



Prof Mei Krishnasamy, President, COSA

President's Report

The first six months of my Presidency has been a busy time working with the COSA Board to continue to strengthen COSA's business. We've had two highly effective Board meetings with the Board approving the draft budget for 2015-16. Working with our new Audit, Risk and Finance Committee (ARFC) has improved our financial transparency and accountability and in June, the ARFC presented the first draft of a new COSA risk register which was welcomed by the Board as an important step forward for COSA's business governance.

Council meetings continue to provide a wonderful forum for open discussion on important issues affecting cancer care and control. In March we were delighted to have Cleola Anderiesz from Cancer Australia present on their exciting project to develop an Australian first National Cancer Control Indicators (NCCI) framework. The objectives of the NCCI initiative are to:

- Develop a framework of key national cancer control indicators
- Establish a mechanism for the regular reporting of national cancer control indicators across the continuum in Australia in order to assess the effectiveness of cancer control strategies
- Benchmark cancer control indicators internationally and over time in order to highlight relative strengths and areas for development in national cancer control in Australia
- Publish regular national cancer control indicator reports

Publicly available data will be sourced where possible. Otherwise, specific data requests will be submitted to relevant data custodians in order to access national data. Where national data does not exist, opportunities and sustainable processes will be explored on how to best collect and report this data over time. Where available and relevant, data will be stratified by socio-demographic variables.

It is envisaged that an initial NCCI report will be produced by December 2015. This publication

will report on national cancer control indicators where Australian data is currently published or accessible through data requests (e.g. prevention, diagnosis and outcome indicators; and some screening and treatment data).

A second report is anticipated to be produced in December 2017. This publication will update data from the first report (if new data is available), and will report on additional indicators and measures where specific data has had to be collected or linked. It is anticipated that NCCI reports will be updated biennially presenting trend data over time, with consideration given to the timing of other national health/cancer reports.

It was great to see the launch of the detailed program for the 2015 COSA ASM to be held in Hobart this November. I am impressed that the local organising committee has already confirmed nearly all the speakers and their presentation topics – well done to all involved. Personally, I am very excited that we are hosting the ASM in Hobart this year – it's such a vibrant city with so much to offer, so I hope you'll all attend and perhaps spend a little time exploring after the conference. There is a performance of the Tasmanian Symphony Orchestra on the Saturday after the ASM and Marie is negotiating special rates for COSA ASM delegates - so stay tuned!

Having a focus on rare cancers at the ASM is perfectly timed with the formation of our new COSA Rare Cancers Group (not completely by accident). Our Rare Cancers Chair, Clare Scott has some exciting activities planned for the Group so be sure to contact us if you have any suggestions. Prue Cormie and her colleagues are also progressing the Exercise and Cancer Group and welcome your participation and suggestions.

I welcome your comments and any suggestions for current and future projects. If you would like to contact me, please do so via the COSA office cosa@cancer.org.au.

Mei Krishnasamy,
President

Executive Officer's Report

The first half of 2015 has flown by in a flurry of activity from the COSA office. This report mainly highlights our work around the ASM – I'll leave it to the Group Chairs and Affiliates to feature their work.

COSA ASM 2015 – Hobart

I hope you received our announcement of the detailed program launch for the ASM. The committee have worked really hard to confirm all the speakers and their talks. As you know our disease focus this year is on rare cancers (and common goals!)

The opening plenary on Tuesday will really set the scene to define what rare cancers are, how we classify them, how we diagnose

and treat them, and how patients cope with them. We even have the author of the text book on rare cancers, Derek Raghavan, giving one of his many anticipated talks on a structured approach to the diagnosis and management of rare tumours.



Derek Raghavan

The second plenary on Tuesday features a talk on three common rare cancers – sarcoma, neuroendocrine tumours and rare melanoma, followed by a concurrent session on each which will investigate each disease in more detail. As well as hearing from various health professional experts, the sarcoma and NETs sessions will both include talks from patients.

Luke Ryan is a Melbourne-based writer, comedian and two-time recipient of a sarcoma by the time he was 22. An osteosarcoma

at 11, followed by an undifferentiated pleomorphic sarcoma exactly 11 years later. It's a medical history of such obscurity that his oncologist once referred to him as a "data-free zone" and then made a crack about shooting in the dark. Luke has written and spoken about his experiences extensively, both in his 2014 book "A Funny Thing Happened on the Way to Chemo" and through a stand-up

career that began while he was having treatment in 2008. He feels quite strange about the fact that he is appearing on a panel with two of his primary medical caregivers, and hopes that they (and you) enjoy the jokes!

Simone Leyden is the CEO and Co-founder of the Unicorn Foundation Australia and New Zealand a not for profit medical charity directed towards Neuroendocrine Cancers. In her role as CEO, Simone concentrates on rare cancer patient advocacy,



Simone Leyden

fundraising, marketing, managing volunteers and managing the paid specialist NET Nurse who among other roles runs the Unicorn Foundation telephone and internet support service. Simone is on various committees including HCA (Health Consumer Advocacy Australia), HTAi Emerging Economies and Asia Pacific working

subcommittee, communications committee member for the International Neuroendocrine Cancer Alliance (INCA), work stream contributor for the Cancer Drugs Alliance White Paper and Private Health Care Australia Consumer Group.

Be sure to visit the ASM website for information about speakers, program updates, registration and abstract submission www.cosa2015.org.

COSA ASM 2016 – Gold Coast

COSA is partnering with the ANZ Breast Cancer Trials Group to host a joint ASM, 15-17 November 2016 at the Gold Coast Convention and Exhibition Centre. It's sure to be a bumper meeting so put the date in your diaries now!

COSA ASM 2017 – Sydney

We are currently in negotiations with the new International Convention Centre to host the 2017 COSA ASM in Sydney – 13-15 November 2017. As just about every Sydneysider will know the Sydney Convention Centre was demolished and construction has begun with the planned opening of the new centre in December 2016 – plenty of time for them to iron out the creases to welcome us in November 2017.

COSA ASM 2018 – Perth

Thanks to all the COSA members and delegates that participated in our recent poll comparing preferences for Canberra and Perth for the 2018 COSA ASM. Whilst the polling was almost neck-and-neck Perth won out in the end as the Board's preferred destination following competitive proposals from the Perth Convention Bureau and the Perth Convention and Exhibitions Centre.

We are doing our best to plan well in advance for all COSA ASMs so you can also plan your conference travel. Stay tuned for more information about 2019 and 2020 in future editions of the Marryalyan.

COSA staff changes

Chantal Gebbie originally joined COSA in February 2013 to fill a

vacancy for Hayley Griffin when she went on her first and second maternity breaks. Luckily during our pregnancy “epidemic” Chantal was able to stay on and also relieve Rhonda DeSouza. Sadly Chantal’s extended contracts were completed at the end of May. Rhonda and Hayley are both firmly ensconced back on the team.

In April 2015 we welcomed Gillian Mackay as a new COSA Project Manager filling the vacancy left by Abby Zaat and Kate Whittaker before her. Gillian is mainly looking after the Cancer Care Coordination, Developing Nations and Geriatric Oncology Groups’ projects and our clinical trials

activities. Gillian has worked in oncology for many years, including a few with me at Cancer Council NSW in 2004-06. Gillian’s most recent position was in Research Administration at the Prince of Wales Clinical School. We are delighted to be working together again! I’m sure you’ll all join me in welcoming Gillian to the COSA family.

For more information about the COSA staff you can see our brief profiles and photos on the COSA website www.cosa.org.au.

Marie Malica
Executive Officer



Marie Malica, COSA EO



**Clinical
Oncology
Society of
Australia**

COSA's

43RD

**ANNUAL
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MEETING**

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Breast Cancer
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**SAVE
THE DATE**

**15-17
NOVEMBER
2016**

Gold Coast Convention
and Exhibition
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For more information
please visit www.cosa.org.au
or call us on **(02) 8063 4100**

Queen’s Birthday Honours 2015

Congratulations to the following members of the cancer community who were honoured in the Queen’s Birthday Honours this year.

**Dr Barry
Allen AO**

For distinguished service to biomedical physics, particularly to radiation oncology and the development of innovative methods of cancer treatment, and to international professional scientific associations.

**Distinguished Professor
Judith Clements AC**

For eminent service to the biological sciences and to education, through seminal contributions to improving the understanding of cancers, particularly prostate cancer, as an advocate for the development of biomedical research facilities, and to the training of scientists.

**Professor Murray
Norris AM**

For significant service to medical research as a molecular biologist, and through pioneering development of treatments for cancer in children.

**Professor John
Seymour AM**

For significant service to medicine in the field of haematology, through a range of senior appointments in blood and bone marrow cancer research.

**Mr Denis
Strangman AM**

For significant service to community health through advocacy, public policy, and support organisations for people with brain tumours

The Tom Reeve Award for Outstanding Contributions to Cancer Care



Professor David Currow

2015 Award Announcement: Professor David Currow B Med, MPH, PhD, FRACP

COSA is proud to announce the 2015 recipient of the Tom Reeve Award for Outstanding Contributions to Cancer Care, Professor David Currow.

Summing up David's contribution to cancer care, one of David's referees stated in their nomination *"David's entire professional career as a researcher, clinician, educator and policymaker has been focused on patients at the end of life and with life-limiting illness; he has been particularly focused on people with cancer but his personal commitment to the area had resounded across medicine."*

Professor David Currow is the Chief Cancer Officer, NSW and Chief Executive Officer, Cancer Institute NSW, the NSW Government's cancer control agency. He was appointed to the position in March 2010. Before that he was the foundation Chief Executive Officer of Cancer Australia, the Commonwealth's cancer control agency.

At Cancer Institute NSW David leads a team of people whose expertise and remit include prevention (tobacco control, ultraviolet light protection), screening (BreastScreen, Cervical Screening and Bowel Screening), service performance and development (including the population based cancer registry, Australia's only population-based clinical cancer registry, eviQ – the world's major evidence-based protocol website in oncology, and Canrefer, linking general practitioners and consumers with

multidisciplinary teams in two clicks of a button), and strategic research and investment.

Speaking of his leadership skills his referees stated *"David's leadership style is a secret to his success. He is visionary and tenacious...and able to draw out the best in people and then ensure that they commit their best to the forward-looking vision. He is exceptional at transitioning "naysayers" into endorsers of the vision and practical contributors to the day-to-day tasks required to ensure success. He is a leader that we want to celebrate and follow."*

David is a past president of COSA (January to July 2006 – a position he had to leave early to take up his role with Cancer Australia) and past president of Palliative Care Australia. He has served on the American Society of Clinical Oncology working party on palliative care education, chaired the working party for the Union of International Cancer Control on Palliative Care for the United Nations summit on non-communicable diseases and has been on faculty for the Australia & Asia Pacific Clinical Oncology Research Development workshops (ACORD).

COSA encourages those attending its Annual Scientific Meeting to register for the conference dinner where Professor Currow will deliver his oration and be presented with the Tom Reeve Award.



COSA's
42nd
Annual Scientific Meeting
17-19
November 2015

The Federation
Conference and
Exhibition Centre
Hotel Grand Chancellor
Hobart

Abstract Submission Guidelines

Online Abstract Submission

Abstract submission is online at
<http://www.cosa2015.org/>

You are able to cut and paste your abstract from a Word document, into the online submission system. The link used for submission will first ask you to load your personal details on your "registration dashboard". This is the same site for registration and accommodation if required, and is an enduring page that will last for future COSA meetings. If you registered for previous COSA ASMs &/or submitted an abstract, your details should still be in the system and can be updated if necessary.

You should keep all emails sent to you regarding your abstract submission. Once you begin your abstract submission, a number of specific background questions will be asked. The reviewers can see your answer to these questions. Once you have made your submission, you can return and edit it up until the closing date for submissions.

1. Abstract submissions close:

**Friday 14 August 2015 – COSA
Abstract submissions**

**Wednesday 8 July 2015 – COSA
Symposium submissions** (Please refer to the Symposium Submission Guidelines for additional information)

2. Abstracts are invited to be submitted under **one** of the following categories:
Basic and Translational Research
Clinical Research
Education
Epidemiology
Health Services
Supportive Care *
Rare Cancers (Conference theme)
Service Provision (poster only) **
Trials in Progress (poster only) **

* *Supportive Care is a highly subscribed category. Submitters should consider the suitability of this category when submitting an abstract, as the potential for being awarded a presentation in the Supportive Care category is reduced.*

** *These abstract categories are for non-scientific abstracts. They do not need to follow the normal abstract format and are only considered for posters.*

3. Maximum text length allowed is 300 words in length including sub-headings. To assist your preparation, abstracts may be structured under the sub-headings Aims, Methods, Results, Conclusions. The sub-headings must be concise, with only the first word starting with a capital letter.

4. Reports of completed studies are preferred, and will be given preference in selecting oral presentations, especially over abstracts which do not report results but indicate that they will be reported at the meeting or mere descriptions of trial methodology.

Results of research will be given preference over descriptions of services for oral presentations.

5. Abstracts reporting quantitative studies should contain the planned accrual target and the actual number of patients recruited, levels of significance and confidence intervals of results. Abstracts of qualitative research should indicate how they chose their sample size (e.g. data saturation) and the methodology of analysis.

6. Abstracts will be "blinded" to the reviewers. They will not be able to see the authoring or organisation information. Submitters must not assume that there will be knowledge of the previous work of a group or strength of a research group or researcher.

7. Most of the submitted abstracts will be allocated posters as there will only be a limited number of slots for oral presentations. The best posters will be selected for specific poster presentation sessions with a discussant.

8. Images are not accepted in abstracts.

Examples of exemplary abstracts

Please take the time to go to the conference website (<http://www.cosa2015.org>) to review examples of an exemplary abstract, and abstracts which would not meet the standard required for acceptance.



Dr Ian Roos

Vale Dr Ian Roos OAM

Printed with the kind permission of John Stubbs – an excerpt from his eulogy.

"Ian was an academic, an advocate, an ally and an asset."

- Professor Ian Davis,
Chair of ANZUP

Wonderful poignant words which perfectly set the scene for today.

I first met Ian in September 2005 at a meeting of cancer representatives discussing the possibility of forming a national cancer organisation (which unknown to all at that time – he would subsequently Chair for 4 outstanding years).

At that meeting he was not part of the usual suspects and was asked to declare his bone fides. "I am here representing people affected by cancer" – he said.

A few attendees were somewhat taken aback as they had been advocates for over 10 years. Who was this new kid on the block? Nothing more was said. The next day we received an email from Ian with a copy of an article including a photo of Ian from the Age newspaper dated 1983 – headlined 'Is this Australia's first cancer advocate!' This exemplifies the man to a tee! He had worked behind the scenes for over 22 years; unknown to the collective, but this was Ian, more concerned for the cancer patient than beating his own drum.

In total Ian had represented people affected by cancer for 32 years – a proud record indeed – and one that will be hard to match!

Ian always measured the situation – probably as a result of his research training, there is order, there is the correct/evidence based way to proceed – it was important to set the scene. At meetings or conferences he would take some time to emphasise a point and I would nod or gesticulate, hurry it up a bit!! After his talk he would ask - how was that? And I would respond, maybe a bit long - but think they got the message. A simple smile and gesture, and then he'd say: well they've certainly got it now!!

But it was more than just about the patient – I believe that Ian first coined the phrase – 'person or persons affected by cancer' - which was all encompassing and included the husband, wife, partner or carer. We well know that cancer affects all the family and he would always stress this point.

Ian was never short of an opinion and recognised that not everyone always agreed with him. Sometimes this backfired but he didn't care because it always came back to the patient.

I played Aussie rules at a professional level, full back actually, when you were given a position and

had to keep to it. Ian reminds me of the nuggetty back pocket player, tough, reliable and able to stir up the opposition. Someone who you could trust, rely on... I have a picture of Ian and me working in unison to clear the ball and put our team back into attack!

Pam has since told me that Ian could not catch or kick a ball! I have re assessed that situation – he would do the hard yards, shepherding and clearing the path which enabled the dashing left footed full back (me) to take full advantage and boot the ball into our forward line. Ian was very much like that – in the end it was always for the team and what he had achieved was always promoted as what WE HAVE achieved!

Ian was passionate about patient stories, cancer research, clinical trials and 'consumer engagement'. He Chaired the Cancer Australia Committee which produced the – National Framework for Consumer Involvement in Cancer Control. A very long title, but now the 'Bible' for consumer engagement in this country, and many consumer groups overseas now also use this document as their blueprint. Cancer Australia has recently acknowledged his efforts in the field of cancer consumerism.

He was a member of the Clinical Oncology Society of Australia (COSA) Council for 3 years, and instrumental in advising upon and shaping its new constitution – again Ian's efforts were duly acknowledged during the last COSA Annual Scientific Meeting in December 2014.

Adding to the list includes his involvement in (NCERG) National Cancer Expert Reference Group (TROG) Trans Radiation Oncology Group, the Cancer Councils (CCV awarded Ian a President's Award in 2008) and of course PCFA... Prostate Cancer Foundation of Australia, who have all in the past months formally recognised his efforts.

He was an ardent and committed advocate for prostate cancer, and instrumental in being a driving force for (ANZUP) - the Australian and New Zealand Urogenital and Prostate Cancer Clinical Trials group in its infancy – they too acknowledge his outstanding contribution on behalf of men with prostate cancer.

And I remember his passionate addresses and stories at meetings and conferences wherein he spoke of a health system that would allow a man to walk through a waiting room dressed in a backless gown that gave everyone a bird's eye view of his bottom – even if it was quite a good one he would add!!

It was not on! And thankfully – that has changed – Ian's bottom was probably too much

information!!

He was Chair of Cancer Voices Australia for 4 years, and under his Chairmanship he helped grow a notional organisation into a national organisation that was highly respected and highly regarded both in Australia and internationally – when CVA as we knew it, ceased in June 2012, that was really the only time I saw Ian let his guard down, he was angry, but that is history and what we and people affected by cancer remember today is what he achieved in his role as Chair of Cancer Voices Australia. What a legacy!

Ian loved woodwork and old tools, and he recently gave his tools to a museum – again many others will continue to benefit from his generosity.

I walked past a shop near my home in Sydney one day and saw what I thought were old tools, I took a photo sent it to him and said was he interested – "they are not old" he said and his return photo showed a plane that must have been 200 years old, mine were circa 1920's – much too new!! Keep looking tho' he said.

I see many of his cancer colleagues here today to celebrate his life – I know Ian would be chuffed and perhaps, a little embarrassed. He was certainly embarrassed when formally recognised by the Queen and awarded the Medal of the Order of Australia in 2009 "For service to the community through raising awareness of men's health issues," but this was a richly deserved honour.

Ian and I spoke often about our respective wives and families and how lucky Ian was to have Pam and his family as part of his life. We had the odd glass of Shiraz, discussed cancer politics, and finished with a wee dram of good single malt!

To Pam and your family we offer our sincere thanks for supporting Ian to be the advocate he was and devote his time to the benefit of others. It was at times I am sure a strain on you all – but we have been blessed by also being a part of his work and his life.

Ian Albert George Roos OAM – thank you for being a loyal colleague, a friend and an astounding back pocket player, I will forever be grateful for your guidance, support and friendship. I miss you mate!!

But now - we as advocates still have a job to do – people to help, and Governments to influence in this ongoing 'fight' against cancer.

Ian, that is, I believe the best way we can honour you.

Thankyou
John Stubbs

COSA Clinical Professional Days 2015

COSA is pleased to once again offer Clinical Professional Day grant funding. The aim of these grants is to support COSA Groups to conduct “professional day” meetings or educational sessions aimed at fostering professional development. Congratulations to the successful applicants.

WORKSHOP: 2015 COSA-HGSA Familial Cancer Clinics Clinical Professional Day

GROUP: Familial Cancer (in collaboration with HGSA)
WHEN: 25 August 2015
WHERE: “Familial Aspects of Cancer: Research and Practice” meeting at the Mantra Resort Kingscliff NSW. Register at www.kconfab.org.

This workshop aims to: provide updates on current clinical practice for common familial cancer syndromes; discuss issues that are of clinical controversy or are in an “evidence-free zone”; and promote networking and to establish/nurture clinical and research relationships.

COSA ASM Workshops - Monday 16 November 2015

The following 4 workshops will be held as pre-conference workshops on Monday 16 November 2015 at the COSA ASM in Hobart. Please visit the conference website to register www.cosa2015.org.

WORKSHOP: COSA Cancer Pharmacists Clinical Professional Development Workshop

GROUP: Cancer Pharmacists

This workshop aims to provide relevant and high-level advanced educational and development opportunities to cancer pharmacists. The program will include sessions on: Medication Safety in Oncology; the Impact of NSQHS Standard 4; Medication Safety; Pros & Cons of Electronic Chemo Prescribing software; Clinical Case Studies in Medication Safety; Antibody-conjugates and other new drug delivery systems for chemotherapy; Management of neuroendocrine tumours, including carcinoid crisis; and an interactive workshop with 3-4 clinical cases.

WORKSHOP: Risk-Based Monitoring and GCP Coordinators Training Workshop

GROUP: Clinical Trials Research Professionals

This workshop aims to provide clinical trials research professionals with a targeted update on GCP and as well the guidance on obligations and roles in the new era of risk-based monitoring in clinical trials. The training will be highly interactive with numerous workshops and case studies to support the theory covered. The day will be divided into two parts: a Risk-Based Monitoring workshop and the Trancelerate accredited Introduction to Good Clinical Practice (GCP) Program aimed at those working in clinical trials.

WORKSHOP: Multi-disciplinary Supportive and Survivorship Care: models, methods, and more

GROUP: Complementary and Integrative Therapies, Exercise and Cancer, Nutrition, Psycho-oncology and Survivorship

This workshop provides a unique opportunity for members to develop practical skills, debate clinical scenarios and hear in depth discussion

of current research. It will provide a launch pad for cross-fertilisation and collaboration with key outcomes being of benefit to the wider cancer community.

WORKSHOP: Molecular cancer diagnostics – a survival guide for clinicians

Molecular diagnostics are revolutionising our understanding and treatment of cancer. Our concept of what are common and what are rare cancers has also been challenged. This workshop will discuss new approaches to tumour classification, with a focus on genetic reclassification. We will explore what this means for those diagnosing and treating cancer patients and the program will include an overview of the principles of molecular diagnostics including Next Generation Sequencing (covering the practicalities of testing - which tests for which cancers, what they mean, their limitations, FISH diagnostics, multigene tests in breast cancer and much more) as well as how these may be used in the clinic. This overview will be invaluable for all those who want to know more about this rapidly evolving field.

COSA Membership

COSA memberships are now up for renewal!

Don't forget the price of a COSA membership is the difference between the member rate and non-member rate to register for the Annual Scientific Meeting – why wouldn't you renew or join?

To renew your membership please log onto www.cosa.org.au and if you are due to renew you will be directed straight to the membership renewal page.

The membership categories and prices are listed below:

COSA – medical (1 year)	\$200
COSA – medical (2 years)	\$385
COSA – non medical (1 year)	\$115
COSA – non medical (2 years)	\$220
COSA Student member (1 year)	no charge
COSA Retiree member (1 year)	\$55

COSA welcomes Affiliate and Associate Organisations, which brings many opportunities one of which is discounted COSA membership to members of the Affiliated or Associated Organisation. Membership costs are listed below:

COSA affiliate/associate* members – medical (1 year)	\$165
COSA affiliate/associate* members – medical (2 years)	\$290
COSA affiliate/associate* members non-medical (1 year)	\$105
COSA affiliate/associate* members non-medical (2 years)	\$200

* A list of all current Affiliated and Associated Organisations can be found at www.cosa.org.au

For more information regarding Affiliated or Associated Organisation Memberships please contact COSA cosa@cancer.org.au

If you have any queries or concerns regarding your membership, please do not hesitate to contact the COSA office on 02 8063 4100 or email cosa@cancer.org.au

Free and complete online access to Asia-Pacific Journal of Clinical Oncology for COSA members

COSA members can access your official journal for FREE through the member's section of the COSA website.

www.cosa.org.au

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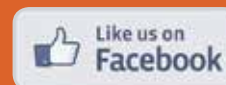


Did you know COSA is on social media?



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and



Like our Facebook Page
<https://www.facebook.com/pages/COSA-Clinical-Oncology-Society-of-Australia/172334056270046?ref=hl>

COSA 2015 Travel Grants

COSA is pleased to call for travel grant applications from financial Society members to attend the Annual Scientific Meeting (ASM) in Hobart from 17-19 November 2015. Each grant will be up to the value of \$1,000.

COSA-IPSEN Travel Award

In 2015 IPSEN continues its tradition of sponsoring four COSA members with travel grants up to the value of \$1,100. Recipients will have their names published in the Marryalyan and in the IPSEN Affinity Newsletter that goes to health care professionals within Australia.



COSA Trainee Travel Grants

COSA trainee travel grants aim to assist oncology trainees in medical, surgical or radiation oncology to attend the ASM or the Trainee Weekend in Hobart, 14-15 November 2015.

All travel grant applications close: Monday 17 August 2015

All funds awarded are to be used for expenses incurred in attending the ASM. Please note all recipients of travel grants will be reimbursed after the event.

Please refer to <https://www.cosa.org.au/grants-awards/travel-grants/cosa-travel-grant.aspx> for further information on all travel grants

COSA Group Reports

AYA Group

The AYA Group has been very active during the last quarter with a number of planning meetings and the second of our Research Workshops. A face to face meeting took place in Sydney on 7 May to discuss our work plan for the year ahead and the role of a COSA AYA Group separate to but with links to the national Youth Cancer Service. This was followed by the second COSA AYA Research Workshop on 8 May.

In the year ahead the AYA Group plans to review and extend the AYA Fertility Preservation Guideline http://wiki.cancer.org.au/australia/COSA:AYA_cancer_fertility_preservation to become a Fertility Preservation Guideline across cancer patients of all age groups. This is timely in the setting of the Future Fertility study being rolled out across Australia at the moment. The working group for the new guideline will need to include people from Paediatric, AYA and Adult Cancer spheres

and volunteers should contact me via cosa@cancer.org.au to register their interest in participating in this process.

Other activities of the AYA Group for the year ahead include considering other guideline topics and advocacy in the areas of AYA research and service development. This year the AYA Group will not be holding a Clinical Professional Day at the ASM in Hobart as soon after there is an International Adolescent and Young Adult Oncology Congress in Sydney from the 3-5 December www.youthcancerevent.com.au.

The second COSA AYA Research Workshop was held to develop a work plan to further the goals articulated in the first workshop held in 2014. As has been presented before, cancer in AYA patients is relatively rare. In addition they are widely dispersed throughout Australia and have a variety of different diagnoses. Some diagnoses such as Thyroid Cancer, Hodgkin's Lymphoma and Germ Cell

Tumours have excellent outcomes and others such as Brain Tumours and Sarcomas have relatively poor outcomes which have not improved for several decades. Clinical trials are seen as the way forward to improve the outcome for cancer patients. Unfortunately there is no single big hit that can turn around the low clinical trial participation rates for AYA patients. However our plan is to work with the Clinical Trial Groups as well as other COSA Groups such as the Survivorship, Regional and Rural, Biobanking and Rare Cancer Groups to advocate for more access to Clinical Trials including lowering age of eligibility for AYA patients. Utilising international clinical trials that can be opened in Adult Cancer facilities across Australia such as has been done with the EuroEwing Study being run by the Australasian Sarcoma Study Group is also seen as a potential way forward. Cancer Australia has worked closely with the AYA Group and recognises the importance of AYA patients having better access to clinical trials. Technology solutions and the

initiatives of the COSA Biobanking Group will also help researchers and clinicians facilitate clinical and translational research activities. This work is ongoing and will be the main activity of the group for the rest of the year.

Our Project Coordinator, Chantal Gebbie, completed her contract with COSA at the end of May and Hayley Griffin joins us again in July. We would like to take this opportunity to thank Chantal for all her hard work and patience in supporting the Group during her time at COSA. We wish her well in the future and welcome Hayley back to her role. I'd also like to thank Marie and the rest of the COSA staff for their continued assistance for our Group. Having the support of COSA as an independent health professional group with such wide representation is of great benefit in developing and furthering AYA cancer activities in Australia.

Wayne Nicholls
Chair, AYA Group
Wayne.Nicholls@health.qld.gov.au

Cancer Care Coordination Group

The Group's Executive Committee teleconferenced with Gillian Mackay, COSA's new project manager supporting the group, to identify priority activities for the next 12 months. These activities include:

1. Extending the reach of the Group's educational activities through a regular webinar series on care coordination issues and building partnerships with education providers.
2. Hosting a biennial conference/professional development day which targets priority topics where appropriate. Given the changing nature of care coordinator positions, we discussed the need to include a specific focus on reform and change for the future.

3. Building international collaborations with other overseas groups who have an interest in cancer care coordination to share strategies and resources.
4. Disseminating the Group's position paper on cancer care coordination and promoting discussion of care coordination activities at relevant forums.

Educational activities

The group's Conference and Professional Development working party, led by Liz Zwart, teleconferenced on 23 June to discuss plans for the year. As noted in our last newsletter, the Group plans to host at least one interactive webinar this year including a question and answer session. Topics are being derived from the input many of you provided at last year's COSA Cancer Care Coordination Conference. The date for the first webinar is being planned for the coming months, and further details will be circulated soon.

Conference/Professional Development Day

The Group also considered the value of convening a professional development day in 2016. We are currently developing concepts with a view to ensuring that any event held will maximize education and networking opportunities for cancer care coordinators. Further information will be included in future newsletters.

Building international collaborations

In May, I was fortunate to attend the US Oncology Nursing Society Conference in Orlando. The congress included a number of sessions focused on the nurse navigator role in US cancer settings. Many of the issues discussed were similar to those that have been of interest to our group members, including the role of the nurse navigator in multidisciplinary settings, measuring outcomes from the role, and strategies for role development. The Oncology Nursing Society has published a document entitled "Oncology

Nurse Navigator Core Competencies" in recognition of the growing number of nurses in the US who identify navigation as their primary role function. The competencies include key domains of practice relating to the professional role, education, coordination of care, and communication. While some aspects of the document reflect the US context, the resource may be a useful one for those wishing to describe the specific functions of a care coordinator role. It can be located at: <https://www.ons.org/practice-resources/competencies>.

Care Coordination Position Paper

The position paper is nearing completion, following extensive evidence reviews, consultation and debate by members of the group. The Executive Committee is working through a final phase of consultation before submitting to COSA Council for consideration.

Patsy Yates
Chair, Cancer Care Coordination Group
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Clinical Trials Research Professionals

Chair:

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

Executive Committee:

- Sophie Mephram, Peter MacCallum CC, Melbourne (Deputy Chairperson)
- Violet Mukaro, Barwon Health, Melbourne (Secretary)
- Dianne Lindsay, ANZBCTG, Newcastle
- Annette Cubitt, Royal Brisbane & Women's Hospital
- Alison Coote, Orange Health Service, New South Wales

This will be my last Marryalyan report as Chair of the CTRPG as I prepare to embark on my new role as a mother and take some maternity leave. The Executive Committee has recently voted in the new Chairperson and this will be Sophie Mepham (Deputy Chair), Peter MacCallum Melbourne.

I wish to thank the members of the Executive Committee and all of our Group members for the support that we have had, especially over the 2.5 years that I have been in the role of Chair.

Our Group has grown incredibly in terms of membership numbers. 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 280 members. This was one of our key goals and the CTRPG are very proud with the increased numbers and interest in our Group.

I am also very proud to be leaving at a time where the Group will continue to build on key goals that have been established in the area of training and professional development. The CTRPG recently submitted a grant application for a Professional Development Day to be organized at this year's COSA ASM in Hobart, Tasmania and we are very pleased to be able to share that our Group has been successful in this grant application.

A professional development day workshop is currently under development and will be offered to COSA members on Monday 16th November 2015 prior to the first day of the COSA ASM. The COSA Clinical Trials Research Professionals Group Clinical Development Workshop titled: **Risk-Based Monitoring and GCP Coordinators Training Workshop** aims to provide clinical trials research professionals with a targeted update on GCP and as well the guidance on obligations and roles in the new era of risk-based monitoring in clinical trials.

The training will be highly interactive with numerous workshops and case studies to support the theory covered. The first half of the day will be a Risk-Based Monitoring

workshop facilitated by Quintiles. The second half of the workshop will be delivered by Sophie Mepham from Peter MacCallum on the TransCelerate accredited Introduction to Good Clinical Practice (GCP) Program aimed at those working in clinical trials.

Further information and details of the workshop will be distributed through COSA in the coming months leading up to the COSA ASM and the CTRPG is looking forward to seeing as many of our members attend as possible. Our last clinical professional day was held at the COSA ASM in 2013 in Adelaide and was a very valuable and educational day for all that attended.

The CTRPG spent much of last year working to further build on some key goals and ideas to better deliver opportunities to our members and we are continually committed to achieving and promoting excellence in clinical cancer research by supporting research professionals through education, information, leadership, and networking opportunities. We are excited to be able to offer another Professional Development day to achieve this and look forward to meeting more of our members at this event.

Thank you again to all of our members for the continued support throughout the recent years. I have certainly enjoyed my time in this role and take away with me some valuable lessons and relationships that have been built through my time interacting with the COSA Executive and the CTRPG.

I wish Sophie Mepham and the CTRPG all the best for the future and know that the Group will continue to provide our members with the professional development, support and networking opportunities that have already been established with the support of COSA.

Hema Ranjandram-Maurel
Chair, Clinical Trials Research
Professionals Group
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Complementary and Integrative Therapies Group

The CIT announces its collaborative Clinical Professional Day: *"Multi-disciplinary Supportive and Survivorship Care: models, methods, and more"* to be held on Monday 16 November 2015, as a pre-conference workshop to the COSA ASM in Hobart.

This is a combined workshop of the following COSA Groups: Complementary and Integrative Therapies, Exercise and Cancer, Nutrition, Psycho-oncology and Survivorship. All five groups aim to provide a multi-disciplinary forum for our members and other members of COSA to discuss existing and emerging models of care that integrate allied health professionals across the cancer trajectory. As many health professionals working in this field do not have research routinely incorporated into their practice, development of a research culture is the second important aim. To build the integration of care building the evidence is critical.

This all day workshop provides a unique opportunity for members to develop practical skills, debate clinical scenarios and hear in depth discussion of current research. Further, this multidisciplinary workshop will provide a launch pad for cross-fertilisation and collaboration with key outcomes being of benefit to the wider cancer community.

In the second half of 2015 the CIT plans to review, collate and summarise a list of active clinical trials at Australian cancer centres that are investigating complementary and integrative therapies in cancer populations that are on national clinical trials registers e.g. <http://clinicaltrials.gov> and australiancancertrials.gov.au.

The CIT will also work towards preparing and distributing a slide set for use by COSA members and others who may be interested outlining the evidence based principles of CIT in oncology and the COSA CAM position paper.

Recommendations of articles of interest to members

"Why cancer patients turn to alternative medicine"

Cancer patients who are older, female, and university educated tend to expect greater benefits from complementary and alternative medicine, a US study has found. A survey of 969 cancer patients shows that attitudes and beliefs, such as expectation of therapeutic benefits, perceived barriers of cost and access, and opinions of physicians and family members, may all predict use of complementary and alternative medicine.

Joshua M. Bauml, Sagar Chokshi, et. al., *"Do attitudes and beliefs regarding complementary and alternative medicine impact its use among patients with cancer? A cross-sectional survey"*.

Article first published online: 26 May 2015
Full paper available here:
<http://onlinelibrary.wiley.com/doi/10.1002/cncr.29173/epdf>

Paul Katris
Chair, Complementary and Integrative Therapies Group
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Developing Nations Group

The Developing Nations Group is restructuring and rethinking how to best meet members' needs. This group was formed five years ago with the following aims:

- To enhance coordination between Australian institutions and cancer services in developing nations allowing COSA to contribute to international efforts in cancer control, particularly in the Asia-Pacific region.
- Use the membership's personal

experiences, extensive knowledge and broad range of skills to offer in cancer control, education and treatment.

We have focused over the last five years on delivering the Asia Pacific Mentoring Program, which brings mid-career health professionals to Australia for a short fellowship to foster and enhance their knowledge and expertise while helping establish ties and partnerships in the region. This program has provided valuable opportunities and experiences for 6 fellows from countries throughout the region including Fiji, India, Thailand and Vietnam. However it is timely to now review our objectives and the future focus of Developing Nation Group activities. A discussion paper about forward directions is currently being drafted for this purpose, and will soon be circulated to all members who have indicated an interest in developing nations via their COSA membership.

In the meantime, all members are invited to contribute ideas about how this group could work to meet the needs of both COSA members and the region - either via email to our Project Manager Gillian Mackay (gillian.mackay@cancer.org.au), or more broadly via the discussion forum on the COSA website <https://www.cosa.org.au/groups/developing-nations/discussion.aspx>.

Matthew Links
Chair, Developing Nations Group
Matthew.Links@sesiahs.health.nsw.gov.au

Exercise and Cancer Group

I am thrilled to present the first report of the newly established COSA Exercise and Cancer Group. The Exercise Group is committed to progressing a national approach to the implementation of exercise in cancer care. The overarching aim of the group is to work towards having exercise incorporated as a standard component of supportive care for people with cancer.

We hope to achieve this by creating a productive, collaborative group with a strong multidisciplinary focus and clear strategic priorities. The Exercise Group will work to improve outcomes for patients through effective research, education and advocacy of the role of exercise in the management of cancer.

While only in its infancy, the group has initiated work towards a range of activities, including:

Strategic Planning Day

In order to set the foundation for an effective and productive group, we will assemble an initial working group to conduct a strategic planning day. The working group will be responsible for discussing the group's priorities as well as drafting the group's terms of reference and agenda of activities for consideration of the full group membership. Please contact the chair if you are interested in contributing to the initial working group (p.cormie@ecu.edu.au).

Annual General Meeting

The inaugural AGM for the Exercise and Cancer Group will be held at the COSA ASM in Hobart. This will be a critical meeting for the group with the intended outcomes including establishing the terms of reference, strategic priorities, executive committee and an agenda of activities relating to education, research, practice and advocacy work of the group. We will also hold an informal social networking event at the COSA ASM.

Clinical Professional Day

In collaboration with the Survivorship, Complementary & Integrative Therapies, Nutrition and Psycho-Oncology Groups, the Exercise Group will be holding a pre-conference workshop at the COSA ASM. The 'Multidisciplinary Supportive and

Survivorship Care: Models, Methods and More' workshop will provide a multidisciplinary forum to discuss existing and emerging models of care that integrate allied health professionals across the cancer trajectory.

If you would like to participate in the Exercise and Cancer Group or simply be kept informed of our activities in this area, please login to your member profile on the COSA website and either select Exercise as a 'COSA Group' or 'Area of Interest'. We strongly encourage members from all discipline areas to get involved with our group.

Prue Cormie
Chair, Exercise and Cancer Group
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Familial Cancer Group

The Familial Cancer Group executive committee is currently finalising the 2015 COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day (FCC CPD) to be held on Tuesday 25th August 2015, at the Mantra Resort, Kingscliff, NSW.

The FCC CPD will feature the following sessions with speakers to be confirmed:

Session 1: Genomic issues in genetic counselling

Session 2: "Next-Generation Sequencing" and uncertainty: the lab, the clinician, and the client

Session 3: Chemoprevention/risk reducing medication

Session 4: Surgical Prevention of Breast Cancer

The FCC CPD is held the day before the Familial Aspects of Cancer (FAC) Research and Practice meeting arranged by kConFab and both meetings are informative and clinically relevant to those working in the area of Familial Cancer. However, all COSA members are welcome to attend. See link for more details www.kconfab.org.

Familial Cancer topics will also feature in the COSA ASM held later this year in Hobart. With the theme being Rare Cancers, we were particularly keen to be involved in this meeting as all Familial Cancer syndromes are considered rare. The following Speakers and topics will feature Familial Cancers. Please attend these talks/sessions to learn more about Familial Cancer:

Hugh Dawkins: Rare diseases learning from rare cancers

Paul James: Familial cancer clusters

Nick Pachter: Furnishing the Genetic Firepower in Pheochromocytoma

John Burgess: Pancreatic neuroendocrine tumours in MEN 1 - basic science & clinical management

Bruce Mann: Rare subtypes of Breast Cancer

Heather Cunliffe: Targeted therapies triple negative breast cancer

And there will be an entire concurrent session on Wednesday 18 November at 11:00am on "Genetics: are ALL cancers rare?"

Other projects include, developing and actioning a national consensus for routine immunohistochemistry (IHC) for mismatch repair (MMR) proteins in colorectal cancer to detect Lynch syndrome. Goals for 2015 include the drafting of a combined COSA/RCPA position statement endorsing routine MMR IHC testing for all newly diagnosed colorectal cancer and consulting with relevant groups in the RCPA to make MMR IHC testing mandatory on the synoptic histopathology reporting of colorectal cancer.

The Familial Cancer Group has developed guidelines for prescribing selective oestrogen receptor modulators (SERMs) for the medical prevention of breast cancer. This has been submitted to COSA for feedback and a final draft will be submitted for approval at the Council meeting on August 14.

Nick Pachter
Chair, Familial Cancer Group
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Geriatric Oncology Group

I am pleased to announce that after much hard work the COSA audit of geriatric assessment in Australian medical oncology clinics was accepted for publication by the Journal of Geriatric Oncology¹. This article demonstrates the potential for collaboration that is enabled by the multidisciplinary nature of the COSA group. The article shows that whilst some aspects of geriatric assessment occurs in medical oncology clinics around the country, the overall rate of assessment is inadequate. There is general consensus that some form of geriatric assessment should be performed in older adults with cancer and this audit now provides a baseline upon which we can measure improvement within the Australian context.

To address the need for more education around the care of older adults with cancer, members of the geriatric oncology group are planning lectures and seminars at a number of forums in the coming months. I am very pleased to have been invited to speak along with Kheng Soo and Nimit Singhal at the Westmead Hospital symposium in August, and as a solo act at the University of Sydney Lifespan Research Network symposium in September. In addition I am the chair of the scientific committee of the International Society of Geriatric Oncology (SIOG) annual scientific meeting in Prague in November 2015. The theme this year is "Geriatric oncology and supportive care: a global approach to advance the science".

I have also just returned from the MASCC meeting in Copenhagen where 1700 delegates discussed the role of supportive care in cancer. The geriatric oncology study group of MASCC that I now chair has over 80 members and is a potential source of collaboration with COSA. This is especially pertinent given that the next MASCC annual meeting will be in Adelaide in June 2016. I would encourage COSA members to attend this important international meeting.

After a short pause in activity, the research committee of the geriatric oncology group has completed the planning and ethics approval for a survey of MOGA members on the topic of attitudes to geriatric oncology. This will be sent out in the coming weeks. We hope to use this information to inform a strategic planning meeting in 2016.

I would like to thank the other members of the executive, particularly Prof Jane Phillips and Tim To who are driving the research activities of the group at this time. I look forward to sharing more results with you in the coming months.

1. Lakhanpal R, Yoong J, Joshi S, et al: Geriatric assessment of older patients with cancer in Australia-A multicentre audit. *J Geriatr Oncol* 6:185-93, 2015

Christopher Steer

Chair, Geriatric Oncology Group

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(Follow me on twitter @drbcsteer for geriatric oncology updates)

NETs Group

We are delighted that the 2015 COSA ASM will focus on rare cancers and feature a number of sessions on NETs. The program on Tuesday 17th November includes a plenary at 1.30-3.00pm with a presentation from John Burgess on "Pancreatic neuroendocrine tumours in MEN 1 - basic science & clinical management". This is followed by a concurrent session at 4.00-5.30pm dedicated to NETs. Highlights include an update on the SIGNATURE registry as well as presentations by Katrin Sjoquist (AGITG lutate trial), Michael Hofman (Evolving Role of Nuclear Medicine in Management of Metastatic Neuroendocrine Tumours), Marco Larobina (Cardiac Valve replacement in patients with Carcinoid heart disease) and Simone Leydon (The patient and carer perspective of NETs). We hope to see you all in Hobart!

Yu Jo Chua

Chair, NETs Group

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Nutrition Group

The Nutrition Group have a newly formed executive committee who will input into the strategic direction and activities of the Group. The committee comprises of representatives across the domains of research, education, public health and clinical nutrition:

- Dr Nicole Kiss (Chair), Peter MacCallum Cancer Centre
- A/Professor Judy Bauer, University of Queensland
- Ms Merran Findlay, Royal Prince Alfred Hospital
- Dr Anna Boltong, Cancer Council Victoria
- Professor Liz Isenring, Bond University
- Ms Jenelle Loeliger, Peter MacCallum Cancer Centre

Ongoing work continues on the head and neck evidence based guidelines with a content update to be finalised soon including the addition of a new clinical question 'What are the impacts of new developing treatment regimens on nutritional status and outcomes? – surgery.'

Further work is currently being planned for phase III of the malnutrition in Victorian cancer services project with new and follow on projects likely to commence toward the end of the year. Stay tuned for details later in the year.

The Group are very excited to be joining forces with the COSA Survivorship, Complementary and Integrative Therapies, Exercise and Psycho-oncology Groups for a combined clinical professional day at the 2015 Annual Scientific Meeting in Hobart. The workshop will be held on Monday the 16 November, more information and registration details can be found at <http://www.cosa2015.org/workshops/>. Thanks to Haryana Dhillon for leading this initiative.

Nicole Kiss

Chair, Nutrition Group

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Palliative Care Group

Since the publication of the landmark 2010 Temel study¹, there has been growing interest in evaluating the impact of early referral to palliative care on patient reported outcomes and more recently cost. During the past year the results from several new studies focusing on the timing of early palliative care have been reported, with varying results.

The most recently reported study, a multi-institutional US prospective, observational study, set out to determine if time to consult after admission impacts the effect of the palliative care consultation team on the cost of hospital care.² The findings from this study suggest that early palliative care consultation for patients with advanced cancer during a hospital admission may reduce costs and lengths of stay.² Using novel methods to incorporate intervention timing into the analyses, the team analysed data from 969 patients with advanced cancer who were admitted to five separate U.S. hospitals between 2007 and 2011. This sample included 256 patients seen by a palliative care consultation team, and 713 patients who received usual care. The results demonstrated that a palliative care consultation within 2 days of admission was associated with a 13% reduction in the hospital length of stay ($P < .01$) and 24% reduction in direct care costs. A similar pattern was also observed if this consultation occurred within 6 days of admission, which resulted in a 14% reduction in direct care costs compared with no intervention. Despite the acknowledged selection bias and unobserved heterogeneity between treated and comparison patients these results raise some important questions as to 'how else treatment effect varies and in what circumstances is palliative care most beneficial? It also raised the issue of the degree to which different health care systems are likely to impact on these outcomes.

Similarly, another US trial, the 'Early Versus

Delayed Initiation of Concurrent Palliative Oncology Care: Patient Outcomes in the ENABLE III Randomized Controlled Trial' has recently been completed. The results from this trial also raise questions about the timing of palliative care referral. This three year wait-listed control trial investigated the effect of early versus delayed palliative care on quality of life, symptom impact, mood, 1-year survival, and resource use.³ In this trial, 207 patients with advanced cancer were recruited from various cancer centres and/or community outreach clinics. Participants were randomly allocated to receive an in-person palliative care consultation, structured palliative-tele-health nurse coaching sessions (once per week for six sessions), and monthly follow-up either immediately (early referral) or 3 months later (later referral). Quality of life, symptom impact, mood, 1-year survival, and resource use (hospital/intensive care unit days, emergency room visits, chemotherapy in last 14 days, and death location) were the outcomes of interest. While there was no difference between patient-reported outcomes and resource use between the two groups, the early referral survival 1-year after enrolment was improved compared with those who waited three months to receive palliative care. Understanding the complex mechanisms whereby PC may improve survival remains an important research priority.

Both of these studies speak to the need for further studies so that we can better understand when, how, where, and for whom palliative care interventions are most appropriate, most cost-effective and most effective.

Reference list

1. Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal of Medicine*. 2010;363(8):733-742
2. May P, Garrido MM, Cassel JB, et al. Prospective Cohort Study of Hospital Palliative Care Teams for Inpatients With Advanced Cancer: Earlier Consultation

Is Associated With Larger Cost-Saving Effect. *J. Clin. Oncol.* 2015;doi:10.1200/JCO.2014.60.2334.

3. Bakitas MA, Tosteson TD, Li Z, et al. Early Versus Delayed Initiation of Concurrent Palliative Oncology Care: Patient Outcomes in the ENABLE III Randomized Controlled Trial. *J. Clin. Oncol.* 2015.

Jane Phillips
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Psycho-Oncology Group

Professional Day

– a collaboration between Psycho-oncology, Survivorship, Complementary and Integrative Therapies, Exercise and Cancer, and Nutrition COSA Groups, OZPOS and PoCoG

This year we took a very multidisciplinary approach and were successful in our application for funding for a forum for our members and other members of COSA to discuss existing and emerging models of care that integrate allied health professionals across the cancer trajectory.

The workshop will also showcase research from these groups. Further, there will be an opportunity for cross-fertilisation and collaboration between delegates with outcomes from this being of benefit to the wider cancer community. And, of course, at the end of the day, there is the chance to further network with colleagues. This will also be a wonderful opportunity to celebrate the 10 year anniversary of PoCoG!

COSA ASM 2015

The theme of COSA this year is Rare Cancers – Common Goals. The important contribution of psycho-oncology in the management of people with rare cancers is recognised from the beginning of the ASM with Professor David Kissane speaking in the opening plenary. The COSA program is jam-packed with exciting content and promises to be a stimulating meeting. Abstract submissions are still open so don't miss this opportunity to contribute to the ASM.

That is all for now but please feel free to get in contact with me at any time. I am looking forward to catching up with everyone at the ASM.

Laura Kirsten
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MASCC/ISOO
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Regional and Rural Group

A multidisciplinary working group is currently appraising literature for the Clinical practice guidelines for teleoncology using the Cancer Guidelines Wiki, developed by Cancer Council Australia. This platform allows literature searches, article appraisals and content development to be performed online. Once the guidelines are published the wiki enables them to be updated as new evidence is published. The guidelines will be launched at a breakfast session at the COSA ASM in Hobart.

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Survivorship Group

Clinical Professional Day

With COSA in Hobart this year we have teamed up with four other groups, Complementary & Integrative Therapies, Exercise and Cancer, Nutrition, and Psycho-Oncology, to submit an application for a clinical professional day. With support from the Psycho-Oncology Cooperative Research Group (POCOG) we were successful in obtaining support from COSA. The work our group has been doing in models of care for cancer survivors has highlighted the very real need to facilitate models of integration, workforce development and improved research methods to both build and implement evidence-based practice.

As all five groups provide a multi-disciplinary forum for COSA members and the broader workforce, this clinical professional day aims to explore existing and emerging models of care that integrate allied health professionals across the cancer trajectory. As many health professionals working in this field do not have research

routinely incorporated into their practice, development of a research culture is the second important aim.

The first session will broadly cover the questions of multi-disciplinary care:

- Are allied health professionals part of the team?
- Which models of care do we follow and how can they be improved?
- Who is the team and are there enough of us?

The research component of the day will focus on research methods discussing study designs suitable for complex interventions as well as asking how we change practice to explore how implementation research differs from evidence generation. The final session will allow opportunities to members of these groups to present their work and contribute to the ongoing discussion of how we best support people after their cancer diagnosis with their incredibly variable needs.

Due to limitations in the size of our venue this year the workshop attendance will be capped at 100 participants, so I really recommend you book early.

UICC International Cancer Congress 2016

The UICC 2016 conference is themed 'Mobilising action – Inspiring change' and the committee has called for session and symposia proposals to be submitted. You have until 4 September 2015 to submit ideas and proposals for sessions. There is great work being done in Australia so think about using this opportunity to showcase this on an international stage. The conference will be held in Paris, France 31 October – 3 November 2016.

Cancer Voices Position Statement on Survivorship Care

Cancer Voices groups from NSW and SA have released a statement calling

for a framework for best practice recommendations for survivorship in people diagnosed with cancer. The series of recommendations share many of principles with the COSA Survivorship Model of Care that has been discussed and continues to evolve. It is wonderful to see these consumer groups so clearly articulating the issues they see need to be addressed in order to really improve care for people after their diagnosis.

Cancer Forum

Finally, if you have not yet seen the July edition of Cancer Forum I commend it to you. The special issue on survivorship comprises articles broad-ranging in content from the very personal perspectives of consumers to updates about initiatives in the world of survivorship to intervention studies aimed at addressing concerns of importance to many cancer survivors. It is an example of the high quality clinical care and research provided in this country through collaborative partnerships between consumers, healthcare professional, community, and government. Let's hope it inspires us all to keep working together for the benefit of cancer survivors now and into the future.

Haryana Dhillon
Chair, Survivorship Group
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Urologic Oncology Group

The COSA Urologic Oncology Group was formed in 2006 with initial extraordinary enthusiasm from its members and considerable momentum. The Group has been instrumental in bringing a range of disciplines together at a critical time for genitourinary oncology in Australia, with the advent of many new therapies. Other countries in the world have not handled this rapid change so well and often their various clinical disciplines do not talk effectively or regularly with each other. In

contrast, Australia has seen the growth and burgeoning of true multidisciplinary care in genitourinary cancer in both the public and private sectors. There is already evidence that this is to the advantage of our patients' outcomes and I believe we deserve congratulations for building such an effective and collegial community.

One of the group's most striking effects was to act as the nidus for what was to become the Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group. ANZUP has continued in leaps and bounds and many of the activities of the Urologic Oncology Group have been taken up by ANZUP and its members. ANZUP is an Affiliated Organisation of COSA with a seat on COSA Council, ensuring that our members and the broader community have a voice within COSA and its broader activities. However, an unintended but possibly natural effect has been that the COSA Urologic Oncology Group itself has declined in activity. We have not had a quorum at our group AGM since 2011, which incidentally was the year that COSA partnered with ANZUP to hold the ASM. I have been in contact multiple times with Group members to try to ascertain their wishes as to the future of the Group but the paucity of replies perhaps indicates the answer.

It may be time to wind up the Group. Further discussion is required before we make such a decision. I encourage all members to make contact with me and, if possible, to attend the 2015 Group AGM to be held during the COSA ASM in Hobart in November where we will decide our next steps. If we do decide to wind up then this is not a failure; it is really part of the natural evolution of such groups and of course we can celebrate the success and continued growth of ANZUP as the legacy of the Group.

Ian Davis
Chair, Urologic Oncology Group
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Professor Sanchia Aranda appointed CEO, Cancer Council Australia



Cancer Council Australia has announced the appointment of Professor Sanchia Aranda as its new Chief Executive Officer.

care, completing a Bachelor of Applied Science, a Master of Nursing and a Doctor of Philosophy.

Widely published in Australian and overseas health journals, she has also conducted research reviews for the National Health and Medical Research Council, Australian Research Council, state Cancer Councils, state Nursing Boards and for private sector research funding bodies.

Cancer Council Australia's Chair, Mr Stephen Foster, said the organisation was 'tremendously fortunate' to have found a candidate of Professor Aranda's calibre, who would lead Cancer Council Australia in the next stage of its development as the nation's peak independent cancer control body.

"Professor Aranda's wide-ranging experience means she understands the challenges and opportunities for the control of cancer and the differing perspectives of patients, their families, clinicians, researchers and health administrators."

Mr Foster also paid tribute to the work of Acting CEO, Ms Catherine Sullivan, over the past five months. "Ms Sullivan has provided strong, steady leadership of Cancer Council Australia during our search for a new permanent CEO and her work is greatly appreciated by the Board and by state and territory Cancer Councils."

A long-time member of COSA, Professor Aranda is currently Director of Cancer Services and Information and Deputy CEO at the Cancer Institute NSW. Professor Aranda will take up her new role in early August.

Professor Aranda has had an impressive career spanning 36 years in cancer control, including as a clinician, researcher, educator and health administrator. She has also made an enormous contribution to the control of cancer on leading state, national and international advisory committees and boards.

Professor Aranda is President-elect of the Union for International Cancer Control, Geneva, a Member of the Cancer Australia Advisory Council and Immediate Past President of the International Society of Nurses in Cancer Care. In 2013, she was awarded the Peter MacCallum Cancer Centre Distinguished Fellow.

From her early training as a Registered Nurse in New Zealand, Professor Aranda developed a specialisation in the control of cancer and palliative

COSA Affiliated Organisation Reports

Australasian Gastro-Intestinal Trials Group



The AGITG conducts clinical trials into gastro-intestinal (GI) cancers, and supports research through awards, grants, courses and conferences. Some of our recent and forthcoming efforts:

AGITG at the 2015 ASCO Annual Meeting

Results from two AGITG clinical trials were presented at the American Society of Clinical Oncology 2015 Annual Meeting held in Chicago, May 29-June 2, 2015.

Associate Professor Nick Pavlakis presented the INTEGRATE study: A randomised phase II double-blind placebo-controlled study of regorafenib in refractory Advanced Oesophago-Gastric Cancer. In the trial of 152 patients with advanced cancer of the stomach and oesophagus/stomach junction, two thirds of patients were treated with regorafenib tablets, resulting in a significant suppression of tumour growth by 60% compared with patients receiving placebo, and a trend to improvement in overall survival time which will be formally tested in a follow on Phase III trial. Associate Professor Pavlakis said, "The results are extremely promising for

patients with cancer of the stomach and oesophagus/stomach junction where chemotherapy has failed and there are no other approved treatment options".



Nick Pavlakis presenting

The study was conducted at 54 centres in Australia, New Zealand, Korea and Canada.

Conjoint Professor David Goldstein presented the GAP study: A Phase II study of pre-operative Gemcitabine and nab-Paclitaxel for Resectable Pancreas Cancer. The GAP poster highlighted that administering chemotherapy before and after surgery is safe and feasible. Participants in the trial tolerated chemotherapy before surgery better than chemotherapy after surgery. The drugs, Neoadjuvant Gemcitabine and nab-Paclitaxel, given before surgery proved to be an encouraging strategy to improve outcomes in early pancreatic cancer. Follow up is ongoing to evaluate the impact of the use of chemotherapy either before or after surgery on recurrence rates and survival.

ALaCaRT Study

Dr Andrew Stevenson recently presented the results of the AGITG Australasian Laparoscopic Cancer of the Rectum Trial: A phase III prospective randomised trial comparing laparoscopic-assisted resection versus open resection for rectal cancer.

The results were first presented at the Royal Australasian College of Surgeons Annual Scientific Congress in Perth in early May. Dr Stevenson also presented the results at the American Colon and Rectal Surgeons Annual Meeting in Boston in early June. The study closed to recruitment in December with 475 patients and has been awarded an NHMRC grant for extended clinical follow-up.

2015 IMPACT Philanthropy

Funds managed by Perpetual and awarded through IMPACT Philanthropy have generously supported two AGITG translational research projects in colorectal cancer.

The funding will enable Professor Paul Waring and the team at the Centre for Translational Pathology at the University of Melbourne to determine whether patients with metastatic colorectal cancer whose tumours possess low frequency RAS gene mutations survive longer or not following treatment with the epidermal growth factor receptor monoclonal antibody, cetuximab. The CO.17 clinical trial, conducted by the AGITG in collaboration with the National Cancer Institute of Canada (NCIC), changed clinical practice worldwide by showing that patients with tumours harbouring high frequency (>20%) KRAS mutations do not have a survival benefit following cetuximab. However, subsequent smaller inconclusive studies, using more sensitive assays, suggest that patients with low (5-20%) and perhaps ultra-low (0.01-5%) frequency RAS mutations may also not benefit. Using samples from the AGITG-NCIC CO.17 and CO.20 trials the project will retrospectively screen tumour samples, using an ultra-sensitive assay, from 1105 trial participants with KRAS wild-type tumours to determine whether or not subjects with low and ultra-low frequency RAS mutations survive longer following cetuximab.

In addition, IMPACT Philanthropy will assist AGITG ASCOLT study Investigator Associate Professor Eva Segelov in collaboration with Dr Oliver Sieber and the team at the Walter and Eliza Hall Institute of Medical Research to analyse genetic changes in colorectal cancers that predict behaviour of the cancer and whether it will recur. This analysis will be based on tissue and blood samples from patients enrolled in the international Phase III ASCOLT study being conducted by the AGITG and international partners. The effect of aspirin on cancer recurrence and its mechanism of action will be studied in patients who have received either aspirin or placebo in a blinded design. It is anticipated that, on the basis of finding genetic markers,

a profile to identify the patient subgroup that benefit from aspirin will be identified. This translational research is unique as the biospecimens have been obtained with consent on the only prospective adjuvant aspirin trial being conducted worldwide.

AGITG Annual Scientific Meeting

The AGITG Scientific Meetings are held annually to provide GI cancer researchers and specialists with the opportunity to present their recent research into GI cancers and to discuss the current challenges and potential solutions across the field. The meeting serves not only as a forum for the presentation of state-of-the-art overviews on the pathobiological and clinical aspects of GI cancer, but also affords the opportunity to the Australasian scientific community to explore future directions for research and collaboration.

The 2015 meeting will be held at Sofitel Sydney Wentworth on 2-4 September and will feature presentations by seven world leaders in gastro-intestinal cancer research, updates on AGITG clinical trials, interactive poster presentation session, multiple breakfast keynote addresses & plenty of opportunity to interact with our corporate supporters and colleagues during the social aspects of the program. The New Concepts Symposium is a feature of the meeting and provides clinicians with a forum to present and discuss novel concepts with local and international colleagues.

Cancer Research Workshop on Sunday 27 September at Brisbane Convention Centre. Co-chairs Dr Lorraine Chantrill (AGITG) & Dr Chris Scarlett (APC) invite scientists, clinicians, nurses, allied health professionals, consumers, industry partners and anyone with a strong interest in pancreas cancer research to attend and contribute.

The Workshop aims to assist the development of embryonic research ideas into projects through:

- Developing new collaborations between researchers, health care providers, consumers and pharmaceutical companies;
- Presentation of research concepts at their emergent stage;
- Round table discussions to workshop new concepts through networking; and
- The encouragement of new ideas in pancreas cancer research.

Preceptorship in Colorectal Cancer

For the third consecutive year the AGITG is hosting a Preceptorship in Colorectal Cancer for senior trainees and junior consultants. Convened by Associate Professor Eva Segelov, the two day intensive learning course to be held in November is based on complete review of literature to understand evolution of treatment for colorectal cancer in the adjuvant and metastatic setting, in the

surgical oncology, the format will be that of a short course (retreat) with learning in small groups, active participation from attendees with regard to reviewing papers, presenting cases etc.

Commonwealth Neuroendocrine Tumour Group

Associate Professor Eva Segelov is leading the first major project of the Commonwealth Neuroendocrine Tumour Group (COMMNETS), which is a review of gaps in NET research. A two day meeting in Honolulu on Friday 6 and Saturday 7 November 2015 will bring together NET clinicians, researchers and consumers from Australia, New Zealand and Canada.

The aim of the meeting is to produce data for presentation and publication which describes the current needs and gaps in NET clinical and translational research worldwide. This will form the basis for further projects undertaken by the COMMNETS Group.

First-ever national GI Cancer Awareness Week, 27 April – 3 May 2015

The community division of the AGITG, the GI Cancer Institute, launched Australia's first-ever National GI Cancer Awareness Week on April 27, to highlight the impact of gastro-intestinal cancers and the need for more research funding.

GI Cancer Institute Ambassador and television personality, Angela Bishop, spoke on national television about how she drew inspiration from her late father's battle with a gastro-intestinal stromal tumour (GIST) to throw her support behind the GI Cancer Awareness Week. Angela told the Ten Network's Studio Ten how clinical trials helped extend her father's life for eight years after he was diagnosed in 2002 with one of the most aggressive forms of GI cancer. "Because he was able to access clinical trials for experimental medicines, Dad fought GIST for longer than we had



17th Annual Scientific Meeting
AGITG TRIALS IN ACTION 2015
Australasian Gastro-Intestinal Trials Group
SOFITEL SYDNEY WENTWORTH
2-4 SEPTEMBER 2015
www.agitg.org.au

AGITG
Australasian Gastro-Intestinal Trials Group

Pancreas Cancer Research Workshop

The AGITG and the Australasian Pancreatic Club (APC) are again hosting a Pancreas

context of current treatment paradigms.

Learning is in small group interactive sessions along the Harvard short course model. Aimed at advanced trainees/junior consultants in medical, radiation and

ever thought possible. He turned a six month death sentence into eight years of quality life," says Angela. His Honour Alan Bishop was a member of the AGITG Board of Directors from 2004 until he died in 2010 aged 69.



Angela Bishop

Gutsy fund-raising assault on African peak

A "Gutsy Challenge" team organised by the GI Cancer Institute will take fund-raising to new heights, scaling Mt Kilimanjaro in November to raise funds for AGITG



Niall Tebbutt

clinical trials. AGITG Director and Principal Investigator Associate Professor Niall Tebbutt will be leading the team up the mountain.

Invitation from the AGITG Chair

I invite colleagues who are not currently members of the AGITG to join the Group. Our members are specialists from all the relevant disciplines including medical and radiation oncologists, surgeons, data managers, research nurses, gastroenterologists, biological scientists, pathologists, statisticians and trial coordinators.

Membership is free and there are many good reasons to join the AGITG. To apply for membership or refer a colleague visit agitg.org.au or contact the Executive Officer, Russell Conley at russell@gicancer.org.au.

Visit the AGITG

For more information on any of these topics visit us at agitg.org.au.

Tim Price
Chairperson, AGITG

Australasian Leukaemia & Lymphoma Group



"In the past researchers in Australia have looked to government for leadership. But times have changed and in the future it will be up to researchers to take responsibility for themselves."



Ian Frazer

Prof Ian Frazer AC, FRS, FAA, FAHMS was the guest speaker at the Scientific Meeting of the Australasian Leukaemia and Lymphoma Group

(ALLG) in Brisbane in May. Rather than discussing specific trials or research projects, Prof Frazer addressed the broad environment within which clinical and translational research operates in the present time.

Following on from the 2013 Strategic Review of Health and Medical Research (the McKeon Report), a number of leaders from health and medical science established the Australian Academy of Health and Medical Science in 2014. Prof Frazer, as the President of the Academy, explained to the ALLG SM how it will serve the three purposes identified in the McKeon Report:

- Mentoring the next generation of clinician researchers
- Providing independent advice to government and others on issues relating to evidence based medical practice and medical researchers
- Providing a forum for discussion on progress on medical research with an emphasis on translation of research into practice

Further information can be found at www.aahms.org.

The most recent SM, held in Brisbane in May, saw 230 clinician haematologists, scientists, study coordinators, consumers, sponsors and ALLG staff discuss the ALLG's existing trial portfolio, consider new proposals and concepts, participate in small focus meetings, undertake training and network.

A regular feature of the plenary sessions is always the number of new proposals and this May saw 14 new concepts presented and an additional 7 flagged for further development.

One new concept is the DIRECT study in Chronic Myeloid Leukaemia (CML) proposed by Dr David Yeung from Royal Adelaide Hospital. Most patients present with a relatively indolent chronic phase disease that, if left untreated, progresses to a condition that resembles acute myeloid leukaemia. Standard treatment is with a class of drugs known as TKI-inhibitors, and long term survival is now excellent, resulting in increasing numbers of patients on long term medication. CML management is now similar to that of other chronic illnesses – prevention of complications and minimising the impact of treatment related toxicity on quality of life. The proposed DIRECT study will focus on individualisation of drug dose via therapeutic drug monitoring for toxicity management with the aim of preserving efficacy whilst minimising toxicity.

Treatment emphasis in CML is now shifting to the intermediate goal of deep molecular response, ultimately leading to treatment free remission, especially in younger patients. The ALLG CML11 PInNACLe trial adds the drug interferon, with the aim of augmenting the response induced by the TKI. The PI is Prof Tim Hughes from the Royal Adelaide Hospital. Seven sites are now active in this trial with 6 more to come and 16 patients have been registered.

A new trial in aggressive non-Hodgkin lymphoma (NHL) has been enthusiastically received within the group. The Principal

Investigator of the NHL29 trial A/Prof Judith Trotman from Concord Hospital recognised the unmet need for evidence-based treatment paradigms for truly elderly patients. Older patients are usually treated with a less intensive version of the standard treatment R-mini-CHOP. The trial aims to improve the survival of patients over 75 by adding Ibrutinib, a drug targeting B-cell malignancies. Given the limitations of deliverability of full-dose CHOP, it is anticipated patients will find the option of a less-toxic enzyme inhibitor instead of intensive chemotherapy very attractive. The trial is planned to accrue 80 patients from 20 Australian sites over 2-3 years and is expected to start later this year.

At the other end of the trial process, the NHL18 trial has recently been published. This international trial, coordinated by the Austrian collaborative cancer group AGMT, was conducted in Australia under the auspices of the ALLG with PI A/Prof David Goldstein. The trial investigated the effectiveness of rituximab maintenance treatment in aggressive B-cell lymphoma. While rituximab maintenance did not prolong EFS or OS it did prolong PFS and showed significantly more activity in male patients in subgroup analysis.

The Tuesday Haematology Education Day for study coordinators focussed on Multiple Myeloma and was facilitated by the Chair of the Myeloma Disease Group, Dr Peter Mollee from Princess Alexandra Hospital. Presentations covered topics ranging from diagnosis, investigations, staging and prognosis, through treatment options and bone disease. Participants commented afterwards that it was very helpful in explaining the rationale behind ALLG trials and that the day contributed to improved understanding of the disease.

Prof Maher Gandhi from Princess Alexandra Hospital spoke to study coordinators on the Wednesday on the very current topic of assay techniques and genetic issues in consent, including issues such as genetic discrimination law and gene patenting. He emphasised that HREC applications should not be seen just as an administrative burden.

“Ethics applications should be seen as a process of ethical research conduct, in which the initial application is the first part, but the most important part is performing research in an ethically responsible manner”.

Two study coordinators were presented with Awards which will enable them to attend conferences and training in 2015. Angela Neville (Holman Clinic, Launceston) received the Janey Stone Perpetual Award (below left) and Andy Phay (Queen Elizabeth Hospital) received the Anne Lenton Memorial Award (below right).



The next Scientific Meeting will be 10-13 November 2015 in Melbourne.

Mark Hertzberg
Chair, ALLG Scientific Advisory Committee

Australasian Sarcoma Study Group



The ASSG continues to work hard to improve outcomes for patients with sarcoma and their families. The ASSG is pleased to report on our current progress in promoting clinical trials, scientific research and awareness of sarcoma to the COSA membership.

ASSG Collaborations

Recently the ASSG has been able to

facilitate two very important collaborations for sarcoma research.

Firstly the ASSG and CanTeen have joined forces to increase AYA patient enrolment in clinical trials. To this aim the ASSG and CanTeen will co-fund the re-activation of the International Sarcoma Kindred Study in Australia over the next two years. Prof David Thomas is the principal investigator and Dr Mandy Ballinger is the program manager. ISKS participant involvement includes filling out a survey and donating blood and tissues samples. Recruitment will be focussed on patients 15 to 25 years old and will be contacted through sarcoma centres across Australia. ISKS was first opened in 2009 with generous funding by the Rainbows for Kate Foundation and since that time the study is now active in many countries throughout the world. The current initiative provides funds to recruit 85 patients in Australia in the AYA age group.

Our second major collaboration is with Cancer Australia. The ASSG has gained approval from Cancer Australia to act as a funding partner in the Priority Driven Collaborative Cancer Research Scheme for the 2016 round. This scheme will allow the ASSG to leverage funds donated by philanthropic groups for sarcoma research, to achieve high level well-funded sarcoma research projects that will have impact results.

The ASSG is delighted to be working together with both CanTeen and Cancer Australia to achieve our joint aims for sarcoma research.

Australian Sarcoma Group ASM October 2015

The ASM this year be held in Brisbane, 17-18 October 2015 at the Translational Research Institute in Brisbane. The theme for this year's meeting is "Precision in Sarcoma Care". We are delighted to be welcoming three international sarcoma experts to speak at the meeting.

- Dr William Tap from Memorial Sloan Kettering NY, NY USA

- Dr David Kirsch from Duke University Chapel Hill, North Carolina USA
- Dr Shekhar Kumta from the Chinese University of Hong Kong

Registrations are now open. Please visit our website and register to attend at: <http://www.australiansarcomagroup.org/2015-conference-form.html>.

ASSG Research Meetings

The ASSG held its first of two annual research meetings in Melbourne on 26 June, with a focus on the progress and results of research projects and clinical trials. Presentations were given by past and present grant ASSG recipients reporting on their current results. The ASSG is fortunate to be able to offer and support Sarcoma Research Grants every year for studies in basic science, pilot clinical studies, psycho-social, and rehabilitation. The ASSG is committed to research to improve outcomes for sarcoma patients and their families and is grateful to our donors to be able to achieve these aims.

Denise Caruso
Executive Officer, ASSG

Australia & New Zealand Breast Cancer Trials Group



The 37th Annual Scientific Meeting (ASM) of the Australia and New Zealand Breast Cancer Trials Group (ANZBCTG) was held in Perth, Western Australia, in July at the Pan Pacific Perth.

The ANZBCTG is the largest independent, oncology clinical trials research group in Australia and New Zealand. For more than

35 years, the ANZBCTG has conducted clinical trials research for the treatment, prevention and cure of breast cancer.

The research program involves multicentre national and international clinical trials and brings together over 700 researchers in 87 institutions throughout Australia and New Zealand. The ANZBCTG has contributed to more than 900 peer reviewed publications and more than 14,000 women have participated in ANZBCTG clinical trials.

The 2015 ASM hosted internationally renowned guest speakers and eminent ANZBCTG researchers, including: Professor Jack Cuzick, Professor Karen Gelmon, Associate Professor Amit Goyal, Professor Linda Vahdat and Professor John Yarnold. Delegates included leading Australian and New Zealand medical practitioners and clinicians, and clinical trials management personnel.

The 2016 ASM will be a joint conference with the Clinical Oncology Society of Australia (COSA) from 15-17 November 2016 at the Gold Coast Convention and Exhibition Centre. More information and registration details will be available on the ANZBCTG website in early 2016 at www.anzbctg.org.

ANZBCTG Awards

The following awards were presented at the 2015 ASM in Perth:

- **The Alan Coates Award for Excellence in Clinical Trials Research** recognises a member of the ANZBCTG who has made an outstanding contribution to the ANZBCTG's clinical trials research program. The 2015 recipient was Professor Kelly-Anne Phillips from the Peter MacCallum Cancer Centre in Melbourne;
- **The Robert Sutherland Award for Excellence in Translational Research** recognises Translational Researchers worldwide and their achievements and contributions to improved patient outcomes. The 2015 recipient was Professor Jack Cuzick from Queen Mary

University of London;

- **The John Collins Fellow Medal and Travel Grant** was established to encourage potential academic Breast Cancer Surgeons and Registrars to become involved in clinical trials research. The 2015 recipient was Dr Jocelyn Lippey from Royal Perth Hospital;
- **The Study Coordinator Prize** acknowledges outstanding commitment to the ANZBCTG clinical trials research program by a Study Coordinator. The 2015 recipient was **Ms Kimberley Sheather** from the Patricia Ritchie Centre for Cancer Care and Research in Sydney.

LATER Clinical Trials Results

Women with hormone receptor positive breast cancer may benefit from new research which has found that further treatment with an aromatase inhibitor, which reduces the production of oestrogen, may prevent breast cancer from returning. The results of the ANZ 0501 LATER clinical trial were announced at the American Society of Clinical Oncology (ASCO) Annual Meeting, in Chicago USA. The trial was developed by Australian researchers, Professor John Forbes AM and Professor Michael Green, and coordinated by the ANZBCTG. ANZBCTG Clinical Fellow, Dr Nicholas Zdenkowski, presented the results of the LATER study at ASCO. He said it is the first time that a randomised trial has shown that reintroducing an aromatase inhibitor is beneficial, after a break of one year or more, and in some cases a much longer break. For more information, visit www.anzbctg.org.

Australia Recruits World's First Patient to Landmark Breast Cancer Clinical Trial

An Australian woman has become the world's first patient to be enrolled in an international breast cancer clinical trial, which will be testing the anti-tumour activity of a new drug called KEYTRUDA when combined with trastuzumab. KEYTRUDA is part of a class of drugs called

immunotherapies, which helps the immune system destroy cancer cells. It has already shown positive results in the treatment of melanoma, lung cancer and other types of cancer. Trastuzumab is currently used in the treatment of HER2 positive breast cancer. However the combined use of these drugs has not yet been tested. The PANACEA clinical trial (IBCSG 45-13) is for women diagnosed with advanced HER2 positive breast cancer, which aims to find out the most suitable dose of KEYTRUDA (pembrolizumab, MK-3475) and trastuzumab when these drugs are used together and to assess if their combined use is an effective anti-cancer treatment. PANACEA is a global clinical trial which is being coordinated in Australia by the ANZBCTG. The study is being led by the International Breast Cancer Study Group (IBCSG) under the Breast International Group (BIG) umbrella. For more information, visit www.anzbctg.org.

New Survey Results Show the Extent of Breast Cancer Treatment Before Surgery

A new survey of Australian and New Zealand (ANZ) breast cancer specialists has identified the clinical practice patterns, reasons for and barriers to breast cancer treatment before surgery - known as neoadjuvant systemic therapy (NAST). The DOMINO clinician survey was developed by researchers of the ANZBCTG, with the aim of determining how NAST is currently used for women with early stage breast cancer. The results of the survey were presented at the 14th St Gallen Breast Cancer Conference in Vienna. The survey found that the majority of the Australian and New Zealand clinicians who responded are interested in NAST for operable breast cancer and offer it for downstaging, as part of a clinical trial or to allow time for surgery, including reconstruction, to be planned. Clinical trials using NAST can provide information about the activity of a new treatment much sooner than if the same treatment was given after surgery. For more information, visit www.anzbctg.org.

Fran Boyle AM
Chair, ANZBCTG

Australia and New Zealand Melanoma Trials Group

ANZMTG Australia and New Zealand Melanoma Trials Group

ANZMTG has had a busy start to the year; we have recruited our 2,156th trial patient and have expanded our trials portfolio to include more than 9 current trials actively recruiting, 4 trials in follow up and 2 of our original trials which have now been published.

ANZMTG continues to lead and collaborate with individual experts and groups on studies from a wide range of disciplines including surgical management, new targeted therapies and immunotherapies, radiotherapy, dermatology, imaging and diagnostics, quality of life and health economics.

So far in 2015 we have focussed on activating a number of new trials and supporting our existing portfolio. We have launched 5 new trials and furthermore we have been building our collaborative network with the view to increasing our potential to recruit more patients more quickly. We welcome a host of new investigators and institutions to our trials, including new partnerships with institutions in Australia (Gold Coast QLD, Hobart Tasmania and Darwin NT), and internationally (including hospitals in China, Brazil, Holland, Slovenia, North America and Italy).

ANZMTG is currently working with a network of 37 institutions involved in our trials, in Australia and New Zealand and the United Kingdom, Norway and the USA. We recognise that collaboration with individual experts and different groups is critical to the success of ANZMTG studies in the areas of trial recruitment and patient participation, and the facilitation of communication and

sharing of knowledge within and between experts and institutions.

The discoveries of new melanoma therapies and advances in melanoma research in the past few months is an exciting time for the melanoma and wider medical community alike. It is anticipated these will lead to the development of new study concepts, which along with other research priorities for ANZMTG, will have a major impact and standardise the global management of melanoma patients. Needless to say, there are still controversial areas which are unanswered amongst the melanoma community requiring high quality and prospective data in which ANZMTG's contribution is crucial.

ANZMTG research output is outstanding with >100 publications, oral and poster presentations since 2010. Notable publications this year include: the publication of the final analysis of the MSLT-I on the role of Sentinel-Node Biopsy versus Nodal Observation in Melanoma (The New England Journal of Medicine); ANZMTG 02.12 RADICAL trial - Review of Lentigo Maligna (British Journal of Dermatology); ANZMTG 01.07 Trial - Whole Brain Radiotherapy in Melanoma editorial letter (The Lancet Oncology); and the final results of the ANZMTG 01.02 Trial Adjuvant Radiotherapy Nodal Trial (The Lancet Oncology).

More information on ANZMTG's publications is available online via the website (<http://www.anzmtg.org/content.aspx?page=publications>).

ANZMTG is a growing active research group and we are thankful for the support of our members, participating sites and site staff, funding agencies, patients, family members and their friends. ANZMTG now consists of >800 members representing 29 countries. A wide range of disciplines are represented in our membership and we remain committed to serving our members in an efficient and dynamic manner. We believe the need for investigator-driven, independently run clinical trials for melanoma remains just as important,

especially as we enter a new era of melanoma treatment and management.

On the 5th November 2015, ANZMTG will host our Annual ANZMTG Scientific Research Meeting in Auckland, New Zealand in a joint meeting with the Inaugural Melanoma Research Institute of New Zealand Symposium. A relevant and interesting program is planned including the review of the ANZMTG current studies and new research concepts, and to further promote networking of melanoma researchers within Australia and New Zealand which is recognisably an area requiring further work. We invite any members and those interested in melanoma advances to please join us. We will also be presenting several papers at the Australian Clinical Trials Alliance Meeting in Sydney and the Global Controversies in Skin Cancer Meeting in Brisbane at the end of October. ANZMTG also plans to attend and present papers at the Nordic Melanoma Conference in Gothenburg, Sweden in early September, as well as at the European Association of Demato-Oncology / World Meeting of Interdisciplinary Melanoma/Skin Centers in France.

For the remainder of 2015, ANZMTG plans to continue its expansion of current trial recruitment to Australian and international sites, promote clinical trial development and hold a series of concept development workshops to encourage new research in melanoma. Recently, ANZMTG developed an innovative module of online statistical modelling tools to support researchers when developing their new concepts. This is available at <https://www.anzmtg.org/stats>.

We take this opportunity to thank the Executive Committee members, Executive Office staff and the support and commitment of the ANZMTG members, trial study chairs, site research and data management staff, and most importantly the patients and their families for their participation in research studies undertaken by the ANZMTG.

If you would like to know more about our group, any of the trials or the upcoming ASM,

please log on to our website www.anzmtg.org or call the team on +61 2 9911 7354

Bryan Burmeister
Chairman, ANZMTG

Australian and New Zealand Urogenital & Prostate Cancer Trials Group



The few months since the last Marryalyan have seen ANZUP continue and expand its broad range of activities. The main highlight was the 2015 Annual Scientific Meeting, held in Sydney on 12-14 July. More about that below. Other activities have been:

- Celebration of our 900th member in June and over a 10% growth since the last Marryalyan report
- A strategic planning meeting held by the Board in order to develop the ANZUP Strategic Plan for 2016-2018
- Acceleration of accrual to the two international enzalutamide prostate cancer trials
- Opening of new trial sites in Ireland, UK, Canada and the USA
- Opening of the phase III accelerated BEP study with planning well underway to open international sites
- Re-opening the BCG/mitomycin bladder cancer trial, previously on hold due to drug supply issues
- Submission of the "Pain Free TRUS B" protocol to central ethics with a view to opening the trial early in the 3rd quarter of 2015

- Publication of the EVERSUN paper
- Several mentions from the podium at ASCO 2015
- Participation in the USANZ and TROG meetings
- Further editions of our UPdate newsletter and "Below the Belt" consumer publication
- Farewelling Jenni Beattie and welcoming Andrew Tennant to our office team

The ANZUP Annual Scientific Meeting continues to grow in profile and is now very clearly the peak multidisciplinary scientific meeting specifically for genitourinary cancers in this part of the world; perhaps beyond! This year the 2015 Annual Scientific Meeting was held in Sydney at the Sofitel on 12-14 July 2015. We were privileged once again to have outstanding international speakers: Chris Sweeney, Brian Rini, Ted DeWeese and Bertrand Tombal, as well as many fantastic local speakers. The theme "Redefining Personalised Medicine" allowed the program to be structured very creatively. "Personalised medicine" is a buzzword at the moment but many people might think it relates only to identification of the specific molecular profile of a patient's cancer to match with an available drug, or to modify treatment in some way based on the patient's characteristics. These are of course correct but ANZUP is far more than that. We heard about work along this theme also in the area of radiation oncology, surgery, psycho-oncology and supportive care, communication and even pathology. The patient is always at the centre of everything we do and we reaffirm this commitment every time we have conversations like these.



The ASM kicked off with a packed day on Sunday 12 July, with parallel "Meet

the Professors” breakfast and a nurses’ breakfast meeting. The ANZUP Consumer Advisory Panel met in the morning for an educational session. Meanwhile the all-day MDT Masterclass was in full swing with strong attendance from trainees and consultants of multiple disciplines. The afternoon managed to fit in our Community Engagement Forum, an investigators meeting for ENZARAD, and the open session of the Scientific Advisory Committee. We briefly drew breath at the evening Welcome Reception before launching into the evening symposium with presentations by Chris Sweeney on prostate cancer, and from Brian Rini for metastatic renal cell carcinoma.



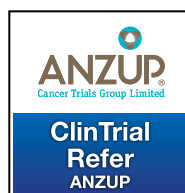
Monday opened with another breakfast session, sponsored by PCFA, discussing the PSA screening controversy and solutions to it. The main meeting commenced with a prostate cancer session, followed by a renal/bladder/testis session and a poster session. Monday afternoon saw “ANZUP in Action” updating delegates on our clinical trials and also a presentation from Ben Tran, recipient of the 2014 ANZUP Tolmar Clinician Researcher Fellowship, followed by a panel discussion on fundraising. The final session of the day was the “Best of the Best Orals” and then the company Annual General Meeting. After another poster walkabout we were able to relax and enjoy the conference dinner.

Tuesday began with another breakfast meeting comprising a concept development workshop. This was followed by a “Redefining Medicine / Alternate Trial Design” with some fascinating presentations across a range of disciplines. The last sessions of the day were devoted to imaging, pathology, focal therapy, a great debate (“Safe incorporation of new therapies into clinical practice: is the

science lagging behind the hype?”) and then presentations of awards. Our awards included the 2015 ANZUP Tolmar Clinician Researcher Fellowship. We congratulate the recipient Ian Vela from Queensland on his outstanding project although this was a hotly contested award with many very strong applicants.

I’m exhausted just thinking about it but we are not stopping there. Planning is well underway for substantial activity in the second half of the year, with more face to face concept development workshops, the second “Below the Belt Pedalthon” in September (now a formally sanctioned cycling event), return of the “Best of GU,” planning for representation at the New Zealand section meeting in October, a presence at the COSA ASM in Hobart and to finish off our jam packed year our first GU Preceptorship to be held in Melbourne 20-21 November. Not to mention forward planning for next year, including our 2016 ASM to be held in Brisbane in July. Make sure you add this to your calendars now.

Don’t forget to download our ClinTrial Refer ANZUP App. The app gives you all up to date information you need about ANZUP clinical trials, including the details of the trial, recruiting status, eligibility information, lay summaries and links to trial registries. It is fully searchable and is already making it easier for both clinicians and the general community to identify and find clinical trials that might be suitable for them. The app is available at:



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>

ANZUP is an Affiliated Organisation of COSA and holds a seat on COSA Council. The COSA Urologic Oncology Group is examining its future at the moment. Regardless of whether the Urologic Oncology Group continues, ANZUP will

continue to provide a voice for health professionals involved in genitourinary cancers as well as the community, through the ANZUP Consumer Advisory Panel. Don’t forget that your free ANZUP membership gives you a 10% discount on COSA membership and access to members’ rates for the ANZUP ASM and the COSA ASM. ANZUP membership is clearly the best value for money you’ve never spent.

Ian Davis
Chair, ANZUP

Australia New Zealand Gynaecological Oncology Group



Gynecologic Cancer InterGroup (GCIG) meeting:

Eight of our members attended the Gynecologic Cancer InterGroup (GCIG) meeting in Chicago, USA, at the end of May. The GCIG is an umbrella organisation of 34 international clinical trials group who meet twice a year to plan and collaborate on international clinical trials. ANZGOG has been a member of the GCIG since its inception and has always been very active in supporting the GCIG via major input into committee leadership and meeting organisation, as well as involvement in many GCIG trials. ANZGOG is the lead GCIG group for three current GCIG trials, the Symptom Benefit Study, OUTBACK and PARAGON Trials.

As this is a ‘working’ meeting to develop trials, the number of participants per group is limited. The Chair (A/Prof Alison Brand), Director of Research (Prof Michael Friedlander AO), and Chair of

the Research Advisory Committee (A/ Prof Linda Mileschkin) always attend. The remaining attendees rotate each year to allow as many ANZGOG members as possible to attend, and are drawn from various committees. This year Dr Jeff Goh (Chair of QA), Dr Diana Adams (Chair of the Endometrial Committee), Val Gebiski (Statistician and RAC member), Julie Martyn (NHMRC CTC Oncology Program Manager for Development) and Dr Clare Scott (Chair of the GCIG Translational Committee) attended. It was a great opportunity to network with other international collaborators. Interestingly, a member of one of the lung trials group was present to learn how a similar collaborative could be set up for lung cancer.

As a result of our past commitment to GCIG, ANZGOG's reputation for conducting solid quality trials has enabled us to be regarded as a major player in the international arena of gynaecological cancer research.

Changes to the RAC

Last year, we aligned with the GCIG's model of Tumour Type Working Groups (TTWG), and formed an ovarian, endometrial and cervical working group, chaired respectively by A/Prof Philip Beale, Dr Diana Adams and A/Prof Anne Hamilton. The groups are charged with expanding the ANZGOG trials portfolio in these tumour types. The groups meet face-to-face twice a year to discuss potential tumour type research studies to recommend to the Research Advisory Committee for further review as potential future ANZGOG studies. The Chairs of each of the TTWGs are also members of the RAC. ANZGOG has appointed Dr Alison Davis as the Deputy Chair of the Research Advisory Committee and we welcome her assistance in what is indeed a busy and active committee.

'GO for Gynae'

'Go for Gynae' is ANZGOG's public awareness and fundraising campaign. The team at 'GO for Gynae' held two community events in the past month. ANZGOG and the Commonwealth Bank

co-sponsored N.E.D - *No Evidence of Disease*, a charity film night and panel discussion at the Colonial Theatre in Sydney for ANZGOG. The film is a documentary about six gynaecological oncologists in the US who set up a rock band to raise awareness about gynaecological cancer. 'Eat. See. Act.' was a lovely event at the Hunters Hill Art Gallery and Le Village Restaurant in Hunters Hill, Sydney. Special guest Helen Tzarimas, ABC newsreader also spoke about her support for ANZGOG.

'Guys GO ride for Gynae' is another ANZGOG fundraising effort, this time led by one of our members, and past chair, Prof Michael Quinn. Michael and 17 of his friends are cycling 1500kms from Land's End to John O'Groats in the UK and, to date, have raised over \$107,000 for ANZGOG's New Research Fund. Well done guys, we wish you all the best on this extraordinary biking endeavour!!

Upcoming events to support the 'Go for Gynae' initiative include 'GO step for Gynae' a challenge to take 10,000 steps a day for 30 days in the month of September. In addition, mark your calendars for the 'GO laugh for Gynae' event, *Comedy for Cancer Downunder 2015* which is being held on 26th September at the Fairground Follies, Sydney. This event was a huge success last year and promises to be even better this year.

Alison Brand
Chair, ANZGOG

Cancer Nurses Society of Australia



18th CNSA Congress 'Cancer Nursing: Expanding the Possibilities'

During June, CNSA held the 18th Annual Congress, this year with a record breaking attendance number in excess of 600. For the first time, CNSA incorporated the National Breast Cancer Care Conference. Congress began with a day of workshops with the emphasis on growing and developing areas of cancer nursing; radiation oncology, care of central venous access devices, advanced nursing practice, research and communication skills.

During the welcome reception, a ceremony to honour past presidents of CNSA and a presentation of the new CNSA presidential pin was held. In this ceremony, we recognised the exceptional nurse leaders in cancer care:

Patsy Yates 1999-2002
Kate Cameron 2003-2006
Tish Lancaster 2005
Gabrielle Prest 2007-2009
Mei Krishnasamy 2010-2012
Sandy McKiernan 2013-2014



Our international keynote speakers for this year's congress included:

- **Dr Carrie Tompkins Stricker** (Oncology Nurse Practitioner, University of Pennsylvania, Chief Clinical Officer, On Q Health Inc., US) who presented the advanced practice nursing roles in the US and challenged us to examine new opportunities for innovation in nursing. Roles such as Nurse Informaticist and Nurse Practitioners across the cancer continuum are still relatively new in Australia. As an expert in cancer survivorship, Dr Stricker discussed a range of models of survivorship care used internationally,

and challenged nurses to play a critical role in improving outcomes.

- **Professor Lesley Fallowfield**

(University of Sussex, UK) an expert of patient communication and patient reported outcomes, challenged the delegates to consider cancer treatments from the patient's perspective. Her plenary presentation "Why patient reported outcomes matter in trials" was extremely thought-provoking. Professor Fallowfield challenged the validity and clinical usefulness of the Common Terminology Criteria for Adverse Events (CTCAE) in a number of aspects. Professor Fallowfield further highlighted the limitations of the tool and encouraged us to reconsider our clinical assessment both in conducting clinical trials as well as clinical practice.

- **Professor Alex Molasiotis** (Hong Kong Polytechnic University) who discussed the issues around advanced practice nursing in his plenary. Prof. Molasiotis described the plethora of role titles in advanced nursing practice and suggested that these titles were making advanced practice nursing confusing and less transparent to the public. He recommended that advanced practice nurses consider the unique contribution they can make and evaluate these outcomes in a way that the public and administrators will appreciate.

CNSA Annual Congress 2016

The 2016 CNSA Annual Congress will be held in Cairns from the 12-14 May. Key dates are as follows:

- Abstract Submission Deadline – 15 January 2016
- Travel Grant Deadline – 19 February 2016
- Early Bird Deadline – 31 March 2016

CNSA Membership, Website and Social Media Update

2015 has seen CNSA change the membership year to 1 April - 31 March which will now align with the CNSA financial year. CNSA now has in excess of 1000 members and is growing.

In April 2015, CNSA changed to a new website provider who works specifically in the non-for-profit sector with clients from member based organisations. CNSA members are now able to have access

to a member search directory, continuing professional development profile and responsive website design giving readable and adapted access to the website from tablets and mobile phones.

The CNSA twitter feed and facebook pages continue to serve not only as a platform for regular communication and news to our members but also to attract new members. The twitter feed has 605 followers and facebook currently has 761 likes.

Ray Chan
President, CNSA




COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

The achievement of better health outcomes for patients and those affected by brain tumours through clinical trials research

www.cogno.org.au
email: cogno@cogno.org.au | tel: +61 2 9562 5000

8th COGNO ANNUAL SCIENTIFIC MEETING

'Where the Future Lies'

FRIDAY 23rd — SATURDAY 24th OCTOBER 2015

STAMFORD PLAZA BRISBANE, QUEENSLAND, AUSTRALIA

REGISTRATION NOW OPEN!

CONFIRMED INTERNATIONAL SPEAKERS



**PROF MARTIN
VAN DEN BENT MD**



**PROF VINAY
PUDUVALLI MD**



**PROF KENNETH
ALDAPE MD**



**PROF AMY B
HEIMBERGER MD**



COGNO
COOPERATIVE TRIALS GROUP
FOR NEURO-ONCOLOGY

Cooperative Trials Group for Neuro-Oncology



COGNO has been busy in the past few months, holding a very successful 'Ideas Generation Workshop' in March and a Strategic Planning Day in June. Additionally, COGNO has a new study, VERTU (VEliparib, Radiotherapy and Temozolomide trial in Unmethylated MGMT Glioblastoma) due to open soon. This study aims to develop a new treatment for glioblastoma (GBM), by finding out whether giving veliparib in combination with radiotherapy and follow up chemotherapy will improve the outcome of patients with unmethylated MGMT glioblastoma (GBM). The study will also find out how long the GBM responds to this treatment, the side effects of the treatment and the effect on quality of life.

Registration is now open for the 8th COGNO ASM, 'Where the Future Lies', at the Stamford Plaza Brisbane, on Friday 23 and Saturday 24 October 2015. A highlight will be the interactive panel discussion on 'Immunogenetics in Practice in Australia and Internationally' with a panel of Australian and International experts. The program and online registration is available via the COGNO website www.cogno.org.au.

Mark Rosenthal
Chair, COGNO

Faculty of Radiation Oncology



Funding for Radiation Oncology

Sustainable appropriate funding for all cancer is essential for optimal patient care. Of course our focus is on ensuring that radiation oncology funding is appropriate, reflects contemporary treatment and ensures delivery of the highest quality treatment accessible to all Australian patients. Advocacy for funding for radiation oncology will continue to be a priority work area for the Faculty this year – and there will be much to do.

The Australian Government recently announced a review and restructure of the Medicare Benefits Schedule (MBS). The Faculty welcomes this opportunity to modernise the way radiation therapy is funded, but we are also aware of the potential risks to our speciality and cancer care. We have been preparing for a review for several years and feel we are in a good position to harness the opportunities.

As previously reported, 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). Following continuous negotiations with the Department of Health, it is likely that IMRT and IGRT will be MBS listed with separate items to support further data collection on utilisation and cost effectiveness, under the condition that it is cost-neutral.

While the Faculty commends the MSAC executives for developing an item number

of IMRT and IGRT, we are disappointed with the MSAC process, which shows a lack of understanding of radiation therapy, and a lack of appropriate consultation. The Faculty will actively participate in the current review of the MSAC process by the Australian Government, to help ensure a more evidence-based approach and appropriate assessment of medical services in the future.

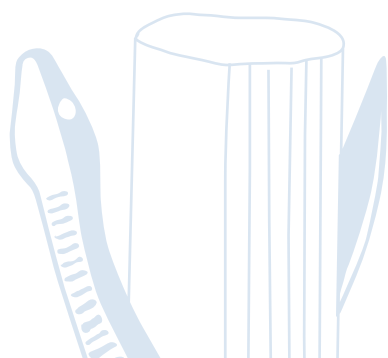
Radiation Oncology Targeting Cancer Campaign

Lack of awareness of radiation therapy's value in treating cancer has been a long standing problem. Raising the profile and presence of radiation oncology remains a major priority for the Faculty. We will continue the work in this area through the **Targeting Cancer campaign**.

A/Prof Sandra Turner, a Senior Radiation Oncologists from Westmead Hospital, appeared alongside urologist Professor Mark Frydenberg on the ABC Lateline's program on 25 May, to debate prostate cancer management. A/Prof Turner presented the facts around the value of radiation therapy as a treatment option for prostate cancer, and emphasising the need for prostate cancer patients to be properly informed of all their treatment options. I encourage you to view the **full debate here**.

Quality Assurance for Radiation Therapy Services

Another priority area for the Faculty is ensuring the safety and quality of radiation therapy services. The Faculty recently published the Guidelines for Safe Practice of Stereotactic Body (Ablative) Radiation Therapy, which were designed to provide an educational guide and reference for radiation therapy service providers to ensure best practice in the establishment of stereotactic ablative radiation therapy (SABR) / stereotactic body radiation therapy (SBRT) programs and the planning and delivery of these treatments.



To access a copy of the guidelines, visit the College website at www.ranzcr.edu.au/resources/professionaldocuments/guidelines.

Regional and Rural Needs Analysis Project

One of the main challenges in the provision of radiology and radiation oncology services in rural and regional Australia is the recruitment and retention of the workforce. College data suggests that, when looked at by regional classification, there is a clear maldistribution of both clinical radiologists and radiation oncologists. Whilst major cities have appropriate numbers, outer regional and remote areas struggle to attract and retain staff. The College has formed a working group to work with a healthcare consultancy, to facilitate a Rural/Regional Needs Analysis to improve our understanding of the specific needs of our members who work in rural/regional areas, and enable us to provide effective support for them. I will keep you informed of the progress of this project.

RANZCR Annual Scientific Meeting 2015

The Royal Australian and New Zealand College of Radiologists' 2015 Annual Scientific Meeting will take place at the Adelaide Convention Centre from 29 October – 1 November 2015.

The integrated care theme was conceptualised due to the changing role of the radiologist and radiation oncologist in the clinical setting. The role of the radiation oncologist requires an ever expanding range of skills in order to provide patients with optimal multidisciplinary care. The responsible use of new technologies, integration of increasingly complex diagnostic information and the emergence of personalised care continue to challenge radiation oncology practice. Growing reliance on image-guided radiation therapy techniques will continue to solidify the relationship between the disciplines of

radiology and radiation oncology.

Please visit the **meeting website** for information about keynote speakers, programs, and networking opportunities. We look forward to seeing you in Adelaide.

RANZCR Celebrates an 80th Anniversary

2015 marks the 80th anniversary of The Australian and New Zealand Association of Radiology (ANZAR).

To celebrate this milestone event in our history, the College is developing several promotional activities to commemorate and publicise the anniversary.



The College Archivist has written a series of articles for the College newsletter looking back at some of the milestones in our history. If you are interested, you can **read the most recent article here**.

Dion Forstner
Dean, Faculty of Radiation Oncology

Oncology Social Work Australia



The 10th National OSWA Conference, to be held in Sydney from 10 - 12 September is now open for registrations. For more information see the flyer and visit www.oswa.net.au. Abstract submission has closed and the committee is currently reviewing them to construct an interesting and stimulating program addressing each of our conference themes, **“Critical Conversations in Oncology Social Work: Sex, Death and Taxes”**.

Several OSWA members have recently provided input and feedback on behalf of

the AASW and Allied Health Professions Australia (AHPA) to the draft Victorian document “Cancer Optimal Care Pathway” guidelines. Further input is being sought for two new draft guidelines; “Optimal cancer care for people with head and neck cancers “ and “Optimal cancer care for people with breast cancer”. These opportunities are great examples of how specialist clinical practice expert groups such as OSWA can contribute to the development of important policies and procedures in health care. Although originating in Victoria, it is intended that once finalised, they will be implemented throughout Australia.

Finally, the COSA ASM program is rapidly taking shape. There will be several sessions of broad interest to OSWA members, so please consider joining COSA in Hobart from 17-19 November. OSWA members Alison Hocking, Carrie Lethborg and Kim Hobbs are all invited speakers. As usual, PoCoG will be holding a Professional Day on Monday 16 November in conjunction with the ASM. Social Workers from the mainland are keen to meet Tasmanian members and we are hopeful of organising a social get together. Stay tuned for further information.

Kim Hobbs
Council Chair, OSWA

Palliative Care Clinical Studies Collaborative



Palliative Care Award a first for an Australian researcher

The American Academy of Hospice and Palliative Medicine (AAHPM) has

awarded an Australian for the first time. Professor David Currow, Palliative and Support Services, Flinders University, was presented with the Excellence in Scientific Research Award at a ceremony during the AAPHM and Hospice and Palliative Nurses Association Annual Assembly held in February 2015 in Philadelphia. Not only was this the first time the award was presented to an Australian researcher, it was only the second time it was awarded to an individual outside of the USA.



The AAHPM Award recognises meaningful, exemplary research contributions to the field of hospice and palliative care with the recipient being expected to present their research within the broad context of the field of hospice and palliative care.

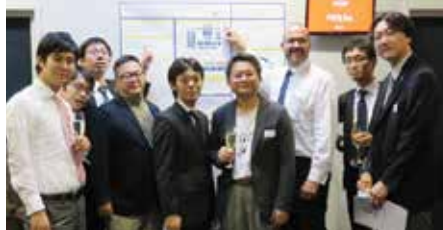
Future funding announced

Professor Currow is the Principal Investigator for the Palliative Care Clinical Studies Collaborative (PaCCSC), a national research network based at Flinders. PaCCSC aims to generate high quality research evidence to support the use of medicines and other interventions in advanced disease to better manage or alleviate various symptoms.

A recent announcement by the Minister for Health in Palliative Care week (May 2015) has seen the Collaborative awarded new competitive funding to support the infrastructure to enable the conduct of multi-site clinical trials for a further two years. Since PaCCSC was established in 2006 the Collaborative has recruited almost 1600 participants to phase III studies; successfully completed five phase III studies; and had investigators secure three NHMRC project grants for trials.

PaCCSC 6th Annual Research Forum

The PaCCSC 6th Annual Research Forum was held on 5th March 2015. Those who attended were treated to an opening guest presentation from Associate Professor Vasi Naganathan from the Centre for Education and Research on Ageing, University of Sydney. Vasi presented on the ever-popular “My Trials Experiences—the good, the bad and the ugly”, and gave a very engaging and honest personal account of conducting the logistical and patient management obstacles encountered to achieve the “Opti-Med – A randomised controlled trial of deprescribing to optimise health outcomes for frail older people” trial.



PaCCSC welcomed eight attendees again this year from Japan, several from the Japanese Organisation for Research and Treatment of Cancer (JORTC), as well as representatives from University of Tokyo and Osaka University Hospital. The program was extremely full of member presentations and included the first presentation of the results of some recently closed studies. There were also several new study presentations for members of the Trials Management Committee to evaluate as part of the determination of future support from the Collaborative.

PaCCSC Membership

PaCCSC actively encourages membership to extend the underlying knowledge of the Collaborative, to broaden the scope of the trials being conducted, and to prioritise subsequent studies which, among other funding streams, continues to seek competitive category one funding.

Benefits of membership include attendance at the PaCCSC Research Forum, held annually early in the calendar year, receipt of quarterly newsletters, and voting rights for full and associate members. To learn more about membership and the different levels, please visit the PaCCSC website at www.caresearch.com.au/paccsc or email paccsc@flinders.edu.au

Linda Devilee
National Manager, PaCCSC

Psycho-oncology Co-operative Research Group



2015 marks the 10 year anniversary of PoCoG, and under the leadership and guidance of Foundation Chair Professor Phyllis Butow, PoCoG has grown to represent the interests of over 1400 members in Australia and internationally, and facilitate the development of high quality, clinically relevant psychosocial and supportive care research to improve outcomes for people affected by cancer.

To ensure PoCoG's ongoing growth and impact on psycho-oncology research over the coming years PoCoG welcomes Dr Jeremy Couper, Head of Psychiatry at Peter Mac, into the new role of Deputy Chair, PoCoG. The term of office for the Deputy Chair is two years before transitioning into the role of PoCoG Chair for a two year term. The Deputy Chair will work closely with the Chair and together be the leaders, champions, mentors, and representatives of PoCoG, ensuring that PoCoG acts to advance the discipline of Psycho-oncology nationally and internationally.

In other news, PoCoG Investigators have been awarded a five year \$3.64 million Translational Program Grant from the Cancer Institute NSW for 'A sustainable and supported clinical pathway for managing anxiety and depression in cancer patients: Developing and evaluating components and testing implementation strategies.'

Led by PoCoG Chair Prof Phyllis Butow, this program grant brings together PoCoG researchers and clinicians with the Clinical Research Unit for Anxiety and Depression (CRUfAD), University of NSW at St Vincent's Hospital, four Cancer Institute NSW Translational Cancer Research Centres - Sydney Catalyst, Centre for Oncology Education and Research Translation, Sydney Vital and Sydney West, Psychosocial Oncology and Cancer Nursing Research Group, St. Boniface Hospital Research in Canada, and the Centre for Health Economics Research and Evaluation at the University of Technology, Sydney.

This program grant is the culmination of work undertaken by PoCoG since 2008 to develop an evidence-based clinical pathway for the management of anxiety and depression in adults with cancer, the first of its kind internationally. The next exciting phase of PoCoG's ongoing work is to develop and implement sustainable and effective resources and systems to ensure that all cancer patients suffering from anxiety or depression are identified and receive appropriate care.

Jeremy Couper
Deputy Chair, PoCoG

Trans Tasman Radiation Oncology Group



2016 TROG Annual Scientific Meeting

The 28th Annual Scientific Meeting (ASM) of the Trans Tasman Radiation Oncology Group (TROG Cancer Research) will be held at the Brisbane Convention and Exhibition Centre from the 14th – 17th March 2016.

For almost 30 years, TROG Cancer Research has been making a difference through quality radiotherapy research. We are proud to be known as the highest recruiting collaborative trials group in Australia. Since our inception, over 13,200 people have volunteered to participate in more than 80 TROG clinical trials. We collaborate with over 100 hospitals and cancer centres throughout the world.

Our organisation, consisting of over 1000 Australian and international members, is made up of an extensive network of oncologists, radiation therapists, physicists, data managers and other researchers conducting research across a range of cancers.

The theme for our 2016 meeting will be, 'Value for money in oncology research'. Our 2016 ASM program will be convened by Radiation Oncologist, Dr Benjamin Chua and will feature international speaker, Dr Antonio Tito Fojo, Senior Investigator for Medical Oncology at the Centre for Cancer Research, National Cancer Institute. The

meeting will also include the TROG Clinical Trial Management and Technical Research Workshops.

The conference will provide a valuable opportunity for radiation therapy professionals from all areas to collectively discuss and influence the direction of current and future cancer clinical trials.

Registrations will open August 2015. Visit trog.com.au for more details.

We look forward to seeing you in Brisbane next March.

Sandro V Porceddu
President, TROG



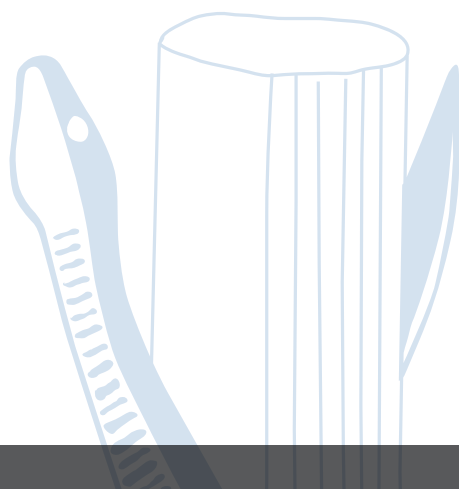
**28TH
TROG
ANNUAL
SCIENTIFIC
MEETING**

March 14 - 17 2016

Brisbane Convention & Exhibition Centre, QLD

Registrations open
August 2015

trog.com.au #TROG2016



Calendar of Events

Date	Event	Venue
2015		
5-7 August	MOGA Annual Scientific Meeting www.moga.org.au	Hobart, Tasmania
8-11 August	HGSA 39th Annual Scientific Meeting www.hgsa.org.au	Perth, Western Australia
18-21 August	Prostate Cancer Conference 2015 www.prostatecancercongress.org.au	Cairns, Queensland
20-22 August	23rd Asia Pacific Cancer Conference (APCC) www.apcc2015.com/	Bali, Indonesia
1-4 September	13th Australian Palliative Care Conference www.eiseverywhere.com/ehome/13apcc2015	Melbourne, Victoria
2-4 September	AGITG 17th Annual Scientific Meeting www.agitg.asnevents.com.au/	Sydney, NSW
6-9 September	16th World Conference on Lung Cancer www.iaslc.org	Colorado, USA
7-9 September	XVI International Workshop on Chronic Lymphocytic Leukaemia http://iwcll2015.org	Sydney, NSW
16-19 September	18th Reach to Recovery International Breast Cancer Conference www.reachtorecoveryinternational.org	Beijing, China
25-29 September	European Cancer Congress 2015 www.ecco-org.eu/ecc2015	Vienna, Austria
7-10 October	ACTA 2015 International Clinical Trials Symposium www.acta2015.com.au/	Sydney, NSW
8-11 October	47th Congress International Society of Paediatric Oncology (SIOP 2015) www.siop2015.kenes.com/	Cape Town, South Africa
15 October	2015 Innovations in Cancer Treatment and Care Conference www.cancerinstitute.org.au/events	Sydney, NSW
16 October	3rd Victorian Psycho-Oncology Research Conference www.victorianccc.org.au/events	Melbourne, Victoria
17-18 October	Australian Sarcoma Annual Scientific Meeting www.australiansarcomagroup.org/	Brisbane, Queensland
20-22 October	Oceania Tobacco Control Conference 2015 www.otcc2015.org.au/	Perth, Western Australia
22-23 October	3rd Australian Palliative Care Research Colloquium www.cvent.com/events/3rd-australian-palliative-care-research-colloquium/	Melbourne, Victoria
22-24 October	World Congress on Controversies in Breast Cancer (CoBRA) www.congressmed.com/cobra/	Melbourne, Victoria
23-24 October	8th COGNO Annual Scientific Meeting www.cogno.org.au	Brisbane, Queensland
28 October	International Molecular Imaging Symposium www.sahmri.com/participate/events/international-molecular-imaging-symposium	Adelaide, South Australia
29-31 October	2nd Global Advances and Controversies in Skin Cancer 2015 www.gac-sc.org	Brisbane, Queensland
29 October - 1 November	Royal Australian and New Zealand College of Radiologists Annual Scientific Meeting www.ranzcr2015.com	Adelaide, South Australia
6-7 November	Melanoma Summit 2015 http://melnet.org.nz/news/melanoma-summit-2015	Auckland, New Zealand
9-13 November	ALLG Scientific Meeting www.allg.org.au/	Melbourne, Victoria

Calendar of Events (continued)

Date	Event	Venue
12-14 November	International Society of Geriatric Oncology (SIOG) www.siog.org	Prague, Czech Republic
16-17 November	Research Administrators' Seminar www.nhmrc.gov.au/media/events/2015	Canberra, ACT
17-19 November	COSA's 42nd Annual Scientific Meeting 2015 http://cosa2015.org/	Hobart, Tasmania
3-5 December	Inaugural International AYA Oncology Congress http://youthcancerevent.com.au/ayacongress/home	Sydney, NSW
8-12 December	38th Annual San Antonio Breast Cancer Symposium www.sabcs.org/	Texas, USA
18-21 December	ESMO Asia Congress 2015 www.esmo.org/	Singapore
2016		
11-13 February	28th Lorne Cancer Conference www.lornecancer.org/	Lorne, Victoria
13-16 March	Australian Pain Society 36th Annual Scientific Meeting www.dccconferences.com.au/aps2016/	Perth, Western Australia
14-17 March	TROG Annual Scientific Meeting www.trog.com.au/page32396/ASM-2016.aspx	Brisbane, Queensland
13-16 April	8th General Assembly & International Conference of the Asian Pacific Organisation for Cancer Prevention www.apocp8.org/	Brisbane, Queensland
13-16 April	6th European Lung Cancer Conference (ELCC) www.esmo.org/Conferences/ELCC-2016-Lung-Cancer	Geneva, Switzerland
17-20 April	International Symposium on Oncology Pharmacy Practice www.isopp.org/isopp-symposia/isopp-2016	Santiago, Chile
28-30 April	2nd World Congress on Controversies in Multiple Myeloma (COMy) www.comtecm.com/comy/2016	Paris, France
2-6 May	Royal Australasian College of Surgeons Annual Scientific Meeting 2016 www.surgeons.org/	Brisbane, Queensland
12-14 May	CNSA Annual Congress www.cnsa.org.au/	Cairns, Queensland
26-28 May	Asia Pacific Lymphology Conference www.lymphoedema.org.au/	Darwin, Northern Territory
3-7 June	ASCO 52nd Annual Scientific Meeting www.asco.org/	Chicago, USA
12-15 June	17th International Symposium on Pediatric Neuro-Oncology www.ispno2016.com/	Liverpool, UK
23-26 June	MASCC/ISOO Annual Scientific Meeting www.mascc.org/annual-meeting	Adelaide, South Australia
11-17 September	ACORD Workshop 2016 http://acord.org.au/	Magenta Shores, NSW
7-11 October	ESMO Congress 2016 www.esmo.org/Conferences/ESMO-2016-Congress	Copenhagen, Denmark
13-16 October	Royal Australian and New Zealand College of Radiologists' Annual Scientific Meeting www.ranzcr.edu.au/news-a-events/asm	Gold Coast, Queensland
29-31 October	16th Biennial Meeting of the International Gynecologic Cancer Society http://igcs2016.com/	Lisbon, Portugal
15-17 November	COSA's 43rd Annual Scientific Meeting 2016 www.cosa.org.au	Gold Coast, Queensland

The Medical Oncology Group of Australia and MSD*
are pleased to call for applications for the

MSD Hubert Stuerzl Memorial Educational Award 2015



Calling for Applications!

The purpose of this award is to encourage education in the field of neuro-oncology. The award will provide up to \$15,000 for the successful recipient to attend a major international neuro-oncology meeting (eg. SNO, EANO, Perspectives in Neuro-oncology) and undertake a preceptorship in neuro-oncology during 2015-2016.

The Award is open to applications from Advanced Trainees in the following specialties relevant to neuro-oncology: medical oncology, radiation oncology and surgical oncology.

The successful recipient will be required to provide a report on the meeting and the preceptorship attended as part of the Award for the MOGA and RANCZR Faculty of Radiation newsletters.

Applicants will be assessed on merit by a committee established by MOGA including senior specialists representing radiation oncology, medical oncology and surgical oncology.

Closing Date for emailed Applications: Friday 21 August 2015

Applications will be assessed by an expert Awards Committee and are to be sent by email to: Dr Prunella Blinman, Awards Committee Chair, MOGA Secretariat, 145 Macquarie Street, Sydney 2000

Tel: (02) 9256 9652
Fax (02) 9247 3022
Email: moga@moga.org.au



Eligibility Criteria

- Advanced Trainees in Medical Oncology and Surgical Oncology who are Australian residents and financial or registered members of their relevant professional Association.
- Advanced Trainees in Radiation Oncology who are residents of Australia or New Zealand and financial or registered members of their relevant professional Association.

Application Requirements

- Full curriculum vitae including details of training, awards and prizes, publications and meeting presentations. Ensure that this information is presented using a standard referencing model.
- Covering letter addressing the selection criteria and advising the international conference the applicant intends to attend.
- Letters of support from the applicant's Department Head, a member of the Medical Oncology Group of Australia or the Faculty of Radiation Oncology and one other professional referee. Ensure that you include only originals or certified copies of all letters of support. These need to be presented with the signature of the supporter or referee on their organisational letterhead.

Selection Criteria

- Academic record and recommendations of referees.
- Evidence of commitment to a long term career and research experience (abstracts, presentations, publications) in field of neuro-oncology.
- How useful attendance at an international meeting and a preceptorship would be to the applicant.

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Whether it's a family member's diagnosis or your own, cancer turns a young person's world upside down. CanTeen gets it and has the practical and emotional support to help you get through it. Visit canteen.org.au today or you can find us on Facebook, Twitter or YouTube.



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Clinical
Oncology
Society of
Australia

COSA's
42nd

Annual
Scientific
Meeting

17-19

November 2015

The Federation
Conference and
Exhibition Centre
Hotel Grand
Chancellor
Hobart

Earlybird
registration closes
11 September 2015

RARE CANCERS: COMMON GOALS

CONFIRMED INTERNATIONAL SPEAKERS

(as at 31 July 2015)

Professor Andreas Adam

Interventional Radiologist

University of London | Clinical Director, Department
of Radiology | St. Thomas' Hospital, UK



Dr Angelo Paolo Dei Tos

Director of Oncology

Director of Anatomic Pathology General Hospital of Treviso, Italy



Dr Leeka Kheifets

Epidemiologist

UCLA Fielding School of Public Health, USA



Professor Brian O'Sullivan

Radiation Oncologist

University of Toronto, Canada



Professor Poulam Patel

Head of Division of Cancer and Stem Cells

School of Medicine | University of Nottingham, UK



Dr Derek Raghavan

President of the Levine Cancer Institute

Charlotte, North Carolina, USA



Dr Heather Cunliffe

Senior Lecturer in the Department of Pathology

University of Otago NZ



PROGRAM HIGHLIGHTS

The Local Organising Committee has taken a very creative approach to their interpretation of the rare cancers theme to include sessions on:

- Common rare cancers such as ocular melanoma, NETs and sarcoma
- Truly rare cancers such as merkel cell carcinoma, PHAEOs, thyroid and small cell cancer of the ovary.
- Rare cancer sub types including inflammatory breast cancer, ALK lung cancer and BRAF colorectal cancer
- Rare presentations of common cancers such as breast cancer during pregnancy
- Genetics and the reclassification of cancer – are all cancers rare?
- Supporting rare cancer patients
- Equalising outcomes by reducing inequities
- Brain Teasers – Cerebral Metastasis and the MDT
- Alternative trial designs in rare cancers – the statistics of small numbers

Visit the conference website for program
information and registration:

www.cosa2015.org