRIALS GROUP**Professor I Davis MBBS (Hons) PhD
FRACP FACHPM**AUSTRALIA NEW ZEALAND
GYNAECOLOGICAL ONCOLOGY
GROUP**Dr A Brand MD MMed FRCS(C)
FRANZCOG CGO**CANCER NURSES SOCIETY OF
AUSTRALIA**

Ms S McKiernan RN MPH

**COOPERATIVE TRIALS GROUP
FOR NEURO-ONCOLOGY**Professor M Rosenthal MBBS PhD
FRACP**FACULTY OF RADIATION
ONCOLOGY**

Dr D Forstner MBBS (Hons) FRANZCR

**HUMAN GENETICS SOCIETY OF
AUSTRALASIA**Ms M Young GradDip SocSci (Fam
Therapy) MHSc (Gen Couns) FHGSA**MEDICAL ONCOLOGY GROUP OF
AUSTRALIA**(Jan-Aug): A/Professor G Richardson
MBBS FRACP(Aug-Dec): A/Professor R Harrup
FRACP FRCPA**ONCOLOGY SOCIAL WORK
AUSTRALIA**

Ms K Hobbs MSW MAASW

**PALLIATIVE CARE CLINICAL
STUDIES COLLABORATIVE**Dr P Allcroft BMBS FRACP M Pall
Care**PRIMARY CARE COLLABORATIVE
CANCER CLINICAL TRIALS GROUP**Professor J Emery MBCh DPhil
FRACGP MRCGP MA**PSYCHO-ONCOLOGY
COOPERATIVE RESEARCH GROUP**Professor P Butow AM BA (Hons) Dip
Ed MClinPsych MPH PhD**ROYAL COLLEGE OF
PATHOLOGISTS OF AUSTRALASIA**

A/Professor D Ellis MBBS FRCPA

**TRANS TASMAN RADIATION
ONCOLOGY GROUP**Dr F Foroudi MBBS(Hon 1) MPA
DMedSc FRANZCR

REPORT OF THE PRESIDENT



With the conclusion of my term as President I am pleased to report the organisation finds itself in a strong position to continue to move forward and prosper. Whilst it was my predecessor, Professor Bogda Koczwara AM, that laid the

foundations for the new governance structure, I had the honour of implementing it with an enthusiastic Board and staff.

GOVERNANCE

Under the new structure the Board now concerns itself primarily with strategy and financial matters. Achievements at the Board level include: the adoption of a new strategic plan for 2014-2019, which proves to be a valuable tool for decision making and monitoring; the appointment of two independent members, Peter Dowding and Felicity Shaw, who have re-energised the Board with their inquisition and valuable skill mix which our medical members may lack in corporate governance and law; the formation of a new Audit, Risk and Finance Committee, to which we also appointed an independent member, Ms Alison Hamill, Head of Group Audit at the ABC who brings a wealth of experience in financial management and auditing to COSA.

Council meetings have been reinvigorated now that the technical governance issues have been removed and they have the opportunity to discuss the matters of most importance to COSA members – cancer care and control. As such we have seen significant re-engagement of Council members, demonstrated by the high attendance at the December meeting with over 40 members present.

COMMUNICATION

One of the main goals during my Presidential term was to improve communication with the COSA membership. I believe we have achieved this through the “new-look” website, Marryalyan and eNews, and enhancements to our other social media platforms, particularly twitter during the ASM. I sincerely hope the membership appreciates the eNews as much as I do – I look forward to each monthly edition and enjoy the articles on matters I would not otherwise have ready access to. I also think our “funky” new look has given our communications a more modern and relevant feel.

HIGHLIGHTS AND ACHIEVEMENTS

Some of the major highlights and achievements of COSA in 2014 which will not appear elsewhere in the annual report include:

A very successful ASM held 2-4 December 2014 in conjunction with the UICC World Cancer Congress. Three jam packed days of conferencing culminated in the COSA Presidential Lecture delivered by Professor Jim Bishop AO, and the joint COSA-WCC hot topic panel discussion “Is the cost of cancer treatment worth the benefits?”



A follow up submission to the Independent Hospital Pricing Authority on standard costs for clinical trials in collaboration with the Cancer Cooperative Trials Groups which provided comment on the revised list.

A joint submission with Cancer Council Australia to the House of Representatives inquiry into skin cancer in Australia recommending ongoing education of and support for GPs in skin cancer prevention, early detection and treatment, as well as an update and dissemination of clinical practice guidelines.

PARTNERSHIPS AND COLLABORATIONS

COSA continues to strive for collaboration. The increased involvement of our Affiliated Organisations has helped us achieve levels of collaboration we have not experienced before. One excellent example in the last two years has been working with our colleagues at the Australasian Metastasis Research Society (OzMRS). Robin Anderson's representation on the 2014 ASM Organising Committee ensured the program encapsulated the metastasis theme appropriately; while Robin and Rik Thompson were guest editors on the July 2014 edition of Cancer Forum which also focussed on metastasis. These contributions may not have been possible without the collaboration between OzMRS and COSA.

Our relationship with Cancer Council Australia is of utmost importance – this mutually

beneficial relationship strengthens both organisations and helps us achieve our goals. It has been a pleasure to work with Professor Ian Olver AM and the CCA Board. I wish Ian all the best in his new role as the Director of the University of South Australia's Sansom Institute for Health Research, and I know his involvement with COSA will continue despite his move.

We also enjoy a productive relationship with Cancer Australia and hope to see this continue.

THANKS AND ACKNOWLEDGEMENTS

As always I extend my sincere thanks to the members who support this tremendously important organisation. Thanks also goes to the Board, Council and Marie Malica and her staff.

It has been an honour to have been given the opportunity to lead such a major national cancer organisation. I wish the incoming President, Professor Mei Krishnasamy, the very best as she takes on the role.

Sandro V Porceddu
President COSA 2013-2014

REPORT OF THE EXECUTIVE OFFICER



Marie Malica

2014 seems to have arrived as quickly as it left.

ANNUAL SCIENTIFIC MEETING

Much of my focus during 2014 was dedicated to the COSA ASM. The 2014 ASM themes

highlighted cancer survivorship, supportive care and palliative care, and the diseases theme concentrated on lung cancer and metastases. Melbourne is always an attractive destination for the COSA ASM, with many of our members residing and working in Melbourne, and easily accessible for our interstate members, thus attendance was once again excellent. The opportunity to collaborate with the UICC World Cancer Congress (WCC) presented new opportunities for COSA, allowing delegates to attend joint sessions on the cross over day.

One excellent example was the joint plenary on “Sustainable Health Systems” on Thursday morning. The imperative to drive change to ensure sustainable, integrated cancer care was powerfully articulated by the eminent speakers. Professor Irene Higginson presented patient - and system-level evidence for integration of palliative care into comprehensive models of cancer care. With the increase in numbers of cancer survivors and those living with incurable disease, Professor Higginson showed how the traditional approach to transition to palliative care (rather than integration of palliative care) is both unsustainable and fails to meet the needs of our patients and their carers. Professor Peter Doherty brought to life the immune landscape as it relates to the potential to prevent, target

and treat cancers. The enormity of potential for a future where our killer defences can be mediated and tailored to reduce the global impact of cancer was eloquently and entertainingly conveyed. The session offered something for everyone but spoke with one voice to the COSA/WCC joint theme of “Joining Forces – Accelerating Progress”.

On the weekend prior to the ASM, COSA hosts the Advanced Trainees Weekend – an intensive two-day course for advanced trainees in surgical, medical oncology and radiation oncology, cancer nurses and other allied health professionals. The 2014 weekend, “Everything you need to know about lung cancer” was attended by 70 delegates who heard from local experts on a broad range of treatment topics covering surgery, medical and radiation oncology treatments for lung cancer. Saturday was very medically focussed and the Sunday program extended into other aspects such as stigma, pain, data and burnout. This weekend workshop provides the unique opportunity for delegates to learn from other disciplines and share case studies.

On Sunday prior to the ASM we also hosted a Public Forum titled “Living with and beyond cancer”, which mirrored the ASM themes of survivorship, palliative care and lung cancer. This unique event hosted annually by COSA allows active consumer advocates as well as the general public the opportunity to hear from the world class cancer experts presenting at the COSA ASM present in lay language at this open event.

Once again the COSA ASM and its ancillary events were a resounding success with over 95% of delegates that participated in the post event evaluation indicating they will attend or recommend future COSA meetings.



OTHER EDUCATIONAL EVENTS

In May 2014 COSA hosted the biennial **Cancer Care Coordination Conference** ‘*Constructing Cancer Care Across the Continuum*’ which explored transitions in care and change management to strengthen communication of the role and educate colleagues on other’s experiences. It presented Coordinators as leaders who are well placed to bridge the gap between front line coordination of care across health settings and government, shaping the funding decisions and outcome measures for management of transitions in care. With a focus on patient and carer outcomes, the program explored how coordinators can maintain and sustain their roles by being fiscally accountable and demonstrate their presence as a necessary component across the cancer care continuum.

COSA hosted the ACT and NSW Oncology Workshop (ACTNOW) in Bowral, 2-4 May 2014. This biennial event is hosted by COSA with financial support from Roche through an educational grant. This unique meeting focuses on a broad range of topics within medical oncology as well as key aspects of patient care across the spectrum of cancer care and general medicine. In attendance was a mix of 44 medical oncologists and advanced trainees. ACTNOW provides an opportunity for delegates to learn about topics not presented at traditional oncology conferences in a relaxed and engaging environment. We hope to offer similar opportunities to COSA members in other states in the future.

THANK YOU AND ACKNOWLEDGEMENTS

The end of 2014 also saw the end of Sandro Porceddu’s tenure as COSA President. It has been an honour working with Sandro over the last two years. Sandro’s unassuming yet strident leadership skills ensured the COSA efforts continued to meet the needs of the membership whilst also the essential facets of a successful business. Sandro chaired the Board and Council with poise and self-confidence, and ensured every voice was heard.

Once again I must thank the Board and staff of Cancer Council Australia for continuing to support COSA in many ways. It has been a pleasure to work with Ian Olver over the last four years and I wish him every success in his new role.

My thank yous are never complete without mention of the dedicated COSA staff who all continue to inspire me. Sadly Kate Whittaker left COSA to take on a new policy role with Cancer Council Australia; however this presents more opportunities for our organisations to work together.

Marie Malica
Executive Officer

COSA GROUP REPORTS

ADOLESCENT AND YOUNG ADULT GROUP

The COSA AYA Group held an AYA Research Agenda workshop in March. Attendance was excellent with representation from the COSA AYA Executive Committee, Cancer Australia, CanTeen (including the Chair of the Youth Cancer Service Research Advisory Group), Australian Association of Adolescent Health, and eight of the Cancer Cooperative Trials Groups (CCTGs).

The overall purpose of the workshop was to develop a national AYA research strategy.

In order to achieve this the workshop aims were to:

- Stocktake current activities in AYA research
- Identify barriers and issues in AYA research
- Identify priorities for future AYA research
- Identify and promote collaboration opportunities
- Leverage health professional, clinical trial and non-government groups to advocate and achieve change.

A full report of this workshop is available on the COSA website.

The Group plans to hold another AYA Research Workshop to further refine the AYA research strategy in 2015.

The other highlight in 2014 for the COSA AYA Group was the AYA workshop/professional development day held in conjunction with the World Cancer Congress AYA symposium. The day was supported by a COSA Clinical Professional Day Grant and was attended by forty three clinicians from a range of disciplines. The program was divided into two session themes; AYA Cancers and Genetic/Ethical Challenges and AYA Cancer Survivorship. Several international

speakers were invited to present along with local speakers and two panel discussions were held. Initial results from an evaluation survey of the day have been excellent with a hundred percent of participants indicating that they would attend/recommend others to attend future COSA AYA Clinical Professional Days.

In the area of AYA guidances and protocols, the COSA AYA Group have an ongoing plan to update and review the existing guidances on psychosocial care and fertility preservation in AYA's. The Group will begin work on updating and reviewing the fertility preservation guidance in 2015. Further work on existing or new guidances in the future will be dependent on funding.

Wayne Nicholls
Chair, Adolescent and Young Adult Group



CANCER BIOLOGY GROUP

The Cancer Biology Group is dedicated to bridging the laboratory to clinical care and has most recently been involved in work to facilitate access to biological samples from patients (biospecimens) to enable genomics based research. The collective activity of managing biospecimens linked to clinical annotations (treatment, outcomes etc) is known as biobanking and has endured significant cuts to funding in 2013 and 2014. Changes to the ways that researchers are doing analyses have also changed and it has therefore been a period of taking stock of what is needed for the future and also analysis to ensure that what is done is useful to the research community.

A number of initiatives have been underway, most notably under the auspices of the Cancer Institute of NSW, toward consolidation of cancer biobanks and improved networking. At the 2014 ASM the Cancer Biology Group, together with our affiliate, the Royal College of Pathologists of Australasia (RCPA), held a workshop that examined the status of biobanking and what were the future opportunities and challenges. The workshop brought together researchers, clinicians, industry and policy makers from around the country as well as several international guests from Canada, Norway and China. The report of this workshop is now available on the COSA website. In brief it is clear that closer alignment of cancer biobanks with pathology practices as well as multidisciplinary teams (MDTs) is a natural way forward for many of them. Cancers are being increasingly sub-categorised based upon their molecular profiles and these are guiding clinical care, in particular through the use of companion diagnostics and targeted medicines.

In 2015 we will build upon the findings of the workshop to examine further how COSA may facilitate the model of integration with MDTs and especially with our pathology partners who are key members of those teams. Anyone with an interest in this topic can contact me for further discussion.

Nik Zeps
Chair, Cancer Biology Group



CANCER CARE COORDINATION GROUP

The Cancer Care Coordination Group aims to:

- facilitate Communication and Networking amongst Cancer Care Coordinators
- maintain a Cancer Care Coordinator National Contacts Database
- provide a consistent understanding of the Cancer Care Coordinator role
- support professional development of Cancer Care Coordinators
- promote and support service improvement activity by Cancer Care Coordinators

The Group hosted its third successful conference from 4-5 March 2014. The Cancer Care Coordination Conference '*Constructing Cancer Across the Continuum*' was attended by 146 delegates from a range of disciplinary backgrounds from across Australia and New Zealand. The conference theme focused on coordination across the patient journey and maintaining quality care from pre-diagnosis to survivorship and end of life care.

Key concepts addressed included transitions and management of transitions in care, change management and the role of the cancer care coordinator, business and health, and communication strategies. Professor Jessica Corner, Dean of Health Sciences at the University of Southampton, and Chief Clinician at MacMillan Cancer Care provided an international perspective on cancer care coordination and shared her expertise in nursing, survivorship, strategy and reform, and patient experience.

In concurrent oral abstract streams, delegates also reported on a range of developments and advances relating to models of care and coordination strategies.

Clinicians involved in various coordination functions presented very practical sessions that enabled delegates to explore new strategies for working across geographical and service boundaries and for achieving systems change.

Other key messages from the conference included that data and evidence are key to optimizing patient experience of coordinated care and for ensuring sustainability of coordination services and activities. A report on the conference is available on the COSA website.

We have started discussions about the 2016 COSA Cancer Care Coordination Conference. We are looking forward to preparing an exciting, full program that will keep us abreast of the ever changing care coordination environment.

The Group's Executive Committee has developed plans to offer additional educational activities for those with an interest in care coordination.

The concept of a webinar as a platform for continued professional development continues to be explored by the Group. Currently it is expected that the interactive webinar will be composed of a 20 minute presentation together with a 10 minute question/answer session with suggested topics

being derived from the input many of you fed back after the COSA Cancer Care Coordination Conference.

The Cancer Care Coordinator Conference provided an additional opportunity to consult with delegates to refine the Group's position paper on cancer care coordination. A more extensive literature review was also undertaken to ensure the paper was evidence based. The draft paper is to be finalized by the Group's Executive early in 2015. The paper will be distributed widely to advocate for best practice in cancer care coordination.

I would like to take this opportunity to thank members of the Group's Executive Committee – Douglas Bellamy, Liz Zwart and Violet Platt. I would also like to acknowledge the excellent support we have received from COSA Project Officers Kate Whittaker and Abby Zaat, and the COSA Executive Officer Marie Malica.



Professor Patsy Yates
Chair, Cancer Care
Coordination Group

CANCER PHARMACISTS GROUP



Chair: Gail Rowan

Deputy Chair: Dan McKavanagh

Committee: Michael Powell, Geeta Sandhu, Dan Mellor, Christine Carrington, Karim Ibrahim, Jude Lees, Maria Larizza, Zeyad Ibrahim

Education continued as a focus for the CPG in 2014, with two well attended continuing professional development courses run over the year. The CPG also continued to work with COSA on a number of drug related initiatives representing both cancer pharmacists and COSA as a group.

Our committee entered its second year and continued working together on these and other projects.

Our Annual General Meeting was well attended during the COSA ASM in Melbourne in December.

It provided the opportunity to feed back to the Group on work undertaken by the Executive. The AGM also saw us farewell Maria Larizza and Jude Lees from the committee, special thanks were shared with Jude to acknowledge the many years she has worked with the CPG and COSA and her contribution to cancer pharmacy in Australia.

We welcomed Jenny Casanova from South Australia to the committee.

Education for Cancer Pharmacists

In 2014 the CPG ran both its annual foundation 'Clinical Skills for Cancer Pharmacy Practitioners Course' (7th) and an advanced Clinical Professional Development Course.

The 7th CPG foundation 'Clinical Skills for Cancer Pharmacy Practitioners Course' was held in May in Brisbane. As usual this course was well attended, with a range of participants. This course has consistently proven to provide good entry level education for pharmacists new to or returning to cancer therapy. Our ability to gain CPD accreditation for this course has helped promote this valuable education process. Thanks go to Dan McKavanagh for his organisation of this meeting and for the presenters who give their time and share their vast experience.

Planning for the 8th annual foundation course in May 2015 is well under way.

In 2014 we also re-instituted our advanced clinical practice seminar ('Advanced Clinical Practice Development for Cancer Pharmacists Course'), with a two day seminar being held in Melbourne in November. This course was well attended by over 40 pharmacists with experience in cancer, including oncology, haematology and palliative care. We were able to provide sessions covering areas of extended practice and had both medical and pharmacy speakers who are well respected in their areas of expertise.

Thanks to Michael Powell for his work in convening this excellent meeting.

We are currently planning our next advanced clinical practice seminar to be held in Melbourne in September 2015.

COSA ASM 2014 - Melbourne

The CPG and cancer pharmacists were well represented at the COSA ASM in 2014, with speakers in the main program and representation

in the best of the best oral and poster sessions. All of these presentations helped make a varied and interesting meeting for pharmacists.

CPG Professional Development Day - COSA ASM 2014

The CPG was fortunate to be chosen to hold a pre-COSA professional development day prior to the main COSA ASM in 2014.

Around 40 pharmacists attended this day, with speakers covering a variety of areas both clinical topics and ideas for pharmacy involvement in research.

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

The present CPG committee is committed to continuing to work with and through COSA to promote the role of the cancer pharmacist and develop cancer pharmacy. We will also continue to support COSA in their advocacy role for provision of cancer medicines to all Australian patients.

The CPG has developed strong Terms of References for the Group and we will use these to outline our ongoing projects and endeavours over the time to come.

Gail Rowan
Chair, Cancer Pharmacists Group



CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

Chair: Hema Rajandran-Maurel, Sir Charles Gairdner Hospital Cancer Centre; Medical Oncology Clinical Trials Unit, Western Australia

2014 Members: Dianne Lindsay (Deputy Chair), Australia and New Zealand Breast Cancer Trials Group, Newcastle; Sally Dean, Calvary Mater, Newcastle (Secretary); Jill Davison, Peter MacCallum Cancer Centre, Melbourne; Anne Woollett, Barwon Health, Melbourne; Annette Cubitt, Royal Brisbane & Women's Hospital

2014 was a very busy year behind the scenes for the Clinical Trials Research Professionals Group (CTRPG). Following on from the positive feedback our Group received after the Professional Development day held at the 2013 COSA ASM in Adelaide; we re-grouped and thought more about how best to serve our members and provide further opportunities in the area of professional development.

The CTRPG further acted on this by asking our members what they wished for us to deliver as a Group with a short 15 question survey that was sent out to COSA members' mid-year. We were encouraged to have the support of COSA with the processing, dissemination of the survey and the summarized results.

The survey results highlighted areas of interest which included networking opportunities, further education in the areas of quality assurance, ICH-GCP and regulatory updates. The results were encouraging for the CTRPG and have given the Group a strong foundation of ideas in line with our 2014/2015 Strategic Plan.

Our Group has included in our Strategic Plan the potential to offer a more interactive way of providing professional development opportunities in the way of webinars for training days or an online chat option for members to interact with us through the COSA site. The CTRPG will keep all of our members updated on these ideas and developments over the coming months.

We hope to do this by increasing our profile and our membership across Australia; we wish to see more members from more sites and greater participation in our training days and events.

That being said our biggest achievement for 2014 was certainly seeing an increase in interest in our Group with our membership rising from less than 30 to approximately 290 members. This was one of our key goals and the CTRPG are very proud with the increased numbers and interest in our Group.

The longer term plan and activities for the CTRPG is to bring together as many clinical trials professionals as possible as we work towards common goals in each of our clinical trial centres around Australia.

Our Terms of Reference were also updated and tabled at the August 2014 COSA Board meeting.

Changes included the update to our Group's name. To keep our members informed the Terms of Reference also outlines the CTRPG's aims, which are to:

- promote and maintain the quality standards of clinical trial coordination in oncology research in Australia and New Zealand;
- respond to the dynamic needs of members by providing continuing education;
- provide a forum for discussion and exchange of experiences and information;
- strengthen relationships across professional disciplines and with cooperative oncology groups; and foster research within the scope of clinical trials management.

We also thank the valuable support of the members of the Executive Committee who left us in 2014 for other commitments – Sally Dean (Secretary), Calvary Mater; Anne Woollett, Barwon Health.

Finally, a number of vacant positions were filled in late 2014 on the Executive Committee and we are pleased to introduce a few new key Committee members to the Group:

Sophie Mepham (Deputy Chair), Peter MacCallum, Melbourne and Violet Mukaro, Barwon Health, Melbourne.

I have certainly enjoyed my first full term as Chair with the support of the members of the Executive Committee. The CTRPG is continually committed to achieving and promoting excellence in clinical cancer research by supporting research professionals through education, information, leadership, and networking opportunities.

We are striving to build on the data collected over the past 12 months and look forward to offering further networking opportunities and professional development in 2015.

Thank you again to all of our members for continued support throughout the year.

Hema Rajandran-Maurel
Chair, Clinical Trials
Research Professionals Group



COMPLEMENTARY AND INTEGRATIVE THERAPIES GROUP

We present this annual report of highlights of the Group's activities with satisfaction in having worked hard to maintain the profile of issues surrounding the safe and evidence based use and avoidance of potential harm of complementary and integrative therapies in clinical aspects of cancer control in Australia.

1. Published COSA Position Statement

The Clinical Oncology Society of Australia position statement on the use of complementary and alternative medicine by cancer patients. Lesley Braun, Jessica Harris, Paul Katris, et.al., *Asia-Pacific Journal of Clinical Oncology*. 10, Issue (4) pp. 289–296, December 2014

2. 2014 ASM

The enhanced profile of integrative oncology at the 2014 ASM

- Four invited presentations by invited keynote speaker Donald Abrams MD, integrative oncologist, University of California, San Francisco and the Osher Center for Integrative Medicine.
- Symposium on Contemporary issues in Integrative Oncology
- Breakfast session on wellness models
- Several other integrative oncology related presentations and posters throughout the program

3. Inaugural COSA CIT Newsletter

The inaugural newsletter was well received by COSA members. It highlighted keynote speaker activities at the ASM and recent initiatives

4. CAM CANCER (Europe) and COSA CITG partnership

A relationship has been formed between CAM CANCER (Europe) and the COSA CITG. There are potential opportunities for collaborations by providing input into some of the evidence based reviews in the CAM therapies in the cancer and palliative care setting that are undertaken by the Europe based body.

5. New Executive Committee Members

Two new Executive Committee members were welcomed onto the CIT Executive who both add unique interests and expertise.

Susanne Brooks, Nursing Unit Manager Cancer Services, Northern NSW Local Health District, Tweed Heads, Murwillumbah, Byron Bay Hospitals.

Justin Keogh, from Bond University who is an exercise and sport scientist whose teaching and research spans the areas of biomechanics, motor control and learning as well as strength and conditioning.

Paul Katris
Chair, Complementary and Integrative Therapies Group



DEVELOPING NATIONS GROUP

2014 was a busy year for the Developing Nations Group. In its fourth year, the Group supported another international fellow as part of the Asia-Pacific Mentoring Program. Improvements were made to the fellowship selection process by initiating a two-step process where potential applicants without partners/mentors are matched with Australian collaborators. The second stage of applications was for both the international applicant and the Australian host institution. Our international fellowship program has been affected by cuts in the federal budget to international aid. It is now a priority to try and identify alternative sources of funding.

The year culminated in the combined COSA ASM / World Cancer Congress in Melbourne. This provided a spotlight on the problem of cancer in the developing world and some of the fabulous initiatives being undertaken to improve the problem.

We were unfortunate to lose the talents of both Kate Whittaker and Abby Zaat in the Group this year but look forward to ongoing work in 2015. We thank them for their contribution and wish them both well.

If you have projects with regional partners let

us know as we are keen to continue to connect interested participants with projects. If you have a potential applicant for the COSA Asia-Pacific Mentoring Program, remember it is targeted towards mid-career professionals (of any discipline in cancer) with leadership potential and a project that will impact on cancer control in their own country. Applications are judged on the qualities of the applicant, the program offered by the host institution and the ability of the host program to produce achievable improvements upon return home.

Keep your eye out for applications, first quarter 2015.

Matthew Links
Chair, Developing Nations Group



FAMILIAL CANCER GROUP

The COSA/HGSA FCG Executive for 2014 was comprised of chair Nicola Poplawski (SA), deputy chair Nicholas Pachter (WA), and members Lara Lipton (VIC), Mary-Anne Young (VIC), Finlay Macrae (VIC), Rachel Susman (QLD), Gillian Mitchell (Vancouver, Canada), Susan Shanley (VIC), Kathy Wu (NSW), Margaret Gleeson (NSW) and Cliff Meldrum (NSW). For 2015, Nicholas Pachter will take over as chair, with Nicola Poplawski as his deputy.

The main roles of the COSA/HGSA FCG Executive are:

- to act as a reference group for the Human Genetics Society of Australasia (HGSA) and COSA Council in matters pertaining to familial cancer
- to foster the development and maintenance of high professional standards in the provision of familial cancer care in Australia
- to assist with the planning and running of an annual Clinical Professional Day focused on familial cancer.

The Group's full Terms of Reference, which were endorsed by COSA Council at the August 2014 Council meeting, are available from the COSA office.

The key achievements of the COSA/HGSA FCC Group for 2014 include:

- involvement in the development and finalisation of a combined position statement about the use of breast cancer SNPs and other SNPs for cancer predisposition at the current time, especially using currently available proprietary SNP tests. The statement is available on the COSA website (www.cosa.org.au/media/173516/cosa-hgsa-rcpa-joint-position-statement-on-snp-testing_final_11november2013.pdf).
- a successful COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which was held Tuesday 12th August 2014, at the Mantra resort, Kingscliff, NSW.

The Executive is currently working on:

- developing the program for the 2015 COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which will be held Tuesday 25th August 2015, at the Mantra resort, Kingscliff, NSW.
- finalising the drafting of two prescribing guides for risk-reducing medications for breast cancer, and colorectal cancer associated with Lynch syndrome.
- developing a national position statement for the routine use of immunohistochemical assessment of colorectal cancers for evidence of Lynch syndrome at the point of cancer diagnosis. This work is being done in association with the Royal College of Pathologists of Australasia (RCPA). Nicholas Pachter is providing the bulk of input from the Familial Cancer Group.

Nicola Poplawski
Chair, Familial Cancer Group



the interactive day was very successful with 32 delegates in attendance.

CNSA members experienced discussions about values and ethics, delirium, polypharmacy and the input of consumers. It is well recognised that nurses play a vital and central role in the management of older patients with cancer. This workshop was an excellent opportunity to enhance this relationship and continue the collaboration between CNSA and COSA.

Members of the Group continue to provide education at national and international meetings. The activities of the Group continue to be looked upon with interest by organisations around the world. It was an honour to be able to share Australian experiences as an invited speaker at ASCO 2014 in Chicago and the International Society of Geriatric Oncology Asia Pacific meeting in Singapore.

The Geriatric Oncology Group continues its research activity. During 2014 the research committee led by Tim To and Jane Phillips developed a survey protocol designed to study the role of geriatric assessment in Australian oncological practice. With the semi-structured interview questions finalised and the protocol well underway, the Group continues to give feedback regarding the survey. It is expected that the survey will be finalised in the near future with a view to submitting the project to ethics in early 2015.

On completion, results of this exciting project will assist the future direction of work for the COSA Geriatric Oncology Group. These results will be utilised to form the basis of a Strategic Planning Day, proposed for May 2015.

Christopher Steer
Chair, Geriatric Oncology Group



GERIATRIC ONCOLOGY GROUP

The Geriatric Oncology Group remained quietly active in 2014 and continued to build on the success of the 2013 annual meeting.

The Group continued its focus on education and held a successful preconference workshop at the Cancer Nurses Society of Australia (CNSA) Winter Congress in July. Facilitated by Jane Phillips,

LUNG CANCER GROUP

For the COSA Lung Cancer Group 2014 was highlighted by an Idea Generation Workshop held by the Australasian Lung Cancer Trials Group (ALTG) on the 17 July 2014, the Australian Lung Cancer Conference (ALCC), held at the Brisbane Convention Centre 16-18 October 2014 and

including the ANZ – Lung Cancer Nurses Forum, followed by the COSA ASM, held in December where the disease theme focus was on lung cancer and metastasis.

The ALTG's Idea Generation Workshop brought together a multidisciplinary team of clinical researchers to workshop clinical trials concepts addressing gaps and key clinical questions across the key areas: Early NSCLC, Advanced NSCLC, SCLC, mesothelioma and supportive care. Each group identified several potential clinical studies to be further developed. Three concepts have been developed further into pilot or full study proposals, which, subject to funding support will hopefully be commencing in 2015. The workshop enabled the establishment of key research sub-groups within the ALTG that will hopefully provide greater opportunity for trials activity in the future. A key ALTG trial opportunity that pre-dates the workshop that will involve a number of ALTG members to be conducted in multiple sites in Australia is the ALTG's involvement in the NCI led BR31 adjuvant immunotherapy (PDL1 inhibitor) trial to commence in 2015: A Phase III prospective double blind placebo controlled randomized study of adjuvant MED14736 in completely resected non-small cell lung cancer.

Whilst discussing the activity of COSA members and the ALTG, a key activity led by ALTG President A/Prof Paul Mitchell and colleagues, which has progressed further after inaugural discussions during the highly successful IASLC World Conference on Lung Cancer (WCLC) held in Sydney in 2013, is the International Trials Group. This venture aims to bring together multiple trials groups internationally in the hope of providing an opportunity for intergroup collaborations to address questions of importance and disease areas difficult to study.

It is worth noting that the 2013 WCLC held in Sydney won CIM Magazine Best Meeting or Conference at the Australian Event Awards on 12 November 2014. Congratulations to the conference conveners Prof Michael Boyer and Kwun Fong, the ALF, and the local organising committee members for their efforts.

Finally, the 2014 COSA ASM, which was partnered with the UICC World Cancer Congress, held in Melbourne 2-4 December, 2014, saw an excellent program for lung cancer highlighted by talks by key local and international speakers discussing Tailored Therapies in Lung Cancer (B

Solomon, Peter MacCallum), the application of the ESMO Clinical Benefit Scale to Lung Cancer (Nathan I. Cherny), updates on novel targeted therapies in lung cancer (Thomas Lynch), surgery and biomarkers in lung cancer and mesothelioma (H Pass), radiotherapy (D Ball, Peter MacCallum) and symptom management and exercise in lung cancer (Thomas Jagoe), amongst others. In addition there were interesting oral abstracts and posters presented by local investigators/groups.

2015 sees another inaugural event for the ALTG – its Lung Cancer preceptorship, modelled on the successful 2013 and 2014 AGITG colorectal cancer preceptorships, convened by A/Prof E Segelov. The recipient of the 2014 AGITG Colorectal Preceptorship, medical oncology trainee Dr Yada Kandjanapan, received a COSA Best of the Best award for their oral presentation at the 2014 ASM. The 2015 ALTG Lung Cancer preceptorship has closed its applications and will be held in Sydney 17-18 April, 2015.

Finally, may I encourage all COSA Lung Cancer Group members to consider abstract submissions and attendance at the 16th World Conference on Lung Cancer, 6-9 September 2015, to be held in Denver, Colorado, USA. Abstract submissions close 15 April 2015. For information, go to:

<https://www.iaslc.org/events/16th-world-conference-lung-cancer>.

Nick Pavlakis
Chair, Lung Cancer Group



NEUROENDOCRINE TUMOUR GROUP

The focus of the COSA NET Group's activity has been the SIGNETURE registry, with a number of database modifications carried out in 2014 to improve its functionality and usability. A further database modification is due to be completed in the first quarter of 2015 to allow for migration of data from existing databases. Unfortunately these changes have not been sufficient to overcome the less than optimal recruitment to the registry. The NETS Scientific Advisory Committee (SAC) and Principal Investigators met several times during the year to discuss the impediments to more successful recruitment, and have agreed that the

viability of the current registry platform is limited and that an alternative should be sought.

Despite these problems investigators remain strongly committed to the NETS registry for the collection of retrospective and prospective data on patients in Australia with NETs. As of December 2014, there are a total of 235 patients entered in the registry. This number is lower than expected, however it is expected to improve in 2015 as the Western Australia Clinical Oncology Group have commenced entering patient data and the available patient data from the Peter MacCallum Institute in Melbourne will be migrated across.

An abstract has been prepared by members of the SAC and submitted for the European Neuroendocrine Society Annual Conference in March 2015, with a further abstract is planned for the COSA ASM in November 2015.

Yu Jo Chua
Chair, Neuroendocrine Tumour Group

NEURO-ONCOLOGY GROUP

The neuro-oncology community continues to grow in size and impact, with increasing local, state-based, national activity and pleasingly increasingly - international influence.

Below is a brief summary of a few key events and selected initiatives that were held across ANZ.

Brain Cancer Action Week was held across different Australian states (including NSW, ACT, WA, Vic and Tasmania) Sunday 27th April to Saturday 3rd May 2014 with many key events and initiatives, including the NSW Brain Tumour Support and Education Forum co-sponsored by Cure Brain Cancer Foundation and Cancer Institute NSW.

Several visiting international renown speakers visited Australia in 2014, including neuro-oncologist Prof David Reardon from Boston, USA in March.

The diverse membership of the Cooperative Trials Group for Neuro-Oncology (COGNO), continues to grow, now exceeding 400 members, a wonderful achievement!

COGNO held its 7th Annual Scientific Meeting, from Friday October 24th to Saturday 25 August 2014 in Melbourne with the theme of '*Translating science to patient centred trials*'.

COGNO was pleased to host two international guest speakers Professor Lisa DeAngelis, neuro-oncologist from Memorial-Sloan Kettering and Professor Minesh Mehta, renown Radiation Oncologist from Maryland, USA.

BTAA co-founder and still committee member Denis Strangman was selected by the US-based Society for Neuro-Oncology (SNO) for its 2014 Public Service Award. We congratulate him on this well-deserved honour.

The ANZ Neuro-oncology community was well represented by its attendees and participation in the scientific program at The Society for Neuro-Oncology (SNO) ASM in November held in Miami, Florida.

We look forward to an eventful, dynamic 2015 in advancing care and research relating to brain tumours.

Best wishes,

Eng-Siew Koh
Chair, Neuro-Oncology Group (pictured right)



Kate Drummond
Deputy Chair

PSYCHO-ONCOLOGY GROUP

2014 was a quiet but steady progress for OZPOS. Importantly, we welcome Dr Laura Kirsten as the new Chair of the group. Laura has been a very active member of OZPOS over the years and will be a strong advocate for psycho-oncology at all levels. Thank you for taking this on Laura!

Farewell

I would like to thank the members of OZPOS for their support for me during the past few years. It has been a privilege and honour to be in this role. I am very much looking forward to continuing to contribute to the work of the Group in the future. I'd personally like to thank Melanie Price, Monika Dzidowska, Joanne Shaw, and Joanna Fardell

from PoCoG for their quiet and seamless support in many joint activities.

Psycho-Oncology Awards

This year saw two new recipients of the COSA Psycho-Oncology Awards. It was great to see our Group and two of our members recognised in this way. The awards were managed through the COSA Awards Committee, who co-opted psycho-oncology representation to review the awards. A/Prof. Jane Turner was the very worthy recipient of the COSA Psycho-Oncology Award. An apt recognition of Jane's work as a leader in OZPOS, within COSA, and the broader cancer community.

The Psycho-Oncology New Investigator was awarded to Dr Addie Wootten for her progress and work in developing online supportive care interventions for men with prostate cancer. Addie has established a very strong research program, developing the PROSTMATE resource from the ground up in an evidence-based way. Her publication track record is growing and there is no doubt Addie is making an important and novel contribution to the Australian psycho-oncology world.

These awards seem to now be well established and provide an ongoing opportunity for our Group to recognise excellence within the Australian Psycho-Oncology community. We are indebted to Prof. Phyllis Butow for the suggestion back in 2010.

Priorities for 2015 and beyond

Our annual general meeting included a small but dedicated group of people and included an update on PoCoG activities, emphasising the importance of the close relationship between our two groups.

It is clear that we need to strengthen the governance of the Group and are actively seeking representatives from across the country to form a lean and responsive Executive Committee. There is a need to build local connections within cities and states to increase the relevance of the Group.

OZPOS members expressed enthusiasm to revisit the issue of health professional burn-out and psycho-oncology services role in supporting the clinical teams. This is particularly in light of the recently published European data suggesting very high levels of burn-out in young medical

oncologists, quite at odds with Australian data from 2008.

With the move toward activity based funding, many psycho-oncology clinicians are concerned about the high potential for diminishing funding for psycho-oncology services. During 2015 we will be looking more at the role and activities performed by psycho-oncology staff to assist with defining this more clearly. In a related issue, it has become clear that there is an extraordinary range of practice models and some streamlining of procedures and processes may assist people in establishing a best practice psycho-oncology service. Forming another activity that the Group will undertake over the coming year. If you are interested in assisting with any of this please do get in touch with me.

Thanks so much for a wonderful year in Australian Psycho-Oncology, we look forward to working hard alongside of all of you in 2015.

Haryana Dhillon
Former Chair, Australian
Psycho-Oncology Society



Laura Kirsten
Chair, Australian
Psycho-Oncology
Society



REGIONAL AND RURAL GROUP

2014 was a productive year for the Regional and Rural Group. One of the most significant achievements was the establishment of a network of directors and clinical leads of Regional Cancer Centres. The formation of a network of directors and clinical leads of Regional Cancer Centres was a recommendation from the 2012 COSA Regional and Rural workshop. It was identified as a key enabler and mechanism to drive forward improvements in cancer care for patients in regional and rural Australia.

A very successful inaugural face to face meeting of the network was held on 31st October. The aim

of the meeting was to identify what is currently happening in regional and rural oncology, what the barriers and enablers are and to look at some of the innovations and solutions. The participants agreed on the following aims and objectives for the network:

- To facilitate communication, collaboration and linkages between Regional Cancer Centres
- To foster enhanced linkages between regional and rural cancer services and metropolitan cancer services
- To identify issues of regional and rural cancer services including but not limited to:
 - o Workforce issues
 - o Training and education
 - o Enhancing rural research and developing shared databases
 - o Models of service care and innovation
- To plan and advocate for improvements in cancer services for regional and rural patients
- Advise COSA Regional and Rural Group Executive Committee on regional and rural issues

In 2015 four working groups will be convened to continue to work on the recommendations arising from the meeting. The working groups will focus on the following areas; workforce issues, models of care and innovation, training and education and research and databases.

Another significant project initiated in 2014 which is ongoing is the development of Teleoncology Guidelines. A multidisciplinary working group with experience and expertise in Teleoncology will work on these guidelines which will be launched at the COSA ASM in 2015.

Sabe Sabesan
Chair, Regional and Rural Group



SURVIVORSHIP GROUP

How time flies, the Survivorship Group is now two years old after being formed during 2012. We have a strong multidisciplinary membership, spanning the breadth of oncology care and beyond.

Soon after the formation of the Group it became clear that there was a real need to consider what model(s) of survivorship care were suitable for the Australian health context. This has formed the basis of the work the Group has undertaken since that time. A multidisciplinary working party was formed and has met regularly over the past year to develop and refine a model of care that reflects the principles Australians believe are important to life after a cancer diagnosis, the needs of cancer survivors, and the multiple levels of healthcare service across states and the country. One of the critical aspects of this work has been the involvement of consumers in its development and the involvement of the Cancer Councils through direct representation on the working group. We received some excellent feedback on the model of care from COSA members during 2014 when it was circulated for stakeholder comment.

This work culminated in presentation at a half day Survivorship Workshop held in December 2014. More than 130 registrants came together to consider and comment on the model of care, as well as contribute to discussions about where to from here. There were some important points of feedback that needed to be incorporated into the model to ensure that the process brings all parties along with it. One of the clear challenges of working in this space is that of addressing the often parallel concerns and thinking of survivors and health professionals. The model will be refined and disseminated further to stakeholders to engender support for implementation and system change.

Over the next 12 months the Group will establish a series of working groups to address the concerns and issues of the survivors and health professionals.

Haryana Dhillon
Chair, Survivorship Group



UROLOGIC ONCOLOGY GROUP

Activity within the COSA Urologic Oncology Group has been quiet during 2014 as most activity has occurred through ANZUP Cancer Trials Group (ANZUP), reported separately.

The Urologic Oncology Group was formed in 2006 to considerable enthusiasm and was highly active for several years. ANZUP was subsequently formed and it appears that many of the needs of the COSA Urologic Oncology Group members are met by ANZUP, which is an Affiliated Organisation of COSA with representation on COSA Council. The Urologic Oncology Group continues as a COSA Group but a quorum has not been available at the Group Annual General Meeting since 2011. Discussions will be held during 2015 as to whether the Group should continue within COSA or be wound up and its activities and Council representation transferred to ANZUP.

Some aspects of the COSA Urologic Oncology Group cannot be met by ANZUP and there is still a need for members to be part of COSA in order to meet these needs. For example, ANZUP cannot play an advocacy role, and ANZUP is not able to bring other disease-focussed specialties together with us, as COSA can. Urologic Oncology Group members will need to consider how their needs and interests can best be met and represented by COSA in the event that the Group is wound up and that genitourinary cancers are represented on Council by ANZUP.

Ian Davis
Chair, Urologic Oncology
Group



AFFILIATED ORGANISATION REPORTS

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP



2014 was a highly productive year for the Australasian Gastro-Intestinal Trials Group (AGITG). Developments included the launch of a new fund to support AGITG pilot studies and translational research and a new Award for Excellence in AGITG Research; participation in national and international forums and conferences; and progress in 18 clinical trials ranging from development to follow-up stages.

New AGITG pilot and translational fund announced

agitg.org.au/pilot-grant-2014/

In December, the AGITG announced the launch of a new annual fund of up to \$100,000 a year for AGITG pilot studies and translational research. The fund was made possible by public donations to the GI Cancer Institute, the community division of the AGITG.

Said GI Cancer Institute/AGITG Chair, A/Prof. Tim Price: "This is an exciting new initiative which further enhances the group's ability to facilitate and encourage our members to take leadership in the design and conduct of investigator-initiated clinical trials and translational research."

Launch of John Zalcborg OAM Award

agitg.org.au/zalcborg-award-launch-2014/

Also in December, the AGITG launched a new award in honour of one of the organisation's founders. The first John Zalcborg OAM Award for Excellence in AGITG Research will be presented at the Annual Scientific Meeting of the AGITG in September 2015.

Professor Zalcborg was AGITG co-founder and Chair for 18 years until May 2014. He is now Professor of Cancer Research at Monash University and he continues to be actively involved in the group in addition to ongoing leadership roles, including as Chair of the AGITG International Development Committee and co-Chair of the newly formed Australian Clinical Trials Alliance group. On December 3 he received COSA's 2014 Tom Reeve Award for Outstanding Contribution to Cancer Care.

Applications for the John Zalcborg OAM Award open on March 1 2015.

Dr Danielle Ferraro presented with inaugural Kristian Anderson Award

In April, Dr Danielle Ferraro of the University of Melbourne was officially awarded the first AGITG Kristian Anderson Scholarship Award in support of her project entitled *Investigating the role of ligand-dependent activating pathways in predicting outcomes to targeted treatment in cancer, particularly in colorectal cancer.*

The Award provides one year's funding at an equivalent level to the NHMRC support for a higher degree (\$36,700). This was the first year of the planned three-year project and is aimed at enabling clinicians to be more competitive

for NHMRC or other funding agency support in subsequent years.

Trial updates

agitg.org.au/clinical-trials/about-clinical-trials/

At end-2014, AGITG had nine clinical trials in follow-up, including one on the verge of announcing its initial findings; five studies open to recruitment; and four in development, including one about to open recruitment.

Of the trials in development:

ALT-GIST is a new study developed by the AGITG with the Scandinavian Sarcoma Group in collaboration with the European Organisation for Research and Treatment of Cancer on first-line treatment of advanced gastrointestinal stromal tumour (GIST).

ACTICCA-1 is an international multi centre trial on biliary tract cancer, coordinated by the University Cancer Centre in Hamburg, Germany.

InterAACT is an international multi centre trial led by Royal Marsden Hospital, London, comparing treatments for inoperable locally recurrent or metastatic anal cancer.

CONTROL NETS is an AGITG-designed trial comparing treatments for advanced neuroendocrine tumours aiming to develop high-quality evidence to guide NETS management.

Of the trials open to recruitment:

ASCOLT on aspirin's use in treatment of colorectal cancer had recruited 17 patients of a target 200.

DOCTOR on oesophageal cancer had recruited 101 of a target 120.

ICE CREAM on bowel cancer had recruited 74 of 100.

IMPACT on pancreatic cancer had recruited 0 of 20.

TOP GEAR on stomach cancer had recruited 148 of 752.

Of the trials in follow-up:

The AGITG in December 2014 was set to announce initial presentation of positive results of the multinational gastric cancer trial **INTEGRATE**, co-led with colleagues from Korea and Canada.

AG0102 GIST / EORTC 62005 is a multi-centre international trial on unresectable or metastatic

malignant gastrointestinal stromal tumour (GIST).

EORTC 62024 is a trial on intermediate and high-risk localised, completely resected GIST.

PETACC 6 is a study on locally advanced rectal cancer.

ATTACHE is a trial on treatment of Hepatic Metastases from Colorectal Cancer.

Short Course Oncology Therapy (SCOT) is a study of colorectal cancer treatment.

CO.23 is a study of treatment and care of pre-treated advanced colorectal carcinoma.

GAP is a trial of biomarkers in the treatment of locally advanced and metastatic pancreatic cancer.

A La CaRT is the Australasian Laparoscopic Cancer of the Rectum Trial.

Publications and conferences

agitg.org.au/clinical-trials/publications/

During 2014, fourteen articles were published in journals – eleven relating to AGITG trials, one relating to developments in gastric cancer, one on clinical evidence in GIST, and one on the ECCO expert meeting on metastatic colorectal cancer.

The AGITG presented 18 papers to international conferences, including the American Society of Clinical Oncology Annual in Chicago, Gastrointestinal Cancers Symposium in San Francisco, European Society for Medical Oncology Congress in Madrid, and Tripartite Colorectal Meeting in Birmingham.

Investing in tomorrow's researchers

agitg.org.au/news/

The AGITG is committed to supporting new researchers through awards, courses and grants. In July 2014 the organisation conducted its second Preceptorship in Colorectal Cancer, an interactive small-group program using modern educational methods to engage junior consultants and senior trainees in active learning to improve their understanding of evidence-based management in CRC.

The program is led by Associate Professor Eva Segelov with assistance from Dr Yada Kanjanapan. In December Dr Kanjanapan presented on the initiative to the COSA Annual Scientific Meeting on December 3, and

was selected as winner of the Oral Abstract Education category.

Engage Community Forums

gicancer.org.au/engage/engage-community-forums/

In 2014 the GI Cancer Institute, AGITG's community division, expanded its program of public forums on gastro-intestinal cancer – holding forums in Brisbane (August), Sydney, Perth and Canberra (all in November).

Engage Community Forums are free events which bring oncologists in research and treatment together with patients, survivors and supporters to provide information to patients, carers and the community.

In 2015, forums are planned for centres including Wide Bay Queensland (March); Melbourne and Sydney North (both in May, as part of a planned inaugural national GI Cancer Awareness Week); Blue Mountains, NSW (June); The Grampians, Victoria, and Barossa Valley, SA (both in October).

The Engage project is a Cancer Australia Supporting People with Cancer Grant initiative, funded by the Australian Government.

Tim Price
Chairperson, AGITG



AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP (ALLG)



The ALLG's operations were transformed during 2014.

The major event was the dramatic progress of the ALLG business to ensure the ALLG's central trial centre operations could accommodate the conduct of all previously outsourced trial work. This necessitated a move to a larger premise which has become ALLG's Headquarters – a

single central location for all operations and business of the company. In mid-November, we held an event to launch the new office in North Richmond (Melbourne). The modern, spacious and light-filled office with working, meeting and storage areas provides a professional and contemporary working environment. In speaking to the gathering, CEO Delaine Smith noted that the new head office signals the strength of the organisation's current and future operations.

The strength and achievement of the ALLG trial program was demonstrated in 2014 by its publication record. Eleven trial publications from nine trials appeared in peer review journals, with 17 presentations at major international conferences, including ASCO, European Hematology Association, the American Society for Hematology and the World Cancer Congress. In addition, the ALLG was associated with the publication of major international guidelines on staging and response in Non-Hodgkin Lymphoma (NHL) and the use of PET in NHL. The group was also associated with the publication of consensus guidelines in antifungal prophylaxis in haematological malignancy and a study of fever and neutropenic sepsis.

We held two very successful Scientific Meetings in 2014 – in Melbourne in May and in Sydney in November. A first presentation from the newly established award, the *Janey Stone Perpetual Award*, specific to support the professional endeavours of trial staff, was provided by the inaugural recipient Naomi Sprigg the Haematology Tissue Bank Coordinator at the Royal Melbourne Hospital. Naomi attended and presented a poster at the International Society for Biological and Environmental Repositories (ISBER) Conference in Orlando, Florida in May.

The ALLG has very strong international collaborations with trials groups in France, German, the UK, USA, Canada, Italy and other countries. In the past the focus has been acting as sponsor for international trials in Australia/NZ. However in 2014, we extended the relationship in the other direction. The ALLG CLL6 trial commenced recruitment in France. CLL6 is a Phase III, Multicentre, Randomised trial comparing lenalidomide consolidation versus no consolidation in patients with Chronic Lymphocytic Leukaemia (CLL) and residual disease following induction chemotherapy. The inclusion of France has seen tremendous uptake

of the trial with 32 French hospitals participating, this will see marked improvement in milestones and a broader access to treatment for those with a diagnosis of CLL.

Engagement with consumers has always been a focus for the ALLG and we have had long term relationships with Lymphoma Australia and the Leukaemia Foundation. During 2014, the ALLG and Lymphoma Australia co-hosted information days for patients and hospital staff in Canberra and Perth. The ALLG Consumer Group has also been very active in 2014 assisting with lay summary reviews and grant application reviews. In addition the ALLG website has been updated to provide a more use-friendly interface, which is more welcoming to consumers. Members of the public can now visit the website to read “good news” stories, make donations and find out more about ALLG trials.

The ALLG entered the field of social media with the creation of a Facebook page in 2014. The primary aim is to promote and create awareness of the organisation. The FB page will be used for education such as increasing awareness of the benefits of clinical trial research, including the benefits of clinical trial participation. We will also be able to promote achievements of the ALLG such as key trial results and medical/scientific advances. ALLG encourages the sharing and reposting of online information that is relevant, appropriate to its aims and of interest and engaging to its members, donors and key stakeholder groups including the general community.

Mark Hertzberg
Chairman Scientific Advisory Committee, ALLG



AUSTRALASIAN LUNG CANCER TRIALS GROUP



The Australasian Lung cancer Trials Group (ALTG) is Australia and New Zealand’s lung and

thoracic cancer clinical research group and enables investigator-led research. ALTG facilitates participation in the development, conduct, evaluation, reporting of clinical trials in lung and thoracic cancer; promotes the use of clinical trials in evaluating new treatment and management approaches; and contributes to the translation of trial findings into clinical practice.

2014 has been a busy year for the group and some key achievements for ALTG include:

- Group membership increased by 5% with 445 members.
- An Idea Generation Workshop was held to identify gaps in SCLC, Early NSCLC, Advanced NSCLC, Supportive Care, Mesothelioma and Diagnosis. Forty members attended and from this workshop ALTG now have four trial ideas in concept development phase.
- ALTG participated in the Australian Lung Cancer Conference in October in Brisbane, Queensland and held their meetings which included an open Scientific Advisory Committee Meeting where new concepts from the Idea Generation Workshop were presented and discussed.
- Collaboration has begun with the National Cancer Institute of Canada (NCIC) on a NSCLC trial and recruitment of Australian patients will start in Q2 2015.
- At the World Conference on Lung Cancer, 2013, ALTG held a meeting with international trial groups and in 2014 a Steering Committee was established to continue international conversation to establish a global thoracic oncology trials group which will bring together leading national research initiatives in 2015.

The ALTG is proud to be an initiative of the Lung Cancer National Program within Lung Foundation Australia and is an affiliated organisation of COSA which provides further opportunities for the group to collaborate with other co-operative clinical trial groups within Australia.

Paul Mitchell
President, ALTG



AUSTRALASIAN METASTASIS RESEARCH SOCIETY

OzMRS was formally established in 2012 and joined COSA as an Affiliated Organisation in 2013. 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. In this, our second year, we have been very active, increasing our membership, editing an issue for Cancer Forum on Metastasis, participating actively in the biennial meeting run by the international arm of our society and organising a satellite meeting at COSA ASM 2014, as summarized below.

During 2014, our membership has increased from around 70 to 94 members from all around Australia and a few from New Zealand. Until now, we have had a local committee made up of members who assisted in the development of the program for the 2012 MRS meeting in Brisbane, to run the society. However, at our AGM held during the COSA 2014 meeting, we agreed to organize an election of office bearers, with representation from each state.

To increase dissemination of knowledge about metastasis, we utilized the expertise of our members to compile a series of articles on various aspects of metastasis for the June 2014 issue of Cancer Forum. A copy of this issue of Cancer Forum was provided to each registrant of our satellite meeting.

In late June/early July, about 20 members of OzMRS participated in the 15th International MRS Congress in Heidelberg, Germany. As past president of the International society, Rik Thompson delivered an invited presentation and several other OzMRS members delivered oral presentations. OzMRS offered two travel grants of AU\$500 each for OzMRS members to attend this meeting, assisted by sponsorship from Olink Bioscience. The successful travel grant winners were Dr. Adrian Weigmans (QIMR) and Ms Elena Topkas from the University of Queensland Diamantina Institute. Excerpts from their reports were featured in the November 2014 issue of the *Marryalyan*.

In December, we organized a one day satellite

meeting associated with COSA ASM 2014 – the OzMRS–CTx Metastasis Workshop. We had 81 registrants for this day meeting, with the CRC for Cancer Therapeutics (CTx) being our major sponsor. We also received generous sponsorship from BMS Australia, Melanoma Patients Australia (MPA), La Trobe Institute for Molecular Science and Clearbridge Biomedics. We organized three oral sessions, each launched by a clinician, Dr. Normand Laperriere talking about treatment of brain metastases, Dr. Ian Vela covering the topic of circulating tumour cells in prostate cancer, and Dr. Elgene Lim speaking on endocrine resistant breast cancers. Each clinical talk was followed by short talks from our OzMRS members. The final session was an interactive poster discussion session where some 30 presenters delivered a 1 minute summary and fielded questions from the audience.

OzMRS will continue to host satellite meetings associated with events that may attract our members and international speakers of interest to our membership. In 2015, we propose to meet in conjunction with the 7th International EMT Association Meeting (TEMTIA VII) in Melbourne, October 11-14.

Robin Anderson
Chair, OzMRS



AUSTRALASIAN SARCOMA STUDY GROUP (ASSG)



The ASSG is pleased to report on our progress in promoting clinical trials, scientific research and awareness of sarcoma to the COSA membership. The ASSG has had several “firsts” for the group in 2014.

The ASM this year was held in conjunction with the 10th Biennial Asia Pacific Musculoskeletal Tumour Society Meeting that was held in

Melbourne in April. The ASSG welcomed over 400 delegates, mostly from the Asia Pacific region, to Melbourne for three days of presentations on the management of sarcoma under the theme, "Driving Multidisciplinary Collaborations". A full program covering state of the art advances in medical oncology, surgical oncology, pathology, radiation therapy and basic science were presented to the multidisciplinary audience. The APMSTS is a peak international multidisciplinary society whose mission is to bring together specialists and practitioners from the Asia Pacific Region to improve the care of patients with bone and soft tissue tumours. Society President Professor Peter Choong and ASSG Board member was responsible for bringing the APMSTS Meeting to Australia for the first time. This was an excellent opportunity to combine this year's ASSG/Australian Sarcoma Group annual scientific meetings with the APMSTS. The high quality of the presentations was led by three outstanding international speakers, Prof Robert Maki, MD Mt Sinai Medical Centre NY NY, Prof Franklin Sim Mayo Clinic Rochester MN and Prof Pancras Hogendoorn Leiden University, The Netherlands.

ASSG and Cancer Council Sarcoma Guidelines- Adolescent and Young Adult Guidelines

Dr Susan Neuhaus, of Royal Adelaide Hospital, officially launched the ASSG Cancer Council Sarcoma Clinical Practice Guidelines at the ASSG research meeting in November 2013 and has continued this work. Dr Neuhaus presented this valuable resource at the recent international APMSTS meeting which was enthusiastically received by the delegates. This work highlighted the role that Australia plays in the Asia Pacific region and the opportunities for further collaborations and knowledge sharing. The next phase of this project will be to include the adolescent and young adult populations and will be led by Dr Vivek Bhadri. The working group will meet to discuss the issues and evidence for the next phase of the Sarcoma guidelines. Cancer Council Australia and the ASSG are partners in this endeavour and will continue the ongoing support of this important work. The Sarcoma Guidelines are publicly available at wiki.cancer.org.au/australia/Guidelines:Sarcoma.

ASSG is now a member of Sarcoma Alliance for Research through Collaboration (SARC)

The ASSG is now officially a partner member of the North American collaborative clinical trials group, Sarcoma Alliance for Research through Collaboration. "SARC is a non-profit organization dedicated to the development and support of clinical trial research for the prevention, treatment and cure of sarcomas." SARC now in its 10th year shares the same mission as the ASSG and we look forward to working together to improve outcomes for sarcoma patients and their families through clinical trial participation.

ASSG Research Meetings

The ASSG held it's first of two annual research meetings in Melbourne on June 27th, with a focus on new concepts for research projects and clinical trials. Four new concepts were presented for discussion to the group of sarcoma experts. These new ideas will be developed with support from the ASSG with the intention of creating new clinical trial protocols. The new concepts included ideas for utilizing immunotherapy drugs for sarcoma, developing new radiotherapy techniques, using a multidisciplinary team to improve long term outcomes for sarcoma survivors using exercise physiology regimens, and reviewing the long term survival and disease surveillance of bone sarcoma survivors. Additionally presentations were given by past and present grant ASSG recipients reporting on their current results. Our second research meeting in November focussed on research results by ASSG funded clinical trials and research projects.

ASSG Sarcoma Research Grants

The ASSG is fortunate to be able to fund research projects with funds from our generous donors. In the past year, we granted two research grants for basic science projects for sarcoma. Dr David Goode at Peter MacCallum Cancer Centre was awarded the Johanna Sewell Sarcoma Research Grant for his project, "Validating putative novel sarcoma risk genes via targeted DNA sequencing". The Leon Stone Sarcoma Research grant was awarded to Dr Christine Hawkins of LaTrobe University for her project, "Pre-clinical evaluation of IAP antagonists in osteosarcoma." We look forward to hearing their results at the next ASSG Research meeting.

ASSG has achieved an important 'first' by opening a clinical trial across both adult and paediatric sites

The EuroEwing 08 clinical trial for Ewing sarcoma has been generously supported by the Rainbows for Kate Foundation and is available to children, adolescent and young adults, and adult patients. This study is the first time that a single interventional trial is able to capture all age groups that are affected for sarcoma. We hope that this work will be useful as a model going forward to allow full access to clinical trials that may be appropriate across a large age cohort.

The ASSG supports the sarcoma community by improving outcomes for patients and their families through research, awareness and education.



Jayesh Desai
Chairman, ASSG

AUSTRALIA & NEW ZEALAND BREAST CANCER TRIALS GROUP



2014 was a fantastic year for the Australia and New Zealand Breast Cancer Trials Group. We announced the results of several breast cancer clinical trials, our research collaborations and achievements were recognised internationally and our fundraising department, the Breast Cancer Institute of Australia, celebrated its' 20 year anniversary.

Early in the year, we launched a video series on our website and on social media that involved members of the ANZBCTG's Consumer Advisory Panel (CAP), who described their breast cancer experience and why they support breast cancer clinical trials. CAP was one of the first consumer committees in Australia to be set up for the

purpose of providing consumer input into the planning and conduct of clinical trials research.

About two years ago, a collaboration commenced between the consumer committees of the ANZBCTG and the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP). The ANZBCTG CAP Chair, Leonie Young, is an invited mentor to the ANZUP CAP and both committees share goals of promoting and raising awareness of the benefits of clinical trials research. The consumer committees have shared in joint training workshops and are continually working on new initiatives to enhance their understanding of clinical trials research.

The ANZBCTG's research program encompasses almost 70 breast cancer clinical trials, including: ongoing clinical trials that are open for patient recruitment; trials that have closed to recruitment but are in an active follow-up phase; and completed clinical trials that have been analysed and published. During 2014, we announced some wonderful results.

At the annual meeting of the American Society for Clinical Oncology (ASCO) the combined results of the TEXT and SOFT clinical trials were announced. These international studies found that the aromatase inhibitor, exemestane, is more effective than tamoxifen in preventing breast cancer recurrence in young women who also receive ovarian function suppression.

Meanwhile a secondary analysis of the SOFT clinical trial, announced at the San Antonio Breast Cancer Symposium (SABCS) in Texas in the USA, produced practice changing results. Researchers found that treatment with tamoxifen plus ovarian function suppression reduced the relative risk of developing invasive breast cancer recurring by 22% in women who did not transition into menopause after receiving chemotherapy, when compared to treatment with tamoxifen alone.

Associate Professor Prue Francis is the Vice Chair of the ANZBCTG's Scientific Advisory Committee and Chaired the International Steering Committee responsible for SOFT and TEXT.

The results of the POEMS clinical trial, also announced at ASCO, offers a new treatment option for young women with breast cancer to better preserve their fertility during cancer

treatment. The study, Chaired by Professor Kelly-Anne Phillips, found that young women who received the drug goserelin were less likely to be in menopause two years after their cancer treatment (8% compared to 22%) and were twice as likely to have a normal pregnancy after their cancer treatment.

It is important to highlight that these research achievements and findings are made possible through the dedication and commitment of our 700 members, together with more than 14,000 women who have participated in our clinical trials, throughout Australia and New Zealand. This collaboration ensures that improved breast cancer treatments and prevention strategies are being identified for women and their families.

Researchers who worked on the IBIS-I and IBIS-II prevention clinical trials were recognised, with the awarding of the 2014 Cancer Research UK Prize for Translational Research. These international studies found that taking preventative drugs such as tamoxifen can substantially reduce the risk of developing breast cancer in women at high risk of the disease.

Long term analysis of the international prevention clinical trial IBIS-I were presented at SABCS in December. The study found that the preventative effect of the breast cancer drug tamoxifen continues for 20 years, after treatment with the drug has stopped, with breast cancer rates reduced by around 30%.

The ANZBCTG's Director of Research, Professor John Forbes AM (who is the international Study Co-Chair for IBIS-I and IBIS-II), was recognised as one of the world's leading scientific researchers in the Thomson Reuters list of 'The World's Most Influential Scientific Minds: 2014'. The list is composed of researchers who have published the highest number of articles that rank among those most frequently cited by fellow researchers. Professor Forbes was one of 65 Australians from the international list of 3,215 individuals across all fields of science and one of just seven Australians recognised in the area of Clinical Medicine.

The 36th ANZBCTG Annual Scientific Meeting (ASM) was held in Wellington, New Zealand, with almost 200 clinicians involved in breast cancer clinical trials in attendance. The ASM was a great success and our guest speakers included

Professor Cliff Hudis from New York, USA; Professor Robert Mansel from Cardiff, United Kingdom; Professor Fraser Symmans from Texas, USA; as well as our own eminent Australian and New Zealand researchers. Our 2015 ASM will be held in Perth, Western Australia, from 22-24 July and information about the conference is available on our new conference website at www.anzbctg2015.org.

The ANZBCTG Board of Directors recognises the valuable contribution that our members make to the Group's clinical trials research program. The following awards were presented at the 2014 ASM. Associate Professor Raymond Snyder from St Vincent's Hospital in Melbourne was awarded the ANZBCTG Gold Medal. Professor Michael Green from the Royal Melbourne Hospital received The Alan Coates Award for Excellence in Clinical Trials Research. Professor Fraser Symmans from the MD Anderson Cancer Centre in Texas, USA, received The Robert Sutherland Award for Excellence in Translational Research. Dr Chilton Chong from Southern Breast Oncology in Victoria received The John Collins Fellow Medal and Travel Grant. And The Study Coordinator Prize was awarded to Ms Rosemary Cotton from Ballarat Oncology and Haematology Services in Victoria.

Working with such a fantastic team of ANZBCTG members including committee members, who are all dedicated to our vision of a world without breast cancer, is a wonderful and humbling experience. I would particularly like to thank the Head of our Trials Department, Dianne Lindsay, and all staff in our operational office. 2015 will see the opening of several new trials which will include new research in the neoadjuvant setting and targeted therapies. I thank everyone for their contributions to the ANZBCTG's breast cancer clinical trials research program.

Fran Boyle AM
Chair, ANZBCTG



AUSTRALIAN & NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP



Australian & New Zealand
Childrens Haematology/Oncology Group

The Australian and New Zealand Children's Haematology and Oncology Group (ANZCHOG) continues to represent the paediatric oncology interests of COSA as well as focusing on our primary aim of improving outcomes for children and adolescents with blood diseases and cancer and their families.

In 2014 our broad multi-disciplinary membership has continued its wide range of activities in providing quality evidence based care, and in development and implementation of a diverse clinical trial and research portfolio, both nationally and internationally.

ANZCHOG would like to acknowledge the huge contribution and dedication of Dr Peter Downie, who stepped down as Chair of the group in June 2014, a position he held for 7 years. During his time as Chair, the organisation underwent significant, positive change and developed into a robust, national organisation that plays an integral role in the execution of childhood cancer clinical trials in Australia and New Zealand. Dr Chris Fraser, ANZCHOG's previous Deputy Chair, is the new Chair of the organisation.

Research and Clinical Trials

Facilitation of a high quality and collaborative national research/clinical trials agenda continues to be a key strategic direction of the organisation. Clinical trial participation has been the cornerstone of best practice paediatric cancer care of the past 40 years and 2014 has seen ANZCHOG continue to support and develop a diverse range of research initiatives and trial protocols. Access to international trials is fundamental to providing high quality, evidence-based care in a paediatric setting and ANZCHOG members have continued to build strong relationships with overseas trials

groups, with the organisation acting as national sponsor for several large Phase III studies. In 2014, enrolment continued on two ANZCHOG early phase 'home-grown' trials currently open in Australia and New Zealand, and on ANZCHOG endorsed research studies available at paediatric oncology centres.

Our second year of infrastructure funding through Cancer Australia's Supporting Cancer Clinical Trials Program, has seen a number of successful concept development workshops held, one of which was a joint initiative with the Psycho-oncology Co-operative Research Group (PoCoG) and CanTeen. ANZCHOG also provided funding to researchers to advance the development of trials through proof-of-concept research or generation of preliminary data, with the aim of securing competitive funding. Our researchers also continue to receive support from the ANZCHOG office with project development, and identification and securing of funding support.

Mentoring and education

With ANZCHOG's strong focus on research and clinical trials, access to professional development and mentoring is a key activity for the organisation. We have continued to offer access to a range of educational and mentoring opportunities targeting skill and expertise development in research and clinical trials/projects. This includes formal training opportunities (Specialist Certificate in Clinical Research, GCP training), and other professional development/mentoring (joint clinical fellowship with ULCH, attendance at ANZCHOG's ASM, national 'difficult cases' WebEx). Formation of an Education Sub-group is on the agenda for 2015.

Annual Scientific Meeting

ANZCHOG held its 2014 ASM in Sydney in June. Hosted by Sydney Children's Hospital, the theme of the meeting was 'Improving patient care – from bench to bedside'. A number of well renowned international keynote speakers and national experts in the field ensured a high quality ASM which included targeted workshops and diverse symposiums. CanTeen partnered with ANZCHOG to bring together the very successful Adolescent and Young Adult Cancer Research Symposium, and the Kids Cancer Alliance (KCA) joined ANZCHOG in hosting a Translational Research Symposium. Our specialised groups also utilised the opportunity to meet and further their research

agendas and collaborative project work in a face-to-face setting.

The 2015 ASM will be held in Fremantle, WA from 18 – 20 June with the theme: Difficult Diseases, Difficult Situations.

Other projects

The ANZCHOG Executive has continued to work on strengthening the governance and sustainability of the organisation. At the June AGM, members passed a special resolution for ANZCHOG to become a public company limited by guarantee and the transition to the new structure is almost complete. A new fundraising focus for research activities was also launched to the membership at the AGM and will be communicated more broadly in 2015. Activity within our National Patient and Carer Advisory Group is ongoing with their involvement in a number of research development and funding applications in 2014. Other work of our membership included development of guidelines and clinical recommendations, direct patient care quality improvement activities and advocacy initiatives across a range of issues.

ANZCHOG always welcomes new members. Please visit our website (www.anzchog.org) for more information about ANZCHOG and membership application.

Chris Fraser
Chair, ANZCHOG

AUSTRALIAN AND NEW ZEALAND HEAD & NECK CANCER SOCIETY



AUSTRALIAN AND NEW ZEALAND
**HEAD & NECK
CANCER SOCIETY**

Throughout the last 12 months the ANZHNCS Executive has continued to clarify and better document the processes for the Society, which has been essential to preserve the 'Corporate Memory' from those Executive members who have left and from other members of the Society. Major impetus for this came from the process

of creating a new five year Strategic Plan which follows on from the original plan produced in 2009.

Creating this plan has been an important exercise in reflecting how we may best develop and mature, bringing with us the hugely positive features of the Society and building on those to remain relevant for the continued success of ANZHNCS, bearing in mind our core vision, which is the promotion of quality multi-disciplinary care for the Head and Neck Cancer patients. A key point focused on was augmenting the success of the multi-disciplinary organisational structure and encouraging the inclusion of new Specialties. The Society will utilise the multi-disciplinary approach to increase involvement in education, support and facilitation of research and advocacy for the Head and Neck Cancer patients. Particular attention has been paid to keeping the ASM innovative and successful, utilising Master classes and Education Sessions, also encouraging the involvement of translational researchers. Advocacy for patients and growing relevant strategic relationships with other Societies will also be progressed. We will be benchmarking current practice and utilising KPI's to assess achievements.

The ANZHNCS Research Foundation has received a small number of donations throughout the year, however the Committee will be working towards new initiatives to improve donor engagement and support in 2015. The New Zealand Foundation Committee has been committing much of their time in moving the NZ Foundation forward this year and further details will be available on our website in 2015.

Our main meeting this year was the Tri-Society Meeting held in Darwin. The meeting was enjoyed by the speakers and delegates in the relaxed, pleasantly warm Darwin weather. This meeting was a success due to the team from NT and SA, and the Singapore and Hong Kong H&N societies.

Our next meeting is the 2015 World Congress on Larynx Cancer to be held in Cairns from 26 to 30 July 2015. The Meeting Convener is A/Prof Robert Smee and planning is well underway with the assistance of the Organising Committee, RACS and the Scientific Committee.



Ben Panizza
Representative, ANZHNCS

AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP



Once again 2014 has been an eventful year for genitourinary cancers. The treatment landscape for several malignancies relevant to ANZUP continues to change rapidly. Abiraterone and enzalutamide are now available on the PBS for castrate-resistant prostate cancer. Everolimus is reimbursed as second-line therapy for renal cell carcinoma. The challenge will now be to make rational decisions on treatment selection and sequencing.

ANZUP continues to lead the way in investigator-driven research in genitourinary cancers across Australia and New Zealand and is now taking on a similar role internationally. ANZUP has trials active in prostate, renal, urothelial and testicular cancers. The ANZUP phase III accelerated BEP trial (Principal Investigator: Peter Grignon) is now open in Australia with Cancer Australia funding and will soon open internationally. The mitomycin/BCG non-muscle-invasive trial (Dickon Hayne), similarly funded, is open across Australia. The international ENZARAD and ENZAMET trials, initiated in March 2014, are recruiting well in Australia and now New Zealand, and have begun recruitment in Ireland with the UK, Canada and Dana Farber to follow soon. ANZUP will also collaborate with NCIC CTC in a second line trial in urothelial cancer. The "Pain Free TRUS B" trial received funding support from Cancer Australia and Prostate Cancer Foundation of Australia to begin recruitment in 2015 and work is well underway to support that.

ANZUP continues to grow and to refresh itself. At the end of 2014 membership stood at over 800 and is still growing. The membership of the Scientific Advisory Committee was reviewed by the Board and appointments made or renewed on the basis of nominations by relevant special societies or Colleges. Our

subcommittees continue to be vigorous and productive. The Annual Scientific Meeting in July ratified amendments to the Constitution allowing appointment of a New Zealand director and we are pleased to announce the appointment of Mr Nick Buchan to this role.

The Annual Scientific Meeting is now established as the pre-eminent multidisciplinary scientific meeting specifically for genitourinary cancers in Australia and New Zealand. The ANZUP Annual Scientific Meeting was held in Melbourne on 13-15 July 2014. Once again there was a packed scientific program, with a galaxy of stars from Australia and New Zealand presenting on all aspects of genitourinary cancers. Our international speakers included Rob Bristow, radiation oncologist and clinician-scientist from Toronto; Eric Klein, Professor of Urology at Cleveland Clinic; Christian Kollmansberger, medical oncologist at British Columbia Cancer Agency, Vancouver; and Theresa Wiseman, nurse and health service researcher at Royal Marsden. The theme of the meeting was, "From ideas to outcomes: patient focused research," reflecting ANZUP's commitment to performing research that will lead to tangible patient benefits and also to fostering research all the way from the initial concept through to completion and implementation of the outcomes. The content of the meeting reflected this theme all the way through, extending to the MDT Masterclass "Challenging Cases in Uro-Oncology" (formerly the Trainees Day) held on Sunday 13 July. A very successful Community Engagement Forum was held on the same day, open to the public and free of charge. Our Consumer Advisory Panel participated in an Education Session, and our Scientific Advisory Committee held a meeting that was open to all ANZUP members to attend.

The 2015 Annual Scientific Meeting will be held in Sydney at the Sofitel on 12-14 July 2015. The theme is "Redefining Personalised Medicine" tailoring treatment encompassing prevention, diagnosis, prognosis and psychological support for the individual. This will provide our multidisciplinary members with an opportunity to present their research, learn about our new and existing ANZUP trials as well as the most up to date cancer management in GU cancers to help us meet the challenges of the future. A convening committee is already active under the leadership of convenor Venu Chalasani. Confirmed international speakers are Chris Sweeney, Brian

Rini, Ted DeWeese and Bertrand Tombal, with others also to be invited. The Masterclass will once again be run and the meeting overall is not to be missed. Registration opens 19 January. Early Bird closes 7 May. Call for Abstracts opens 19 January and closes 1 April 2015.

ANZUP has also continued to grow its profile in the community including fundraising strategies. The inaugural “Below the Belt Pedalthon” was held at Sydney Motor Sport, Eastern Creek on Tuesday 16 September. The Pedalthon was an initiative of Simon Clarke, a young man who had previously been treated for testicular cancer and wanted to give something back to the community. Simon identified the fact that ANZUP is closing the loop of research by performing the clinical trials that take research into evidence and practice in genitourinary cancers. The Pedalthon was highly successful both in terms of fundraising but, more importantly, in raising the profile of the diseases and also of clinical research. Thanks go to Simon for his amazing vision and energy, as well as our key sponsors and the many individuals and organisations who contributed so generously. The Pedalthon will be held again on Tuesday 1 September at Eastern Creek (<http://www.belowthebeltpedalthon.org.au/>).

ANZUP’s consumer magazine “A little below the belt” was launched in 2014. This publication provides the community with accessible and accurate information on the work ANZUP is involved. The magazine is available at <http://www.anzup.org.au/content.aspx?page=newsletter>.

The inaugural Tolmar/ANZUP Uro-Oncology Clinical Research Fellowship (CRF) was awarded to Dr Ben Tran in September 2014. The CRF is intended to support early/mid-career clinician-researchers of any health care discipline. We plan to call for applications for the 2015 CRF in March with the successful applicant announced at the ANZUP ASM. Thanks to Tolmar Australia for supporting this excellent initiative.



Our ClinTrial Refer ANZUP App was launched at the 2014 ASM. The app provides a current list of ANZUP clinical trials conducted in cancer centres in Australia and New

Zealand. It is designed for oncologists, general practitioners, research unit staff and patients. It has searchable clinical research trial details, hospital locations, inclusion and exclusion criteria, and lay summaries. We hope this will help all our members as well as the broader community to identify trials that might be suitable. To download the free app, visit:

Apple iTunes: <https://itunes.apple.com/au/app/clintrialrefer-anzup/id894317413?mt=8>

Or

Google Play: <https://play.google.com/store/apps/details?id=com.lps.anzup&hl=en>

In collaboration with USANZ we held the Best of GU Oncology symposium at Pier One in Sydney. We had a fantastic turnout for a weeknight with more than 65 delegates in attendance. The feedback was extremely positive and we are very grateful to James Kench, Scott Williams and Nick Brooks who provided the audience with the most relevant, cutting edge research and treatment in prostate and urogenital cancer. Our thanks to Henry Woo who did a superb job developing the program and facilitating the night. We gratefully acknowledge the generous support of our Corporate Supporters Amgen, Ipsen, Sanofi and Janssen which enabled us to convene our first Evening symposium.

ANZUP is proud to be an Affiliated Organisation of COSA and holds a seat on COSA Council. ANZUP will continue to provide a voice for members with an interest in genitourinary cancers, their care and research. Our links with COSA provide further opportunities to learn from and work with other disciplines and organisations.

Ian Davis
Chair, ANZUP



AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP



ANZGOG has had outstanding growth in 2014 in both membership and in number of trials. We now have over 600 members, with multidisciplinary representation. The ANZGOG Trials portfolio was enriched with the start-up of 3 ovarian cancer trials, to add to our 6 trials currently open. These new trials are:

The ICON8 Trial: An international phase III randomised trial of dose-fractionated chemotherapy compared to standard three-weekly chemotherapy, following immediate primary surgery or as part of delayed primary surgery, for women with newly diagnosed epithelial ovarian, fallopian tube or primary peritoneal cancer.

The REZOLVE Trial: A Phase II study to evaluate the safety and potential palliative benefit of intraperitoneal bevacizumab in patients with symptomatic ascites due to advanced chemotherapy resistant ovarian cancer.

The OVAR 2.21 Trial: A prospective randomized Phase III trial of carboplatin/gemcitabine/bevacizumab vs. carboplatin/pegylated liposomal doxorubicin/bevacizumab in patients with platinum sensitive recurrent ovarian cancer.

Late in 2014, ANZGOG learnt that we were successful in receiving a \$1.27M grant from NHMRC to conduct our first ever surgical trial. This international multi centre randomised controlled trial (STATEC) will investigate the benefit of lymphadenectomy in the management of women with high risk endometrial cancer.

The provision of educational, professional development and networking opportunities for our members is a high priority for ANZGOG. The exchange of knowledge, practices and ideas allows us to expand the scope of our research, the quality of our trials and ultimately enhance the treatment and quality of life for women suffering

from gynaecological cancers. This year, 227 delegates attended the ANZGOG and ASGO combined Annual Scientific Meeting in Canberra. The theme of the conference was 'Progress through collaboration and innovation'. Three leading international keynote speakers, Professor Lynette Denny, Gynaecological Oncologist and President of IGCS from the Groote Schuur Hospital, South Africa; Professor Jonathan Ledermann, Medical Oncologist from University College London, UK and Associate Professor Akila Viswanathan, Radiation Oncologist from Harvard Medical School, USA, gave varied but exceptional insights to the care of women with gynaecological cancer around the world. Lynette Denny was particularly inspirational as she spoke about the plight of those women who do not have access to the sort of quality care that women in Australia take for granted.

ANZGOG was fortunate to receive funding from Roche to offer 22 members an Educational Travel Grant to attend the biennial International Gynecological Cancer Society (IGCS) Conference 2014 in Melbourne. ANZGOG also funded 14 members from Interstate and New Zealand to attend a Membership Development Day which included over 30 members participating in Tumour Type Working Group Meetings; a Study Coordinator workshop and a Consumer Training workshop in Sydney in October.

ANZGOG has definitely raised the bar when it comes to community engagement and fundraising this year, with the launch of our 'GO for Gynae' campaign. The aim of "Go for Gynae" is to enable ANZGOG to become financially sustainable in the future. Already, the "Go for Gynae" team have accomplished a great deal. We collaborated with The Big Picture Film Festival in Sydney for a special screening of the multi-award winning documentary 'No Evidence of Disease' about a group of US gynaecologic oncologists who raise awareness of disease through their music and inspirational stories. We successfully revived the Comedy for Cancer Downunder fundraiser and raised 61k for research in one night. We registered ANZGOG in the international 'Globathon' awareness raising campaign for gynaecological cancer and enlisted 58 participants to raise over 12k in funds for ANZGOG through the 'GO step for Gynae' program.

ANZGOG also launched its 'Women of the Roundtable' initiative which brought together for

the first time, a select group of 20 outstanding Australian women from media, business and Government to talk about gynaecological cancer research. Sponsored by Commonwealth Bank, the aim of the event was to inspire conversation about gynaecological cancer research, awareness and ideas to help ANZGOG achieve a goal of raising awareness and funds for new research. Continue to watch this space for more amazing achievements in the coming year!

I'd like to take this opportunity to thank the wonderful ANZGOG community for their ongoing commitment to ANZGOG. It is this commitment and enthusiasm that has seen ANZGOG grow in leaps and bounds this past year. I anticipate 2015 will be another banner year!

Alison Brand
Chair, ANZGOG



CANCER NURSES SOCIETY OF AUSTRALIA



With new members joining and some dear friends departing after four years of commitment, the start of this year saw the CNSA National Executive Committee review the outcomes of our 2011-2013 strategic plan and spend time building upon this with a vision for the next three years. This included revisiting our mission statement and identifying CNSA values – those that run through our society, our initiatives and our actions at the Executive. The new strategic plan, builds upon the last with key priorities to grow and strengthen the society.

Two constitutional issues were raised either by members or the NEC this year, the length of term of the NEC members and the opportunity for new Special Interest Groups. A Constitutional review-working group was formed in early 2014 to consider and map out changes for the membership to consider. At the Society's 2014 Annual General Meeting, the recommendations

gained endorsement to change the length of tenure for NEC members from a 2-year to a 3-year term, and renaming the Special Interest Groups to Specialist Practice Networks.

Since endorsement two new SPN's have formed, Cancer Nurse Practitioners SPN and Vascular Access SPN. Growth of our society is strong with the formation of our 6th Regional Group (RG) Queensland, first activities of the newly formed South Australian RG and joint activities happening in Tasmania with HSA NZ. The research Committee also saw strong member commitment with 11 nominations for 8 vacancies on the committee.

Representation

Continued contribution, review of clinical practice guidelines and representation in areas of cancer control has continued this year with members from all states involved in a range of activities. These include:

- Cancer Australia: Ovarian Cancer Clinical Practice Guidelines
- Cancer Australia Lobular carcinoma in situ (LCIS) Working Group
- Cancer Australia: Psychosocial Screening of Adults with Cancer Working Group; and
- Western and Central Melbourne Integrated Cancer Service (WCMICS) - monoclonal antibodies (MABs) project
- Victorian Consensus Guidelines for prioritization of access to chemo day services.
- How International Oncology Nurses are Working Together to Accelerate Progress: A panel discussion at the UICC Congress in Melbourne 3-6 December 2014

CNSA continues to be represented at a range of activities and forums, which include:

- Coalition of National Nursing Organizations (CoNNO)
- Asian Oncology Nursing Society (AONS) Advisory Council
- Psycho Oncology Collaborative Research Group; and
- Australian New Zealand Urogenital and Prostate Cancer Trials Group.

Thank you to all CNSA members who participated in these activities.

Celebrating success

The 17th CNSA Winter Congress 24th -26th July, hosted in Melbourne attracted more than 500 delegates from around Australia. Themed with Leading in a Time of Change, international key note speaker Dr Theresa Wiseman shared her expertise and knowledge as the Lead for Health Service Research, Nursing, Rehabilitation and Quality, at The Royal Marsden NHS Foundation Trust, London UK and lead investigator on the internationally acclaimed work on Evidence Based Co-Design, an innovative and uniquely patient-centred approach to improving UK health services provision. Congress remains our preeminent event of the year, engaging current and new members, networking and an event to showcase our achievements.

For a wrap up of all that was the 17th CNSA Winter Congress please visit <http://www.cnsawintercongress.com.au/>.

Partnerships

The strengthening of established partnerships and the development of new possibilities continues to be a key strategic objective of the NEC. This year we have developed stronger links with EViQ, working in partnership with them for the CVAD Guideline review project, and providing forums to further the ADAC program.

With the International Conference of Cancer Nursing, hosted in Panama in September, CNSA was well represented at the conference and the Member Council Meeting. CNSA was recognized as a leading cancer nurse organization and provided input into the discussion of international cancer nursing challenges. Additionally sharing our knowledge and our resources with developing societies was a valuable experience, building new connections and support in our region.

Change in President

With my term closing at the end of 2014, I am pleased to be handing the reins to Adjunct Professor Raymond Chan in January 2015 and wish him every success. I wish to thank my fellow National Executive Committee members for their support, trust and collegial fellowship during my term. This has been a period of change and subsequent growth for CNSA. During the last two

years I believe we have developed a strong sense of independence, challenged ourselves and our members and will truly be coming of age at our 18th Winter Congress looms near in Perth 2015.

As President it has been a wonderful opportunity to be exposed to the diversity of our members, the challenges of cancer nursing across Australia and our opportunities in the international arena. I have learnt much and know there is so much more to do to improve cancer nursing and patient outcomes.

Sandy McKiernan
President, CNSA



COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY



I'm pleased to report that COGNO has had another successful year. Our Annual Scientific Meeting was held in Melbourne and attracted over 130 delegates. In addition we held our first "Ideas Generation Workshop" discussing 13 submissions of which three are actively being considered by our Scientific Advisory Committee (SAC) for development.

The SAC has approved five new concepts for development to add to the five studies currently either underway or recently completed. Our Membership has now reached 413 with representation from all craft groups.

We were also successful in our application to Cancer Australia towards the ongoing funding of the CATNON study: an International study in Grade 3 gliomas. In addition, the COGNO Executive have been busy attending meetings seeking new trial opportunities. Increasingly, the large groups such as the EORTC, NCIC and the US groups see COGNO as an important contributor to neuro-oncology clinical trials. They have welcomed us to their own scientific and business meetings.

Looking forward, we are planning to have a second “Ideas Generation Workshop” and the 2015 ASM Committee, led by Convenor Cecelia Gzell, are hard at work planning for our 8th ASM to be held in Brisbane (23-24 Oct). Indeed, we are already thinking further ahead to the 2016 ASM which will also incorporate ASNO 2016 (Asian Society for Neuro-Oncology). This should attract neuro-oncologists from over 27 countries and will be a major event for all involved.

Thanks to everyone on the COGNO Executive and at operations: a wonderful and enthusiastic team that have done so much to improve the care of our patients.

Mark Rosenthal
Chair, COGNO



FACULTY OF RADIATION ONCOLOGY



On 15 July this year, the Faculty of Radiation Oncology (FRO) at The Royal Australian and New Zealand College of Radiologists (RANZCR) celebrated its 20th birthday. Over the last two decades, FRO has grown and become a peak body in cancer space. Despite our many achievements to date, there is much work still to be done. Some of our key achievements for 2014 are listed below.

Raising Awareness of Radiation Therapy:

FRO continued its efforts to on raise awareness of radiation therapy as a treatment option that could benefit one in two cancer patients. The ‘*Radiation Oncology: Targeting Cancer*’ campaign aims to provide patients, their loved ones and primary care providers with basic information on radiation therapy, to help them make informed decisions about the most appropriate treatment option. The campaign

website (www.targetingcancer.com.au) includes videos, patient stories, answers to frequently asked questions and other resources, as well as function to locate the nearest treatment centre.

COSA members can support the campaign by:

- Visiting the website, registering their support and/or requesting a resource pack
- Following the campaign on Twitter (@TargetingCancer)
- Liking the campaign's on Facebook (Radiation Oncology: Targeting Cancer).
- Connecting via LinkedIn (Radiation Oncology: Targeting Cancer).
- Emailing ideas and/or patient stories to info@targetingcancer.com.au.

Better Access for Patients:

The Faculty has taken the responsibility for sponsoring Medical Services Advisory Committee (MSAC) applications for intensity modulated radiation therapy (IMRT) and image guided radiation therapy (IGRT), and these applications are now in the final stages. IMRT is an advanced technique of radiation therapy delivery, which allows a higher dose of radiation to be directed to the tumour, while ensuring that healthy surrounding tissues receive a lower dose. This is particularly important for the treatment of tumours in critical sites, including brain cancer, head and neck cancer, as well as urinary and anal cancers. IGRT describes a procedure which should occur prior to or during a course of radiation therapy treatment session to help ensure the accuracy of treatment delivery.

IMRT has been shown to improve the survival of cancer sufferers while reducing the side effects of treatment. While around 25% of radiation therapy patients in the United Kingdom receive IMRT, the uptake in Australia has been much lower (around 10%) – partly because it is not appropriately reimbursed at present.

Unfortunately the MSAC process for IMRT and IGRT has been problematic – showing a lack of understanding of radiation therapy, and a lack of appropriate consultation. FRO has provided much feedback to MSAC, and will continue to advocate for Australian patients having appropriate access to these world-class treatment techniques.

The Faculty is also working on a project to explore the issues and challenges specific to regional cancer centres, including workforce attraction and retention, ongoing education and research capabilities, quality treatment delivery, timeliness and availability of treatment options, and patients' perceptions about the services they receive. It is hoped that, with input from the other radiation oncology professions and stakeholders, strategies can be developed to address some of these challenges.

Delivery of Quality Radiation Oncology Services:

Delivery of safe and high quality radiation therapy services is of paramount importance to our patients. The FRO Quality Improvement Committee has been working on a number of guidelines/position papers on quality matters, and recently:

- Completed Imaging in Radiation Oncology - a RANZCR Consensus White Paper
- Updated the Position Paper on 'Breast Cancer and Late Effects Following Radiation Therapy and Chemotherapy for Hodgkin Lymphoma' with the most recent evidence available.

Those documents can be downloaded from the RANZCR website at <http://www.ranzcr.edu.au/about/faculty-of-radiation-oncology/899-faculty-publication>.

Development of guidelines on the delivery of stereotactic body radiation therapy (SBRT), as well as a paper on volumetric delineation, is currently in progress.

FRO values its continued membership of and relationship with COSA, and we look forward to the ongoing support from and close collaboration with other key stakeholders in the cancer space to continue advocating for optimal patient care that is safe, accessible, efficient, affordable and of the highest quality.

Dion Forstner
Dean, Faculty of Radiation
Oncology, RANZCR



MEDICAL ONCOLOGY GROUP OF AUSTRALIA



MEDICAL ONCOLOGY GROUP OF AUSTRALIA INCORPORATED

I take pleasure in presenting the 2014 Annual Report for the Medical Oncology Group of Australia Incorporated (MOGA), the peak national body for medical oncology and the medical oncology profession in Australia; and, a specialty society of the Royal Australasian College of Physicians (RACP). In the last 12 months the Association has enjoyed continued growth across all operational areas and, recorded a significant number of notable achievements.

Our Members

As a professional membership organisation MOGA recognises the valuable contribution our members have made to the development of medical oncology practice, research and education not only in Australia but internationally. Professor Geoffrey J. Lindeman, one of our most distinguished members and, the recipient of the MOGA-Novartis Oncology Cancer Achievement Award 2014, highlighted the unique role that Australian medical oncologists play in providing outstanding global leadership in clinical practice, research and academic achievement.

Consultants and trainee members also contributed to the Association's work in many ways in 2014 including taking on leadership positions, serving as members of committees and working groups, contributing expertise to submissions and most importantly, through the supervision and training of trainees. Dr Zarnie Lwin (Brisbane) generously took on the dual role of Deputy Chair and Treasurer in August, when we also welcomed Associate Professor Chris Karapetis (Adelaide), Dr Prunella Blinman (Sydney) and Dr George Au-Yeung (Melbourne) to the Executive as newly elected members and, Dr Eryn Dow (Adelaide), as the new National Trainee Representative.

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 convened a ground-breaking **Sciences of Oncology Program** in October. Professor Paul de Souza, Professor and Foundation Chair, Medical Oncology, School of Medicine University of Western Sydney and Director, Medical Oncology, Liverpool Hospital took on the role of convenor for the Association's 2014 Annual Scientific Meeting. Both of these education programs focused on the latest advances in a number of tumour streams, including their relevance to clinical practice and, other developments at the forefront of cancer treatment and management globally, including immunotherapy and bioinformatics.

Training in Medical Oncology

Throughout 2014 the Association worked in close collaboration with the RACP 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 increased as did the membership of the Association which rose to over 426 consultant and 194 trainee members in 2014. MOGA's commitment to supporting medical oncology trainees incorporated a range of additional initiatives.

The annual awards program provided much needed funds to assist trainee and consultant members to attend national and international scientific meetings to advance their professional development. Trainee specific education programs included **Communication Skills Training** on the theme of **Breaking Bad News** (with Professor Fran Boyle AM and Professor Stewart Dunn from the Pam McLean Centre, University of Sydney) and the **Basic Sciences of Oncology Program**. These Education programs ensure that Australian medical oncology trainees are fully equipped to effectively communicate with their patients and fully understand the sciences that underpin our speciality and that their clinical knowledge aligns with the rapidly changing discipline of oncology.

Oncology Drugs and Treatments

MOGA's advocacy and lobbying activities to ensure access to oncology drugs and treatments in Australia that match developments overseas

and, directly benefit clinical practice, patients and the community continued apace under the dynamic and responsive leadership of A/Prof Gary Richardson. The 2014 Annual Horizon Scanning Report on **New Developments in Medical Oncology** was a substantial document that demonstrated not only the explosion of activity in oncology drug discovery and development over the last 12 months but, the profession's commitment to actively participating in ensuring access to new therapies. The Oncology Drugs Working Group pursued a diversity of oncology drugs and treatment matters over the year's span including the review and streamlining of authorities; updating and derestricting indications in keeping with current clinical practice and research advances; shortage, funding and supply issues; liaising with the pharmaceutical industry; and approval and access issues; and above all proactively addressing oncology drugs and treatment issues with the regulatory bodies and government as they arose.

Advocacy and Lobbying

The Associations' policy and advocacy work for oncology drugs and treatment in 2014 continued unabated and, there was significant progress on all fronts. The Association worked closely with the regulatory agencies on long standing matters such as amending indications to reflect clinical practice for older and off-patent drugs and strategies to address national drug shortages. The Association was also extremely active in developing submissions, positions statements and policy documents and, participating in key stakeholder meetings.

The Association's media and public profile was 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. 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.

Education Activities

Professor Paul de Souza and the 2014 ASM planning team presented an outstanding national meeting in Sydney – **Integrating Molecular and Immunologic Advances into Practice**. An innovative scientific and academic program

explored many of the contemporary challenges and advances in medical oncology research, discovery and clinical practice. The meeting's focus on immunology, immunotherapy, biomarkers and genomics provides a timely opportunity for Australian medical oncology practitioners to review the role they play in the management of patients with cancer and how they guide clinical research and drug development as well as impact on targeted therapy. A highlight of the program were two symposia featuring international and Australian experts that focussed on **Immunotherapy, Biomarkers and Genomics** across cancer streams. Four renowned international guest speakers will contribute to the scientific program; including Professor Alison Stopeck (USA), Professor James Gulley (USA), Professor Klaus Pantel (Germany) and Professor Ramaswamy Govindan (USA). Each of these speakers provided a state of art perspective on molecular and immunologic advances and related scientific and research trends as well as shared their specialist tumour expertise. These includes symposia on targeted therapy in lung cancer with Professor Govindan and, breast cancer with Professor Stopeck and Professor Pantel. The Presidents of the Japanese (Professor Yuichiro Ohe), Singaporean (Dr Ravindran Kanesvaran) and South Korean (Professor Hyun Choel Chung) medical oncology organisations attended the meeting as part of MOGA's international and regional collaborative and networking activities.

MOGA also successfully presented **Best of ASCO® Australia**, which featured international oncology research highlights following the 2014 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.

2014 witnessed the launch of the **Young Oncologists Group of Australia (YOGA)** at the Association's 2014 Scientific Meeting in August with a special education program and networking lunch. Established by Dr George Au-Yeung, Dr Hui-Li Wong and Dr Deme Karikios, YOGA aims to support young medical oncologists who have attained their fellowship within the last 5 years with a networking framework and assistance to facilitate their transition from advanced trainee

to consultant. The inaugural program featured presentations from ACORD Alumnus, Dr Katrin Sjoquist on clinical trial development and research opportunities, a Masterclass on What Drugs When in prostate cancer with an invited international speaker Professor James Gulley from the US National Cancer Institute.

In 2014, the Association marked the 10th Anniversary of the **Australia and Asia Pacific Clinical Oncology Research Development (ACORD) Workshop (www.acord.org.au)**. ACORD Convenor Professor Martin Stockler and the 2014 ACORD Faculty organised the largest and the most successful ACORD Workshop to date. 72 participants and 25 Faculty members attended the Workshop on the NSW Central Coast from 14-20 September 2014. The Program evaluation recorded overwhelmingly positive feedback from attendees who clearly found the experience professionally and personally rewarding on all levels. As it was the 10th anniversary of the Workshop, the founder of the program Professor Bogda Koczwara was able to return as a faculty member and once again share her enduring enthusiasm for the program, medical oncology and, clinical research with another group of young oncology professionals. Associate Professor Chris Karapetis also joined the Faculty again in his new role as Deputy Convenor of the Program. 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 and the Clinical Oncological Society of Australia, Cancer Australia, the US National Cancer Institute, the NSW Cancer Institute and the Cancer Council of New South Wales.

The Association is proud to have recorded so many notable achievements in 2014 and, acknowledge the support and, assistance of our many members in achieving these professional outcomes.

Rosemary Harrup
Chairman, MOGA



ONCOLOGY SOCIAL WORK AUSTRALIA



The past year has been an exciting one for Oncology Social Work Australia (OSWA). At the August meeting of the COSA Board, OSWA's request was accepted to shift its relationship with COSA from that of Group to Affiliated Organisation. The Social Work Group was established within COSA in the 1980s, but the last decade has seen the emergence of a stronger Oncology Social Work discipline; culminating in the creation of OSWA, an incorporated body that has become the primary membership organisation for our profession.

The challenges faced by cancer professionals in the 21st century still have as their basis excellence in clinical service delivery and evidence-based practice. However, developments in cancer treatments, changes to population demographics and issues of resource allocation see emerging trends in fields such as geriatric oncology, survivorship care planning, service provision to regional and rural patients, needs of caregivers and equity of access to treatments. These issues are "core business" for oncology social workers; and the prospects for the continuation of a mutually productive and collaborative association between COSA and OSWA are strengthened by the transition to Affiliated Organisation. Kim Hobbs will continue to be the OSWA representative on COSA Council.

Following on from the successful national OSWA conference in Canberra in 2013, the OSWA Executive decided to continue with a plan to host a mid-year conference annually. In August 2014, OSWA members convened in Adelaide for another highly successful three day event. The theme of OSWA's ninth annual conference was *The Fabric of Modern Family: Working with Life, Love and Loss*. Participants came from most Australian states and territories, and from New Zealand. Clinicians, researchers and academics

from a wide range of settings attended and presented: from tertiary cancer centres in major metropolitan centres, to regional and rural cancer centres, community based clinicians, workers from non-government support organisations and some from remote areas. A highlight for all in attendance was the presence of our Invited International Speaker, Ms Shirley Otis Green from the Pain and Palliative Care Resource Centre, City of Hope in California. Shirley was most generous in sharing her vast experience through presentations on each of the conference days.

The annual conference has been judged as a calendar highlight by oncology social workers. With this in mind, an enthusiastic group is at work developing the next program to be held in Sydney in September 2015. Our Invited International Speaker is Dr Sage Bolte, also from USA.

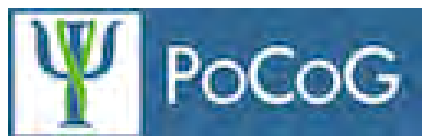
A major development during 2014 was the launch of our very much improved OSWA website www.oswa.net.au. Thanks and gratitude are due to Evey Wegener and Jeanie O'Connor who have worked tirelessly with the web developer to deliver a far superior (and user friendly) online presence. The papers from the Adelaide conference have now been uploaded to the 'members only' section of the website, along with a wide range of resources, professional development opportunities and news about upcoming events.

The OSWA Executive and management committee continue to be the dynamic forces behind the day to day administration of the organisation. Monthly teleconferences are lively and well attended. I would like to acknowledge in particular, our current president Alison Hocking, our immediate past president Victoria Jones, our president elect (and treasurer) Ray Araullo and our joint secretaries, Olga Gountras and Evey Wegener. Along with state representatives and sub-group chairs, there is a wealth of talent which will see the organisation continue to grow and prosper. As a group we look forward to a fruitful collaboration with COSA and with our colleagues from all disciplines.

Kim Hobbs
Representative, OSWA



PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP



I am very pleased to present COSA members with the report of PoCoG activities for 2014.

Our membership

Once again we have seen growth in the membership numbers, now standing at more than 1300 members, including a growing group of international associate members from 44 countries. Our member interest groups have been active throughout 2014, holding special events and promoting research growth in psycho-oncology. The Adolescent and Young Adult (AYA) interest group is into its second year, and has been utilising the PoCoG online email forum to foster communication between members and share interesting journal articles as well as promote and support attendance at national and international conferences. The South Australian interest group hosted a student concept development workshop, with five students presenting their research proposals to experts and consumers. The Early Career Researchers (ECR) interest group hosted a breakfast in conjunction with COSA's ASM with guest speakers A/Prof Marina Reeves (NBCF ECF) and Dr Tseen Khoo (Lecturer research education and development). The session which was attended by 26 members with many new faces joining the group.

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 2014 PoCoG held two Open SAC meetings and two Concept Development Workshops, one of which was conducted jointly with ANZCHOG and CanTeen, the other coincided with the 2nd annual Victorian Psycho-oncology Conference.

In conjunction with COSA's ASM in Melbourne this year we held a joint Survivorship and Professional day with OZPOS and the COSA Survivorship Group attracting over 100 registrants. The day was a great success with discussion of many new advances in psycho-oncology research and would not have been possible without the Society's generosity.

This year also brought an opportunity to broadening the scope of collaborations with other cancer trials group, with ANZUP and PoCoG offering two Joint Travel Fellowships to attend the Australia and Asia-Pacific Clinical Oncology Research Development (ACORD) workshop.

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. The pilot study of this intervention has now been completed with results and manuscript in preparation. 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. Excitingly after finalising these pathways and possible implementation frameworks, the clinical pathways were launched at the COSA/PoCoG 2014 Professional Day.

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 2014 and look forward to strengthening these relationships in the future.

Phyllis Butow AM
Chair, PoCoG



ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA



National Structured Pathology Reporting Project (NSPRC).

This joint project between the RCPA, Cancer Australia, the Cancer Institute NSW and the Department of Health, is now in its 7th year and has structured reporting protocols for pathology reporting of over 26 different cancer types in Australasia. Use of these datasets is strongly supported in New Zealand and moves are underway to mandate the use of these protocols by all Australian pathologists under NPAAC guidelines, which regulate laboratory accreditation in Australia. A/Prof David Ellis, who has chaired the project since its inception, has now handed over to Prof James Kench, Director of Tissue Pathology and Diagnostic Oncology at RPAH, Sydney.

Now that the datasets have been well promulgated and understood, the next phase is to facilitate implementation nationally. On behalf of the NSPRC, and in conjunction with Cancer Australia, the ICCR has developed a White Paper on the Benefits of Structured Pathology Reporting implementation, for both clinical use and data collection at a population level for benchmarking, epidemiological research and system-wide quality improvement in the health system – as demonstrated so effectively in Ontario, Canada. Our intention for 2015 is to trial SR in conjunction with the consolidation of laboratories in the NSW Public Health System.

International Collaboration on Cancer Reporting (ICCR)

Increasingly, Australasian standards for Structured Pathology Reporting of Cancer will be based upon datasets produced by international multidisciplinary expert groups convened by the ICCR, and in conjunction with the WHO through the International Agency for Research in Cancer (IARC) in Lyon, which publishes the WHO Classification of Tumours.

The ICCR is now fully incorporated and the board representation covers the five founding entities: 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.

Australia has two representatives on the Board: A/Prof David Ellis (President) and Prof James Bishop (Director).

In synchrony with the WHO publication this year, ICCR is developing datasets for thoracic tumours: Lung, Heart, Mesothelioma, and Thymus, and we are working closely with the IARC Editors to produce a suite of 12 datasets for Genitourinary system tumours this year (having recently appointed an experienced project manager specifically for this task).

An ovarian dataset has recently been completed, a liver dataset is well underway and others are in the pipeline.

At the World Cancer Congress in Melbourne last December, the ICCR took part in an IARC symposium on the Global Initiative for Cancer Registration. Two important points emerged: firstly the importance of pathologist education in the developing countries to ensure accurate and complete data, and secondly, the value of internationally standardized ICCR datasets both as a source of data and as an educational tool.

Cancer Staging and UICC

The TNM Core Group Meeting will be held in Geneva in April this year and revisions will be developed in line with the AJCC for the forthcoming 8th Edition. The ICCR President represents us at this meeting. Discussion continues regarding the convening of an Australasian TNM Committee as part of the UICC Global Advisory Group. It is clear that such a committee should be multidisciplinary and that

COSA is ideally suited to host it. Immediate Past President of COSA, Sandro Porceddu and David Ellis are in discussion with Mary Gospodarwicz, Jim Brierley and Brian O'Sullivan in Canada about the best way to progress this. On the other side of the Atlantic, AJCC 8th Edition Committees have been convened and a number of Australians are involved as experts.

David Ellis
Chair, ICCR
Chair, NSPRC Project
on behalf of CanSAC and
the RCPA



TRANS-TASMAN RADIATION ONCOLOGY GROUP



It has been a momentous year for TROG, its research portfolio, Quality Assurance and the conduct of clinical trials. We commenced the year with the implementation of our new Strategic Plan, identifying our three strategic goals for 2014-2016 as **financial sustainability**; **enhanced communication** with stakeholders; and **improved clinical trial conduct**. We are pleased to advise that, with the engagement of our membership, the majority of our Key Performance Indicators are on target.

In the past year, TROG has continued to cultivate its reputation as a world-class research organisation and an industry leader. Our constant aim is to improve the lives of those affected by cancer through innovative research and treatment techniques, as we strive towards breakthrough discoveries. We are proud to be known as the highest recruiting collaborative cancer trials group in Australasia.

Over the past 12 months, TROG has continued to enhance communication with members, the public, corporate organisations, collaborative groups and community groups. Our new and improved TROG website has been extremely well-received as a user-friendly resource and

we have continued to broaden our reach in the digital landscape with increased social media engagement and regular e-news updates to both our members and the community. In 2015, we will continue to increase TROG's media exposure, celebrate our successes and boost our profile as an international research leader.

In 2014 we also welcomed our collaboration with GenesisCare as one of our major sponsors. We would like to thank all of our sponsors for their support over the year. This last year also saw six new proposals submitted from our membership, which will be reviewed at TROG's 27th Annual Scientific Meeting at Newcastle City Hall on 24th-26th March, 2015. We also congratulated several of our TROG Trial Chairs, who were successfully awarded funding grants during 2014.

We currently have seven clinical trials in Development, 14 active trials and 23 in follow-up. This is a very exciting time as the TROG Central Office branch into the trial co-ordination of five new studies in 2015. TROG publications and citations continue to grow as the outcomes from TROG trials are recognised nationally and internationally. In 2015, TROG is excited to announce the launch of a new Good Clinical Practice online learning module, which will be a valuable learning resource for our members.

As we celebrate TROG's 26th anniversary in 2015, we reflect on our past achievements and we look to a positive future with a renewed focus on our fundamental goals of collaboration with our stakeholders, organisations and community groups who share our aim of defeating cancer; continuing our quality research on a global scale; and providing the utmost care and consideration for patients, families and our TROG community.

TROG can be proud of what its members have achieved in the last year. Our community of members has now exceeded 1000 and we thank each of them for their support and engagement this year, including the Board; TROG Scientific Committee; Jarad Martin, our 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.

Farshad Faroudi
Scientific Committee Chair,
TROG



OTHER REPORTS

CANCER COUNCIL AUSTRALIA



The year 2014 was a time of continued progress and significant achievement for Cancer Council Australia, including our joint work with COSA in the development and promotion of independent, evidence-based public policy in cancer care. It was also my ninth and final year at Cancer Council Australia, as I take up a new role as the Director of the Sansom Institute for Health Research at the University of South Australia.

The highlight of 2014 in a federal policy context was the announcement in May of \$95.4 million over four years for the long-awaited completion of the National Bowel Cancer Screening Program by 2020. That the announcement came in a budget characterised by its focus on savings measures showed that cancer control remains a priority for successive governments in Australia. It was particularly pleasing to commend the Government for its commitment, given that the then Minister for Health, Peter Dutton, attributed his decision to the modelling on mortality benefit that Cancer Council had developed and submitted. The program's accelerated roll-out will, on our analysis, save 35,000 additional Australian lives over the next four decades.

Bowel cancer screening was also the focus of a Commonwealth-funded media campaign that we conducted over June and July 2014, which ran online nationally and on TV in Queensland, Adelaide and regional Victoria. Formal evaluation

submitted to the funder showed that the campaign exceeded expectations, with its potential impact on screening participation and awareness greater than we might have anticipated with a relatively modest \$550,000 budget.

While our work in bowel cancer screening was the public policy highlight of 2014, the stand-out event was the Union of International Cancer Control Organisations' (UICC's) World Cancer Congress in Melbourne. The program was well-received and Cancer Council Australia was commended by the UICC as host organisation. Thousands of international and Australian delegates attended the congress, which was significantly enhanced by its coordination with the COSA Annual Scientific Meeting. Our capacity to synchronise the congress with an event with the standing of the COSA ASM was something of a coup, with a large numbers of delegates attending both forums. I thank the UICC, my staff and our COSA colleagues for such a successful joint activity.

We also took a major step towards jointly developing our cancer care policy agenda, with the establishment of a Wikimedia-based framework for collecting the evidence on policy interventions aimed at improving patient outcomes. As part of that agenda, my staff Paul Grogan and Kate Whittaker will formally engage with COSA Council to ensure COSA's multidisciplinary clinical expertise is incorporated into the policy develop process. Our joint work on recommendations for improving access to cancer medicines is at the forefront of this agenda. At the time of writing, work was underway on a joint position statement to address the contentious issue of medicinal cannabis – a good example of how our organisations can work together to provide independent, evidence-based advice on key issues in patient support.

On the subject of joint activities and contentious issues, 2014 was a milestone year in our work in

clinical practice guidelines, with the dissemination at the World Cancer Congress of draft guidelines for PSA testing of men for prostate cancer risk. COSA members would be aware of the longstanding contention around PSA use. While acknowledging that PSA is not an appropriate test for population screening, the draft guidelines seek to take a consensus-based approach to the clinical management of men who choose to be tested once they are fully informed of the potential harms and benefits. Once the public consultation run its course, the guidelines will be submitted for NHMRC approval. Rigorous work on guidelines continued in a number of other areas, such as sarcoma, melanoma and lung cancer, and the Commonwealth commissioned Cancer Council Australia for a full revision of the 2005 colorectal cancer management guidelines.

In addition, our Oncology Education Committee produced an important new eBook, Clinical Oncology for Medical Students, using the same Wikimedia technology that underpins our guidelines and our flagship prevention resource, the National Cancer Prevention Policy.

These are just a few of our key activities in 2014, my final year at Cancer Council Australia.

One of the highlights of my nine-year career was working closely with my COSA colleagues – as a member of COSA Council, through COSA's representation on our board, and through our joint activities underpinned by our memorandum of understanding. It was a privilege to be involved in the changes to COSA governance and the establishment of a Board of Directors.

COSA's relationship with Cancer Council Australia is a critical part of who we are. Over the past nine years I've had the pleasure of working alongside five COSA presidents – David Currow, David Goldstein, Bruce Mann, Bogda Koczwara and Sandro Porceddu. My thanks to you all, and your many colleagues, and to Executive Officer Marie Malica and her predecessor, Margaret McJannett.

Ian Olver AM,
CEO





FINANCIAL STATEMENTS AT 30 JUNE 2014 AND INDEPENDENT AUDIT REPORT

Clinical Oncology Society of Australia Limited
ABN 97 631 209 452

About Clinical Oncology Society of Australia Limited	48
Corporate Information	49
Directors' Report	50-52
Declaration of Independence	53
Statement of Profit or Loss	54
Statement of Financial Position	55
Statement of Changes in Equity	56
Statement of Cash Flow	57
Notes to the Financial Statements for the year ended 30 June 2014	58-64
Directors' Declaration	65
Independent Auditor's Report	66-67
Detailed Trading Profit and Loss Account	68
Disclaimer	69

AUDITORS
BDO Level 10, 1 Margaret St, Sydney NSW 2000

About Clinical Oncology Society of Australia Limited

The Clinical Oncology Society of Australia (COSA) is the peak national body representing health professionals from all disciplines whose work involves the care of cancer patients.

Our vision

Quality multidisciplinary cancer care for all.

Our mission

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

Guiding Principles

As a membership organisation, COSA's activities are driven by the needs of our members. The following guiding principles are intended to provide an overarching direction for all COSA activities.

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

Strategic Directions 2014-2019

1. Advocate for matters affecting cancer service delivery, policy and care
2. Meet the educational needs of COSA's multidisciplinary membership
3. Promote and facilitate cancer research
4. Ensure the sustainability of COSA

Our History

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

Clinical Oncology Society of Australia Limited

(A company limited by guarantee)

Corporate Information

ABN 97 631 209 452

Directors as at 30 June 2014

Dr Christine Carrington
 Professor Ian Davis
 Dr Haryana Dhillon
 Mr Peter Dowding
 Professor David Goldstein
 A/Professor Christos Karapetis
 Professor Meinir Krishnasamy
 Professor Bruce Mann
 Professor Ian Olver AM
 Associate Professor Sandro Porceddu
 Ms Felicity Shaw

Company Secretary & Executive Officer

Ms Marie Malica

Registered Office and Principal place of business

Level 14
 477 Pitt Street
 Sydney NSW 2000

P: +61 (0)2 8063 4100

F: +61 (0)2 8063 4101

Company contact details

GPO Box 4708
 Sydney NSW 2001
 E: cosa@cancer.org.au
 W: www.cosa.org.au

Auditors

BDO East Coast Partnership
 Level 11
 1 Margaret Street
 Sydney NSW 2000

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)

Directors' Report

30 June 2014

The directors present their report on Clinical Oncology Society of Australia Limited (the Company) for the year ended 30 June 2014.

Objectives

The Company's primary short-term objectives over the reporting period were:

- * Develop a strategic plan for the period July 2014 to June 2019
- * Develop and implement policies to ensure operational efficiencies
- * Establish the new Board
- * Review the Board, Council and COSA Groups to ensure their memberships are appropriate and engaged
- * Build and maintain collaborative relationships with relevant government agencies, NGOs and industry groups involved in cancer care to ensure strategic alignment and collaboration and to avoid duplication of effort
- * Respond to government and other relevant stakeholder requests for submissions
- * Host a successful Annual Scientific Meeting

The Company's long term objectives are to:

- * Advocate for matters affecting cancer service delivery, policy and care
- * Meet the educational needs of COSA's multidisciplinary membership
- * Promote and facilitate cancer research
- * Ensure the sustainability of COSA

Strategy for achieving the objectives

- * Ensure COSA's advocacy work is in accordance with best practice
- * Hold strong and mutually beneficial relationships with national and international oncology organisations
- * Reinforce COSA's position as the peak national body representing multidisciplinary health professionals whose work encompasses cancer care and control
- * Ensure COSA's educational opportunities remain relevant to the membership
- * Build on the strength and success of the COSA Annual Scientific Meeting
- * Build on the strength and success of the COSA Trainees Weekend
- * Build on the strength and success of the COSA Clinical Professional Days
- * Build on current, and investigate new opportunities for, industry sponsored events outside the COSA ASM
- * Extend the reach of COSA's current educational activities
- * Provide a forum for the discussion of common issues in cancer research
- * Facilitate a collective voice for the cancer cooperative trials groups
- * Align COSA's governance and operational structure in accordance with best practice
- * Ensure COSA remains relevant to its membership
- * Ensure COSA remains financially viable as a not-for-profit organisation

Principal activities

The principal activities of the Clinical Oncology Society of Australia during the year were focused on furthering both our short and long term objectives, referenced above. More detail on the achievements against these activities are detailed in the 2014 Annual Report.

Review of financial operations and results of Clinical Oncology Society of Australia Limited

The total income for the financial year ended 30 June 2014 was \$903,648. In the same period, expenditure was \$888,943 leaving a surplus of \$14,705. The level of spending for the organisation varies from year to year as the range of activities to support our members, and the costs associated with them, also vary.

Matters Subsequent to the end of Financial Year

As at the date of this directors' report, the directors are not aware of any matter of circumstance that has arisen that has significantly affected, or may significantly affect, the operations of the Company, the results of those operations or the state of affairs of the Company in the financial years subsequent to 30 June 2014.

Indemnity and insurance of officers

The Company has indemnified the directors and executives of the Company for costs incurred, in their capacity as a director or executive, for which they may be held personally liable, except where there is a lack of good faith.

During the financial year, the Company paid a premium of \$1,497 in respect of a contract to insure the directors and executives of the company against a liability to the extent permitted by the Corporations Act 2001.

Indemnity and insurance of auditor

The Company has not, during or since the end of the financial year, indemnified or agreed to indemnify the auditor of the Company or any related entity against a liability incurred by the auditor.

During the financial year, the Company has not paid a premium in respect of a contract to insure the auditor of the Company or any related entity.

Proceedings on behalf of the Company

No person has applied to the Court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the Company, or to intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or part of those proceedings.

Environmental Regulation

COSA is not subject to any significant environment regulations.

Dividends

COSA does not permit any dividends and therefore no dividends have been paid or declared.

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
 Directors' Report (cont'd)
 30 June 2014

Directors

The names of the Directors of the Company in office during or since the end of the year are:

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board
				Attended / Eligible to attend
<p>Associate Professor Sandro V Porceddu BSc, MBBS (Hons), MD, FRANZCR</p> <p>Associate Professor Porceddu is President of the Clinical Oncology Society of Australia. He is also President of the Trans Tasman Radiation Oncology Group (TROG), Board member of the Cancer Council Australia and former President of the Australian Sarcoma Group and Chair of the TROG Scientific Committee. Dr Porceddu is a full-time Senior Radiation Oncologist at the Princess Alexandra Hospital, Brisbane, specialising in head and neck and skin cancers, and Associate Professor with the University of Queensland.</p>	President, Board Chair, Director	1 July 2013	-	5 / 5
<p>Professor Meinir Krishnasamy BA, RN, DipN, MSc, Ph.D</p> <p>Professor Krishnasamy is President Elect of the Clinical Oncology Society of Australia. She is Executive Director, Cancer Nursing and Allied Health at the Peter MacCallum Cancer Centre in Melbourne, and Professor of Cancer Nursing - Translational Research at the University of Melbourne. She is a past President of the Cancer Nurses Society of Australia.</p>	President Elect, Director	1 July 2013	-	5 / 5
<p>Dr Christine Carrington BPharm(Hons), MMedSci Doctor Clin Pharm</p> <p>Dr Carrington is a Senior Consultant Pharmacist at the Princess Alexandra Hospital in Brisbane. She is a past Chair of the COSA Cancer Pharmacist Group and has a keen interest in safe medication practices in cancer therapy and in developing educational programs for pharmacists. Her published work includes the development of the Australian national guidelines for the 'Safe Prescribing, Dispensing and Administration of Cancer Chemotherapy'.</p>	Director	1 July 2013	-	4 / 5
<p>Professor Ian Davis MBBS(Hons) PhD FRACP FACHPM</p> <p>Professor Davis is Professor of Medicine at Monash University and Eastern Health, Melbourne and Head, Eastern Health Clinical School, Melbourne. He is a medical oncologist whose primary clinical and research interests are in urologic cancers. He is Chair of the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), and Chair of the COSA Urologic Oncology Group.</p>	Director	1 July 2013	-	5 / 5
<p>Dr Haryana Dhillon BSc MA PhD</p> <p>Dr Dhillon is a Research Fellow in the Survivorship Research Group and Deputy Director of the Centre for Medical Psychology & Evidence-based Decision-making, Central Clinical School, Sydney Medical School at the University of Sydney. She is Chair of the COSA Psycho-Oncology Group and A/Chair of the COSA Survivorship Group, and was awarded the COSA New Investigator Award in Psycho-oncology in 2012.</p>	Director	1 July 2013	-	5 / 5
<p>Mr Peter Dowding BSc (Hons) MBA</p> <p>Mr Dowding is co-founder and Managing Director of Propel Investments, a mid-market private equity firm based in Sydney and established in 2007. He has over 25 years experience in the private equity sector, having been a Director on several investments and was appointed as a Director to the COSA Board for his experience in corporate governance.</p>	Director	12 May 2014	-	0 / 0

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
 Directors' Report (cont'd)
 30 June 2014

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board
				Attended / Eligible to attend
Professor David Goldstein FRACP FRCP MBBS Professor Goldstein is a Senior Staff Specialist in the Department of Medical Oncology at Prince of Wales Hospital in Sydney. He specialises in gastrointestinal malignancies and is also the adult program leader of the newly formed NSW Cancer Survivors Centre. He is a past President of COSA and was the first chair of the Rural and Regional Group.	Director	1 July 2013	-	5 / 5
A/Professor Christos Karapetis MBBS FRACP MMedSc Associate Professor Karapetis is Regional Director of Cancer Services in the Southern Area Health Network, Adelaide and Head of Department of Medical Oncology and Director of Cancer Clinical Research, Flinders Medical Centre. He was instrumental in the establishment of the Clinical Research Unit at the Flinders Centre for Innovation in Cancer. He is a former chair of the COSA Gastrointestinal Cancer Group.	Director	1 July 2013	-	4 / 5
Professor Bruce Mann MBBS PhD FRACS Professor Mann is Director of the Breast Service, Royal Women's and Royal Melbourne Hospitals in Melbourne. He is a surgical oncologist and specialist breast surgeon with an active interest in developments in the delivery of all aspects of cancer care, and is a past President of COSA.	Director	1 July 2013	-	2 / 5
Professor Ian Olver AM, MBBS MD PhD CertMin FRACP FACHPM MRACMA Professor Olver is Chief Executive Officer of Cancer Council Australia. Professor Olver is a medical oncologist and a Clinical Professor in the Department of Medicine at the University of Sydney, and also holds a PhD in bioethics. He currently chairs the Australian Health Ethics Committee and serves on the NHMRC and on the Board of Cancer Australia. In 2011, he was a recognised in the Australia Day honours by being awarded an Order of Australia Medal (AM) for his services to oncology.	Director, Cancer Council Australia nominee	1 July 2013	-	3 / 5
Ms Felicity Shaw LLB (Hons I) BSc MEL Ms Shaw is a senior lawyer with over 15 years experience in the global financial services sector. She is currently special counsel and chair of the corporate responsibility group of the Export Finance and Insurance Corporation, a commonwealth agency that finances Australian exporters. She was appointed as a Director to the COSA Board for her legal expertise.	Director	19 May 2014	-	0 / 0

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

Company Secretary and Executive Officer

Ms Marie Malica is the Company Secretary and Executive Officer of the Company. Ms Malica joined the Company in March 2011 and has 15 years experience working in the cancer not-for-profit sector and state government having previously held the position of Manager, Research Strategy Unit at Cancer Council NSW and Manager, Research Support Office with South Eastern Sydney Area Health Service, Northern Hospital Network.

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



A/Prof Sandro Porceddu
President



Prof Mei Krishnasamy
President-Elect

Sydney
17 October 2014

DECLARATION OF INDEPENDENCE BY PAUL CHEESEMAN TO THE DIRECTORS OF CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

As lead auditor of Clinical Oncology Society of Australia Limited for the year ended 30 June 2014, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *ACNC Act 2012* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.



Paul Cheeseman
Partner

BDO East Coast Partnership

Sydney, 17 October 2014

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
Statement of Profit or Loss and Other Comprehensive Income
For the year ended 30 June 2014

	Note	2014 \$	2013 \$
<u>Income</u>			
Member subscriptions	1 (a) (ii), 4	138,286	81,580
Annual Scientific Meeting revenue	1 (a) (iii), 4	388,935	319,311
NHMRC Enabling Grant revenue	1 (a) (iv), 4	13,806	2,000
Other grant & project revenue	1 (a) (i), 4	257,381	449,105
Interest income	1 (a) (v), 4	61,433	72,857
Other revenue	1 (a) (vi), 4	43,807	0
		903,648	924,853
<u>Expenditure</u>			
Administration expenses		(63,282)	(69,087)
Employment costs		(398,952)	(433,127)
Depreciation		(2,596)	(2,090)
NHMRC Enabling Grant expenses		(2,134)	(1,791)
Annual Scientific Meeting		(60,533)	(62,667)
Other grant & project expenses		(304,517)	(416,932)
Other expenses from ordinary activities		(56,929)	(41,377)
		(888,943)	(1,027,071)
Surplus/(deficit) before income tax expense		14,705	(102,218)
Income tax expense	1 (c)	0	0
Net surplus/(deficit) after income tax expense for the year attributable to the Members of COSA		14,705	(102,218)
Other comprehensive income for the year, net of tax		0	0
Total comprehensive income for the year attributable to the members of COSA		14,705	(102,218)

The accompanying notes from part of these financial statements
A Detailed Trading Profit and Loss Account appears at the end of these formal published accounts

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
Statement of Financial Position
As at 30 June 2014

	Note	<u>2014</u>	<u>2013</u>
		\$	\$
ASSETS			
Current assets			
Cash & cash equivalents	5	2,177,030	1,679,991
Trade & other receivables	6	13,753	80,217
Other current assets	7	<u>42,160</u>	<u>470,000</u>
Total current assets		<u>2,232,943</u>	<u>2,230,208</u>
Non-current assets			
Plant & equipment	8	<u>3,912</u>	<u>4,861</u>
Total non-current assets		<u>3,912</u>	<u>4,861</u>
Total assets		<u>2,236,855</u>	<u>2,235,069</u>
LIABILITIES			
Current liabilities			
Trade & other payables	9	142,647	387,395
Provisions	10	<u>26,747</u>	<u>17,157</u>
Total Current liabilities		<u>169,394</u>	<u>404,552</u>
Non Current Liabilities			
Provisions	10	<u>4,302</u>	<u>0</u>
Total Non Current liabilities		<u>4,302</u>	<u>0</u>
Total Liabilities		<u>173,696</u>	<u>404,552</u>
Net assets		<u>2,063,158</u>	<u>1,830,517</u>
EQUITY			
Grants & Special Projects Reserve		239,389	0
General Funds		<u>1,823,769</u>	<u>1,830,517</u>
Total Equity		<u>2,063,158</u>	<u>1,830,517</u>

The accompanying notes form part of these financial statements

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
 Statement of Changes in Equity
 For the year ended 30 June 2014

	\$	\$	\$
	General Funds	Grants & Special Projects Reserve	Total Funds
Balance at 1 July 2012	1,932,735	0	1,932,735
Transfer to/(from) reserves	0	0	0
Surplus/(deficit) after income tax for the year	(102,218)	0	(102,218)
Other Comprehensive income for the year, net of tax	0	0	0
Total comprehensive income for the year	(102,218)	0	(102,218)
Balance at 30 June 2013	1,830,517	0	1,830,517
Balance at 1 July 2013	1,830,517	0	1,830,517
Transfer to/(from) reserves	(21,453)	21,453	0
Transfer (to)/from liabilities	0	217,936	217,936
Surplus/(deficit) after income tax for the year	14,705	0	14,705
Other Comprehensive income for the year, net of tax	0	0	0
Total comprehensive income for the year	14,705	0	14,705
Balance at 30 June 2014	1,823,769	239,389	2,063,158

Nature and Purpose of Reserves

Grants & Special Projects Reserve

This reserve relates to funds received by the Company and designated for use for a specific purpose. This may include grant monies received but not yet spent. These funds are held in reserve until spent appropriately, or in line with funding agreements.

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
 Statement of Cash Flow
 For the year ended 30 June 2014

	Note	<u>2014</u>	<u>2013</u>
		\$	\$
<u>Cash flows from operating activities:</u>			
Receipts from member subscriptions, donations and other income (inclusive of GST)		1,208,519	829,109
Payments to suppliers, employees and member bodies (inclusive of GST)		(1,321,266)	(1,221,799)
Interest received		<u>61,433</u>	<u>72,857</u>
Net cash (used in) operating activities	14	<u>(51,314)</u>	<u>(319,833)</u>
<u>Cash flows from investing activities:</u>			
Received from term deposits		550,000	400,000
Payment for purchase of plant and equipment		<u>(1,647)</u>	<u>(3,212)</u>
Net cash provided by investing activities		<u>548,353</u>	<u>396,788</u>
Net increase in cash & cash equivalents		497,039	76,955
Cash & cash equivalents at the beginning of the year		<u>1,679,991</u>	<u>1,603,036</u>
Cash & cash equivalents at the end of the year	5	<u>2,177,030</u>	<u>1,679,991</u>

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452) Notes to the Financial Statements for the year ended 30 June 2014

Note 1. Statement of significant accounting policies

Clinical Oncology Society of Australia Limited ("the Company") is not a reporting entity because in the directors' opinion there is unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs and these financial reports are therefore a Special Purpose Financial Report that has been prepared solely to meet the financial reporting requirements of the *ACNC Act 2012*. The directors have determined that the policies are appropriate to meet the needs of the members of the Company.

The Company is a not for profit entity and incorporated company limited by guarantee domiciled in Australia.

The financial report was authorised for issue by the directors on 17 October 2014.

New, revised or amending Accounting Standards and Interpretations adopted

The Company 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.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

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' and AASB1054 'Australian Additional Disclosures', 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").

No other Accounting Standards and other professional reporting requirements in Australia have mandatory applicability because the company is not a reporting entity.

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.

Restatement of Comparatives

Where required by accounting standards, the reclassification of comparatives has been performed in order to conform to the changes in presentation for the current financial year.

ACCOUNTING POLICIES

(a) Revenue recognition

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

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)

Notes to the Financial Statements for the year ended 30 June 2014

Note 1. Statement of significant accounting policies (cont.)

(i) Grants

The Company receives grants to fund certain activities. Where the grant is non reciprocal, it is recognised as revenue of the Company 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.

A management review of the treatment of prior year grant funding resulted in a transfer of \$217,936 from liabilities to the Grants and Special Projects Reserve in relation to non reciprocal grants.

(ii) Member Subscriptions

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

(iii) Annual Scientific Meeting Income

The Company 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 profit or loss and other comprehensive income for 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 2013/14 Annual Scientific Meeting was \$328,924 (2012/13: \$257,039).

(iv) NHMRC Enabling Grant

In 2006, the Company 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, \$1,846,000 has been allocated to fund this activity of which \$2,134 (excluding employment costs) has been spent in 2013/14 (2012/13: \$1,791). The balance of unspent monies is held in the Grants & Special Projects Reserve in the Statement of financial position awaiting future expenditure. Funding is recognised as income as the funds are spent.

(v) Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

(vi) Other Revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
Notes to the Financial Statements for the year ended 30 June 2014 (cont.)

Note 1. Statement of significant accounting policies (cont.)

(b) Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within twelve months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period. All other assets are classified as non-current.

A liability is current when: it is expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within twelve months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period. All other liabilities are classified as non-current.

(c) Taxation

The Company is a charitable institution in terms of subsection 50-5 of the *Income Tax Assessment Act 1997*, as amended, it is therefore exempt from income tax. This exemption has been confirmed by the Australian Taxation Office.

(d) Trade and other receivables

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

(e) Other Current Assets

Prepayments included in other assets primarily relate to prepayments for future Annual Scientific Meetings and other events. Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the Company's management has the intention and ability to hold to maturity.

(f) Trade and other payables

These amounts represent liabilities for goods and services provided to the Company 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.

(g) Income in Advance

Income in Advance includes subscription revenue and clinical trials insurance for the 2014/15 year.

(h) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

(i) 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 the Statement of financial position are shown inclusive of GST. Cash flows are presented in the Statement of cash flow on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to the tax authority.

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)

Notes to the Financial Statements for the year ended 30 June 2014 (cont.)

Note 1. Statement of significant accounting policies (cont.)

(j) Comparative figures

Comparative figures of the Company for the previous 12 month period are included throughout these statements.

(k) Plant & equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

<u>Class of plant and equipment</u>	<u>Useful Life</u>
Computer Equipment	3 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit and loss.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstance indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less cost of disposal and value-in-use. The value in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

(l) Provision for employee benefits

Short term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service 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.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability. 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.

Defined contribution superannuation expense

Contributions to defined superannuation plans are expensed in the period in which they are incurred.

COSA ANNUAL REPORT 2014

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
Notes to the Financial Statements for the year ended 30 June 2014 (cont.)

Note 1. Statement of significant accounting policies (cont.)

(m) Critical accounting judgements, estimates and assumptions

The directors evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and with the Company.

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 Company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete.

Long service leave provision

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 have been taken into account.

(n) Use of the term "surplus"

The Company is a not-for-profit organisation. As such, the term "profit" is not applicable and the term "surplus" is used where required.

Note 2. Nature and objects of the Company

The Company is an incorporated Company Limited by Guarantee under the *Corporations Act 2001*.

Its objects are:

- (a) 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;
- (b) to provide further training in cancer research and in the total care of patients with neoplastic diseases; and
- (c) to encourage optimal communication between the various disciplines concerned with neoplastic diseases.

In the event of the Company being wound up, the members undertake to contribute an amount not exceeding \$10.00 to the assets of the Company.

There were 1,174 financial members of the Company at 30 June 2014 (2013: 1,324).

Note 3. Economic dependence

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

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
 Notes to the Financial Statements for the year ended 30 June 2014 (cont.)

Note 4. Revenue

	<u>2014</u>	<u>2013</u>
	\$	\$
Revenue has been determined after the following:		
Membership subscriptions (also refer to note 1 (a) (ii))	138,286	81,580
Interest revenue	61,433	72,857
ASM income	388,935	319,311
NHMRC Enabling Grant	13,806	2,000
Other grant income	147,880	356,406
Recoveries of clinical trials insurance cover	109,501	92,699
Other revenue	43,807	0
	<u>903,648</u>	<u>924,853</u>

Note 5. Cash & cash equivalents

Cash at bank	<u>2,177,030</u>	<u>1,679,991</u>
	<u>2,177,030</u>	<u>1,679,991</u>

Note 6. Trade and other receivables

<u>Current</u>		
Trade receivables	10,622	66,911
Other receivables	3,131	13,306
	<u>13,753</u>	<u>80,217</u>

Note 7. Other current assets

Prepayments	42,160	20,000
Held to maturity investments - term deposits	0	450,000
	<u>42,160</u>	<u>470,000</u>

Note 8. Plant & equipment

Computer equipment		
- Computer equipment, at cost	10,341	8,694
- Accumulated depreciation	(6,429)	(3,833)
Total computer equipment	<u>3,912</u>	<u>4,861</u>

Reconciliations

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	Computer Equipment
	\$
Balance at 1 July 2012	3,739
Additions	3,212
Depreciation expense	<u>(2,090)</u>
Balance at 30 June 2013	4,861
Additions	1,647
Depreciation expense	(2,596)
Balance at 30 June 2014	<u>3,912</u>

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
Notes to the Financial Statements for the year ended 30 June 2014 (cont.)

Note 9. Trade and other payables	<u>2014</u>	<u>2013</u>
	\$	\$
<u>Current</u>		
Trade creditors & accruals	60,744	51,934
Income in advance	81,903	335,461
	<u>142,647</u>	<u>387,395</u>

Note 10. Provisions

<u>Current:</u>		
Employee benefits	26,747	17,157
	<u>26,747</u>	<u>17,157</u>
 <u>Non Current:</u>		
Employee benefits	4,302	0
	<u>4,302</u>	<u>0</u>

Note 11. Contingent Liabilities

There are no contingent liabilities as at the end of the year other than those identified elsewhere in this report.

Note 12. Events subsequent to reporting date

No matters or circumstances have arisen since the end of the year which significantly affected or may significantly affect the operations of the Company or the results of those operations for the period under report.

Note 13. Auditors remuneration

During the year, the following fees were paid or payable for services provided by the auditor, BDO, to the Company:

External audit of the financial statement	<u>4,775</u>	<u>4,661</u>
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Note 14. Reconciliation of the surplus for the year to net cash flows from operating activities

Net surplus / deficit for the year	14,705	(102,218)
Non-cash flows in surplus from ordinary activities:		
Depreciation	2,596	2,090
Transfer to/(from) reserves	217,936	0
Changes in assets and liabilities:		
Decrease / (increase) in trade & other receivables	66,464	(22,889)
Decrease / (increase) in other current assets	(122,160)	0
(Decrease) in trade & other payables	(244,747)	(193,498)
Increase / (decrease) in provisions	13,892	(3,318)
Net cash provided by / (used in) operating activities	<u>(51,314)</u>	<u>(319,833)</u>

Note 15. Company details

The registered office and principal place of business of the Company is:
Level 14, 477 Pitt Street
Sydney NSW 2000 Australia

The Company operates entirely in Australia as a Charitable Institution.

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452) Financial report for the year ended 30 June 2014

Directors' Declaration

In the directors' opinion:

1. The Company is not a reporting entity because there are no users dependant on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purpose of complying with the requirements of the *ACNC Act 2012* to prepare and distribute financial statements to the members of Clinical Oncology Society of Australia Limited;
2. The attached financial statements and notes thereto comply with the *ACNC Act 2012*, the Accounting Standards as described in note 1 to the financial statements, the *ACNC Regulations 2013* and other mandatory professional reporting requirements;
3. The attached financial statements and notes thereto give a true and fair view of the Company's financial position as at 30 June 2014 and of its performance for the financial year ended on that date; and
4. There are reasonable grounds to believe that the Company 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 Board of Directors and is signed for and on behalf of the directors by:



A/Prof Sandro Porceddu
President

Sydney
17 October 2014



Prof Mei Krishnasamy
President-Elect



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 Sydney NSW 2000

Australia

INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncology Society of Australia Limited

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Clinical Oncology Society of Australia Limited, which comprises the statement of financial position as at 30 June 2014, 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 responsible entities' declaration.

Responsible Entities' Responsibility for the Financial Report

The responsible entities of the registered entity 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 *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and the needs of the members or other appropriate terms. The responsible entities' responsibility also includes such internal control as the responsible entities 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 have 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 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 responsible entities' 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 registered entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the responsible entities, 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.



Opinion

In our opinion the financial report of Clinical Oncology Society of Australia Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2014 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 *Division 60 the Australian Charities and Not-for-profits Commission Regulation 2013*.

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 responsible entities' financial reporting responsibilities under the *ACNC Act*. As a result, the financial report may not be suitable for another purpose.

A stylized, handwritten signature of Paul Cheeseman in black ink, appearing as 'BDO'.

BDO East Coast Partnership

A handwritten signature in black ink that reads 'Paul Cheeseman'.

Paul Cheeseman
Partner

Sydney, 17 October 2014

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452)
 Detailed Trading Profit and Loss Account
 For the year ended 30 June 2014 (cont.)

	2014	2013
	\$	\$
Income		
Subscriptions	138,286	81,580
Annual Scientific Meeting	388,935	319,311
Grants & Special Projects:		
Act Now project	40,000	0
Adolescent & young adult workshop	0	139,360
Consumer Engagement program	0	153,398
Neuroendocrine tumour	78,134	20,000
NHMRC Enabling Grant	13,806	2,000
Cancer Care Coordination workshop	16,125	0
Developing Nations	(1,379)	18,398
Other Grants	15,000	25,250
Clinical Trials insurance & wages	109,501	92,699
Interest received	61,433	72,857
Other Income	43,807	0
Total Income	903,648	924,853
Expenditure		
Advertising	1,295	80
Audit fees	4,775	4,661
Bank charges	4,090	1,527
Catering	1,235	821
Courier & Freight	55	39
Computer and IT	317	0
Consultancy fees	9,375	0
Depreciation	2,596	2,090
Employment Costs	398,952	433,127
Insurance	5,211	5,120
Legal & Regulatory Fees	7,562	69
Postage & packaging	714	1,128
Printing	8,338	9,348
Seminars & conferences	80	12,770
Stationery	629	217
Subscriptions	3,081	5,829
Sundry expenses	1,643	2,258
Telephone	1,909	2,002
Travel & accommodation	5,520	1,004
Website	7,454	22,214
Board and Governance	17,634	2,394
Council meetings	39,294	38,983
Annual Scientific Meeting	60,533	62,667
Clinical Trials insurance	109,500	90,000
Grants & Special Projects:		
ACTNOW	31,916	0
Adolescent & young adult workshop	11,938	139,360
Cancer Care Coordination conference	2,716	0
Care Coordinators workshop	9,198	12,983
Consumer Engagement program	0	118,197
Developing Nations	27,204	11,543
Geriatric oncology	277	5,054
Miscellaneous special projects	51,560	39,714
Neuroendocrine tumour workshop	56,707	41
NHMRC Enabling Grant activities	2,134	1,791
Nutritional group head & Neck	28	13
Survivorship	3,473	0
Tissue banking	0	27
Total Expenses	888,943	1,027,071
Net Surplus / (Deficit)	14,705	(102,218)



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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 Oncology Society of Australia Limited, that have been subjected to the audit procedures applied in the audit for the year ended 30 June 2014. 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 Oncology Society of Australia Limited in respect of such data including any errors or omissions however caused.

A handwritten signature in black ink, appearing to read 'P. Cheeseman', is written over a light blue horizontal line.

Paul Cheeseman

Partner

BDO East Coast Partnership

Sydney, 17 October 2014

BDO East Coast Partnership ABN 83 236 985 726 is a member of a national association of independent entities which are all members of BDO (Australia) Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO East Coast Partnership and BDO (Australia) Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation (other than for the acts or omissions of financial services licensees) in each State or Territory other than Tasmania.



Clinical Oncology Society of Australia



EDUCATION

COLLABORATION

ADVOCACY

RESEARCH

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