



Prof Mei Krishnasamy, President, COSA

President's Report

It with a sense of pride that I write this, my final report as COSA President. I feel privileged to have served as COSA President and to have represented the organisation not just internally but also externally through our work with Cancer Council Australia, Cancer Australia and their Intercollegiate Advisory Group, NCERG and many others.

It has been my pleasure to work with so many dedicated and enthusiastic COSA members, especially through COSA Council. Some members might not be fully aware of the role of COSA Council, but they are COSA's primary clinical and scientific committee, comprising the chairs of all COSA Groups and a representative of each Affiliated Organisation. Council meets three times a year and brings together the broad, multidisciplinary expertise required for COSA to advocate for, and respond to, national cancer control policy and advocacy issues. The meetings are stimulating and dynamic, drawing on the commitment of Council members who take on COSA roles and responsibilities, in addition to busy professional (and personal) lives. I would like to sincerely thank all of the Council members for their dedication to COSA and the work they do on behalf of the COSA members they represent. Luckily for me, I will continue to attend Council for another year as immediate Past President and so will enjoy the interactions, discussions and banter throughout 2017!

COSA has seen some really impressive achievements in the last two years some of which I'd like to highlight are:

- The launch of the COSA Model of Survivorship Care – a huge congratulations and thanks to Haryana Dhillon and the working group that guided this exciting work. I look forward to the opportunity to work on implementation of the Model throughout 2017.
- The establishment of the COSA Exercise and Cancer Group and their tireless engagement (well they are all quite fit, so I'd expect nothing less). Prue Cormie has shown remarkable leadership in bringing many new members to the organisation such as exercise physiologists and physiotherapists. The Group released for consultation a draft position statement on Exercise in Cancer Care at the ASM, where they also had the most interactive booth in the exhibition!
- COSA's new focus on rare cancers, through the establishment of the COSA Rare Cancers Group and the theme for the 2015 ASM in Hobart on rare and less common cancers. The vision and tireless work of Clare Scott has helped ensure this works continues under the COSA banner.
- The Cancer Care Coordination Group continue to work with members on issues of importance. In 2015 they launched their Cancer Care Coordinator position statement, and in 2015-16 held two highly successful webinars on indigenous cancer care and care complexity.
- Once again the highly engaged and efficient Cancer Pharmacists Group have worked tirelessly to deliver courses for their members and Advanced Trainees in Medical Oncology. Under the guidance of Christine Carrington, the Group is also reviewing the chemotherapy guidelines – this task was much bigger than we imagined in the beginning and we now hope to finalise the consultation and launch the guidelines in mid-2017.
- The recent launch of the Australasian Tele-trial Model and guide to implementation, so effectively led by Sabe Sabesan and the COSA Regional and Rural Group. In 2015 the Group also launched guidelines on Tele-oncology.

merry
CHRISTMAS



President's Report continued

- COSA's work with Cancer Council Australia saw us make 12 submissions to government and other bodies on important cancer control issues, and the release of a joint position statement on medicinal cannabis
- COSA's contribution to the global cancer agenda through our link with the UICC and the World Cancer Congress.

COSA is unique as a truly multidisciplinary society where the needs of patients, the health system, policy, and advocacy issues are all discussed and debated by experts committed to delivering the best cancer care possible for all Australians. It is its multi-disciplinarity that gives COSA its strength and point of difference and which makes it such an important and sought after voice at the meetings and tables to which COSA is invited.

I am confidently entrusting the organisation to your new COSA President, Professor Phyllis Butow, who will be ably supported to the COSA Board, Council staff and incoming President Elect Professor Nick Pavlakis. I would like to thank the Board for support, advice and contribution and the COSA staff for their tireless work on behalf of the COSA community.

Thanks to you all for making my COSA Presidency such an enjoyable and rewarding experience.

Mei Krishnasamy
Immediate Past President

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Executive Officer's Report



Marie Malica, COSA EO

I know people say it all the time, but I really can't believe how quickly the year has flown by! We are signing off from the COSA office with another bumper Christmas edition of the Marryalyan. I'll just give a brief report on a couple of items and will leave it to the Presidents, ASM convenor, the Group Chairs and Affiliates to feature their work.

2016 COSA and ANZBCTG ASM

A full evaluation of the 2016 ASM is still underway but I'm proud to say that the verbal feedback I've received to date has been extremely positive. I think the ASM Program Committee were a little apprehensive when we locked them in a room in late 2015 and wouldn't let them leave until they came away with a first draft of the program. This has proven to be a really effective strategy which we've used over the last five years, one which every committee member has been supportive of.

On behalf of the COSA Board and Council, I express our sincere thanks to Fran Boyle for her outstanding efforts in leading the Committee and developing a highly educational and engaging conference. With just over 900 delegates in attendance, the Gold Coast Convention and Exhibition Centre was truly buzzing.

You'll see from Fran's convenor report on the following pages, as well as the photo spread, that it was a great conference. I would also like to thank the ASM Committee, sponsors, COSA members and delegates, the ASN Events team and the COSA staff who all helped make the ASM the success it was.

If you were at the ASM surely you visited the COSA Exercise and Cancer booth in the exhibition hall. Prue Cormie and her energetic exercise comrades made sure we all understand the benefits of exercise for cancer patients. It was great to see so many delegates try out the equipment. But who did win the challenges?

For COSA members that couldn't make it to the Gold Coast, or if you did attend but missed some of the presentations, we recorded all the sessions held in the plenary hall and one of the concurrent rooms. By the time this is published we expect to have recordings available online for COSA members. Visit the ASM section on the COSA website for more information.

2017 COSA ASM

We are well and truly gearing up for what we hope will be another successful ASM in 2017. In fact the 2017 Committee held their program brainstorming meeting on 25 November and we came away with an excellent first draft!

We have changed our schedule slightly and will run from Monday 13 to Wednesday 15 November, with pre-conference workshops on Sunday 12 November 2017. COSA's 44th ASM will have a focus on immunotherapy with a subtheme of implementing quality and safety in cancer care. These are hot topics in oncology at the moment, so we are confident we can deliver a program with something for everyone.

New immunotherapy treatments have shown great success in melanoma, and more recently in many other difficult to treat cancers. We plan to feature as many as possible in the ASM program. The inclusion of quality and safety will complement the strong molecular and therapeutic theme of immunotherapy. In this subtheme we will focus on: the cost and value of cancer care and treatments; the implementation and de-implementation of evidence into practice; preventing errors in cancer care; why quality improvement matters; and discuss tips for choosing wisely.

Thanks and acknowledgements

In closing I take this opportunity to thank the dedicated COSA staff. We have taken on additional projects in recent years, mostly without additional resources. I am particularly indebted to Fran Doughton for her constant support to myself, the team and the Society.

This is Mei Krishnasamy's final year as COSA President. It has been an absolute pleasure to work with Mei over the last two years. Her unwavering passion for the organisation is truly inspirational. I will miss her close contact but assured her she can't get rid of us that easily. I'm looking forward to another exciting Presidency with Phyllis Butow at the helm.

Marie Malica
Executive Officer



A message from COSA's incoming President



Prof Phyllis Butow AM

As Mei comes to the end of her term as President of COSA I would like to take this opportunity to thank her for her leadership over the past 2 years. Mei has brought collegiality, positivity and wisdom to this role. Mei leaves COSA with a strong, embedded governance structure, including a strong and active Council, which will assist the organization in moving forward. I wish Mei every success as she continues in her

leadership roles within cancer nursing, and look forward to her valued contribution to COSA for many years (not least in helping me, as I take over this role).

COSA is a unique organization internationally, with its strong multi-disciplinary focus, inclusivity of all oncology craft groups, and strong support and advocacy for optimal, person-centred, cancer care. I think that as Australian cancer health professionals we can be justifiably extremely proud of COSA. I can say from personal experience, for example, that the Psycho-Oncology groups (OzPos and PoCoG) would have struggled to form, thrive and survive without the ongoing support of COSA and its members. We are particularly fortunate to have such a dedicated, hard-working and able Executive Officer and staff, which enables the Society to function effectively and collaboratively. Marie Malica and her team make it a pleasure for all to engage with COSA.

COSA provides its members with an opportunity to influence cancer care, policy and research at local, national and international levels, as well as to celebrate our considerable national achievements and meet up with friends and colleagues each year at the ASM. COSA's relationship with the Cooperative Cancer Trials Groups offers members an opportunity to participate in world-leading cancer clinical trials and learn from internationally recognised clinician-researchers. The calibre of speakers we attract year after year to the Annual Scientific Meeting (ASM) is outstanding, and this year was certainly no exception. The 43rd COSA ASM held on the Gold Coast recently, in collaboration with the Australia & New Zealand Breast Cancer Trials Group, was an energetic, enthusiastic and high calibre meeting. I look forward to seeing many of you in Sydney for what promises to be an excellent ASM in 2017!

The growing number of interest groups within COSA continue to provide members with an opportunity to contribute to specific and emerging areas of need, such as exercise, survivorship and rural issues.

As I prepare to take on the role of President for the next two years, I look forward to continuing the strong tradition of inclusivity that COSA offers all cancer professionals. Our multidisciplinary membership, cross craft-group perspectives provided within plenary sessions at the ASM, and our co-operative relationships with all the craft groups, reflect the strengths of our society. We share a common purpose, to improve outcomes for all people affected by cancer, including ourselves.

Stress and burnout within Oncology health workers is an issue we continue to struggle with. Finding the illusory balance between work, home and personal needs is a challenge we all face. The collegiality and support provided by COSA is a very important factor in maintaining the well-being of our workforce, and one I aim to continue to foster.

I look forward to working with all of you, be it through our impressive Board, our dynamic Council, our energetic interest groups, or our committed general membership. We very much need and value the views and perspectives of all within COSA, to ensure that we remain a vibrant, responsive, member-based society, actively engaging, collaborating and interacting with our members and other relevant organisations. COSA aims to remain a progressive organisation, responsive to the changing needs of its members and national and international cancer contexts. I look forward to exploring these opportunities with you as we continue to deliver against COSA's Strategic Plan for 2014 to 2019 (which I remind you, can be found on the COSA website www.cosa.org.au under Publications – Reports and Papers).

Best regards

Phyllis Butow
President



2016 COSA-ANZBCTG ASM Convenor's Report

In 2016 COSA was proud to partner with the Australia & New Zealand Breast Cancer Trials Group (ANZBCTG) on the Gold Coast for a breast cancer focussed conference. With our joint theme – *Partners for Progress in Breast Cancer Research and Care* – the program had something for everyone from our multidisciplinary membership.

When I was approached by COSA to act as the joint convenor I must admit I was a little apprehensive at first, but I found the task not as daunting as I had remembered from previous years. Working with the COSA staff and the highly engaged Program Committee made the whole experience very gratifying (not that I'll be rushing to volunteer again any time soon!)

We started a hectic ASM week with the Advanced Trainees Weekend on the Saturday and Sunday prior. This intensive 2 day course attracts advanced trainees in surgery, medical and radiation oncology; as well as junior medical staff and allied health professionals. With this year's program on "Everything you need to know about breast cancer" we had equal attendance from the 80 delegates of trainees and allied health professionals, particularly breast care nurses. Delegates heard from many experts on a broad range of treatment topics covering surgery, medical and radiation oncology treatments for breast cancer. The program commenced with breast cancer diagnosis, imaging and screening, and rounded up with palliative care, and featured everything in between for the multidisciplinary management of breast cancer patients. Sunday morning also featured an interactive communications sessions with a mock MDT on open disclosure of an error for a patient. If you missed it we encourage you to consider attending the Trainees Weekend next year in Sydney.

We also held a Public Forum on Sunday afternoon, in partnership with the ANZBCTG, BCNA and CanSpeak Queensland. With the theme of *"Bringing research out of the lab"* our expert guest speakers presented on a broad range of topics including clinical trials, patient decision aids, male breast cancer, exercise and lymphoedema, managing the after effects of cancer, and new treatments for metastatic breast cancer. The forum also included the patient perspective with talks from Robert Fincher on male breast cancer, and Leonie Young on advocacy opportunities.

On Monday we hosted a number of pre-conference workshops, all had great feedback from delegates and most were sold out!

On to the ASM proper, and the ASM Program Committee did a great job of bringing together a vast selection of presentations to reflect the current state of play in breast cancer treatment and

research. As always, COSA's emphasis on multidisciplinary care was soundly embodied in the presentations and posters on offer.

The common overarching themes of the presentations in the opening plenary "Global advances in breast cancer" set the scene for three full days of conferencing, recognising the heterogeneous nature of breast cancer, and the importance of tailoring patient management to their tumour biology and individual risks of recurrence.

We were pleased to include a session on "Exercise and breast cancer" featuring one of the international invited speakers, Melinda Irwin from Yale. This is clearly a very important topic for COSA delegates, as it was standing room only! The impact of exercise on some of the troublesome and difficult to manage side effects of breast cancer and its treatment were discussed in this session. All the speakers endorsed exercise as an important adjunct therapy for patients, even those with high symptomology.

Wednesday's program was also jam packed, with a stimulating sessions on "Male breast cancer". One of the key challenges faced by men is lack of awareness of male breast cancer, which leads to delayed diagnosis by both patients and doctors. Treatment can impact on self-esteem, sexuality and physical appearance. There is less support for men with breast cancer, but groups such as the Breast Cancer Network Australia are developing male-targeted resources. Survivorship issues are often less well addressed in men, with treatments causing hot flushing, joint pains, lymphoedema and weight gain. The conference heard that treatments that work well in females with breast cancer are less effective in men. Tamoxifen is often the best adjuvant treatment as most male breast cancers are ER-positive. Some studies have found that men are under-treated and chemotherapy should be given to patients with larger or node-positive cancers. Robert Fincher from BCNA and Herb Wagner, CEO of A Man's Pink – a male breast cancer advocacy organisation in the USA – shared their personal experiences of male breast cancer. They spoke of the need to eliminate the male macho stereotype that men are "the sole providers, every body's rock and that you can get through this alone. This is wrong. We are infusing a little blue into the sea of pink."

We ended the ASM on Thursday with the COSA Presidential Lecture and the Hot Topic Debate. Dr Ranjana Srivastava, a medical oncologist in Melbourne and accomplished writer gave a Lecture titled "The Good Doctor – The oncologist as advocate: Making a difference beyond the bedside". Ranjana spoke of her work with refugees and asylum seekers who struggle to find appropriate healthcare in Australia. She challenged us all to use

2016 COSA-ANZBCTG ASM Convenor's Report continued

our talents to advocate for better care for our patients and those who will need healthcare in the future. In particular her books challenge us to open the conversations about end of life care before the crisis moment. The audience was inspired and it is clear that the issues she raised found a resonance with many.

The conference had several sessions discussing management of low risk cancers and pre-cancerous lesions where over treatment may cause patient harm. At the same time risks associated with increased breast density have been presented. The diverse biology of breast cancer and the need to personalise therapy have also been conference themes. In the closing debate the speakers referred to all of these issues in critiquing current breast screen practice and identified new models and trials are needed. A holistic approach to breast cancer prevention and detection would be an appropriate direction for public health campaigns. Freeing up resources by optimising screening would assist us to cover the costs of care for patients with more aggressive lesions. Aply adjudicated by Adam Spencer the audience was engaged and supported his awarding of the gold medal to Leonie Young (chair of the ANZBCTG Consumer Advisory Panel).

The ASM is not just about the presentations – another key feature is the networking opportunities. The social events and networking breaks are highly regarded by our delegates, and offer a forum to reinforce professional connections and establish new associations. I was particularly honoured to be presented with the Tom Reeve Award at the conference dinner, closely followed by some fun time on the dance floor and in the photo booth.

I hope to see many of you at the 2017 COSA ASM in Sydney!



With my husband Michael Hennessy at the ASM dinner photo booth

Professor Fran Boyle
Joint Convenor, 2016 COSA and ANZBCTG ASM

International Speaker Profiles

For those not fortunate enough to attend this year's Annual Scientific Meeting, or those wanting to know a little more about the experiences of our international guests, COSA took 5 minutes to speak with a few of our international guests: Dr Laura Esserman, Dr Shom Goel and Dr Melinda Irwin.



Laura Esserman

Laura Esserman

Laura Esserman, MD, MBA is nationally recognized as one of America's leading experts in breast cancer research and treatment. Her work in breast cancer spans the spectrum from basic science to public policy issues and the impact of both on the delivery of clinical care.

Dr. Esserman is a Professor of Surgery and Radiology at the University of California, San Francisco (UCSF) and the Director of the UCSF Carol Franc Buck Breast Care Center. She is a leader

of the innovative I-SPY TRIAL model, designed to accelerate the identification and approval of effective new agents for women with high risk breast cancers. The goal of the I-SPY TRIAL model is to shave several years and tens of millions of dollars off the drug development process. The trial paradigm is now being developed for use in other disease domains. In 2009, Dr. Esserman led the creation of the University of California-wide Athena Breast Health Network, a learning system designed to integrate clinical care and research as it follows 150,000 women from screening through treatment and outcomes. As part of the network, she has spearheaded the development of the WISDOM study to learn how to improve breast cancer screening by testing and comparing the safety and efficacy of a personalized screening strategy informed by each woman's breast cancer risk and preferences against the standard of annual screening. Dr. Esserman is nationally and internationally known as a thought leader on the topics of over-diagnosis and over-treatment, calling attention to, as well as developing solutions to address these problems. She has published over 200 articles in peer-reviewed journals, and has

been interviewed by prestigious scientific, business, and consumer media including The New York Times, Wall Street Journal, Los Angeles Times, Health Magazine, Prevention Magazine, Time Magazine, The Newshour with Jim Lehrer, the NBC Nightly News, the Dr. Oz Show, and NPR's Science Friday and All Things Considered. Dr. Esserman is a passionate and persistent advocate for her patients. She is keenly aware that many of her patients don't have 10 years to wait for the right treatment options. Her work is dedicated to accelerating the development of targeted, effective prevention and treatment options that can make a difference at the time when they are needed the most.

Was this your first time to the Gold Coast?

Yes.

Was this your first COSA conference?

Yes.

What was your overall impression of the conference?

I thought the format was excellent and people were engaged and the topics germane and dialogue very good.

Highlights of the meeting?

I thought the plenary session was excellent and the discussions about neoadjuvant therapy also good. (I was speaking in a lot of sessions so I did not get a chance to go to a lot of the different sessions)

Any other comments?

I always like the collaborative nature of the meetings in Australia. Everyone is very warm and welcoming. I like the patient focus that clearly permeates the conference.



Shom Goel

Dr Goel is a physician-scientist at the Dana-Farber Cancer Institute (DFCI), and Harvard Medical School in Boston USA. He graduated from the University of Adelaide Medical School in 2002 and completed medical oncology training in Sydney. In 2009, he relocated to

Boston to conduct his doctoral research in the laboratory of Rakesh K. Jain at the Massachusetts General Hospital. During this time he published a pivotal report detailing a novel role for the Vascular-Endothelial Protein Tyrosine Phosphatase (VE-PTP) as a therapeutic target in the solid tumour vasculature. He was appointed as a Goldfarb-Rudkin Fellow in Breast Oncology at DFCI in 2009, and has since developed a strong interest in new therapies targeting fundamental oncogenes in breast cancers. Of note, he has created a novel transgenic mouse model of HER2-positive disease that has facilitated the discovery of key mechanisms underlying resistance to HER2-blockade. His landmark discoveries in the laboratory have spurred the development of new clinical trials for patients with metastatic

HER2-positive breast cancer. Dr Goel currently sits on a number of international advisory panels, leads several clinical trials, and oversees the translational studies for two global randomised studies of CDK4/6 inhibitors in breast cancer. He is the recipient of two University Medals, the Bryan Hudson Medal (RACP), a Fulbright Scholarship, an ASCO Young Investigator Award, and a Fellowship from the American Australian Association.

Was this your first time to the Gold Coast?

No, I have been several times before.

Was this your first COSA conference?

No, I went to one several years ago. Coming back to COSA has real significance for me. The first oncology meeting that I ever attended was COSA 2007 when I was a first year registrar training in medical oncology.

What was your overall impression of the conference?

Excellent meeting. Well organized and enthusiastic participants.

Highlights of the meeting?

The main highlight for me was having the opportunity to meet colleagues and friends from within the oncology community.

I gave several presentations this year and did not have sufficient opportunity to attend enough other sessions, unfortunately.

Any other comments?

It was a delightful meeting. Thanks so much for the invitation.



Melinda Irwin

Melinda L. Irwin, PhD, MPH, Professor of Epidemiology in the Yale School of Public Health, Deputy Director of Public Health for the Yale Center for Clinical Investigation (YCCI), Associate Director for Population Sciences in the Yale Cancer Center, and co-leader of Cancer

Prevention and Control Research Program within the Yale Cancer Center, is a prominent leader in the field of behavioral lifestyle factors and cancer risk and mortality. Her research over the past 15 years has focused on randomized trials of weight loss and exercise on biological markers, medication adherence, treatment side effects and quality of life in cancer survivors. For the past 10 years, Dr. Irwin has been the Director of Training and Education on the NCI-Transdisciplinary Research on Energetics and Cancer (TREC) Initiative. She has received funding from the NIH, ACS and other foundations and serves on various national advisory committees to develop consensus statements on physical activity, diet, weight and cancer prevention and control.

Was this your first time on the Gold Coast?

Yes! Gorgeous location. I love Australia and hope to return sometime soon.

Was this your first COSA conference?

Yes. What an exceptional meeting. I thoroughly enjoyed meeting clinicians and scientists focused on prevention and controlling cancer from a transdisciplinary perspective. It was great to learn more about the issues of cancer care in Australia and research being done to improve outcomes.

What was your overall impression of the conference?

Amazing! I loved it. I loved how there was the 10.30am tea, which allowed everyone to be in the same place at the same time to meet and discuss various topics. I loved how nice everyone was, and collaborative!

Highlights of the meeting?

I liked the sessions I participated in, and I also liked the poster and oral award sessions and the format of them and how a speaker was then awarded at the end of the session.

Any other comments?

Thank you so much for inviting me!!

COSA 2016 Travel Grant Recipients

The following delegates received travel grants to attend the 2016 COSA-ANZBCTG ASM on the Gold Coast:

Trainee Travel Grants

- Alice Bergin
- Lucy Braude
- Julia Chen
- Ee Siang Choong
- Liz Connolly
- Alexandra Flynn
- Brett Hamilton
- Sharon Heng
- Rahul Ladwa
- Wei-Sun Lam
- Michelle McMullen
- Jennifer Man
- Hiren Mandaliya
- Lynn-Ann Nguyen
- Sarah Sutherland
- Christina Teng

The following COSA members received travel grants to attend the 2016 COSA-ANZBCTG ASM on the Gold Coast:

COSA Travel Grants

- Daniel Brungs
- Lorna Cook
- Favil Singh
- Jane Turner
- Jeff Bull
- Georgia Halkett
- Cindy Tan
- Xue Qin Yu

COSA-IPSEN Travel Grants

- Briana Clifford
- Eun Jin Lim
- Sara Wahlroos
- Teresa Lee
- Kevin O'Shaughnessy

COSA acknowledges and thanks IPSEN for their continued support through educational grants in 2016.



2016 Tom Reeve Award for Outstanding Contributions to Cancer Care



Prof Fran Boyle AM receiving the Tom Reeve Award from COSA President Prof Mei Krishnasamy

Professor Fran Boyle AM was announced as the 2016 recipient of the Tom Reeve Award for Outstanding Contributions to Cancer Care at the conference dinner held on the Wednesday evening of the ASM.

Professor Boyle delivered a heartfelt and motivating speech about the people and things that have affected her career in oncology: how Professor Reeve influenced her early career (including fashion advice), her passions in life (not all of us knew she sang in a choir but we all know about her dedication to The Lord of the Rings), and suggested we all find our "sweet spot" in life and use it to our advantage.

2016 Illumina Best of the Best Awards

Best of the Best Poster Oral Presentation Awards

Health Services

Amitra Chandra
abs#195

Timelines of Management for Non-Small Cell Lung Cancer Patients in South Western Sydney

Patient Evaluation Research

Haryana Dhillon
abs#159

Pilot-testing the feasibility and acceptability of a radiation therapy Talking Book

Survivorship & Supportive Care

James Devin
abs#193

The influence of exercise intensity and frequency on cardiorespiratory fitness and body composition in colorectal cancer survivors: a randomised controlled trials

Translational Research

Christopher Hart
abs#183

A risk score based on preoperative serum metabolomic profiles identifies patients with early breast cancer at increased risk of recurrence in a multicentre population: outcomes by Adjuvant Online stratification

Best of the Best Oral Presentation Awards

Basic & Translational Research

Delphine Merino
abs#104

Breast cancer and metastasis: New insights into cell death pathways

Breast Cancer

Martha Hickey
abs#20

Short-term findings of the PEGASUS Study: genitourinary symptoms, sexuality and quality of life in breast cancer survivors on endocrine therapy – what are we missing?

Clinical Research

Kirsten Adlard
abs#44

The influence of exercise intensity on fatigue in colorectal cancer survivors: A randomised controlled trial

Education & Supportive Care

Nicole Kiss
abs#52

How do I do that again? Vodcasts for patients with feeding tubes and swallowing difficulties

Epidemiology

Rebecca Strutt
abs#27

Place of death in patients with advanced NSCLC in South Western Sydney

Health Services

Nicole Kiss
abs#81

Improved efficiency and patient satisfaction following introduction of the nutrition assistant role in a head and neck cancer clinic

Supportive Care

Martin Tattersall
abs#97

Advance care planning increases communication between cancer patients, their oncologists and their family: an RCT

COSA acknowledges Illumina for their support of the Best of Best Awards


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2016 COSA-ANZBCTG ASM in pictures...



Exhibition entry



Deborah Fenlon



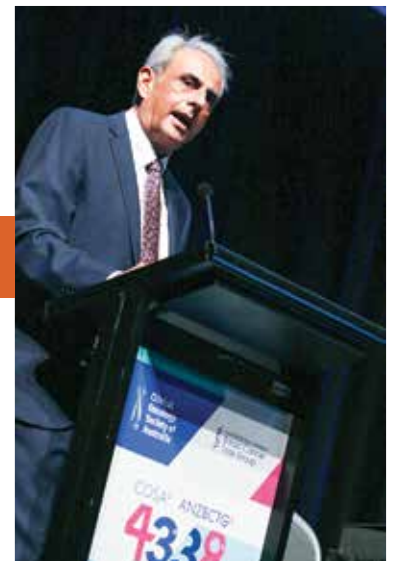
Plenary



Delegates



Rob Sutherland Award recipient –
Sunil Lakhani



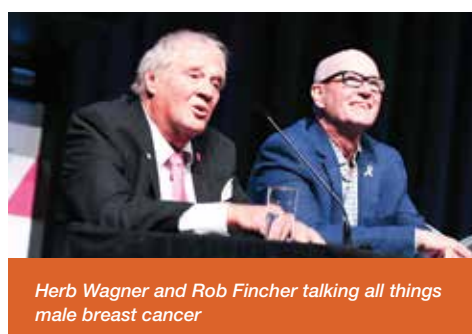
Soapbox



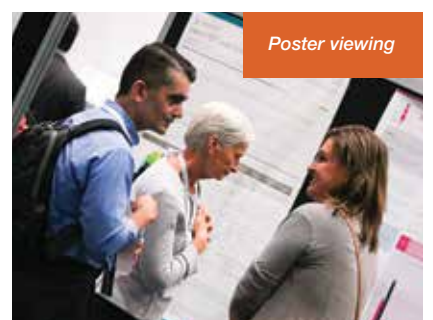
The exhibition is pumping



Alan Coates, Fran Boyle and Patsy Yates
(Current and past Tom Reeve Award recipients)



Herb Wagner and Rob Fincher talking all things
male breast cancer



Poster viewing



Hot Topic with Adam Spencer



Ranjana Srivastava book signing



COSA Exercise and Cancer booth



Closing ceremony... see you in 2017



Plenary



Team COSA



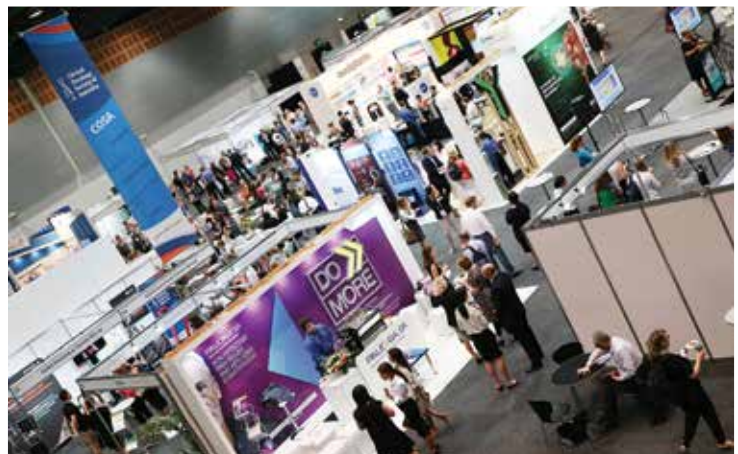
Mei Krishnasamy and Marie Malica



Rik Thompson... always working



ANZBCTG at the conference dinner



Exhibition



MDT Panel Discussion

COSA Group Reports

Cancer Care Coordination Group

I was pleased to catch up with many of you at the **2016 COSA-ANZBCTG ASM** on the Gold Coast in November 2016. Our discussions at the Annual Group Meeting at the ASM were highly valuable, and we took the opportunity to explore future directions with our members. The fundamental aim of this Group is to provide a national approach to planning, implementation and evaluation of Cancer Care Coordinator and cancer care coordination positions and activities in Australia. While it is important we maintain this focus, we have seen many changes in the cancer care coordination environment since the Group's inception. It is therefore timely for us to continue the conversation about this changing environment and what is means for cancer care coordination.

This Care Coordination Group has an important role in identifying efficient and effective ways to improve patient experience in an increasingly complex cancer care system. The recently published Optimal Care Pathways (released by the National Cancer Expert Reference Group), highlight the importance of coordinated care for various patient groups. The Commonwealth Government's Healthcare Home strategy also provides opportunities to improve the integration of primary care and specialist cancer services. To help us examine the implications of this changing landscape, we are planning to survey our membership to understand the evolving role of the cancer care coordinator, and the range of care coordination strategies employed across the cancer trajectory. We hope the survey will identify opportunities that exist for health care professionals in dedicated coordination

roles to respond to the changing context of cancer care, and address questions such as what role coordinators and multidisciplinary teams have in implementing optimal care pathways.

The Group is already looking forward to the COSA 2017 ASM, which will be held in Sydney. The conference theme is **Immunotherapy**, which will be of interest to many, but we also want to explore the potential to tie in with the sub-theme **Quality and safety in cancer care**.

The Group remains interested in building a stronger research base on cancer care coordination through collaborations in the field, and I would welcome any ideas you may have as to how we can facilitate the uptake of existing research and develop new evidence where needed.

We also strive to promote professional development opportunities for cancer professionals interested in improving care coordination, so at the Group meeting, we discussed future webinar ideas for 2017. This follows the success of our second webinar in July 2016, titled **Care, Complexity and Clarity**, at which Professor Mei Krishnasamy and Dr Donna Milne delivered a fascinating session, presenting elements of a project that set out to develop and pilot test a clinically relevant nurse-sensitive cancer care complexity index for use with cancer patients in ambulatory settings. The initiative was funded by the Cancer Nurses Society of Australia and is a collaborative study involving cancer nurse clinicians and academics across Australia. Those of you who missed the webinar can now access the recording via our Group page on the COSA website.

I would like to acknowledge the WA Cancer & Palliative Care Network who once again provided our technological support, and we are pleased to advise

that this Network will support our webinar program in 2017. The Professional Development Committee led by Liz Zwart, are now focusing on developing the webinar program for the coming year. Any members that are keen to get involved are welcome to contact cosa@cancer.org.au.

The Cancer Care Coordination Group is large, comprising members who have a diverse range of roles, backgrounds and work settings, and each member has experiences and expertise from which we can all learn. I would encourage everyone to share information and ask you to please consider contributing to the next edition of The Coordinator. For further information or to submit details about your activities, research, publications or presentations please contact Gillian Mackay (COSA Project Manager, gillian.mackay@cancer.org.au).

We hope to hear from many of you, and I look forward to our working together to progress our cancer care coordination objectives in 2017.

Patsy Yates
Chair, Cancer Care Coordination Group
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Cancer Pharmacists Group



After a very busy year for the CPG, I am pleased to report on progress in several areas while also casting an eye to plans for next year...



CPG Advanced Clinical Practice for Cancer Pharmacists Course

3-4 September 2016

Our popular advanced course held in Melbourne in September again proved to be very successful, with a total of 75 delegates registering for the meeting. Our post-meeting survey provided some great feedback – 93% of respondents rating the content of the course as “very good” or “excellent”, with topics such as advanced cancer drug pharmacokinetics, practice based role expansion, amyloidosis and long term toxicity prevention and management being just a few of the highlights. In addition, there were constructive suggestions for some improvements and topics to consider for next year which we will be reviewing in our forward planning. My thanks go to all the speakers for giving up their time to deliver informative presentations and to co-convenors Gail Rowan and Dan McKavanagh for putting together an excellent program. We hope to hold our 7th Advanced Course next year.

2016 COSA-ANZBCTG ASM

Gold Coast Convention and Exhibition Centre, 15-17 November 2016

A very enjoyable and successful ASM on the Gold Coast has just finished as I write this, with many excellent sessions, posters, oral abstract presentations and more. Several pharmacists presented during the main program in either plenary or concurrent sessions on topics as varied as subcutaneous Trastuzumab, immunotherapy from a pharmacist's perspective, cancer pain and geriatric oncology to name a few in addition to poster presentations outlining research and audits being carried out by pharmacists across the country. If you attended the meeting I hope you enjoyed it... if you didn't, please come next year!

Our CPG Clinical Development Workshop

held immediately prior to the ASM proved to be a great day of interesting topics and networking for those that attended, with talks from a variety of expert speakers from the pharmacy, medical and nursing worlds. Informal feedback from those that attended has been very positive and we plan to apply to COSA to hold another workshop next year – watch this space.

2017 COSA ASM

International Convention Centre, Sydney, Monday 13 November - Wednesday 15 November 2017

Speaking of next year, we are excited that the ASM is returning to Sydney after a 9-year absence and better still, will be held in the brand new International Convention Centre at Darling Harbour. The major theme for the meeting will be “Immunotherapy: Molecules and Mountains” with a sub-theme of “Implementing quality cancer care”. With both topics being hot news in oncology at the moment and likely to continue to be for some time to come AND likely to be of great interest to cancer pharmacists, I believe next year's meeting promises to be one of the best ASM's ever. I am pleased to report that Deirdre D'Souza, cancer pharmacist from Westmead Hospital, has agreed to be the local CPG member on the ASM organising committee and I am sure she will do a great job ensuring topics of interest for pharmacists are included. I would urge all CPG members to mark this exciting event in their calendars now.

Revised COSA Chemotherapy Guidelines - Update

The COSA guidelines for the safe prescribing, dispensing and administration of cancer chemotherapy are now 8 years old and as previously reported in the Marryalyan, are being updated by a multidisciplinary working group being chaired by Dr Christine Carrington which includes medical oncologists, pharmacists and nurses.

The guideline revision is very extensive and the new version will include information on new areas such as electronic prescribing, CAMs, and special considerations for paediatrics and geriatrics. To ensure the guidelines are robust, comprehensive and meet the needs of health care professionals involved in the delivery of cancer chemotherapy across Australia, the review timelines have been extended. The content is currently being posted to the Cancer Council Australia (CCA) Cancer Guidelines Wiki platform which is due to be completed by Christmas. Members of the working group will review the final draft during January 2017, before the guidelines are opened for public consultation and comments are consolidated and reviewed during the first quarter of 2017.

Etoposide supply issues – update

As most members will be aware, there is currently a long term global shortage of the injectable etoposide phosphate product (brand Etopophos®). Most suppliers are either now out of stock of the drug or about to deplete existing supplies. This shortage, due to an unexpected interruption in the supply of the active pharmaceutical ingredient, is likely to last until the second quarter of 2017. In addition, the oral etoposide product (brand Vepesid®) will also be out of stock until at least the third quarter of 2017. There is currently availability of injectable etoposide base formulations (Pfizer and Sandoz brands); however, there is no licensed alternative to oral Vepesid capsules. All sites using the injectable products should have plans in place to switch over their intravenous formulations from the phosphate salt to the base considering differences in dose (where appropriate), dilution, stability and administration rate.

COSA Geriatric Oncology Group – guideline development

I am currently representing the CPG on the Geriatric Oncology Guidelines working

group, which plans to produce consensus guidelines on the management of older cancer patients in Australia. As with the COSA chemotherapy guidelines, it is planned that they will be hosted on the CCA Cancer Guidelines Wiki platform. It will include a section on medication management and the potential role of the pharmacist and MDT in managing issues of polypharmacy, use of potentially inappropriate medications and drug interactions to name a few. The Group had its first teleconference a few weeks ago, with another planned for December and a plan for the guidelines to be finalised and available on the website in 2017.

CPG Membership and Executive Committee Update

Currently CPG membership (Group members or having cancer pharmacy as an area of interest) stands at 148, which is an increase on the same time last year. However, we have had some members not renew their memberships for 2016/17. The COSA Cancer Pharmacists Group is a unique professional body within Australia as it is the only Group representing the specific interests of cancer pharmacists across the country, so I would urge anyone who hasn't yet renewed to do so.

After successful tenures, both Krissy Carrington and Karim Ibrahim have resigned from the CPG Executive Committee. On behalf of the Committee, I would like to thank both Krissy and Karim for their contributions to the CPG. I would like to especially thank Krissy for her many years of supporting, chairing and being a member of the CPG committee...she has been a constant source of help and advice to many of us over a long period and I know she will remain an active member of the CPG. Thanks, Krissy!

Our CPG committee terms of reference allows for a maximum of 8 members so there will be a call for two nominations to the committee for 2017/18 by email to CPG members over the next couple of

weeks. Whether you are an experienced cancer pharmacy practitioner or a relatively new pharmacist to this area (and anything in between!), I would encourage you to consider nominating yourself to be part of the committee. Please feel free to approach a current committee member if you know them personally or by contacting me at the email address below if you would like to know more about what is involved.

CPG Plans for 2017

Next year we plan to once again hold a Foundation Course in May in Brisbane, an Advanced Course in August or September in Melbourne and the pre-ASM workshop in Sydney in November. We have tentative plans to run the next CPG Foundation Course from a Friday afternoon to Sunday afternoon with the likely dates being 5-7 May 2017 – more information will follow on this before Christmas.

In addition, we plan to update the educational resources area in the CPG section of the COSA website next year – if any member has ideas for what they would like to see in this area, please feel free to contact me.

I wish all our members a safe and happy Christmas and New Year, and look forward to seeing you at one of the many COSA events planned for 2017.

With best wishes

Michael Powell
Chair, Cancer Pharmacists Group
michael.powell@health.qld.gov.au



Clinical Trials Research Professionals

Chair:

Dianne Lindsay, Clinical Research Consultant, Newcastle

Executive Committee:

Annette Cubitt, Metro North Hospital and Health Service, QLD (Deputy Chair)

Alison Coote, Orange Health Service, NSW (Secretary)

Sanela Bilic, St John of God Hospital Subiaco WA; Joanne Hakanson, Austin Hospital VIC; Leonie Kelly, Gosford Hospital NSW; Alison Richards, Flinders Medical Centre SA, Natasha Roberts, Metro North Hospital and Health Service QLD.

This year the Executive Committee expanded to include members who represent both regional and metropolitan clinical trials research units across many Australian states. Regular meetings were held by teleconference and all members contributed to reviewing a suite of National Standardized Patient Information and Consent Forms and Guidelines, the promotion of a ClinTrial Refer App, and educational information and links were updated and are now available on the CTRPG pages of the COSA website.

With support from COSA and the Australia and New Zealand Breast Cancer Trials Group a Clinical Professional Day for COSA members was held on Monday 14 November just prior to the COSA-ANZBCTG Annual Scientific Meeting. The workshop was very well attended with presentations by invited guest speakers who very generously contributed their time and expertise.

Eleanor Allan, who established Caledonian Clinical Training in 2000, specializes in providing clinical research training and clinical trials auditing. Eleanor presented "GCP Refresher" and "GCP in Practice" sessions covering Australian and International guidelines, regulations, ethics

processes and current GCP principles, definitions and roles. Attendees were also given an overview of changes that are anticipated due to the ICH E6 (R2) Addendum to GCP.

The GCP sessions were interactive; the use of case studies and group activities allowed participants the opportunity to share their knowledge and experience by discussing topical issues that frequently arise in the clinical trials research setting. Critical thinking and problem solving were encouraged in the application of GCP principles. The sessions met TransCelerate BioPharma training criteria and participants received GCP Refresher Certificates that are valid for three years.

Two very comprehensive presentations on immunotherapy treatment in clinical trials followed the GCP sessions. Dr Matthew Chan, Staff Specialist in Medical Oncology at the Central Coast Cancer Centre, Gosford Hospital began with an overview of the background to immunotherapy treatment in his presentation "Unleashing the Immune System: Immune Checkpoint Inhibitors". Developments and research in immunotherapy were explained in detail including therapeutic vaccines, Sipuleucel-T and the immune checkpoint blockade. The PD-1/PDL-1 and CTLA-4 research component of the talk was validated by evidence based data and Dr Chan also touched on future targeting strategies, biomarkers, adjuvant treatment, pseudo-progression and toxicity profiling. This was followed by an excellent presentation from A/Professor Rina Hui, a Senior Medical Oncologist at the Crown Princess Mary Cancer Centre, Westmead Hospital, who used various graphical formats to outline current research and drug development in immunotherapy, beginning with a focus on lung cancer and leading to potential impacts on breast cancer treatment. Data on biomarkers and biopsies clearly illustrated the scope of current research and progress achieved to date. This session provided an invaluable platform for the proceeding Annual Scientific Meeting where immunotherapy treatment and implications for ongoing

supportive care in survivorship were highlighted.

Elizabeth Wilson, Sites Relationship Manager from Quintiles presented an overview of the key principles for risk based monitoring which is changing the way clinical studies are conducted. This approach builds upon the ICH guidelines of quality risk management to allow more efficient targeting of clinical trial monitoring activities and resources. The increasing use of electronic systems and the number and complexity of current trials have created opportunities as well as new challenges. It is now possible to gather data on performance across sites in real time and apply centralized monitoring to focus oversight activities on preventing or mitigating risks to data quality, subject protection and trial integrity. Insight into the importance of collaboration between research staff at sites, the pharmaceutical industry and CROs was provided and considered crucial to the success of this novel and contemporary approach.

An Annual General Meeting held during the workshop was very well attended. Members were provided a report which outlined the achievements of the CTRPG Executive Committee during 2016. There were a number of excellent suggestions from members which were discussed and may lead to new initiatives to be undertaken during 2017. A unanimous recommendation was made to hold another Clinical Professional Day during the COSA ASM next year in Sydney.

It was a pleasure to welcome all the presenters who supported the Clinical Professional Day this year, and I sincerely thank Marie Malica and her wonderful team of staff at the COSA Office for all their hard work to ensure the success of the workshop. We received positive feedback from attendees, a few examples follow: "a great day, the right balance of subjects"; "engaging and inspiring, relevant case studies and great opportunities to open up discussion"; "loved the card game"; "I really needed this"; and, "the clinical session was very relevant to current trials".

I am looking forward to a busy year in 2017 and to assisting our enthusiastic CTRPG Executive to continue to provide our members with high quality opportunities to enhance professional development, to network with colleagues and to promote excellence in clinical cancer research through education and leadership, all of which are only made possible with the continuing support of COSA.

Dianne Lindsay
Chair, Clinical Trials Research
Professionals Group
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Exercise and Cancer Group

The Exercise and Cancer Group has been working across a range of activities throughout the previous months including:

COSA Position Statement on Exercise in Cancer Care

The Exercise and Cancer Group has been progressing with the development of a COSA position statement on exercise in cancer care. The statement will act to endorse existing evidence based guidelines (and their subsequent updates) and apply them to the Australian setting. A draft of the position statement and the associated dissemination plan is currently being considered by the Exercise Group membership and will shortly undergo consultation with the full COSA membership. We look forward to hearing your input on the statement and its dissemination plan!

Involvement in COSA Annual Scientific Meeting

Exercise featured strongly at the 2016 COSA Annual Scientific Meeting:

- Exercise Booth: To raise awareness about the role of exercise in cancer care the Group hosted an exhibition booth. The interactive booth allowed delegates

to participate in exercise challenges, gain insight into what patients referred to an exercise program experience and learn about exercise. The draft position statement was also discussed and copies were available for delegates. We gratefully acknowledge the sponsorship and support provided by Exercise and Sports Science Australia, Australian Catholic University and Australian Fitness Supplies Pty Ltd.



Exercise booth

- Breakfast Session: Physical activity and cancer diagnosis – Prof Melinda Irwin, Yale. A capacity audience enjoyed a fantastic presentation by Prof Irwin on the interaction of physical activity on cancer prevention and control. The prophylactic role of exercise was highlighted in data from a recent meta-analysis published in JAMA demonstrating a reduced risk of developing numerous types of cancer; this effect was independent of weight and a range of other potential confounders. Increasing levels of physical activity has also been associated with reduced risk of cancer-specific mortality and recurrence for a range of cancer types. Irwin presented data from another JAMA publication illustrating that even relatively small amounts of exercise do provide benefit in reducing the risk of mortality with an ~20% reduction in all-cause mortality observed between inactive adults and those who participate in up to ~1 hour of weekly activity. While meeting the physical activity guidelines (150mins moderate intensity physical activity) provides the strongest survival benefit,

these data illustrate that some exercise is better than none. Irwin discussed a range of possible mechanisms that may influence the interaction between exercise and cancer outcomes including the potential role of exercise in modulating inflammation, insulin levels, metabolic and sex-hormones as well as the impact on exercise on anti-cancer treatment tolerance.

- The Exercise & Breast Cancer Concurrent Session – A capacity crowd was on hand to see the following presentations:
 - o Melinda Irwin - Exercise for the management of arthralgia
 - o Sandi Hayes - Exercise for the management of upper body mobility
 - o Carolina Sandler - Exercise for the management of fatigue
 - o Haryana Dhillon - Exercise for the management of distress and cognitive impairment

The impact of exercise on some of the troublesome and difficult to manage side effects of breast cancer and its treatment were discussed. Approximately half of patients receiving aromatase inhibitors experience joint pain, most commonly in the knees and back regions. Melinda Irwin presented data from her randomised controlled trial demonstrating an analgesic effect of exercise. Breast cancer patients who experience at least mild arthralgia reported ~30% reduction in pain following exercise. The benefits of exercise also extend to preventing and managing upper body morbidity as discussed by Sandi Hayes. Approximately 1 in 2 women experience at least one upper body symptom six months following a breast cancer diagnosis; exercise is effective in reducing these symptoms and also improved functional capacity of the upper body. Cancer-related fatigue impacts many breast cancer patients and can be associated with a complex cluster of additional symptoms. Carolina Sandler presented data from her recent

randomised controlled trial among patients with clinically significant fatigue demonstrating reductions in the severity of fatigue following exercise. Haryana Dhillon discussed the role of exercise in preventing and managing physiological distress and early data indicating exercise may also play a role in attenuating cognitive declines associated with breast cancer and its treatment. The panel of speakers endorsed exercise as an important adjunct therapy for patients, even those with high symptomology.

- Self-management of Cancer Pain Session: Sharni Patchell discussed specialist physiotherapy skills and interventions involved with using exercise to help manage cancer pain.
- Award Winners: Kirsten Adlard and James Devin's work exploring the efficacy of high intensity exercise was recognised with best of the best awards within the clinical research (oral presentation) and supportive care & survivorship (poster oral presentation) categories respectively.

Annual General Meeting

The Exercise and Cancer Group AGM was held at the COSA Annual Scientific Meeting on the Gold Coast. Approximately 35 members were present to discuss the group's work on the position statement, our agenda of activities and strategic priorities for the coming years.

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

2016 has been an active year for the COSA Familial Cancer Group (FCG). This year Lucinda Hossack has joined the Executive Committee of the FCG and Andrew Fellowes has stepped off the committee.

Ongoing projects overseen by the COSA FCC Group include, developing and actioning a national consensus for routine immunohistochemistry (IHC) for mismatch repair (MMR) proteins in colorectal cancer to detect Lynch syndrome. We aim to generate a combined COSA/RCPA position statement endorsing routine MMR IHC testing for all newly diagnosed colorectal cancer.

We have developed guidelines for clinicians prescribing selective oestrogen receptor modulators (SERMs) for the medical prevention of breast cancer and also provided an information sheet for patients using these medications. These guidelines have been endorsed by the COSA Council and can be found on the resources page of the Familial Cancer Group on the COSA website <https://www.cosa.org.au/groups/familial-cancer/resources.aspx>.

The COSA FCG is also developing an education tool for Oncologists for ovarian cancer treatment-focused genetic testing (TFGT), a flowchart to implement TFGT in practice, and to develop a way to evaluate the approach at different centres.

Much of the committee's time is spent arranging the Clinical Professional Day for those working within the field of Familial Cancer. The **COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day (FCC CPD)** was held on Tuesday 16 August 2016, at the Mantra Resort, Kingscliff, NSW. The day featured 4 sessions:

Session 1: Risk Notification in Families

The session was opened by one of our international speakers, Marion McAllister, who discussed risk perception in families and how this might impact on individual patient outcomes. Deb Trott then presented the South Australian approach to risk notification in families. Ainsley Newson provided an excellent ethical and legal construct of risk notification in families. The session concluded with a panel discussion by the 3 speakers.

Session 2: Diagnostic testing for Paediatric Cancer syndromes

Bryan Wilson provided a framework for thinking about cancer in children. Yemima Berman then introduced the principles of Dysmorphology and provided a comprehensive overview of Paediatric syndromes that cause cancer predisposition. Michael Osborne, a Paediatric Oncologist from Adelaide, presented an Oncologist's perspective on cancer in children. The session concluded with a panel discussion by the 3 speakers.

Session 3: Predictive testing for Cancer syndromes in Children

Kathy Tucker began the session reviewing the past, present and future practice of predictive testing in children. Claire Wakefield presented her research into the psychological impact of cancer genetic testing in children and also discussed parents' views on service demand and the acceptability of new tests. Ainsley Newson presented very kindly for a second time on ethics and predictive testing in children. The session concluded with a panel discussion by the 3 speakers.

Session 4: Moderate penetrance genes – when to test and how to manage

In the final session of the day, Paul James presented his research on testing for moderate penetrance genes. In particular, he highlighted the need to interpret results in context, specifically the importance of findings in the control population. Next, Susan Ramus, who has recently returned to Sydney after working in the UK and US, presented on moderate risk ovarian cancer susceptibility alleles in large case-control studies. Finally, the distinguished international speaker, Mark Robson, Medical Oncologist from Sloan-Kettering Memorial in New York, presented a framework for counselling and managing cancer risk in patients with moderate penetrance cancer-susceptibility mutations. The session concluded with a panel discussion by the 3 speakers.

The day was well received by all that attended and my thanks go to all of the Speakers who made it such an excellent day with all of their hard work generating and presenting their talks. My thanks also go to the COSA FCC Group executive committee who gave freely of their time during the year to organize the meeting. Finally we also gratefully acknowledge the support and monetary input provided by Astra Zeneca, COSA and kConFab in making this day happen. We look forward to August 2017!

I wish all readers a happy and healthy festive season and a productive year in 2017!

Nicholas Pachter
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COGNO
COOPERATIVE TRIALS GROUP
FOR NEURO-ONCOLOGY



SAVE THE DATE!

Monday 23rd – Tuesday 24th October 2017

10TH COGNO ANNUAL SCIENTIFIC MEETING, Melbourne

Neuro-oncology Group

The neuro-oncology community continues to expand its reach and remit in promoting the cause of and research into brain tumours.

Brain Cancer Action Week was held in May 1-6, 2016, with many key events held in major capital cities including Support and Education forums and other fundraising events that helped raised awareness of Brain Cancer.

COGNO, the Cooperative Trials Group for Neuro-Oncology, continues its success with an expanding membership base now at over 600 members spanning clinicians, researchers and consumer advocates. Prospective trials currently recruiting under the auspices of COGNO include the VERTU study using veliparib in newly diagnosed Glioblastoma and the ACED study - addressing the steroid-sparing capacity of acetazolamide in progressive/recurrent high grade glioma.

COGNO had the privilege of hosting the 13th Asian Society of Neuro-Oncology meeting combined with the 9th COGNO ASM with the theme of "Is the landscape changing?" in Sydney this September, co-convened by Medical Oncologist Dr Liz Hovey and Radiation Oncologist Dr Cecelia Gzell. There were a wide variety of notable international guest speakers with multi-disciplinary representation including Prof

Mitch Berger (USA), Prof Susan Chang (USA), Paul Mischel (USA), Roger Stupp (Switzerland), Rakesh Jalali (India), and Arjun Saghal (Canada). A strong Australian and NZ faculty were also represented.

The key Society of Neuro-Oncology ASM held in Arizona in November and pleasingly the work of several Australian researchers and clinicians was highlighted at this prestigious meeting.

We look forward to a wonderful 2017 in advancing brain tumour care and research.

Eng-Siew Koh

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Kate Drummond

Deputy Chair, Neuro-oncology Group

Nutrition Group

The Nutrition Group held a very successful session on nutrition and breast cancer at the recent ASM on the Gold Coast with a great turnout. Presentations from Associate Professor Marina Reeves and international speaker Dr Melinda Irwin highlighted exciting research being undertaken on weight management and exercise in patients with breast cancer. Phanthira Simapivapan discussed recent work undertaken at Cancer Council Victoria demonstrating a surprising gap in knowledge of alcohol recommendations by clinicians working with breast cancer

patients. Dr Wolfgang Marx presented a randomised trial of ginger extract which demonstrated a positive effect on quality of life associated with chemotherapy induced nausea and vomiting. Outside of this session several nutrition group members presented their work in best of the best oral and poster sessions and it was great to see a number of posters demonstrating a lot of interesting work that has been undertaken in nutrition and oncology.

The next update of the head and neck nutrition evidence based guidelines is about to commence to ensure the ongoing currency of these guidelines. Feedback has recently been received from international clinicians on the benefit of these guidelines in their local settings. The phase III malnutrition in Victorian cancer services (VCS) program of work is well underway. Phase III malnutrition in VCS consists of 4 state-wide projects including the rollout and implementation of the malnutrition governance toolkit and eLearning packages developed in Phase II, developing a sustainable platform for continuation of the cancer malnutrition point prevalence study, improving malnutrition identification in culturally and linguistically diverse patients, and food service models to better support improving nutrition care. These projects are mid-way through completion and the outcomes will be disseminated early to mid-next year following their completion.

Nutrition Group members have had opportunities to contribute to patient-

focused resources in head and neck cancer and pancreatic cancer over the course of the year. Merran Findlay has led the input into nutrition content for the Beyond Five website for head and neck cancer. While Belinda Steer, Amber Kelaart, Erin Kennedy and Michelle Harrison have joined the steering group for development of a Pancare led nutrition resource. Further information to follow once these resources are available.

The Groups AGM was also held at the Gold Coast ASM with planning for Group activities in 2017 underway including exploring opportunities for further collaboration with the MASCC nutrition and cachexia group. Minutes of the AGM will be circulated to Nutrition Group members.

Nicole Kiss
Chair, Nutrition Group
Nicole.Kiss@petermac.org

Palliative Care Group

The 'Managing complex symptoms experienced by women living with advanced breast cancer: a Palliative Care Masterclass' hosted by the Palliative Care Group and conducted in partnership with ANZSPM at the recent ASM on the Gold Coast, was well attended by 35 breast care nurses, allied health professionals and doctors working in various cancer care settings across Australia.

This interactive workshop, facilitated by Dr Frank Brennan and Prof Jane Phillips, provided participants with a wealth of practical advice and an overview of the current evidence. Dr Frank Brennan opened the workshop by providing participants with an opportunity to consider ways to strengthen the interface between medical oncology and palliative care, and the importance of early referral. A/Prof Melanie Lovell's comprehensive overview of cancer pain management detailed the challenges of managing

complex cancer pain and the importance of routine screening, assessment, and pharmacological and non-pharmacological management. The key message to emerge from Prof Janet Hardy's session on nausea was that the use of regular and simple cost-effective anti-emetics that are readily available is often under-utilised and appreciated, as evidenced by the team's recently completed anti-emetic for palliative care patients refractory nausea trial.

Gold Coast palliative care made a significant contribution with Dr Joanne Doran providing some practical evidence-based strategies for managing bowel obstruction, while her colleagues Dr Nicole Morgan provided an overview of some of the challenges associated with managing palliative care emergencies, and Ms Lois Lawler illustrated the value and role of social workers within the interdisciplinary team.

Dr Annmarie Hosie and Prof Jane Phillips challenged participants to make delirium recognition and management an important clinical priority and drew on their considerable expertise to identify optimal delirium prevention and management strategies that could be readily implemented into clinical practice. Whilst difficult conversations are an integral element of advanced cancer management, Dr Amy Waters provided participants with a range of practical tips to make communication as easy, compassionate and effective as possible.

The later part of the workshop was devoted to care of the dying, which was eloquently presented and facilitated by Dr Frank Brennan and Ms Joan Ryan. The closing session was left to Ms Vanessa Couper, a Music Therapist at Lifehouse Sydney, to illustrate the power of engaging dying patients and their families in music therapy.

This content rich workshop was made possible through TEVA Oncology sponsorship.



Left to right: Prof Jane Phillips, Dr Frank Brennan and A/Prof Melanie Lovell - Palliative Care Masterclass

Jane Phillips
Chair, Palliative Care Group
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Psycho-Oncology Group

This report comes hot on the tails of yet another fabulous COSA Annual Scientific Meeting which was held in the Gold Coast. The COSA ASM was a joint meeting with the Australia & New Zealand Breast Cancer Trials Group. There was plenty of high quality and thought-provoking content. The focus of the meeting on breast cancer provided attendees the space to deliberate the issues related to people affected by this cancer. A particularly interesting session related to men and breast cancer which had two consumers who generously shared their insights into their experiences and those of their peers. There were some fascinating psycho-oncology presentations throughout the COSA ASM program.

Next year will see 2017 COSA ASM hosted in Sydney. It will be at the newly opened International Conference Centre at Darling Harbour. The themes for the conference will be immunotherapy and quality and safety. Clearly with these themes there is plenty that psycho-oncology can contribute to the program. As a member of the organising committee for 2017 COSA ASM I look forward to working with the other committee members on developing and delivering another stimulating ASM program.



Announcing the newly formed COSA Psycho-Oncology Group Executive Committee

I am pleased to announce that after putting out a request for nominations, the COSA Psycho-oncology Group Executive Committee has now been formed.

The membership of the committee is:

Dr Laura Kirsten, Chair

Dr Haryana Dhillon, immediate past Chair

Dr Mel Price, Psycho-oncology Co-operative Group representative

Kim Hobbs, Oncology Social Workers Australia nominated representative

Professor Jane Turner, School of Medicine, The University of Queensland

Ms Toni Ashmore, Manager, Cancer Psychosocial Services, Canberra Regional Cancer Centre

Ms Annmaree Binger, Regional Manager of Western NSW, Cancer Council NSW

Ms Katherine Lane, Nurse Manager, Cancer Information and Support Service, Cancer Council Victoria

I am excited to be working with this group and furthering the objectives of the COSA Psycho-oncology Group. One of the first tasks of the group will be to establish the Terms of Reference and a Strategic Plan for COSA Psycho-oncology.

I look forward to the year ahead.

Please do get in contact me at

laura.kirsten@health.nsw.gov.au if you have any ideas you would like to share.

Laura Kirsten

Chair, Psycho-Oncology Group

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Rare Cancers Group

The COSA Rare Cancer Group was established in 2015 with the core objectives of:

- **Increasing awareness of the issues relevant for rare cancer patients in relation to their diagnosis and management**
- **Coordinate existing and new initiatives for rare cancer patients in Australia**
- Endeavouring to focus on unmet need, where clinical care guidelines and research are not easily available
- With a focus on development of existing infrastructure for rare cancer patients

Towards these objectives, the Group is currently involved in a number of key projects that include:

Collaboration with the consumer group, Rare Cancers Australia, to develop a national survey identifying existing interest, expertise and research across various rare cancer types. This survey will provide the basis for developing a national network for oncology clinicians to help with the diagnosis and guide management of rare cancer patients. We aim to develop streamlined pathways for access of expert pathology review, available molecular testing, and of clinical or basic research protocols.

The development of the WEHI Stafford Rare Cancer Program to facilitate basic rare cancer research across Australia. This program will help to identification and consolidation of isolated rare cancer cases across the country and allow more meaningful analysis to be performed. Its foundation will be a nationally accessible clinical and specimen database, hosted by BioGrid Australia, with the flexibility to encompass range of rare cancer types where individual tumour platforms would

not be viable. Stafford Investigators and interested researchers nationally will be able to access de-identified patient data in aggregate though a simplified BioGrid approval processed. Stafford sites will open nationally Q2 2017.

NOMINATOR is a pilot study assessing the feasibility of performing genomic testing on rare cancers from patients around Australia and identifying actionable aberrations. This study will open nationally in 2017, with a target accrual of 100 patients (20 patients per state over 2 years). All participants will receive comprehensive molecular profiling of their cancer and where an aberration is identified, treatment recommendations will be guided by discussion at a molecular tumour board. Access to indicated treatments will be documented.

Clare Scott

Chair, Rare Cancers Group

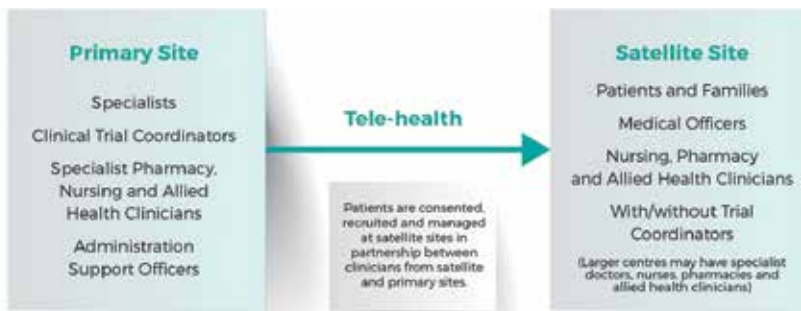
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Regional and Rural Group

The focus of the COSA Regional and Rural group over the last 6 months has been on finalising and releasing the national implementation guide for the Australasian Tele Trial Model. The model was developed in collaboration with clinical trial sponsors, clinicians, health administrators and regulatory bodies.

The model uses tele-health to enable clinicians from larger centres (primary sites) to enrol, consent and treat patients on clinical trials at regional and rural centres (satellite sites). The benefits are not limited to regional areas, with the same model having the potential to connect larger centres (even within the same city) and improve the rate of recruitment to highly specialised clinical trials such as those for rare cancers.





The next steps will be to further develop the core principles of the model, particularly in regards to research governance, through the selection of suitable trials from cancer trials groups and industry. COSA was successful in securing funds from an MTPConnect grant and consortium partners to manage the national implementation in 2017-18. Consortium partners include Rare Cancers Australia, Cancer Voices Australia, Australian Institute of Tropical Health and Medicine, Garvan Institute, Walter and Eliza Hall Institute of Medical Research, ICON Cancer Care, St John of God Hospital, Medicines Australia and 4 pharmaceutical companies (AbbVie Pty Ltd, Janssen, Novartis and Pfizer). Expressions of interest for membership of the Steering Committee will be called for in January 2017.

Prof Sabe Sabesan and Prof Ian Olver also presented an overview of the Australasian Tele-trial model at the UICC World Cancer Conference in Paris on the 2 November 2016. In addition, a commentary by Prof Sabesan and Prof Zalberg was recently published in the European Journal of Cancer Care with the title "Telehealth models could be extended to conducting clinical trials—a teletrial approach".

Watch this space for more exciting news on the Australasian Tele-Trial Model initiative!

Sabe Sabesan
Chair, Regional and Rural Group
sabe.sabesan@health.qld.gov.au

Survivorship Group

COSA Model of Survivorship Care version 1.0

We launched the COSA Model of Survivorship Care formally during the 2016 ASM. A soap box session was dedicated to the launch of the Model, with substantial levels of interest from COSA members and friends. The Model of Care, now available on the COSA website, is the culmination of several years of input from our dedicated working group, wide consultation with COSA members, cancer consumer organisations, and a range of professional bodies and stakeholder groups. We hope you have had time to review it and think about how this could be used in your practice, service, health system. Implementation and the tools to support this are the next big pieces of work that the COSA Survivorship Group will be undertaking.

I would like to thank the members of the working group for their commitment to our original vision and their persistence in seeing this through. Working with such a large, multi-disciplinary team of people who were committed to improving survivorship care for Australian cancer survivors has been a privilege and a joy. Our meetings involved a great deal of robust discussion and debate, making the process more vigorous and the final product stronger. Dr Hayley Griffin project managed us to completion, I don't think the project would have been feasible

without her thoughtful, timely, and capable contributions – so thank you Hayley from all the working group, our stakeholders, and the cancer survivors of Australia.

In the meantime, please continue to provide feedback to us about how you are using the Model, what is helpful, and what is tricky to think through. This is our Australian Model of Care and we want to keep improving it and working toward it underpinning survivorship care across our community into the future.

COSA 2016

The 2016 COSA-ANZBCTG Annual Scientific Meeting provided a powerful showcase of the high-quality work being undertaken in cancer survivorship globally and in Australia. We enjoyed hearing from Deborah Fenlon about the vast array of survivorship work that is being undertaken in the UK. From consumer involvement in research design to interventions to manage menopausal symptoms in women with breast cancer, every presentation was high-quality, thought provoking and practical – which we loved!

With the Exercise Group hosting Melinda Irwin we heard masterful presentations regarding exercise interventions, hearing much more detailed data reported than in published papers. This has also been a time to promote the evidence supporting exercise for people living with cancer, and a great opportunity to promote the ANZ health professional perception of exercise and cancer survey (if you haven't done the survey yet follow this link: https://sydneypsy.qualtrics.com/SE/?SID=SV_01Dp4WfMajbPiwR). The strong relationship between the Exercise Group and Survivorship is a great strength, allowing very strong programs to be developed.

Similarly, the psycho-oncology lead session on e-health interventions showcased the internationally groundbreaking work of Australian researchers. The quality and breadth of e-interventions in psycho-oncology and supportive care is

astounding and suggests that our patients are going to benefit substantially from having digital support available.

Importantly, there was plenty of time for interaction, discussion, and catching up with colleagues and friends. As always, we are looking forward to November 2017 in Sydney!

COSA-FCIC Survivorship Conference

2-3 February 2017

Don't forget to register for the Cancer Survivorship 2017 Conference. With a theme of 'Pathways to better policy and practice' the committee have developed a strong program relevant to survivors themselves, point of care personnel, service administrators, policy makers, and

researchers. With some key international speakers and drawing on our wealth of experienced Australians working in cancer survivorship across all levels of policy, care, and research it is going to be an energetic discussion. More information is available at <http://www.survivorship2017.org/>.

Work after Cancer

Prof. Bogda Koczwara has lead the development of resources to support cancer survivors working after a cancer diagnosis. The project, funded by Cancer Australia, was supported by an able team of collaborators including key consumer advocates. The resources are freely available on a website <http://workaftercancer.com.au>. Please review and use them, many people are going to find them very useful.

VCCC Survivorship Conference

The VCCC held its first cancer survivorship conference in October. An oversubscribed event, it was hugely successful with engagement from people across Victoria and further afield. The inclusion of two US invited guests provided the international perspective. I must say in some areas Australia is forging ahead with its survivorship service delivery, support, and research. Looking forward to another of these events in the future.

Haryana Dhillon
Chair, Survivorship Group
haryana.dhillon@sydney.edu.au

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:

Conjoint Professor David Goldstein receives the John Zalcberg OAM Award for Excellence in AGITG Clinical Trials Research

This prestigious award recognises significant and outstanding contributions made over many years to AGITG research in gastro-intestinal cancer. For more information go to:

agitg.org.au/award-for-excellence/

AGITG Innovation Fund awarded for research in colorectal cancer

Dr Matthew Burge from the Royal Brisbane and Women's Hospital has been awarded the 2016 AGITG Innovation Fund. Dr Burge has received a \$100,000 grant for his pilot study titled: MONARCC Study: A randomised Phase 2 study of panitumumab monotherapy versus panitumumab and 5 Fluorouracil as first line treatment for RAS and RAF wild type metastatic colorectal cancer (mCRC). For more information go to: agitg.org.au/T66k3

AGITG recently published studies

TACTIC

The AGITG TACTIC study, a Phase II trial of gemcitabine, cisplatin and panitumumab in biliary tract cancer was recently published in the Cancer Chemotherapy and Pharmacology Journal. For more information go to: agitg.org.au/QIHPU

INTEGRATE

The manuscript "Regorafenib for the Treatment of Advanced Gastric Cancer (INTEGRATE): a Multinational Placebo-Controlled Phase II Trial" was recently published in the Journal of Clinical Oncology. For more information go to: agitg.org.au/MZPr0

Merry Christmas!

QUASAR 2

The QUASAR 2 clinical trial, a multicentre international study of capecitabine +/- bevacizumab as adjuvant treatment of colorectal cancer, was recently published in **The Lancet Oncology**. For more information go to: agitg.org.au/lgEme

New AGITG trials open to recruitment

INTEGRATE II – A Randomised Phase III Double-Blind Placebo-Controlled Study of regorafenib in Refractory Advanced Gastro-Oesophageal Cancer (AGOC).

NABNEC – A Randomised Phase II Study Of nab-paclitaxel In Combination With Carboplatin As First Line Treatment Of Gastrointestinal Neuroendocrine Carcinomas

InterAACT – An International Multi-centre Open Label Randomised Phase II Advanced Anal Cancer Trial Comparing Cisplatin plus 5-fluorouracil versus Carboplatin plus Weekly Paclitaxel in Patients with Inoperable Locally Recurrent or Metastatic Disease.

ACTICCA-1 – Adjuvant chemotherapy with gemcitabine and cisplatin compared to observation after curative intent resection of cholangiocarcinoma.

For more information go to:
agitg.org.au/O294G

AGITG Annual Scientific Meeting – Looking Back, Moving Forward

This year marked the 25th anniversary of the Australasian Gastro-Intestinal Trials Group (AGITG) conducting and promoting clinical trials and related biological research in gastro-intestinal cancer. Looking back over 25 years and moving forward, the meeting presented information on the latest cutting edge research and evidence based treatments from leading national and international medical professionals.

Awards were presented to A/Professor Eva Segelov for Best of New Concepts; Dr Sharon Pattison for Best of Posters; Dr Subotheni Thavaneswaran for the Fast Forward Award; and Royal Hobart Hospital for the AGITG Outstanding Site Award. For more information go to: agitg.org.au/I5T7D.

AGITG and APC Pancreas Cancer Research Workshop

The AGITG and the Australasian Pancreas Club hosted the 4th Annual Pancreas Cancer Research Workshop on Tuesday 13 September, immediately preceding the AGITG 18th Annual Scientific Meeting. The meeting was a resounding success with very good attendance across disciplines and robust, research-centred discussion. This open forum allows Australian investigators and researchers to share their ideas so that we can all appreciate the depth and breadth of research in this disease. Our expert panel emphasized the

need for collaboration, now more than ever as funding sources become scarce. For more information go to: agitg.org.au/8nspj

AGITG meetings and events

Preceptorship in Colorectal Cancer, 11-12 November 2016

This two day intensive learning course was based on a complete review of literature to understand evolution of treatment for colorectal cancer in the adjuvant and metastatic setting, in the context of current treatment paradigms. Learning was in small group interactive sessions along the Harvard short course model. For more information go to: agitg.org.au/kIM2z

CommNETS Workshop, 2-3 December 2016

The Commonwealth Neuroendocrine Tumour Collaboration (CommNETS) 2016 meeting will build upon success of the first

19th Annual Scientific Meeting 2017
AGITG Trials in Action
4-6 October

Australasian Gastro-Intestinal Trials Group



combined
with

ANZGOSA Annual Meeting 2017
5-6 October

Australian and New Zealand Gastric and Oesophageal Surgery Association



A N Z G O S A



We hope to see you at the Cairns Convention Centre in 2017.

www.agitg.org.au

CommNETS meeting held in 2015. The meeting will again bring together leaders in the field - NET clinicians, researchers and consumers from across Australia, New Zealand & Canada. For more information go to: agitg.org.au/commnets

**Preceptorship in Upper GI Cancer,
5-6 May 2017**

This Preceptorship in Upper GI Cancer is now open for applications for Senior Trainees and Junior Consultants. It is to be held at the QT Hotel, Surfers Paradise, QLD. For more information go to: agitg.org.au/rvflt

Gutsy Challenge

From 15-24 October, Dr Chris Karapetis and a team of gutsy cyclists crossed Cambodia, cycling over 300kms and raising over \$50,000 for GI cancer research. Join us in August 2017, for the Larapinta Trail Gutsy Challenge in the Northern Territory with Dr Lorraine Chantrill, or in January 2018 for the Mt Aconcagua Gutsy Challenge in Argentina, led by A/Professor Niall Tebbutt. For more information go to: gicancer.org.au

Tim Price
Chairperson, AGITG



Australasian Leukaemia & Lymphoma Group



The Australasian Leukaemia and Lymphoma Group (ALLG) held its biannual Scientific Meeting in Sydney in October. This was a very exciting meeting to be at. The ALLG has undergone significant changes over the last couple of year and the benefits of our efforts are starting to be realised. As the Chairman of the Board, Peter T Kempen told the AGM, “Our success and the future is in our hands.”

A total of 235 people attended, including 141 full and associate members and 71 pharmaceutical company representatives. ALLG Scientific Meetings are internal working meetings and are not open to the public.

The participants discussed several new trials which are due to commence soon that offer novel treatment options to improve outcomes for patients with blood cancers.

The ALLG HD10 trial is a phase III randomised study in advanced stage classical Hodgkin lymphoma (HL). Standard therapy for the treatment of these patients involves 6 cycles of an escalated polychemotherapy regimen (BEACOPP). An alternative regimen (BrECADD) omits the pneumonitis-associated bleomycin. It also replaces vincristine with Brentuximab vedotin, chosen since it is more targeted, highly active as a single agent in relapsed HL, and has lower toxicity compared to conventional chemotherapy.

The lead international sponsor is the German Hodgkin Lymphoma Study Group

and the trial recently opened in Germany. The ongoing collaboration with Germany is a very important one for the ALLG lymphoma trial program.

Approximately 100 Australian and New Zealand patients will be recruited and the trial is expected to start early in 2017. The trial will be part of the Trials Enabling Program, which is run in collaboration with the Leukaemia Foundation. The aim of this program is to make international trials available to patients in Australia and NZ.

A second new trial follows on from the ALLG APML4 study, which was published last year. APML4 showed that All-trans retinoic acid (ATRA) + arsenic trioxide (ATO) + idarubicin had the best outcome in with acute pro-myelocytic leukaemia (APML) in the high-risk category (those with very high white cell counts). This ALLG trial has translated very successfully into clinical practice: experts in the USA and Canada now recommended this combination for the treatment of high-risk patients.

However, a major drawback of ATO-based treatment is its requirement for daily 2-hour infusions extending over several months which an impact on QOL. The new ALLG APML5 protocol will utilise an oral form of ATO, which will dramatically simplify treatment and reduce resource utilisation, and may also reduce toxicity. The protocol includes a detailed pharmacokinetic study to establish the oral product's bioavailability. It is anticipated that the trial will open early in 2017 and will continue for approximately 5 years.

A third new proposal will address the situation for older patients with acute lymphoblastic leukaemia (ALL), where outcomes remain poor despite modern treatment regimens. Patients suffer disproportionately from both treatment related toxicity and higher rates of disease relapse. The new ALLG ALL08 BLAM study will be one of the first studies worldwide of the novel drug Blinatumomab in combination with chemotherapy for the up-front treatment of ALL.

The single arm proof-of-concept study utilises Blinatumomab in combination with standard chemotherapy and includes a suite of correlative scientific studies. The protocol is still in development and the trial is expected to start in mid-2017.

At the other end of the clinical trial process, a number of trials have been completed and results are now available.

The ALLG NHL21 was accepted in November by the journal *Haematologica*. In the treatment of diffuse large B-cell lymphoma (DLBCL), a persistently positive PET scan typically carries a poor prognosis. This study showed that treatment intensification in such patients who are positive on interim PET scan after 4 cycles of standard chemo-immunotherapy improved outcomes.

Guest Speaker Professor Andrew Wilson, Chair of the Pharmaceutical Benefits Advisory Committee addressed the meeting participants on the topic Access to Cancer Drugs in Australia. Prof Wilson discussed how cancer drugs get funded and addressed issues and challenges in assessing the value of cancer drugs and what informs PBAC decisions. Prof Wilson commented that the decisions made by the PBAC are getting harder because of greater uncertainty in the evidence of benefit and harm and the marginal improvements in benefits relative to cost.

The meeting discussed new developments in biobanking, in which ALLG has been a pioneer among collaborative cancer groups in Australia. Recently the group took a major step forward. The ALLG BioBank is now located at Hunter Cancer Biobank Newcastle and the biobanking process is also being integrated with the National Blood Cancer Registry (NBCR).

At present the NBCR collects data only in Acute Myeloblastic Leukaemia and Uncommon Lymphoma, but the meeting heard about plans to update the registration eCRF to include all blood cancers. This will allow sites to register patients with all diagnoses on the NBCR

and then submit samples to ALLG Biobank. This enhancement will go live to sites with this update by end of the year.

As always, a highlight of the Scientific Meeting was the dinner, this time at the Waterfront Restaurant in The Rocks. This was a special occasion because three long term members of the ALLG were awarded life membership. Professor Ken Bradstock, Associate Professor Devinder Gill and Professor Doug Joshua AM were honoured for their contributions to blood cancer research and clinical trial activities of the ALLG.

For further information about the ALLG, its trial portfolio and other activities, please visit the ALLG website (<http://www.allg.org.au>).

Leaders in the field of blood cancer clinical research.

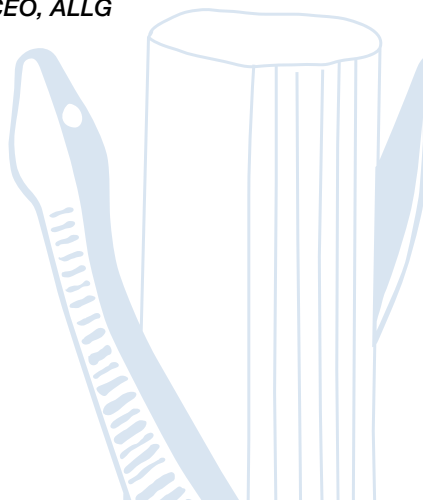


Members of the ALLG Scientific Advisory Committee.

Back row L-R: Jake Shortt, Con Tam, Ian Lewis, Peter Mollee, Andrew Wei

Front row L-R: Judith Trotman, Rob Weinkove, Mark Hertzberg (Chair), Will Stevenson, Stephen Mulligan

**Delaine Smith
CEO, ALLG**



Australasian Metastasis Research Society

OzMRS – The Australasian Chapter of the International Metastasis Research Society

The major activities for OzMRS in 2016 have been the 16th Biennial Congress of the International Metastasis Research Society (MRS) and the 12th National Congress of the Chinese Society of Tumor Metastasis in Chengdu, China, September 16-20 (<http://www.2016mrsmeeting.org>).

OzMRS members in attendance included Thomas Cox (ECAM Symposium Organiser; Session Chair, Exosomes and other vesicles in metastasis), Robin Anderson (Scientific Committee; Session Chair, Stress, inflammation, and immune regulation of metastasis), Adrian Weigmans (Chair ECAM Satellite Symposium I), Kellie Mouchemore, Vasilios Liapis, Speakers, ECAM Satellite Symposium I; John Price, Katrina Sweeney, Normand Pouliot, Clare Slaney; speakers, Concurrent Symposium I, Clare Slaney also speaker, Immunotherapy, targeted therapies and drug development; Rik Thompson, Elizabeth Williams (Chairs and speakers; Concurrent Symposium II). Overall there were many other delegates from Australia including OzMRS Committee Carmela Ricciardelli, Andreas Evdokiou.

The conference was lavish and memorable in the excellent science and fantastic hospitality, and an exciting destination, Chengdu –capital of the West (population ~ 16.7M; Hospital ~ 4,000 beds). The sessions were peppered with excellent talks from seasoned campaigners and new faces.

OzMRS was well represented the AGM, where Robin Anderson stepped down after an extended tenure as MRS Board member, and our nominee John Price, OzMRS Vice President, was selected to represent the Asia Pacific region. Congratulations go to Robin for an excellent job in representing our interests and to John for his success in the election.



Figure 1: Impromptu OzMRS meeting in the poster aisles: R to L Elizabeth Williams (Pres), John Price (Vice Pres), Zeyad Nassar, Carmela Ricciardelli (Tres), Mohammadhossein Hassanshahi, Rik Thompson (ex officio)

On the international arena (pls check <http://metastasis-research.org/>), MRS has been active and a joint effort to fund grants specifically focused on metastatic cancer research between the MRS and patient advocate partner, METAvivor Research and Support Inc., was officially listed amongst the private sector commitments to advance Cancer Moonshot goals by the White House. "Today, inspired by the Cancer Moonshot and in collaboration with the Metastasis Research Society, METAvivor commits to funding \$1 million in metastasis research grants in 2017 and doubling that amount in 2018."

The 3rd Thomas Ashworth CTC Symposium was convened by OzMRS Committee member Kevin Spring (Western Sydney University) in Sydney, September 21. Keynote speakers Prof Peter Kuhn (University of Southern California), Prof Stuart Martin (University of Maryland), Prof Too Heng-Phon (National University of Singapore) and Dr Arun Azard (Monash Health) led an impressive lineup of speakers, and a panel discussion session that included Prof Caroline Dive (Cancer Research UK, Manchester Institute)

provided thought provoking insights into translating liquid biopsy monitoring into the clinic. Another innovation for the Symposium was the Young Investigator Breakout Poster Session.



Figure 2: Peter Kuhn presenting at the Thomas Ashworth CTC Symposium (upper) and Caroline Dive presenting at the Sydney Cancer Conference (lower)

Immediately after was the Sydney Cancer Conference 2016, 22-23 September (**SCC2016**; <http://sydneycancerconference.com.au/>), co-hosted by all the major NSW universities, which attracted over 340 local and international registrants. OzMRS member Marie Ranson (Uni Wollongong) was on the organising committee. The program reflected the various elements of cancer research along the translational research continuum including dedicated sessions on cancer progression and metastasis. This was highlighted by the keynote presentation by Professor Caroline Dive (pictured), who is internationally renowned for her circulating tumour cell (CTC) research. She gave a compelling talk on the pros and cons of CTCs in lung cancer as biomarkers of disease progression and presented unique xenotransplantation models using CTCs enriched from cancer patients' blood samples as systems for therapy testing.

OzMRS members have published the following selected recent articles describing aspects of metastasis research:

Sax MJ, Gasch C, Athota VR, Freeman R, Rasighaemi P, Westcott DE, Day CJ, Nikolic I, Elsworth B, Wei M, Rogers K, Swarbrick A, Mittal V, Pouliot N, Mellick AS. Cancer cell CCL5 mediates bone marrow independent angiogenesis in breast cancer. *Oncotarget*. 2016 Nov 16. doi: 10.18632/oncotarget.13387. [Epub ahead of print]

Huo CW, Waltham M, Khoo C, Fox SB, Hill P, Chen S, Chew GL, Price JT, Nguyen CH8, Williams ED, Henderson M, Thompson EW, Britt KL. Mammographically dense human breast tissue stimulates MCF10DCIS.com progression to invasive lesions and metastasis. *Breast Cancer Res*. 2016 Oct 25;18(1):106.

Macklin R, Wang H, Loo D, Martin S, Cumming A, Cai N, Lane R, Ponce NS, Topkas E, Inder K, Saunders NA, Endo-Munoz L. Extracellular vesicles secreted by highly metastatic clonal variants of osteosarcoma preferentially localize to the lungs and induce metastatic behaviour in poorly metastatic clones. *Oncotarget*. 2016 Jul 12;7(28):43570-43587. doi: 10.18632/oncotarget.9781.

Mansour M, Haupt S, Chan AL, Godde N, Rizzitelli A, Loi S, Caramia F, Deb S, Takano EA, Bishton M, Johnstone C, Monahan B, Levav-Cohen Y, Jiang YH, Yap AS, Fox S, Bernard O, Anderson R, Haupt Y. The E3-ligase E6AP Represses Breast Cancer Metastasis via Regulation of ECT2-Rho Signaling.

Cancer Res. 2016 Jul 15;76(14):4236-48. doi: 10.1158/0008-5472.CAN-15-1553. Epub 2016 May 26.

Mittal D, Sinha D, Barkauskas D, Young A, Kalimutho M, Stannard K, Caramia F, Haibe-Kains B, Stagg J, Khanna KK, Loi S, Smyth MJ. Adenosine 2B Receptor Expression on Cancer Cells Promotes

Metastasis. *Cancer Res.* 2016 Aug 1;76(15):4372-82. doi: 10.1158/0008-5472.CAN-16-0544. Epub 2016 May 24.

Giles KM, Brown RA, Ganda C, Podgorny MJ, Candy PA, Wintle LC, Richardson KL, Kalinowski FC, Stuart LM, Epis MR, Haass NK, Herlyn M, Leedman PJ. microRNA-7-5p inhibits melanoma cell proliferation and metastasis by suppressing RelA/NF- κ B. *Oncotarget.* 2016 May 31;7(22):31663-80. doi: 10.18632/oncotarget.9421.

Wu AC, He Y, Broomfield A, Paatan NJ, Harrington BS, Tseng HW, Beaven EA, Kiernan DM, Swindle P, Clubb AB, Levesque JP, Winkler IG, Ling MT, Srinivasan B, Hooper JD, Pettit AR. CD169(+) macrophages mediate pathological formation of woven bone in skeletal lesions of prostate cancer. *J Pathol.* 2016 Jun;239(2):218-30. doi: 10.1002/path.4718. Epub 2016 Apr 27.

Mathe A, Wong-Brown M, Locke WJ, Stirzaker C, Braye SG, Forbes JF, Clark SJ, Avery-Kiejda KA* and Scott RJ*. DNA methylation profile of triple negative breast cancer-specific genes comparing lymph node positive patients to lymph node negative patients. *Sci Rep* 2016;6:33435. doi: 10.1038/srep33435. (IF: 5.578).

*These authors contributed equally.

Wen SW, Sceneay J, Lima LG, Wong CS, Becker M, Krumeich S, Lobb RJ, Castillo V, Wong KN, Ellis S, Parker BS, Möller A. The biodistribution and immune suppressive effects of breast cancer-derived exosomes. **Cancer Research.** Epub October 19.

Rik Thompson

Co-founder, OzMRS



Australasian Sarcoma Study Group



The ASSG continues 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.

The ASSG continues to grow and evolve and has recently signed off on a new strategic plan. This will be launched to our community by the end of the year. Furthermore we are currently developing a member survey in order to better serve both our professional and consumer sarcoma memberships. The ASSG hopes that we will have a great response and that the results will be truly reflective of the group.

We welcomed these groups for meetings in Melbourne in June to determine strategic directions, priorities and discuss new trial concepts. A very productive few days were spent discussing the various avenues that the ASSG can improve outcomes for sarcoma patients and their families through research, advocacy and awareness.

Australian Sarcoma Group ASM October 2016

2016 Annual Sarcoma Meeting, which the Australian Sarcoma Group and Australasian Sarcoma Study Group jointly convene, was held in Sydney 15-16 October at the Kinghorn Cancer Centre at the Garvan Institute of Medical Research. The theme for this year's meeting is "Translation: from Biology to Patient Care."

The meetings were a great success and we were honoured and delighted to host three very high profile international speakers:

Professor Lee Helman-head –
Molecular Oncology and Acting Director, Centre for Cancer Research, National Cancer Institute, USA

Dr Helman's laboratory focuses on rhabdomyosarcoma, Ewing's sarcoma, osteosarcoma, and pediatric gastrointestinal stromal tumours. His group aims to: (1) determine the pathophysiologic consequences of IGF signaling; (2) identify the molecular/biochemical determinants of the biology of these sarcomas; and (3) apply preclinical laboratory findings to develop novel clinical studies for these sarcomas.

Professor Matt van de Rijn –
Professor, Department of Pathology, Stanford University Medical Center, USA

Professor van de Rijn's group identified the genetic rearrangement within Tenosynovial Giant Cell Tumors, which has led to the development of effective systemic therapies for this disease (Tap et al., *New England Journal of Medicine*, 2015).

Professor Miguel Ayerza –
Surgical Oncologist Italian Hospital of Buenos Aires Argentina

Professor Miguel Ayerza, Professor of Orthopaedic Surgery at the University of Buenos Aires, is a renowned orthopaedic oncologist who has served on the committees of several the International societies and as President of the Association of Bone and Joint Surgeons.

We were lucky to have as our opening speaker Richie Lovett, a pro surfer, author and sarcoma survivor. His inspirational, honest and powerful talk was a true highlight of the meeting.

As always the gathering of like-minded clinicians and researchers offer important opportunities for collaborations and learnings.

Save the date for next year's meeting to be held in Adelaide 13-15 October 2017.

ASSG Scientific Advisory Committee Research Meeting

Ms Amy Levings has recently joined the ASSG as our consumer representative and attended her first SAC meeting. The ASSG was pleased to welcome Amy and thank her for her involvement. Our discussions revolved around research results. Several ASSG clinical trials have closed recently and reports on the data analysis and outcomes was well received. The ASSG funds sarcoma research grants every year and the reports of the five grants funded in 2016 were also reported. Additionally, new studies to begin in 2017 were discussed and agreed upon. The New Year will bring some wonderful collaborative research to sarcoma patients and their families.

www.australiansarcomagroup.org

Denise Caruso
Executive Officer, ASSG

Australia & New Zealand Breast Cancer Trials Group



2016 Joint COSA-ANZBCTG Annual Scientific Meeting

The Australia and New Zealand Breast Cancer Trials Group (ANZBCTG) recently held a joint Annual Scientific Meeting (ASM) with the Clinical Oncology Society of Australia (COSA). The ASM was held at

the Gold Coast Convention and Exhibition Centre and attracted leading breast cancer researchers and speakers from around Australia, New Zealand and internationally. The theme of the conference was Partners in Progress in Breast Cancer Research and Care, with approximately 1,000 delegates in attendance over three days.

ANZBCTG Awards

During the ASM, a number of ANZBCTG Awards were presented which recognise members and researchers, and their contributions to the ANZBCTG's research program:

- The ANZBCTG Gold Medal – Adjunct Professor Linda Reaby AM was presented with the ANZBCTG Gold Medal, which recognises the contribution and achievements of a member of the ANZBCTG and their significant role in the development and conduct of breast cancer clinical trials in this region. This was the first time that a consumer was presented with the Gold Medal. For more than 20 years, Linda has been a tireless advocate in raising awareness of the importance of breast cancer research particularly clinical trials and for consumers to be involved in the scientific decision making process. Linda was the inaugural Chair of the ANZBCTG's Consumer Advisory Panel.
- The Alan Coates Award for Excellence in Clinical Trials Research – Professor John Simes was presented with The Alan Coates Award in recognition of a research career spanning nearly four decades. He has been a tireless advocate of the value of clinical trials and was an early advocate for making trials research part of routine clinical practice. John is the Director and one of the founders of the NHMRC Clinical Trials Centre in Sydney and was an ANZBCTG Board Director for approximately 13 years.
- The Robert Sutherland Award for Excellence in Translational Research – The 2016 recipient of this award was

Professor Sunil Lakhani, who is the Head of Discipline of Molecular and Cellular Pathology at the University of Queensland's School of Medicine. He has made an outstanding contribution to all aspects of clinical academic work and a major international contribution to translational research. Sunil has made a significant contribution in the area of triple negative/basal like breast cancers and has received pilot funding from the ANZBCTG to develop a theranostic approach to the management of brain metastases.

- The John Collins Fellow Medal and Travel Grant – The 2016 recipient of the John Collins Fellow Medal was Dr Melissa Edwards, a trainee registrar in general surgery from New Zealand, who is mid-way through the first year of a PhD on the effects of comorbidity on breast cancer care and outcomes in New Zealand. This award was established to encourage potential academic breast cancer surgeons and registrars to become involved in the ANZBCTG's research program.
- The ANZBCTG Study Coordinator Prize – This award acknowledges the significant contribution to breast cancer clinical trials research achieved by a Study Coordinator at one of our participating institutions. The 2016 recipient was Ms Amy Tang from Box Hill Hospital who has worked closely with our research department for a number of years across numerous trials such as SOFT and TEXT.
- Avon Travel Grants – These grants, which are generously supported by Avon, provide support for Study Coordinators to attend the ANZBCTG's ASM. The 2016 recipients were: Mrs Diane Canning, Ms Alison Coote, Ms Louise Francisco, Mrs Jenny Gilchrist, Mrs Lauren Keller and Mrs Mona Martyn-Smith.



2017 Annual Scientific Meeting

The ANZBCTG's 2017 ASM will be held in Melbourne from 25-28 July 2017 at The Langham Hotel.

New ANZBCTG Board Directors

The ANZBCTG has welcomed two new Directors to the Board - Associate Professor Nicholas Wilcken and Professor Christobel Saunders - who have filled the two vacancies of retiring Board Directors Professor Fran Boyle AM and Professor Geoffrey Lindeman. Associate Professor Wilcken is the Director of Medical Oncology at Westmead Hospital, a Senior Staff Specialist at Westmead and Nepean Hospitals and Associate Professor of Medicine at the University of Sydney. He was Chair of the ANZBCTG's Scientific Advisory Committee from 2010-2016. Professor Saunders is a Consultant Surgeon at Royal Perth Hospital (Head of Service), Fiona Stanley Hospital and St John of God Subiaco Hospital. She is Professor of Surgery at the University of Western Australia (UWA), Director of Breast Cancer Research at St John of God Hospital and Director of the Cancer and Palliative Care Research and Evaluation Unit at UWA. Meanwhile, the ANZBCTG's Director of Research, Professor John Forbes, has completed his term on the Board. We sincerely thank John, Fran and Geoff on their contributions to the ANZBCTG Board of Directors. For more information about the ANZBCTG Board, please visit our website at www.anzbctg.org.

2017 Australian Women's Health Diary

Looking for a gift for friends and family for Christmas? The 2017 Australian Women's Health Diary is filled with reliable, up to date information for a healthy mind and body, and is also a practical day to day organiser. The diary is available at local newsagents, Commonwealth Bank

branches and Avon representatives. All proceeds from the sale of the diary go towards the ANZBCTG's clinical trials research program. To purchase a copy of the diary, visit www.bcia.org.au.



Stephen Ackland
Chair, ANZBCTG

Australia and New Zealand Melanoma Trials Group

ANZMTG Australia and New Zealand Melanoma Trials Group

2016 has been a truly exciting year for the Australian and New Zealand Melanoma Trials Group (ANZMTG). The purpose of ANZMTG is to coordinate and conduct high quality, innovative investigator-led, clinical trials for people diagnosed with melanoma, addressing clinical questions that no single institution would be able to solve.

ANZMTG's clinical trial portfolio and collaborator base is growing at a pace that is quickly beginning to match the rapid advancements made in new melanoma treatments and technology. Covering a broad spectrum of treatments for melanoma, all our current trials have the same aim of ensuring better prevention, treatment and care of current and future melanoma patients.

ANZMTG's reputation and track record for conducting quality research is being

actively recognised by the Australian and international melanoma community.

We have developed the most number of partnerships ever established by a CCTG, including a growing number of partnerships with 90+ hospitals in 14 countries as well as an active membership of over 1,100 health professionals in 30 countries.

We are excited that ANZMTG trials' enrolment is growing year to year across an expanding portfolio of innovative ANZMTG-led phase II and III trials. Since our first ever trial, more than 2600+ patients have joined our studies, with 278 patients in 2015 and currently at 302 patients recruited for 2016 so far.



ANZMTG's Recent Achievements

2016 has been a noteworthy year for ANZMTG's trials, with many of our protocols reaching significant milestones:

- 02.09 Vitamin D trial in Melanoma – Trial has completed follow up, final analysis and the publication of results is underway.
- 03.12 Melanoma Margins Trial – This trial will have significant cost implications for treatment of melanoma patients globally. The pilot study achieved target recruitment of 400 patients involving 20 recruiting hospitals across 5 countries.

- **01.07 Whole Brain Radiotherapy in Melanoma Trial** – This world-first, single histology WBRT trial achieved the target accrual target of 200 patients involving 25 hospitals across 3 countries.
- **02.14 CombiRT** – This novel phase II trial recently started and enrolled its first patient in June.
- **01.15 CHARLI** – This is a new trial evaluating combination immunotherapies for patients with stage III and IV melanoma. Protocol has been developed, funding secured and ethical approval pending.
- **01.12 EAGLE FM** – This surgical trial has activated 7 new international sites in countries participating in ANZMTG trials for the first time.

Meetings and Conferences

The 2016 ANZMTG Annual Meeting was held on Friday 26 August as part of the Inaugural Locoregional Melanoma 2016 in Melbourne. A copy of the 2016 Annual Report is available via the ANZMTG website, www.anzmtg.org.

We are excited to announce that the upcoming ANZMTG 2017 Annual Meeting will take place in conjunction with the 9th World Congress of Melanoma in Brisbane on 18-21 October, 2017. For more information please contact the ANZMTG team.

Funding and Grants

ANZMTG has a strong track record securing competitive grant funding as a direct result of excellent protocols and investigator partners.

ANZMTG offers capitation fees for Australian institutions to allow increased collaboration in our research. International trial activities are typically unfunded, yet ANZMTG has had success internationally this year, assisting in securing local funding to help facilitate international participation in our trials in our sites located across The

UK, The Netherlands and Denmark with submissions pending in Brazil.

Summary of ANZMTG Trials

The current portfolio now includes 20 Investigator driven phase II and III trials + 10 sub-studies. Listed below are trials in active recruitment/follow up or are planned for commencement in 2017:

- **ANZMTG 01.07 WBRTMeI** – Whole Brain Radiotherapy following local treatment of intracranial metastases of Melanoma.
- **ANZMTG 01.09 RTN2** – Post-operative Radiation Therapy following wide excision of Neurotropic Melanoma of the Head and Neck.
- **ANZMTG 02.09 MeI-D** – Vitamin D following primary treatment of melanoma at high risk of recurrence.
- **ANZMTG 01.10 CARPETS** – Safety and immune effects of an escalating dose of autologous GD2 Chimeric Antigen Receptor expressing peripheral blood T cells in patients with metastatic Melanoma.
- **ANZMTG 01.12 EAGLE FM** – Inguinal or Ilio-Inguinal Lymph Node Dissection for patients with metastatic melanoma to groin lymph nodes and no evidence of pelvic disease on PET/CT scan.
- **ANZMTG 02.12 RADICAL** – Imiquimod topical treatment versus radiotherapy for lentigo maligna (LM) mapped with reflectance confocal microscopy.
- **ANZMTG 03.12 MeIMarT** – Investigating 1cm vs 2cm wide excision margins for primary cutaneous Melanoma.
- **ANZMTG 01.14 ABC** – Anti-PD1 Brain Collaboration, Nivolumab and Nivolumab combined with Ipilimumab in patients with Melanoma brain metastases.

- **ANZMTG 02.14 CombiRT** – Safety and efficacy of the combination of Dabrafenib, Trametinib and palliative radiotherapy in patients with unresectable (stage IIIc) and metastatic (stage IV) BRAF V600E/K mutation-positive cutaneous Melanoma.
- **ANZMTG 03.14 PRISM** – PET and Role of Imaging/Sentinel LNB in MCC, a prospective multisite evaluation of roles of 18f-FDG PET and SLN mapping ± biopsy in the diagnostic work up of MCC.
- **ANZMTG 04.14 ROMA** – Stereotactic Radiosurgery versus Observation for patients with melanoma brain metastases being started on BRAF Inhibitor.
- **ANZMTG 01.15 CHARLI** – Ipilimumab-Nivolumab-Denosumab and Nivolumab-Denosumab in patients with unresectable stage III and IV Melanoma.

We invite our members to contact the ANZMTG office at any time with any new research ideas!

2017 is shaping up to be a momentous year for ANZMTG, with recent growth propelling the group toward achieving our biggest goals yet. ANZMTG is focused on gaining even greater momentum and expanding our research portfolio and international collaboration base.

In closing, we are excited to announce Dr Mark Shackleton, MBBS, PhD, FRACP, has been appointed as Chairman-Elect of ANZMTG, Mark will begin the Chair-Elect term this month, followed by a three year term as Chairman effective from 1 March 2017.

Mark's appointment to this prestigious position reflects his standing as an international leader in melanoma research and I join you all in welcoming Mark to the role and to what will be an exciting period ahead for the



If you would like to become a member of the group, participate in our research or would like more information please contact us at anzmtg@melanoma.org.au

Kind Regards

Bryan Burmeister
Chairman, ANZMTG

Australian & New Zealand Children's Haematology Oncology Group

ANZCHOG

Australian and New Zealand Children's Haematology/Oncology Group

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

Research and Clinical Trials

Facilitation of a high quality and collaborative national research/clinical trials agenda is a key strategic direction of the organisation. We continue to build our partnerships with international collaborative groups and industry partners to provide access to the latest clinical trials for Australian and New Zealand children with cancer.

In addition, we support our members to develop high quality collaborative trial protocols and grant applications. Our sub-group meetings, Concept Development Workshops, Concept Validation Scheme

and grant review opportunities are immensely popular with our membership, and we are pleased to see a number of recipients successfully securing funding to undertake their research. So far this year, we would like to congratulate the following members on their success:

- Professor Peter Shaw: "Counting the cost of curing childhood ALL by transplantation". Project grant, Cancer Australia's Priority-driven Collaborative Cancer Scheme.
- A/Professor Claire Wakefield: "Interventions to prevent chronic physical and mental health conditions in paediatric cancer survivors and their families" Program grant from Cancer Council NSW (supported by the estate of the late Harry McPaul)
- Dr. Lisa Walter: "Bright light therapy to measure the impact on children with acute lymphoblastic leukaemia" Project grant, Children's Cancer Foundation.
- Dr. Joanna Fardell: "Ready, steady, school" Project grant, The Kids Cancer Project
- Dr. Jennifer Byrne: "National Tumour Bank" Project grant, The Kids Cancer Project
- Mr Morgan Atkinson: "A pilot RCT of a structured exercise intervention after the completion of cancer treatment in AYAs". Royal Adelaide Hospital Allied Health Pharmacy Nursing Grant.

We look forward to the funding announcements of several government bodies and charities in the upcoming months.

ANZCHOG would like to acknowledge the support of The Kids Cancer Project, providing funding to assist in opening international trials, facilitate the development of a national biobanking network and coordinate the standardised collection of paediatric cancer data.

Australian Genomic Health Alliance

ANZCHOG is working with Professor Deborah White and her team at the SAHMRI as part of the Cancer Flagship of the Australian Genomic Health Alliance. The ALL Project focuses on HR Ph-like ALL with the aim of increasing the survival curve up to that of other ALL groups. The change in management of identified patients will be a major focus.

Mentoring and education

With ANZCHOG's strong focus on research and clinical trials, access to professional development and mentoring is a key activity for the organisation. We have continued to offer access to a range of educational and mentoring opportunities targeting skill and expertise development in research and clinical trial projects. This includes formal training opportunities at workshops and courses, and other professional development/mentoring opportunities facilitated by ANZCHOG. In mid-2016, ANZCHOG held an educational workshop, targeting clinical fellows with an interest in trial research. This workshop was the latest in a series of highly successful early career researcher workshops, building knowledge and mentoring relationships within ANZCHOG.

ANZCHOG's 2017 Annual Scientific Meeting

After a highly successful 2016 ASM (held in conjunction with the 2016 Advances in Neuroblastoma Research (ANR) Congress) in Cairns earlier this year, we are looking forward to our 2017 ASM, to be held in Adelaide on 15-17th June 2017. We are finalising the program details and speakers – to stay up-to-date, visit our ASM website:

<https://etm.eventsair.com/QuickEventWebsitePortal/anzchog/2017>

Other projects

Paediatric Psycho-Social Oncology Services Symposium (October 2016)

Jointly hosted by ANZCHOG and RedKite, this symposium brought together health professionals, consumers, service professionals and charities to discuss the need for national framework to guide psycho-social care for children with cancer and their families. Key themes and priorities were discussed, and we look forward to progressing initiatives that support children and their families throughout the cancer experience.

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

Chris Fraser
Chair, ANZCHOG

Australian and New Zealand Head & Neck Cancer Society



As the Society enters its 19th year, it is undergoing a formal change from an Incorporated Association, originally registered in New South Wales, to a Company Limited by Guarantee, a change approved by the Society at an Extraordinary Meeting held in Association with our AGM in Auckland recently. This structure is much more appropriate for a maturing National and International organisation. As we transition, our Executive will remain unchanged, with Martin Batstone

continuing as President and Chairman, with Julia Maclean as the Deputy and President-Elect, slated to become our first President from an Allied Health profession towards the end of next year.

Auckland was the venue for the 18th **Annual Scientific Meeting** of the Society, held from 25-27 October. This year, the meeting was held in association with the **IFHNOS World Tour**. IFHNOS, the International Federation of Head and Neck Oncologic Societies, conducts a Global Continuing Education Program, one component of which is sending, every two years, a faculty of respected leaders in the field of Head and Neck Oncology to deliver a series of presentations on Current Concepts in Head and Neck Surgery and Oncology.

Travelling this year were surgeons, **Professors Jatin Shah** and **Ashok Shaha** from Memorial Sloan Kettering in New York, **Dr Carol Bradford** from the University of Michigan, **Dr Robert Ferris** from the University of Pittsburgh, and **Professor Claudio Cernea** from Sao Paulo, Brazil, along with Radiation Oncologist **Professor David Brizel** from the Duke University Medical Center and Medical Oncologist **Lisa Licitra** from Istituto Nazionale Tumori in Milan. After presenting in Moscow, Prague, New Delhi, Seoul and Hong Kong, the group was joined in Auckland by Endocrinologist **Bryan McIver** as well as local faculty from the ANZHNCs. Over 300 delegates attended the meeting and were treated to state-of-the-art lectures, technical demonstrations through video presentations, and very interactive multidisciplinary panel discussions. In addition to the World Tour programme, the high standard of local research and outcomes was on show with additional medical, allied health, nursing and free paper sessions included in the programme.

Also present at the meeting were the recipients of the **Travelling Grants** awarded by the Society. Each year, the ANZHNCs awards a Developing Nations Visitor Grant and a Travelling Lectureship

Grant, to enable travel by clinicians with an interest in Head and Neck Oncology from developing nations to our Scientific Meeting and to visit Australian Head and Neck Oncology units. The Travelling Lectureship Grant was awarded to **Dr Nina Irawati**, a Head and Neck Surgeon from Jakarta. The Developing Nations Grant went to **Dr Mahesh Sultania** from New Delhi, whose study on 'Metronomic therapy in locally advanced oral cancer' also scored the prize for best Clinical Poster at the meeting. Information on these and other awards offered by the Society can be found at <http://anzhncs.org/grants-and-fellowships>.

Earlier in the year, our Society President represented the Society as the **Chris O'Brien Travelling Fellow** (an award he received some time before ascending to the Presidency!), travelling for a month to the United States. His trip included visits to a number of leading Head and Neck Oncology Services, including the MD Anderson Cancer Center in Houston, Head and Neck Surgical Associates and the Oregon Health and Science University in Portland, Oregon, and the University of Washington Medical Center in Seattle. A report on the trip is contained in most recent Society newsletter on our website. It culminated in his attendance at the 9th **International Conference on Head and Neck Cancer**, also in Seattle. This meeting, convened by the American Head and Neck Society is held every four years in the United States and, as always, had a strong representation by members of the ANZHNCs.

The **Research Foundation of the ANZHNCs** has been in existence for over five years, and, after some refinement of its governance structure, is now in a stronger position to increasingly support research efforts into Head and Neck Cancer. Three grants totalling \$15000 were awarded last year. Nine quality applications were received for this year's grants and three further awards totalling \$20000 were made during our recent Annual Scientific Meeting. A larger funding base is of course always needed, and

single or recurrent donations would be greatly appreciated. Information on the Foundation and donation forms can be found at <http://anzhnscs.org/foundation> or <http://anzhnscs.org/new-zealand-research-foundation-anzhnscs>.

In the coming year, the Society will be continuing to engage with state and national cancer organisations to advocate for patients with head and neck cancers. One avenue for engaging with the public will be through activities associated with **World Head and Neck Cancer Day**. As outlined in Marryalyan last December, **27 July** was declared and endorsed by the Head and Neck Oncology Societies which make up the International Federation of Head and Neck Oncologic Societies (IFHNOS) at its meeting in New York in 2014, and the day has since been endorsed also by the UICC and the governments of several nations. The Day targets two main areas: firstly, advocacy for strengthening health care system to introduce community-based approaches for awareness, risks, prevention and early detection of HNSCC; and secondly enhancing the expertise of clinicians by upgrading their knowledge and skills through CME programs. The ANZHNSCS intends to co-ordinate **WHNCD** events in Australia and New Zealand holding conferences, seminars, courses, and CME programs around **27 July**, and well as public education and screening campaigns. Again we ask that ideas for local activities should be passed on to the Society or discussed with local Head & Neck multidisciplinary team members.

Finally, preparations are already under way for our next **ANZHNSCS Annual Scientific Meeting** which will be held in Brisbane in mid-**October 2017**. More information will soon be found on the Society's web site and we look forward to having you join us.

Kerwin Shannon
Immediate Past President, ANZHNSCS



Australian and New Zealand Urogenital & Prostate Cancer Trials Group



Planning for the 2017 ASM (Melbourne, 16-18 July 2017) is underway with our hardworking convening committee ably led by Carmel Pezaro. The theme of the 2017 ASM is "The Art & Science of Best Practice." Excellence in health care and research does not occur by accident but requires commitment, effort, and the generation and application of evidence. We have confirmed our international speakers: Silke Gillissen (medical oncologist, Chair EORTC GU Group); Rob Lee (Radiation Oncologist); Alex Kutikov (Associate Professor of Urologic Surgical Oncology); Bente Thoft Jensen (Senior Researcher, Department of Urology); and Peter Black (Urologist). Added to this is a galaxy of local stars, together with our regular features of the MDT Masterclass, PCFA nurses' symposium, Community Forum, open SAC meeting, evening symposium, a translational research symposium and the main program. Travel fellowships and scholarships will be available. I encourage you to mark the ANZUP ASM dates in your diaries now and to encourage your colleagues and trainees to attend.



ANZUP continues to power ahead in its core business of clinical trials. We have active trials in prostate cancer, urothelial cancer and germ cell cancer, and three trials well advanced in planning for renal cell cancer. These trials collectively involve thousands of patients, and thousands of hours of work by a large number of people. None of it would be possible without the commitment and support of all our members and their clinical and research teams. You can view all our clinical trials via the ANZUP website www.anzup.org.au.

Don't forget to download our ANZUP ClinTrial Refer App. It has up to date information on ANZUP clinical trials, including the trial details, recruiting status, eligibility information, lay summaries and links to trial registries. To download the free app, please visit **Apple iTunes** or **Google Play**.

Earlier this year we announced an exciting new partnership between ANZUP and the Prostate Cancer Foundation of Australia (PCFA) to fundraise specifically for prostate cancer clinical trials. This is a groundbreaking initiative that we hope to see continue for a long time. We are very grateful to the CEO Dr Antony Lowe and the PCFA Board for their ongoing support. Work is well advanced on protocol development and we will be providing more details about the Lu-177 PSMA study once some resource questions have been addressed.

ANZUP held four disease-specific and a Quality of Life intensive face to face Concept Development Workshops (CDW) in 2016, leading to new ideas for each of our subcommittees to continue to develop. The agenda for each day consisted of review of ideas/concepts, followed by refinement of the ideas, brainstorming new ideas, reviewing the current trial and treatment landscape, and discussion around how the field might develop over the next few years. Each CDW generated a productive list of concepts and initiatives that will now continue development through working groups and the broader subcommittees. Our aim is to continue to

improve this capability and capacity into the future.

In September we held our third Below the Belt Pedalathon, and what an extraordinary day we had! With a perfect spring day we welcomed 300 riders out to Eastern Creek Race Track to ride 4 hours to defeat 4 cancers. The Pedalathon has provided us with an amazing platform both in terms of raising awareness of these below the belt cancers and the importance of clinical trials but also much needed funds to support our research endeavours. To date we have received over \$295,000.00 with funds still coming in. I encourage you to take a moment to view the Pedalathon video <http://belowthebelt.org.au/>.



We plan to use 100% of the Pedalathon funds to enable concepts to move through proof-of-principle and be able to be translated into future ANZUP clinical. This is another key step towards achieving one of ANZUP's aspirational goals: support for its own trials. More information is available on the ANZUP web site www.anzup.org.au

Our consumer magazine *A little Below the Belt*, published twice a year, features stories of patients on trials, hot topics and the latest ANZUP trials. Our December issue can be found on the ANZUP website <http://anzup.org.au/content.aspx?page=newsletter> or alternatively contact Margaret McJannett, Margaret@anzup.org.au and she will

arrange to send copies to place in your rooms and/or cancer centres.

Education and mentoring continue to be a large focus for ANZUP. We were delighted to host our second GU Preceptorship in Prostate Cancer. Designed to assist trainees and junior consultants in understanding the evolution of management and evidence behind contemporary clinical practice. There was rapid uptake of available spaces by trainees and great involvement by the preceptors and the ever-energetic Eva Segelov, preceptorship guru. We are very grateful to Eva, along with her co-convenor Jeremy Shapiro, Megan Crumbaker (assistant convenor) and Preceptors: Ian Davis, Amy Hayden, Jarad Martin, Gavin Marx, Declan Murphy and Henry Woo. Our thanks to our sponsors Astellas, Ipsen, Janssen and Novartis without their support it wouldn't have been possible to host such a high quality event.

We held our annual "Best of GU evening" symposium in October showcasing the research highlights for the year. Our thanks to Arun Azad, Shankar Siva, Joseph Ischia and Kath Schubach for their excellent presentations and our Convenor Carmel Pezaro and Shomik Sengupta. Thanks to the wonderful support we received from this year's sponsors: Tolmar, Sanofi, Novartis, Janssen and Astellas, we were able to record the presentations and load them to the secure section of our website.

Our membership continues to grow and recently ticked over 1110. It is great to have so many members but more importantly contributing in a meaningful way. If you wish to become more involved then it is very easy: you are welcome to participate in the various subcommittees, trials, education and training events, and the ASM. Please don't hesitate to contact

us if you would like more information.

Best wishes for the Festive Season.

Ian Davis
Chair, ANZUP

Australia New Zealand Gynaecological Oncology Group



ANZGOG is on target to achieve the outcomes of its strategic plan, including:

Ovarian cancer Alliance for Signal-seeking studies (OASIS)



The Ovarian Cancer Alliance for Signal-Seeking Research (OASIS) initiative is a powerful alliance of ANZGOG, the Australian Ovarian Cancer Study, and Ovarian Cancer Australia.

The key outcome from this alliance will be a more rapid adoption of new targeted drug treatments for ovarian cancer, and the validation of a new approach to early phase clinical trials.

Two concepts have been accepted and are expected to progress to ethics submission in Q1 2017:

1. A Multicentre Phase II randomised trial of Durvulamab (MEDI4736) versus physician's choice chemotherapy in recurrent ovarian clear cell adenocarcinomas (MOCCA). Clear cell adenocarcinomas represent less than 5% of ovarian cancers and are associated with poorer outcomes. Using immunotherapy it may be possible to restore the cancer cells' vulnerability to immune attacks, and see a reduction in the cancer. Principal Investigator: Michael Friedlander
2. A Phase II trial of IV vinorelbine in patients with relapsed platinum resistant or platinum refractory high-grade serous ovarian cancer of the C5 molecular subtype. Vinorelbine is currently used for a wide range of cancers and is expected to have a positive impact on this particular subtype, which accounts for around 20% of all high-grade serous ovarian cancers. Principal Investigator: Linda Mileshkin

Members of ANZGOG are invited to submit concepts for research investigating new drug therapies that target individual molecular subtypes of ovarian cancer.

We believe that OASIS is the best chance we have had in decades to improve the survival of Australian women with ovarian cancer.

Contact Alison Evans, Chief Executive Officer, E: Alison.evans@anzgog.org.au or 0400 333 118 for more information about OASIS.

'Save the Box'

In July 2016, ANZGOG launched a new campaign 'Save the Box' to raise awareness and funds for our gynaecological cancer research. The campaign ran throughout September

– International Gynaecological Cancer Awareness Month.

The campaign was launched with 1740 boxes laid across Martin Place in Sydney, and the premiere of the 'Save the Box' video on social media and TV.

'Save the Box' has raised more than \$70,000 to date and reached more than 10 million people via major newspapers, radio broadcast, social media and TV.



The campaign received the People's Choice Award and a Highly Commended for Client of the Year 2016 at BRAVO - Australia's Healthcare Advertising Awards, and is a medal winner at the IPA Best of Health Awards in London.

Publications

ANZGOG's PORTEC-3 clinical trial final results are yet to be published, however results have recently been published from a substudy. The study involved a questionnaire with hypothetical scenarios to investigate patient and clinician preferences for adjuvant chemotherapy treatment (ACT) in addition to pelvic radiotherapy for women with high risk and advanced stage endometrial cancer.

The study revealed that over 50% of patients judged that an extra one year of survival time or a 5% increase in survival rate was sufficient to make the additional chemotherapy worthwhile. And over 50% of clinicians judged that an extra one year of survival time or 10% increase in survival rate was sufficient to make ACT worthwhile.

These findings were published in October in the British Journal of Cancer, doi: 10.1038/bjc.2016.323

Trial summaries

As at December 2016, the following clinical trials are open to recruitment.

Ovarian

REZOLVE

A Phase II study to evaluate the safety and potential palliative benefit of intraperitoneal bevacizumab in patients with symptomatic ascites due to advanced chemotherapy resistant ovarian cancer. Currently recruiting across five sites in Victoria, New South Wales, Queensland.

ECHO

A Phase III randomised, controlled trial evaluating the effect of an exercise intervention among women undergoing chemotherapy for ovarian cancer. Currently recruiting in Brisbane and Canberra.

Cervical

OUTBACK

A prospective, multicentre randomised Phase III Intergroup trial led by ANZGOG. The trial aims to establish overall survival and failure-free survival of patients with high-risk and advanced stage cervical carcinoma, treated after surgery with concurrent radiotherapy and chemotherapy, followed by adjuvant chemotherapy, in comparison with patients treated with radiation alone.

Endometrial

feMMe

A Phase II Randomised Clinical Trial of Mirena® ± Metformin ± Weight Loss Intervention in Patients with Early Stage Cancer of the Endometrium.

For more information about ANZGOG's active and upcoming trials in gynaecological cancer, please visit <http://www.anzgog.org.au>

Alison Brand
Chair, ANZGOG



Cancer Nurses Society of Australia



Exciting times ahead

It is with great pleasure that I announce the new additions to the CNSA National Executive Committee (NEC). These newly appointed positions including the President Elect, Secretary, Treasurer, and Queensland Representative, will commence on 1st January 2017. These positions are filled by some of the most amazing nurse leaders including Jane Campbell (President Elect); Kylie Ash (Secretary); Sandie McCarthy (Treasurer); and Sue Schoonbeek (Queensland Representative). I am looking forward to working with these nurse leaders in the New Year.

Many of you would be aware that CNSA has recently undergone a restructure. This restructure will ensure that CNSA will be future proof so we can continually fulfil our mission. This is truly an exciting time for the CNSA, with an enormous amount of change taking place not only in our organisation, but also in the cancer care community and the wider health care environment. As a result of the restructure, the NEC has established the position of

Chief Executive Officer (CEO) for CNSA. The CEO will take on a broad range of strategic and operational functions, with an emphasis on fund raising, and will replace the Executive Officer position. I am pleased to report that the CEO recruitment process is currently underway. The NEC is excited about the future of CNSA as this restructure will open up new opportunities for the organisation.

I would like to take this opportunity to acknowledge and thank Julie Calvert for her contribution to CNSA. Julie commenced her role with CNSA prior to our separation from COSA and has provided valuable support to CNSA leaders and the membership as the organisation has seen significant growth over the past five years. I wish her well in her future endeavours.

Credentialing for Nurses (C4N)

The Credentialing for Nurses (C4N) Pilot Project has now been completed. I thank the leadership of Kylie Ash and Leisa Brown on the C4N Steering Committee. As part of the pilot project, close to 30 cancer nurses in Queensland have now been credentialed. Based on the pilot project findings and consideration of the future benefits for cancer nursing, our patients and CNSA as an organisation, the NEC has recently met with Adj Associate Professor Kim Ryan (Project Lead, C4N Project and CEO, Australian College of Mental Health Nurses) in October to discuss the next phase of this initiative, which involves a national roll out of

professional credentialing. I will endeavour to provide the cancer community with further updates as I can. For more information, please visit <http://www.c4n.com.au/>.

The implementation of Sosido

I am very pleased to announce that CNSA will be engaging Sosido in the new year as an additional member benefit. Sosido is an online knowledge exchange network specifically designed for healthcare professional associations. This network will further facilitate research and practice knowledge development within the CNSA community. I have personally experienced this great resource as a member of the International Society of Nurses in Cancer Care (ISNCC). All CNSA members will be able to create a Sosido account, which will enable them to access email digests including the latest cancer research published by our own members, as well as a practice knowledge forum. I believe Sosido will be welcomed by the CNSA community. Members who are also already receiving an ISNCC email digest from Sosido will receive one integrated email digest when Sosido is fully implemented.

Partnership with the Canadian Association of Nurses in Oncology

Several months ago, I had the pleasure of announcing a new partnership between CNSA and Canadian Association of Nurses in Oncology (CANO). As one of the

first initiatives of our partnership, CNSA and CANO will be exchanging educational videos and webinars. With this initiative, it is expected that we will be adding a number of high quality educational webinars into the CNSA Professional Development Bank. Importantly, it is great to know that our educational resources have an international impact.

Leadership development is a key shared interest of both CNSA and CANO. In light of this, Tracy Truant (President of CANO) and I recently wrote an editorial on leadership in the context of cancer nursing professional organisations. This editorial has now been accepted for publication in both the Australian Journal of Cancer Nursing and the Canadian Oncology Nursing Journal.



A/Prof Ray Chan (CNSA President) and Tracy Truant (CANO President)

International Conference on Cancer Nursing 2016 Conference Report

The International Conference on Cancer Nursing 2016 was held at the Sheraton Hotel in Hong Kong during 4th – 7th September. The Conference Organising Committee delivered a high quality program. I was particularly pleased to see a great number of presenters from Australia. In total, the Australian delegates delivered 16 oral presentations (1 pre-congress workshop and 15 concurrent sessions presentations), and 3 poster presentations. I would like to thank the Conference Organising Committee (in particular Leanne Stone and Dr Donna Milne as Australian representatives) for a great conference.

One of the highlights was certainly the Distinguished Merit Award lecture delivered by our very own Professor Sanchia Aranda. Sanchia discussed how cancer nursing has evolved over the past 4 decades, and the key lessons she learnt in each. These lessons once again effectively reminded us of the key contribution of cancer nurses in improving patient outcomes and cancer deaths. I once again congratulate Sanchia on being awarded this prestigious honour.



Professor Sanchia Aranda delivering the Distinguished Merit Award Lecture at ICCN 2016

It has been a very happening and busy year. I hope that I can bring you more exciting news in the next COSA Marraylan.

Raymond Chan
President, CNSA

Faculty of Radiation Oncology



Medicare Benefits Schedule (MBS) Review

The review of the radiation oncology items within the Medicare Benefits Schedule (MBS) is well underway. The Royal Australian and New Zealand College of Radiologists has a number of members (from both radiation oncology and clinical radiology) on the MBS Oncology Clinical Committee (OCC), which includes both medical and radiation oncology, of the MBS Review Taskforce. Significant change has been recommended to bring contemporary MBS descriptors to the funding of radiation oncology in Australia. If the proposed changes are accepted these will represent the largest change in over 30 years. There will be an opportunity for public comment on the descriptors. We expect this to occur no later than February 2017.

The Faculty has written to the Chair of the OCC, Professor Bruce Barraclough, with a proposal for detailed analysis/modelling of the new items in the complexity framework – to ensure there will be no detrimental consequences from this change to either the sector, patients or the government.

The Faculty is keen to see the MBS items for radiation oncology simplified and more reflective of current practice. We will continue to work closely with the DoH and the MBS Review Taskforce to ensure the ongoing provision of accessible and affordable quality radiation oncology services to our patients.



Radiation Oncology Health Program Grants (ROHPG) Scheme

Radiation Oncology Health Program Grants (ROHPGs) are a Commonwealth initiative that provide capital funding for radiation oncology services outside of Medicare.

The DoH has completed their review of the ROHPG scheme and the final report is expected to be available soon. In its response to the ROHPG review earlier this year, the Faculty recommended that “to help ensure the delivery of safe and high quality radiation oncology services, ROHPG funding could be linked to a facility’s compliance with the Radiation Oncology Practice Standards.”

The Tripartite Radiation Oncology Standards Working Group, with support from the Faculty, is both exploring options for establishing an accreditation scheme against the Practice Standards and reviewing and updating the Practice Standards.

Raising the Profile of Radiation Therapy

The Radiation Oncology Targeting Cancer campaign aims to increase awareness of radiation therapy as an effective, safe and sophisticated treatment for cancer, among cancer patients and their families, as well as health professionals, in particular general practitioners (GPs). The campaign has made steady progress in various areas, including GP education programs and social media presence.

A/ Prof Sandra Turner, the clinical lead of the Targeting Cancer campaign, has been talking about modern radiation therapy for prostate cancer at the HealthEd seminars held in major capital cities in Australia. These seminars, scheduled between August and November 2016, have attracted several thousand GPs.

HealthEd is the biggest health professional education provider in Australia and these one-day seminars provide practical, clinical, up to date information for GPs. This is an incredible opportunity to reach out to the larger GP community and improve their knowledge of radiation therapy, to help ensure that cancer patients are fully informed about all their treatment options.

We are delighted that the Targeting Cancer website (www.targetingcancer.com.au) won the Best in Class award in the Interactive Media Awards (IMA) for Healthcare category, and was the Gold Winner for the prestigious Sydney Design Awards in the EdTech category. It is hoped that the website will become the most trusted source of information about radiation therapy for cancer patients and their families, as well as for other health professionals, especially GPs.

Please like **Targeting Cancer** on Facebook, or follow **@targetingcancer** on Twitter, and help us promote radiation

therapy as a safe and cost-effective cancer treatment option.

Prostate Testing for Cancer and Treatment Trial (ProtecT)

The results of the prostate testing for cancer and treatment (ProtecT) trial were recently published in the *New England Journal of Medicine*. This trial, which compared prostate cancer treatment options head-to-head, showed that curative radiation therapy was equally likely to control the cancer as surgical prostate removal. There was also no difference in overall quality of life between radiation therapy and surgery, but less urinary incontinence and sexual problems after radiation therapy.

This study strongly supports the importance of patients with localised prostate cancer knowing about all their treatment options by talking to a radiation oncologist as well as a urologist before

The screenshot shows the Targeting Cancer website interface. At the top, there is a navigation menu with links: "About Radiation Oncology", "Radiation Therapy", "Treatment By Cancer Type", "Our Stories", and "Talking To Your Doctor". Below the menu is a header area with the "RADIATION ONCOLOGY TARGETING CANCER" logo on the left and navigation options "Treatment Centre", "News", and "For GPs" on the right. The main content area features a photograph of a young child in a blue shirt playing on a beach. Overlaid on the right side of the image is the text "Radiation therapy" in large white font, with "Cures cancer and is safe" below it. At the bottom of the screenshot, an orange banner contains the text: "The Targeting Cancer website – a trusted source of information about radiation therapy" and the website URL "www.targetingcancer.com.au".

they decide on a treatment or to proceed with surveillance. A/Prof Sandra Turner was interviewed by ABC News 24 on 16 September, to talk about the study findings. More details and the interview are available from the **Targeting Cancer website**.

Dion Forstner
Dean, Faculty of Radiation Oncology

Medical Oncology Group of Australia



The Medical Oncology Group of Australia (MOGA), the peak professional organisation for medical oncologists and the profession in Australia plays a leading role in the national oncology sector. MOGA is the key point of reference on all matters relating to medical oncology training, education and clinical practice, and is committed to supporting the development of our members and our profession in today's rapidly-evolving professional environment.

Our Members, Our Workforce

On August 4 a number of changes were made to the MOGA Executive. Associate Professor Rosie Harrup stepped down as MOGA Chair but will continue on in an ex-officio capacity as past Chair for 12 months. Professor Joanna Dewar stepped up and took on the role of Deputy Chair. Having been a member of the MOGA Executive since 2012 with the specific task of overseeing the **Australia and Asia Pacific Clinical Oncology Research Development Workshop (ACORD)** for the Association and having served as Deputy Convenor including participating in the 2012, 2014 and 2016 Workshops

as Faculty, it seemed timely that I should take on the role of MOGA Chair. Dr Adrian Lee based at Royal North Shore Hospital was also successfully appointed to the Executive. Dr Eryn Dow, the National Trainee representative for 2015-2016 completes her training this year and we welcomed Dr Milita Zaheed, based at Sydney's Concord Hospital as the new Trainee Representative. The ongoing members of the MOGA Executive include Dr Zarnie Lwin, Dr Deme Karikios, Dr Brian Stein, Associate Professor Phil Parente, Dr Prunella Blinman and Dr George Au-Yeung.

As a medical speciality with a growing and evolving membership, working with rapidly changing workplace environments and practices, the importance of medical oncology workforce planning and development is paramount. The Association's Workforce Taskforce, Chaired by Dr Zarnie Lwin is actively contributing to the development of future oncology services delivery. The results of an online survey distributed to our members from May-August to assist with long term services, facilities and workforce planning have recently been published.

Research

MOGA is committed to taking a leading role in research focussed on cancer, oncology drugs and treatments as well as patient care. We have been actively engaged in various research activities through the development of new policy and position statements, oncology drugs submissions, independent clinical and professional advice to regulatory bodies and government reviews, and supported a range of studies conducted through our membership. Notably, MOGA provided the Financial Services Council with important clinical advice on the recently developed minimum standards medical definitions for "cancer" and "advanced cases of cancer" detailed in the new national Life Insurance Code of Practice, which sets out mandatory obligations on life insurers.

MOGA joined other major stakeholders at Cancer Australia's Pink Ribbon Breakfast in

Sydney on 24 October for the launch of a new first of kind statement – **The Cancer Australia Statement: influencing best practice in breast cancer**. The statement aims to identify twelve key appropriate and inappropriate practices which represent agreed priority areas in Australian breast cancer practice, from diagnosis to palliative care. The Statement is an online resource for both clinicians and patients alike with video interviews explaining why the practices are important to patient care. MOGA and many other contributing collaborators including the Royal College of Pathologists of Australasia, the Royal Australian and New Zealand College of Radiologists and Breast Surgeons of Australia and New Zealand have endorsed this new resource.

Oncology Drugs and Treatments

The Oncology Drugs Group, Chaired by Dr Deme Karikios has continued to successfully advocate and lobby for access to oncology drugs and treatments. On 1 October The Federal Minister for Health, The Hon Sussan Ley MP undertook a media stop at the Peter MacCallum Cancer Centre, Melbourne, to announce that tamoxifen (Nolvadex) had been added to the Pharmaceutical Benefits schedule and is now available as a preventative treatment for around 250,000 Australian women whose breast cancer risk is more than 1.5 times the average population. MOGA's 4 year campaign to seek an expansion of the extant listing was led by Professor Kelly-Anne Phillips with support from the Drugs Working Group Chair, Associate Professors Gary Richardson and Rosie Harrup as the MOGA Chair. This has been a landmark win for Australian breast cancer specialists and their patients.

Education and Professional Education in Medical Oncology

MOGA has worked closely with the Royal Australasian College of Physicians on

training and educational initiatives, to ensure that our trainees are equipped to effectively communicate with their patients, fully understand the sciences that underpin our speciality and that their clinical knowledge aligns with the rapidly changing discipline of oncology. Forty medical oncology Trainees attended this year's **Sciences of Oncology Program** convened by Dr Mark Shackleton in Melbourne over the weekend of 19-20 November. This program offers trainees a unique skill building opportunity with support and funding from MOGA, and is provided at no cost to participants or their institutions.

Professor Martin Stockler convened a stimulating but exhausting 2016 **ACORD** (11-16 September, Magenta Shores, NSW) with 72 participants from across SE Asia and 25 top-line international faculty supported by 8 junior faculty who were all successful program alumni. ACORD goes from strength to strength and has an important place in clinical trials training in our region, of which we can all be proud.

Our 2016 Annual Meeting

Implementation+Innovation in Immunotherapy (Gold Coast, 3-5

August) was attended by a record number of attendees. Immunotherapy is an increasingly important therapeutic strategy for cancer patients and medical oncologists, with many clinical trials demonstrating significant clinical advantages in an array of cancer streams. Convenor, Professor Ken O' Byrne planned a scientific program that focussed on innovative approaches to implementing immunotherapy in practice.

Plans for next year's Annual Scientific Meeting, Real World Oncology: Translating Discovery to Practice to be held from 2 – 4 August, 2017 at the Pullman Melbourne Albert Park, Victoria, are proceeding well under the leadership of Associate Professor Linda Mileshkin.

Chris Karapetis
Chair, MOGA

Oncology Social Work Australia



The 11th National OSWA conference was held in Melbourne from 6-8 October. Once again it provided a valuable opportunity to network with our interstate colleagues around a program that was both intellectually stimulating and socially engaging. In a departure from tradition, none of the keynote speakers this year were social workers. However, Gail Garvey, Mei Krishnasamy and Sanchia Aranda are long-standing esteemed and collaborative colleagues of social workers in oncology. Their focus on the "big picture" view of the challenges in provision of excellent psychosocial care to all people with cancer and their carers, added depth and perspective to the day to day clinical work, academic teaching and research initiatives in which most oncology social workers are embedded.

Gail's alarming and impassioned portrait of the parlous state of Indigenous cancer care highlighted the need for a more concerted effort by both service providers and policy makers to address the disparities in cancer outcomes between Indigenous and non-Indigenous Australians. Mei gave a thoughtful interpretation to the topic of cancer and ageing, by introducing us to the concept of "risk of frailty" as a more useful way than chronological age alone to assess the challenges of providing optimal cancer care to the ageing population. Sanchia provided a global perspective on issues of equitable access to cancer care.

As always, the plenary sessions by keynote speakers set the scene for a terrific program of papers and workshops focusing on clinical issues and practice initiatives. Once again there were delegates from New Zealand, and their contributions

added a new perspective to the overall program. The major complaint about the conference was that delegates found it hard to choose which sessions to attend. The number and quality of abstracts submitted for presentation continues to grow, and this will ensure that the annual OSWA conference remains a high priority for oncology social workers in Australia and New Zealand.

The next OSWA national conference will be held in Perth in October 2017. The theme of the conference is 'Working Creatively with Today's Families'. Shirley Witko and her enthusiastic team have already begun the planning and have secured an international speaker, Dr Amy Chow from the University of Hong Kong. OSWA members will receive notification of the exact dates and further information as the program develops.

If you haven't taken a look at the OSWA website lately, I suggest you do so. Victoria Jones, with assistance from other OSWA members has compiled an excellent package of resources for improving our understanding of and service delivery to the Aboriginal and Torres Strait Islander population. There are readings, podcasts, information booklets and website resources. Go to www.oswa.net.au for more information

The COSA ASM for 2016 held on the Gold Coast, has just concluded. Plans are already underway for the 2017 ASM which will be held in Sydney from 13-15 November. Our colleagues on the organising committee are hopeful of securing an invited speaker of high calibre in the psycho-oncology discipline. Plans for a psycho-oncology professional day prior to the ASM will be considered, funding permitting. The Sydney ASM will be held in the brand new International Convention Centre which will be unveiled shortly before COSA's reservation in November.

In other COSA news, Dr Laura Kirsten, the current chairperson of the Psycho-

Oncology Group recently called for expressions of interest to establish an Executive Committee to guide the work of the group and as a result of this call Toni Ashmore from ACT has been appointed to the committee. In addition, there are some permanent standing members of the executive, including a representative from OSWA. Kim Hobbs accepted the nomination for this position at the OSWA AGM and this was endorsed at the subsequent teleconference of the OSWA Executive. The first meeting of the Psycho-Oncology executive committee was held on the Gold Coast and Laura will keep us updated about further developments.

The COSA Survivorship model of care document was launched at the ASM. Most members will be aware that this excellent and thorough document has been in development for some time. Many will have seen draft versions. The document outlines the critical components of cancer survivorship care in Australia, including a model for cancer wellness. The aim is to capture the elements of patient-centred care in a mixed healthcare system and to move the emphasis from an illness to wellness model of care. The document can be downloaded from the COSA website.

Updates about OSWA activities will be forwarded to members via email. Anyone with any ideas about future directions, particularly regarding our collaborative relationship with COSA, should contact me at Kim.Hobbs@health.nsw.gov.au.

Kim Hobbs
Council Representative, OSWA



Palliative Care Clinical Studies Collaborative



The **8th PaCCSC Annual Research Forum** will be held at Rydges Hotel Sydney International Airport on Thursday 2nd March and will attract clinical researchers in palliative care from across the country. The single day program will be opened by guest speaker Professor Martin Stockler, NHMRC CTC, and will include results from studies that have closed in the past 12 months, a number of new study presentations and presentations from our members. Coming together provides our members and interested others with a chance to network and an opportunity for PaCCSC to hold face to face meetings of the Trials Management Committee, Scientific Committee and Management Advisory Board.

New Chair for the PaCCSC Scientific Committee

The March meeting of the PaCCSC Scientific Committee said farewell to the inaugural Chair Emeritus Professor Lindon Wing AO. Lindon was instrumental in establishing the high quality review and education process that the Scientific Committee provides to all PaCCSC study designs. And at the August meeting of the Committee we welcomed Professor Richard Head as the new Chair. Professor Head is a Pharmacologist and is currently Adjunct Professor in the Division of Health Sciences, University of South Australia, Affiliate Professor in the Discipline of Pharmacology, The University of Adelaide and Honorary CSIRO Fellow. He was

previously, interim Director of the Future Industries Institute at the University of South Australia, the Deputy Vice Chancellor & Vice President: Research and Innovation for the University of South Australia with a substantive position as the Director of the Sansom Institute for Health Research, Division of Health Sciences also at the University of South Australia.

A second breathlessness trial closes

In October PaCCSC closed the phase III clinical trial studying sertraline for breathlessness. This was a challenging trial in many ways, not the least because of the length of time on study, being 28 days, with the ability for participants showing a response to remain on blinded medications for up to a year, but once again the Collaborative pulled together and reached the required sample size. This is a significant milestone in the PaCCSC program which has now successfully closed to recruitment all six original studies funded by the Commonwealth. This milestone event is further evidence that when supported by a central coordinating infrastructure and underpinned by eager professional clinical trialists, phase III clinical trials in palliative care can be done.

BMA Medical Book Award

The PaCCSC Chief Investigator, Professor David Currow and colleagues were recipients of the British Medical Association Medical Book Awards, Medicine category earlier this year. An excerpt from the awards program read:

...this a truly comprehensive and global text on palliative medicine. Written by an established, comprehensive, multidisciplinary focused, internationally-recognised team, this textbook provides the definitive reference on palliative medicine. There is no other book like this – a single-volume reference work covering all aspects of the subject... Research in palliative medicine is a relatively new aspect, growing over the past few years,

so a whole section on research with nine chapters is extremely useful.



Accepting the award was Professor Currow second from left.

Reference: Oxford Textbook of Palliative Medicine 5th ed. Nathan Cherny, Marie Fallon, Stein Kaasa, Russell K Portenoy and David C Currow – Oxford University Press, 2015. ISBN: 9780199656097 £225

RAPID Pharmacovigilance program

Palliative care has sought to improve its evidence base for clinical prescribing in many ways. In addition to RCTs, pharmacovigilance studies provide data on the effects of treatments outside the controlled trial environment and by systematically collecting prospective data they assist in defining the attributable benefits and harms from treatments. They are cost effective, timely and add to the knowledge by defining the net benefit based on real world use.

The aim of the PaCCSC pharmacovigilance program is to prospectively collect information on the therapeutic benefit and harms of treatments. The program called RAPID has attracted a diverse range of sites (50 sites across 10 countries) thus far. Medication series studied to date are: metoclopramide for nausea; haloperidol for delirium; gabapentin for neuropathic pain; pregabalin for neuropathic pain and dexamethasone for anorexia/appetite. The program is being expanded to have a medication series open across all the PaCCSC symptoms nodes. Other interventions are also being studied and include: red blood cell transfusions and hypodermoclysis.

RAPID continues to grow in the: number of interventions being studied; number of contributing sites; gathering of real world data to inform clinical decision making; building of research capacity; and improvement of patient outcomes. For more information please contact the PaCCSC central coordinating office paccsc@flinders.edu.au.

Thank you to all our members for their continuing support throughout 2016. I would like to take this opportunity to wish all our clinical research colleagues a very safe and happy festive season.

Linda Devilee
National Manager, PaCCSC



Primary Care Collaborative Cancer Clinical Trials Group



Say 'hello' to the new PC4! We are a team dedicated to providing support and infrastructure to foster collaboration between researchers, health care practitioners, policy makers and consumers in primary care cancer research. The three research themes that we focus on are Prevention and Early Detection, Shared Care and Survivorship, and Palliative care.

The PC4 team is now based in the new Victorian Comprehensive Cancer Centre and from October 2016 we have a complete team. Prof Jon Emery, Director and Ms Kristi Milley, Research Coordinator, were joined by Dr Todd Matthews, National Manager and Ms Sophie Chima, Project Officer.

We have recently restructured and simplified our infrastructure with an Advisory Committee, a single Scientific Committee and a joint shared consumer group (JCAG shared with PoCoG). Additionally, we will have project working groups that focus on a specific research studies and an early career network. We currently have over 500 members and are lead in 11 supported clinical studies with a further three PC4 initiated studies being developed. Our members have the benefit of attending workshops including clinical development and peer review, are provided with assistance in finding and collaborating with new researchers, applying for research training awards up to \$10,000 and contributing to the PC4 scientific meeting in 2017. Dr Brian Fernandes won the 2016 PC4 and PHCHRIS training award for a systematic review focused on the impact of ageing-related comorbidities on cancer diagnosis and survivorship in primary care.

The framework PC4 provides will enable the development of pre-trial work to evolve into large scale, multi-site clinical trials, which will inform new models of cancer prevention and management in the community. Consumers are the most important part of our vision and their contribution is integrated into every aspect of our work.

For the first time PC4 were exhibitors at COSA's ASM 2016 in the Gold Coast and we congratulate COSA for an amazing conference. For those were able to attend, we hope you enjoyed it too and hope you were able to visit our booth. If you are not a member and interested in PC4, please follow us on twitter @PC4TG and see our website www.pc4tg.com.

au where you can find more information about us and sign up completely for free!

Todd Matthews
National Manager, PC4

Psycho- oncology Co-operative Research Group



The Psycho-oncology Co-operative Research Group (PoCoG) is an organisation of more than 1500 researchers, doctors, nurses, psychologists and other health professionals who share a common mission of improving the emotional support and psychological care of people affected by cancer.

PoCoG's work focuses on caring for the whole person, not just the disease, from the time of diagnosis throughout the whole cancer journey. It is also about an individual's ability to enjoy life and create a balance between life activities and efforts to achieve psychological resilience in the face of a disease that can be both chronic and life-limiting. This is done by developing and facilitating high quality, collaborative and clinically relevant research that focuses on interventions and services to optimise psychosocial and supportive care.

In the last financial year we contributed to the development of 22 supported studies and a further 23 studies were administered directly through the PoCoG Executive Office. Of the PoCoG supported studies, that is, member studies where PoCoG has provided scientific or biostatistical advice,

9 studies continued active recruitment and a further 11 studies completed recruitment. PoCoG also provided feedback on a number of grant submissions which are now awaiting news on funding outcomes.

We also celebrated the completion of two PoCoG administered RCTs: Conquer Fear: A randomised trial evaluating psychological interventions to reduce fear of cancer recurrence and RAVES DA: A decision aid to promote informed consent and recruitment to the RAVES trial for men with high risk prostate cancer: A randomised controlled trial. We're proud of the PoCoG investigators and staff who contributed to the successful delivery of these studies.

The leadership of our Scientific Advisory Committee (SAC) transferred from Professor Monika Janda in Queensland to Professor David Kissane in Victoria this year. The SAC also welcomed Dr Haryana Dhillon as the new Deputy SAC chair and Dr Jo Brooker as Early Career Researcher (ECR) SAC member.

Other recent highlights include our two successful and popular Concept Development Workshops, which were both very productive thanks, in part, to the valuable contribution of our international faculty including Professor Gary Rodin the Harold and Shirley Lederman Chair in Psychosocial Oncology and Palliative Care from the University of Toronto and Professor Yosuke Uchitomi from the National Cancer Centre in Tokyo. The PoCoG SAC also contributed their expertise to the 8 new concepts presented at the Concept Development Workshops and we are looking forward to seeing these ideas developed further and, hopefully, eventually funded.

We are currently in the process of planning our first Concept Development Workshop for 2017, which will happen after grant season in May. Keep an eye on our website for more information and to learn how to apply.

Development of a new PoCoG Flagship Program of Work in 2016: *Transforming Psychosocial Care of Patients in Australia: Implementation of a Comprehensive Training and Service Delivery Program*, marks an exciting new direction for our group and represents our commitment to developing national clinical trials research which would be difficult for a single team to undertake.

This ambitious program will evaluate new models of care delivery for patients with the most prevalent psychiatric disorders met in cancer care, namely Depressive, Anxiety and Adjustment Disorders and aims to build the psycho-oncology workforce and provide greater access to psycho-oncology services across Australia.

Three working parties have been formed to further refine these projects. The first working party is focused on a 'Collaborative Psycho-oncology Implementation Project for the Treatment of Depression in Cancer Care', the focus of the second group is 'Implementation of a Project to Treat Fear of Cancer Recurrence in the Community' and the third working party will look at 'Treatment of Adjustment Disorders to Improve Coping with Cancer'.

This program of work complements the Cancer Institute NSW Translational Program Grant ADAPT Program (2015-2020), which now has a number of pilot studies underway and is on track to begin the randomised controlled trial in early 2017.

In addition, to further enhance the quality of psycho-oncology research in Australia, two new activities will be piloted in 2016-17. Our Early Career Researcher SAC members are evaluating a structured ECR mentoring program that, if successful, will be rolled out to the membership more widely in 2018 and a SAC sub-committee has been formed to facilitate the introduction of a PoCoG Data and Safety Monitoring Committee (DSMC) with the aim of providing independent oversight and recommendations regarding trial

governance and safety considerations for clinical trials initiated by PoCoG members.

In addition, we launched a new streamlined website, which makes it easier for our members and other interested parties to access PoCoG resources and information about our programs.

Phyllis Butow
Chair, PoCoG

Royal College of Pathologists



Over the past several years a major project for the RCPA has been developing guidelines for the structured reporting of cancer. This project has now been internationalised as the International Collaboration on Cancer Reporting (ICCR) – which was described in more detail in the previous issue of *Marryalyan*. ICCR now has over 20 cancer reporting datasets in progress, with 8 datasets published to date. Each dataset includes CORE and NON-CORE elements. CORE elements are those with Level III-2 or above, or where there is unanimous agreement in the expert committee that the element is critically important. NON-CORE elements may be clinically important and recommended as good practice, but are not yet sufficiently validated or regularly used in patient management. In many cases these elements are supported with commentary to promote conformance and consistency, and to provide an overview of evidence and/or areas of uncertainty. Generally the development of new datasets will occur in synchrony with the WHO Classification of Tumours updates, however changes to other dependent publications (such as TNM or FIGO staging) will also trigger development of new datasets.

Other activities of the RCPA's Cancer Services Advisory Committee (CanSAC) in 2016 have included the production of guidelines for tissue fixation – in particular, to enhance tissue preservation for more accurate assessment of biomarkers such as HER-2, and yielding better quality DNA for somatic mutation testing. Other efforts have included guidelines for best practice in MDT meetings, commenting on a number of submissions to aMSAC, and developing a network of pathologists with expertise in rare cancers and in tumour genetics.



As well as the usual annual series of examinations (comprising up to 6 examinations in each of the various disciplines of pathology), it has been a busy year all around for the College, which has been in the process of reaccreditation with the AMC. This has involved scrutiny of the College's examination processes and visits to the states and territories, culminating in several days of meetings at the College premises in Sydney, in November – which also coincided with the celebration of International Pathology Day on 16 November.

Christine Hemmings
Council Representative, RCPA



2017 CANCER SURVIVORSHIP

2-3 FEB

PATHWAYS
TO BETTER POLICY
AND PRACTICE

The theme "Cancer Survivorship 2017: Pathways to better policy and practice" focuses our thinking on how we can translate the growing evidence in this area into day to day applications. We will explore diverse perspectives from Australia, the UK and US to identify how we can accelerate progress, share learnings and promote best practice. And in the spirit of translating knowledge into practice, we will not just listen and note but reflect, engage and experience what practice of good survivorship is all about.



Bogda Koczwara AM
BM BS FRACP MBioethics FAICD | Conference Convenor



IT WAS OVERALL A GREAT EXPERIENCE AND INSPIRING TO BE AMONGST SO MANY INTELLIGENT, PASSIONATE PEOPLE ALL WORKING TOGETHER TO DO GOOD AND ACHIEVE THE GOALS IN THE FIELD OF SURVIVORSHIP."
2015 DELEGATE



CONGRATULATIONS TO THE TEAM ORGANISING THIS CONFERENCE. I CONGRATULATE BOGDA ON HER ABILITY TO CREATE A SENSE OF GROWTH AND INSPIRATION THAT CREATES A CULTURE OF SHARING FOR THE GREATER GOOD.... INSPIRATIONAL, THANKYOU."
2015 DELEGATE

Invited speakers

In addition to the expert national speakers featured in the program, we are delighted to have two very highly respected international authorities in cancer survivorship join us for the conference.

Catherine Alfano



Catherine Alfano is the Vice President of Survivorship at the American Cancer Society (ACS) where she provides vision and leadership to ACS research, programming, and policy efforts nationwide to improve the lives of cancer survivors. She previously served as Deputy Director of the National Cancer Institute (NCI)'s Office of Cancer Survivorship where she administered the majority of the NCI grant portfolio of rehabilitation and lifestyle change trials in cancer survivors. Dr Alfano trained as a rehabilitation psychologist and has focused her career in cancer survivorship.

Jane Maher



Jane Maher has been Chief Medical Officer of the UK charity, Macmillan Cancer Support, since 1999 and now shares the role as Joint CMO with general practitioner, Dr Rosie Loftus, reflecting the growing need for specialists and generalists to work more effectively together. She was an improvement clinical leader for the National Health Service for over ten years and is a consultant clinical oncologist at Mount Vernon Cancer Centre, where she has worked for more than 20 years and during which time she helped develop non-surgical oncology services in five district general hospitals.

Adelaide Convention Centre
North Terrace, Adelaide
South Australia 5000

For more information please
visit www.survivorship2017.org
or call us on (02) 8063 4100



Calendar of Events

Date	Event	Venue
2017		
20-21 January	2017 Progress and Controversies in Gynecologic Oncology Conference http://www.primeoncology.org/live-education/solid-tumor/gyncongress2017/	Barcelona, Spain
27-28 January	ASCO Cancer Survivorship Symposium http://survivorsym.org/	San Diego, USA
27-30 January	European Cancer Congress - ECCO2017 www.eccocongress.org/	Amsterdam, Netherlands
2-3 February	Cancer Survivorship 2017 Pathways to Better Policy and Practice www.survivorship2017.org/	Adelaide, South Australia
9-11 February	29th Lorne Cancer Conference www.lornecancer.org/	Lorne, Victoria
24-26 February	Indo- Global Summit on Head & Neck Oncology (IGSHNO) www.igshno2017.com/	Rajasthan, India
2 March	8th PaCCSC Annual Research Forum https://www.caresearch.com.au/Caresearch/tabid/2476/Default.aspx	Sydney, NSW
6-9 March	TROG 29th Annual Scientific Meeting www.cmz.co.nz/trog-2017-asm/	Auckland, New Zealand
29 March-1 April	ANZGOG ASM 2017 http://anzgog-2017.w.yrd.currinda.com/	Melbourne, Victoria
26-29 April	XVI International Symposium on Oncology Pharmacy Practice (ISOPP 2017) http://www.isopp.org/isopp-symposia/isopp-2017	Budapest, Hungary
2-5 May	ALLG Scientific Meeting http://www.allg.org.au/events.html	Melbourne, Victoria
3-6 May	14th International Symposium on Myelodysplastic syndromes (MDS 2017) http://www.mds2017.kenes.com/	Valencia, Spain
3-5 May	13th Behavioural Research in Cancer Control Conference	Melbourne, Victoria
5-8 May	European Lung Cancer Conference - ELCC2017 www.esmo.org/Conferences/ELCC-2017-Lung-Cancer	Geneva, Switzerland
5-9 May	ESTRO 2017 www.estro.org/congresses-meetings/next-event	Vienna, Austria
8-12 May	RACS Annual Scientific Congress 2017 https://asc.surgeons.org/	Adelaide, South Australia
11-13 May	Cancer Nursing NZ http://www.nznocancernursesconference2017.co.nz/cnc17	Christchurch, New Zealand
2-6 June	ASCO 2017 https://am.asco.org/	Chicago, USA
15-17 June	CNSA 20th Annual Congress www.cnsacongress.com.au/	Adelaide, South Australia
15-17 June	ANZCHOG Annual Scientific Meeting https://etm.eventsair.com/QuickEventWebsitePortal/anzchog/2017	Adelaide, South Australia
22-24 June	MASCC/ISOO Annual Meeting www.mascc.org/annual-meeting	Washington DC, USA
22-24 June	Asia Pacific Cancer Conference 2017 http://www.apcc2017.org/	Seoul, Korea
28 June-1 July	ESMO World Congress on Gastrointestinal Cancer 2017 www.esmo.org/Conferences/World-GI-2017-Gastrointestinal-Cancer	Barcelona, Spain
16-18 July	ANZUP Annual Scientific Meeting www.anzup.org.au	Melbourne, Victoria
25-28 July	ANZBCTG Annual Scientific Meeting www.anzbctg.org/	Melbourne, Victoria

Calendar of Events (continued)

Date	Event	Venue
2-4 August	MOGA Annual Scientific Meeting www.moga.org.au/	Melbourne, Victoria
8-12 September	ESMO 2017 Congress www.esmo.org/Conferences/ESMO-2017-Congress	Madrid, Spain
24-27 September	59th ASTRO Annual Meeting https://www.astro.org/home/	San Diego, USA
4-6 October	AGITG 19th Annual Scientific Meeting & ANZGOSA Annual Meeting 2017 www.agitg.asnevents.com.au/	Cairns, Queensland
13-15 October	The Annual Sarcoma Meeting www.australiansarcomagroup.org/	Adelaide, SA
18-21 October	9th World Congress on Melanoma http://worldmelanoma2017.com/	Brisbane, Queensland
23-24 October	COGNO 10th Annual Scientific Meeting www.cogno.org.au/	Melbourne, Victoria
26-28 October	3rd World Congress on Controversies in Breast Cancer (CoBrCa) http://cobrca.org/	Tokyo, Japan
13-15 November	COSA's 44th Annual Scientific Meeting 2017 Immunotherapy: Molecules and Mountains www.cosa2017.org/	Sydney, NSW
14-17 November	ALLG Scientific Meeting http://www.allg.org.au/events.html	Sydney, NSW
5-8 December	San Antonio Breast Cancer Symposium 2017 https://www.sabcs.org/2016-Sabcs	San Antonio, USA
2018		
16-17 February	ASCO Cancer Survivorship Symposium http://survivorsym.org/	Florida, USA
7-11 May	RACS Annual Scientific Congress 2018 https://asc.surgeons.org/	Sydney, NSW
1-5 June	ASCO 2018 https://am.asco.org/	Chicago, USA
19-23 October	ESMO 2018 Congress http://www.esmo.org/Conferences/ESMO-2018-Congress	Munich, Germany
13-15 November	COSA's 45th Annual Scientific Meeting 2018 'Save the Date' www.cosa.org.au	Perth, WA
2019		
31 May-4 June	ASCO 2019 https://am.asco.org/	Chicago, USA
12-14 November	COSA's 46th Annual Scientific Meeting 2019 'Save the Date' www.cosa.org.au	Adelaide, SA



Clinical
Oncology
Society of
Australia

2017 INTERNATIONAL CONVENTION CENTRE SYDNEY COSA ASM

IMMUNOTHERAPY: MOLECULES AND MOUNTAINS

SAVE THE DATE

13-15
NOVEMBER 2017

COSA'S 44TH ANNUAL SCIENTIFIC MEETING

COSA is excited to be bringing the ASM back to Sydney and the new International Convention Centre Sydney at Darling Harbour, with our last Sydney ASM being held in 2008. As Sydneysiders may know the Sydney Convention and Exhibition Centre closed in January 2014 after 25 years of operation, to make way for the development of the new \$1 billion event and exhibition facilities, due for completion in late 2016.

Demand for the new centre is high, so we have changed our conference schedule slightly and will run from Monday 13 to Wednesday 15 November. We will most likely hold pre-conference workshops on Sunday 12 November; however may also consider post-conference events on Thursday 16 November.

COSA's 44th ASM will have a focus on **immunotherapy** with a subtheme of **implementing quality cancer care**.

Immunotherapy is making great strides in cancer treatment by using a patient's immune system to fight cancer. Immunotherapies are thought to work by slowing the growth and spread of cancer cells, and by helping the immune system destroy existing cancer cells.

Hundreds of clinical trials involving immunotherapy, alone or combined with other treatments, are underway for nearly every type of cancer. New immunotherapy treatments have shown great success in melanoma, and more recently in lung, bladder, kidney and pancreatic cancers to name a few. We plan to feature as many as possible in the ASM program.

The inclusion of **quality and safety** will complement the strong molecular and therapeutic theme of immunotherapy. In this subtheme we will focus on: the cost and value of cancer care and treatments; the implementation and de-implementation of evidence into practice; preventing errors in cancer care; why quality improvement matters; and discuss tips for choosing wisely.

Both immunotherapy and quality cancer care are hot topics in oncology at the moment, so we are confident we can deliver a program with something for everyone.

Be sure to diarise 13-15 November 2017 now. We look forward to seeing you in Sydney.

Nick Pavlakis
2017 COSA ASM Convenor



For more information please visit
www.cosa.org.au or call us on (02) 8063 4100