



Prof Phyllis Butow AM, President, COSA

## President's Report

I am delighted to present my first Marryalyan report as COSA President. I am equally delighted to be fulfilling the role as the first allied health professional President. Mei Krishnasamy paved the way as the first nursing President of COSA, and I am sure we will not be the last "non-doctors".

In April I chaired my first COSA Council meeting. As a long standing member of Council, the dynamic is quite different now as my role has changed to Chair – I am now even more aware of the breadth of activity which COSA leads and engages with. Members brought items to the agenda for COSA consideration or approval such as: dissemination and implementation science; changes to TNM staging and Radiation Oncology Health program Grants; and the need for improved approaches to informed consent for clinical trials. These all made for a stimulating discussion and excellent engagement of the 35 members in attendance!

Did you know as a COSA member, you are welcome to propose ideas for COSA's consideration? The best avenue is through the relevant COSA Group Chair who represents your interests on COSA Council. Their contact details are included at the end of their individual reports on the following pages. If they haven't provided a report, the COSA office will happily connect you.

In my role as COSA President, I also represent the organisation on the National Cancer Expert Reference Group (NCERG). In 2010, the Council of Australian Governments (COAG) noted disparities in cancer outcomes across different groups and recognised the need for more effective cancer diagnosis, treatment and referral protocols. NCERG was formed to develop a National Cancer Work Plan to address these issues. NCERG is Australia's only government endorsed,

high-level, expert national cancer forum, including government representation as well as clinical expertise. At the most recent meeting I gave an update on the COSA Model of Survivorship Care; highlighting that implementation of the Model requires consideration of the local, regional, state, and national contexts; and we look to the cooperation of our NCREG colleagues and their counterparts to help ensure this occurs.

I was pleased to attend the Cancer Survivorship Conference in Adelaide in February. I congratulate Bogda Koczwara and the Organising Committee for delivering on the theme "Pathways to better policy and practice". The presentations really focused delegate thinking on how we can translate the growing evidence in this area into day to day applications. I was impressed by the strong consumer involvement, both in planning and participation – their contribution is a unique characteristic of this event.

Planning is well underway for the 2017 COSA ASM, to be held at the new International Convention Centre, Darling Harbour Sydney. By the time you read this newsletter we will have launched the online program. Our last Sydney ASM was held in 2008, so we are excited to be bringing the ASM back to Sydney. Just a reminder that 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. This year's program will 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. I look forward to greeting you at the conference, in my hometown of Sydney!

**Phyllis Butow**  
**President**

# Executive Officer's Report



Marie Malica, COSA EO

The first half of 2017 has been another productive period in the COSA office. We have worked our way through the wash up of the 2016 ASM and the 2017 Cancer Survivorship Conference and are well into the planning stages for future events.

## Cancer Survivorship 2017

Co-hosted by the Flinders Centre for Innovation in Cancer and COSA, the 3rd National Cancer Survivorship Conference was successfully held at the Adelaide Convention Centre, 2-3 February 2017.

The 2017 Cancer Survivorship Conference brought together delegates from diverse professions and backgrounds including cancer clinicians, nurses and cancer care coordinators, academics and researchers, management and administration staff, as well as survivors. Over 35% of the 212 delegates participated in the post-event evaluation. The results suggest that the strength of the meeting lay in the high quality of the program, the high level of engagement of those who attended and in the multidisciplinary approach to the topic of survivorship.

One session that received lots of positive feedback was "Healing through the arts", chaired by David Joske, a haematologist at Sir Charles Gairdner Hospital in Perth, who unbeknown to many is an award-winning songwriter who plays guitar in a blues band! David opened the session by presenting some of the key findings from the Western Australian Arts and Health Consortium report which was commissioned to map and measure the current level of engagement, support and investment in Arts and Health activities. David also treated delegates to a few of his own songs!

Invited international speaker Jane Maher, Chief Medical Officer with Macmillan Cancer Support in the UK, spoke from the heart with her personal story of how the Rolling Stones helped her recover from the bereavement of her husband's sudden and unexpected passing.

As a breast cancer survivor, Jenny Donovan also spoke to delegates through music. Jenny was previously a senior lecturer in the School of Nursing at Flinders University, and is also a qualified musician working as an accompanist for wind, string, brass and voice. Jenny has been able to combine her two professional interests, nursing and music. Her presentation focused on specific

vignettes where music acted as a conduit for change and healing for people she has worked with and herself personally.

David and Jenny were then joined by Janette Vardy on trumpet for a sing-along – the perfect way to close out day one of the conference!

## Advanced Trainee events

COSA continues to engage Advanced Trainees through a number of educational events. The Advanced Trainees Oncology Meeting (ATOM) has been hosted by COSA for the last two years. Following the success of the 2016 event, which was only for NSW and ACT based trainees, COSA opened registration for the March 2017 event to trainees from the eastern seaboard. 60% of the 60 delegates completed the post-event evaluation survey providing very positive feedback such as "It was a great event. I really enjoyed and learnt (a lot). Also met some wonderful people" and "Great day of high yield learning. Very useful and would go again despite being on a weekend!"



Throughout May and June we also hosted (or will be hosting) the Pharmacology of Cancer Chemotherapy workshops in Brisbane, Sydney and Melbourne for Advanced Trainees in Oncology and Haematology. COSA has hosted these workshops for the last three years, with nearly 200 trainees attending in total. The feedback has been extremely supportive with one delegate commenting "The course helped me clarify a lot of the issues surrounding chemotherapy that people refuse to explain or say I should know these things already and stop asking. The pharmacist presenters are informative and know their chemo well. Information was succinct and relevant. Having done a few years of Oncology, I know what relevant gaps I need to cover, the talks delivered on that. But having done a bit and seen some errors the way chemo is used, this should be a compulsory course!"

## 2017 COSA ASM

I hope to see you all at the 2017 ASM in Sydney this year. Under the expert guidance of our convenor and President Elect, Nick Pavlakis, the Program Committee has developed an excellent program around our themes of immunotherapy and quality and safety in cancer care. By the time you read this report I expect we will have launched the detailed program online at [www.cosa2017.org](http://www.cosa2017.org). Information about registration and abstract submission can also be found there.

**Marie Malica**  
Executive Officer

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## COSA Travel Grants

COSA is pleased to call for travel grant applications from financial Society members to attend the Annual Scientific Meeting (ASM) in Sydney from 13-15 November 2017.

Each grant will be up to the value of \$1,000.

## COSA Trainee Travel Grants

COSA trainee travel grants aim to assist oncology trainees in medical, surgical or radiation oncology to attend the ASM or the Trainees Weekend in Sydney, 11-12 November 2017.

**All travel grant applications close:  
Friday 18 August 2017**

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

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

## Did you know COSA is on social media?



**Please follow us on Twitter**

<https://twitter.com/COSAoncology>



**Like our Facebook Page**

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

# COSA Membership

## COSA memberships are now up for renewal!

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

**To renew your membership please log onto [www.cosa.org.au](http://www.cosa.org.au), if you are due to renew you will be directed straight to the membership renewal page.**

## The membership categories and prices are listed below:

COSA – medical (1 year) .....	\$210
COSA – non medical (1 year) .....	\$125
COSA Student member (1 year).....	no charge
COSA Retiree member (1 year) .....	\$55

\* **Advanced Trainees** are eligible for a COSA non-medical membership for the duration of their training

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

COSA affiliate/associate* members – medical (1 year) .....	\$190
COSA affiliate/associate* members – non-medical (1 year) .....	\$115

\* A list of all current Affiliated and Associated Organisations can be found at [www.cosa.org.au](http://www.cosa.org.au)

## Automated renewal feature

COSA members have the option of annual renewal fees being automatically deducted from their nominated credit card.

If you wish to opt in to automatic annual membership renewal please check the box at the end of the payment section during the renewal process - it's that simple!

## Things you need to know:

- Automatic renewals will be processed in July each year
- If you need to update your credit card details or wish to opt out, you can do so via MY COSA
- COSA does not store your credit card details - they are securely stored with our payment gateway, SecurePay

For automatic annual membership renewal terms and conditions please visit <https://www.cosa.org.au/media/332297/automatic-annual-membership-renewal-tcs.pdf>

For more information regarding Affiliated or Associated Organisation Memberships please contact COSA [cosa@cancer.org.au](mailto:cosa@cancer.org.au)

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



# The Tom Reeve Award for Outstanding Contributions to Cancer Care

The Tom Reeve Award, offered annually by COSA, formally recognises a national leader who has made a significant contribution to cancer care.

**Nominations are now open for the 2017 Tom Reeve Award for Outstanding Contributions to Cancer Care, closing Wednesday 5 July 2017.**

To be eligible nominees must:

- have made a significant contribution to cancer care through research, clinical leadership and/or community service
- have made a substantial contribution over a relatively long period of time
- be nominated by a COSA member and have support from a member of COSA Council
- be an Australian resident

Each nomination should include:

- an explanation of the nominee's work in the area of cancer control or research
- an evaluation of the accomplishments of the nominee
- letters of reference from two individuals from outside the nominees' institution (where applicable). These letters should contain a critical appraisal of the nominee's work

The successful nominee will be presented with a Gold Marryalyan at the COSA Annual Scientific Meeting in November at which he/she will deliver an address highlighting appropriate aspects of their area of professional interest, which will also be published in the Society's journal Cancer Forum.

Nominations and supporting documentation should be sent to [cosa@cancer.org.au](mailto:cosa@cancer.org.au) by **Wednesday 5 July 2017**.



## Previous recipients of the Tom Reeve Award

2016	Prof Fran Boyle AM	2010	Prof John Forbes AM
2015	Prof David Currow	2009	Prof Patsy Yates
2014	Prof John Zalcborg OAM	2008	Prof Lester Peters AM
2013	Prof Ian Frazer AC	2007	Prof Martin Tattersall AO
2012	Prof David Ball	2006	Prof Alan Coates AM
2011	Prof Phyllis Butow AM	2005	Prof Tom Reeve AC CBE



2017 COSA ASM 13-15  
NOVEMBER 2017

IMMUNOTHERAPY: MOLECULES AND MOUNTAINS

INTERNATIONAL CONVENTION  
CENTRE SYDNEY COSA'S 44TH ANNUAL  
SCIENTIFIC MEETING

# Abstract Submission Guidelines

## Online Abstract Submission

Abstract submission is online at  
[www.cosa2017.org](http://www.cosa2017.org)

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

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

1. Abstract submissions close:

**Friday 11 August 2017 – Abstract submissions**

**Friday 7 July 2017 – Symposium submissions** (Please refer to the *Symposium Submission Guidelines for additional information*)

2. Abstracts are invited to be submitted under one of the following categories:

Basic and Translational Research  
Clinical Research  
Education  
Epidemiology  
Health Services  
Supportive Care \*  
Immunotherapy (conference theme)  
Quality and Safety (conference theme)  
Service Provision (poster only) \*\*  
Trials in Progress (poster only) \*\*

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

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

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

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

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

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

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

8. Images are not accepted in abstracts.

## Examples of exemplary abstracts

Please take the time to go to the conference website ([www.cosa2017.org](http://www.cosa2017.org)) to review examples of an exemplary abstract, and abstracts which would not meet the standard required for acceptance.



Clinical  
Oncology  
Society of  
Australia

# 2017 INTERNATIONAL CONVENTION CENTRE SYDNEY COSA ASM

## IMMUNOTHERAPY: MOLECULES AND MOUNTAINS

13-15 **NOVEMBER 2017**

COSA is excited to be bringing the ASM back to Sydney and the new International Convention Centre Sydney at Darling Harbour. Please take note that we have changed our conference schedule slightly and will run from Monday 13 to Wednesday 15 November, with pre-conference workshops on Sunday 12 November.

The theme for COSA's 44th ASM is 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. The inclusion of quality and safety complements the strong molecular and therapeutic theme of immunotherapy. These are hot topics in oncology at the moment, so we are confident we can deliver a program with something for everyone. Overleaf is information about the invited international experts presenting at the ASM, including Matthew Hellmann from MSK in the USA on immunotherapy and Monika Krzyzanowska from Princess Margaret Canada on quality and safety.

### Key dates:

Symposium submission deadline: 7 July 2017

Abstract submission deadline: 11 August 2017

Travel grant applications close: 18 August 2017

Abstract submission notification: 4 September 2017

Early bird registration closes: 15 September 2017

**Nick Pavlakis**  
2017 COSA ASM Convenor



Visit the website for information  
about the program, abstract  
submission and registration

[www.cosa2017.org](http://www.cosa2017.org)



2017 INTERNATIONAL CONVENTION CENTRE  
SYDNEY  
COSA ASM

IMMUNOTHERAPY:  
MOLECULES AND MOUNTAINS

13-15 NOVEMBER 2017

## INVITED INTERNATIONAL SPEAKERS

**Dr Matthew Hellmann** – a medical oncologist from Memorial Sloan Kettering (MSK) in the USA who specialises in the care of patients with lung cancers. He is a member of MSK's Immunotherapeutics Group, where they design and lead early-phase clinical trials of immunotherapies for patients with a variety of cancers.

**Dr Monika Krzyzanowska** – a medical oncologist and health services researcher at the Princess Margaret Cancer Centre in Toronto, Canada. Her research focuses on the science and practice of healthcare quality as it relates to the delivery of cancer care. Dr Krzyzanowska is the Chair Elect of the ASCO Quality Care Symposium.

**Dr Anja Mehnert** – a psychologist at the University Medical Center Leipzig in Germany. Dr Mehnert's main research focus includes the prevalence of mental disorders in cancer patients and the impact of cancer and treatment-related factors. She also has extensive expertise in investigating issues of employment and work in cancer survivorship, as well as distress and demoralization in patients with advanced disease and palliative care.

**Dr Dana Rollison** – Vice President and Chief Data Officer at Moffitt Cancer Center in Florida, USA. Her work bridges analytics strategies across research, clinical and operational areas of the organisation. Dr Rollison's primary research focuses on the potential role of viral infections in cancer etiology and the epidemiology of myelodysplastic syndromes.

**Prof Mary Wells** – Professor of Cancer Nursing Research and Practice at the Nursing, Midwifery and Allied Health Professions Research Unit, University of Stirling, Scotland UK. She is a cancer nurse with a clinical academic background in health services research within oncology.

## AUSTRALIAN SPEAKERS

These world renowned experts will be joined by an esteemed Australian faculty including Jonathan Cebon, David Currow, Jon Emery, Georgina Long, Alex Menzies, Donna Milne, Ian Olver, Richard Scolyer, Mark Shackleton, Shankar Siva, and Christopher Steer just to name a few.

Full details of speakers, the program, abstract submission and registration information is available on the conference website [www.cosa2017.org](http://www.cosa2017.org)

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# COSA Group Reports

## Adolescent and Young Adult Group

The COSA AYA Group has prepared an activity plan for the 2017-18 year which includes group meetings, ongoing work to update and expand the Fertility Guidance and a plan to hold an AYA Clinical Professional Day at the COSA ASM in 2017. A paper was also prepared for COSA Council providing an update on the changing role of the COSA AYA Group in the development of AYA Cancer services in Australia over the last 10 years.

In 2007 COSA convened a forum on AYA Cancer in Sydney to identify key issues to inform the development of the National Service Delivery Framework (NSDF).

The five key elements were:

- Lead adolescent and young adult cancer care sites across Australia
- Access to psychosocial support services and clinical trials
- Comprehensive assessment at diagnosis
- Coordinated care to empower adolescent and young adult decision making
- Expert medical and psychosocial multidisciplinary teams skilled in adolescent and young adult cancer care.

CanTeen with the support of five other NGOs approached the Commonwealth later in 2007 with a request for \$15M in funding for AYA Cancer services across Australia and an offer to match this funding. In 2008, the Commonwealth budget for the 200910 year confirmed \$15M funding to develop AYA cancer centres across Australia to be managed

by CanTeen. This was (and is) a unique example of health service delivery implemented through a contractual agreement between an NGO and the Commonwealth. At that time CanTeen asked the COSA AYA Group to become the expert clinical advisory group for the oversight of the State jurisdictional allocations of funding for implementation of services. A sum of \$3M was set aside from the Commonwealth funds for 6 national projects of which three were managed by COSA. These included forming a national network of health professionals involved in the care of AYA cancer patients, the development of 3 clinical guidances (psychosocial assessment, early detection and fertility) and a clinical trial initiative to improve clinical trial participation and coordination. The other national projects also had significant input by, and advice from, the COSA AYA members.

The COSA AYA Group highlighted the need to ensure service sustainability as an absolute priority for a national youth cancer programme. State governments were asked to commit to leveraging the funds offered by the Commonwealth to provide long term funding viability for their AYA cancer services. In addition to this the COSA AYA Group, led by Dr David Thomas, recognised that as significant numbers of the AYA cancer patients are treated in adult cancer centres, working through the whole of COSA with its strong existing discipline and interest group linkages was the most effective way to influence and support the care of patients treated by medical haematologists and oncologists. This has remained a priority of the Group.

Between 2010 and 2013 AYA cancer services were developed or augmented in all states across Australia with clinical guidance from the COSA AYA Group. The national projects were completed

and COSA hosted a number of Clinical Professional Days at the COSA ASM to provide education and promote networking opportunities for the wider AYA cancer care community.

The unique collaboration between an NGO, the clinical community and state governments led to an offer of a second phase of funding from the Commonwealth. This second round of funding was for \$18.2M. It began in July 2013 and was rebranded at that time as the Youth Cancer Service (YCS). Along with the new name, CanTeen decided to form a separate Youth Cancer Advisory Committee and no longer require input from the COSA AYA Group - including for any ongoing national initiatives or projects. However many of the COSA AYA Group members are involved with the YCS at jurisdictional and advisory committee levels. As Chair of the AYA Group I am a member of the YCS Research Advisory Group established in 2014 and participated in a recent review and update of the NSDF. Recently the YCS has entered into negotiations with jurisdictions regarding a third phase of Commonwealth funding and are likely to receive another \$18M over 3 years.

The changes outlined above have by necessity changed the role of the COSA AYA Group. As many of the Group are involved with the various aspects of the YCS we have been very cognisant of not unnecessarily overloading members by duplicating work being done by the YCS. However there are 3 areas in particular where a specific AYA Group within COSA remains essential:

1. Maintain the linkages with other professional groups, interest groups and clinical trial groups which make up COSA's broad membership
2. Remain an independent group with an ability to advocate utilising COSA's

connections with government and non-government organisations including clinical and non-clinical groups.

3. Continue to educate and inform the wider cancer community through COSA regarding AYA oncology matters.

For the last 10 years the COSA AYA Group has significantly influenced the changing landscape of AYA cancer services in Australia. The Group will continue to provide clinical, professional, educational and research leadership in the field of AYA cancer in Australia.

## Fertility Guidance Update

Plans for the group this year include continuing work on the review and expansion of the COSA AYA Fertility guidance to encompass paediatric patients and adults with cancer and incorporating the many major advances in the field of sexual and reproductive medicine. This widened scope has significantly increased the investment of time and project management assistance required for completion of the updated guidance. In February 2015, COSA Council approved a proposal to update the Fertility Preservation Guidance and expand the age range to include all cancer patients of reproductive age (children, AYAs and adults up to 45 years). Antoinette Anazodo and Kate Stern are co-Chairs for the project, and COSA project management support is being provided under the AYA Group.

The past year has involved a rigorous process of reviewing the guidance layout (now to be ordered by clinical question rather than by topic), scope (additional topics of sexual health and ethics have been added), clinical questions (the original 10 have been expanded to 23) and Working Group (now incorporating 21 experts to reflect the new scope and clinical questions).

A teleconference was held on 7 March 2017, where the final section headings, clinical questions and key writers were approved. A full project plan is currently

being put together, including estimated timelines and budget. Work will begin shortly on the literature review phase.

## Clinical Professional Day (CPD)

The COSA AYA Group plan to continue holding Clinical Professional Days at the COSA ASM. A programme proposal for a CPD has been submitted for consideration of sponsorship to be held at this year's ASM in Sydney. A planning teleconference has been held and the topics suggested for this year's CPD include Medulloblastoma/ Brain Cancer/ Immunotherapy (including case studies and in line with the ASM theme)/Gynaecological cancer/ Germ Cell Tumours/ Psychosocial/Supportive care and an update on the Fertility Guidance. It would be held on Sunday 12 November before the 2017 COSA ASM in Sydney. The target audience, will as always, include medical, nursing and allied health professionals, including those with psychosocial backgrounds. It is hoped some of the speakers confirmed for the COSA ASM will be available for participation in the AYA CPD. Note that case studies have been highly rated in the past and previous participants have expressed an expectation that the programme will include this type of activity.

## Membership

The AYA Group always welcomes new members. With COSA membership renewal currently open I would encourage any COSA members with an interest in AYA activity to please select us as a group membership or an area of interest.

After a little over five year years of leading the COSA AYA Group it may be time for me to step down and a new Group Chair be appointed. As per the Group's Terms of Reference we will soon put out a call for nominations from the COSA membership for the Chair position. The role of Group Chair includes representing the AYA Group on COSA Council which meets three times a year. If you are passionate about AYA

activity I would encourage you to nominate for this very rewarding role.

The AYA Group Terms of Reference (ToR) are also due to be updated. We aim to have a list of new members and these updated ToR included on the agenda for the next Executive Committee meeting in July, with the goal of submitting them to the COSA Council meeting for approval in August 2017.

**Wayne Nicholls**  
*Chair, Adolescent and Young Group*  
[Wayne.Nicholls@health.qld.gov.au](mailto:Wayne.Nicholls@health.qld.gov.au)

## Cancer Care Coordination Group

The Cancer Care Coordination Group is continuing to progress our activities and we are pleased that we will be incorporating a care coordination perspective this year at the 2017 COSA ASM in Sydney. Many of you will be aware that the main conference theme is *Immunotherapy*, but we are building a concurrent session around the sub-theme *Quality and safety in cancer care*. We expect this session - **Reforming Cancer Care** – will help us explore the issues around coordinating cancer care in today's health care environment, the implications of primary health care reform for cancer care, and the opportunities and challenges associated with implementing optimal care pathways.

We are most fortunate that Mary Wells, Professor of Cancer Nursing Research and Practice (University of Stirling, Scotland UK) has agreed to present at the 2017 COSA ASM. Prof Wells is a cancer nurse who will be known to many of you, and has a clinical academic background in health services research within oncology, as well as working in a variety of leadership, clinical and research posts. We are looking forward to learning from Prof Wells' experiences with system level reform in the UK. We hope you will be able to join us in Sydney

and suggest you save the dates Monday 13 November to Wednesday 15 November 2017.

I would also like to encourage our members to submit an abstract to the 2017 COSA ASM. Many of our Group members are engaged in important research and other activities that are particularly relevant to the ASM quality-safety subtheme, and this forum provides a valuable opportunity to share your expertise and learnings with colleagues. A reminder also that travel grants are available from COSA to support ASM attendance if you have an abstract accepted for presentation at the meeting (either oral or poster). Please visit [www.cosa2017.org](http://www.cosa2017.org) for more details.

The Group is continuing its role of providing education and professional development, and the Professional Development Committee is currently developing the next webinar under the leadership of Liz Zwart. The Professional Development Committee is working on a webinar theme that promises to be appealing across the board to many care coordinators, while providing content that is both educational and engaging. We will keep you posted as the webinar details are confirmed.

As noted in the last edition of Marryalyan, we also plan to conduct a survey to help us understand the changing healthcare landscape and the implications of this for the evolving role of the cancer care coordinator, and the range of care coordination strategies employed across the cancer trajectory. We are in the process of finalising a draft and hope to distribute this over the coming months.

I would also like to draw your attention to the latest version of the Oncology Nurse Navigator (ONN) Competencies, which are now available at <https://www.ons.org/practice-resources/competencies>. These outline the fundamental knowledge, skills and expertise required to perform proficiently in this role, and the 2017 edition provides information on financial

hardship, patient resources, leadership and shared decision-making, as well as new expert level competencies.

I encourage anyone who wants to get more involved with our Group activities to get in touch via Gillian Mackay (COSA Project Manager, [gillian.mackay@cancer.org.au](mailto:gillian.mackay@cancer.org.au)). We are keen to get more input from our Group members for our future issues of The Coordinator, so please consider sharing details about your activities, research, publications or presentations in the next edition.

**Patsy Yates**  
*Chair, Cancer Care Coordination Group*  
[p.yates@qut.edu.au](mailto:p.yates@qut.edu.au)

## Cancer Pharmacists Group



The CPG remains as busy as ever, especially with educational opportunities for our members.

### CPG Foundation Clinical Practice for Cancer Pharmacists Course

5-7 May 2017  
Brisbane

As I write this, we have just come off another very successful weekend of education for our foundation level cancer pharmacists. This year marked our 10th year of running this ever-popular course which is designed to provide less experienced pharmacists who are relatively new to the field of cancer with a solid grounding in cancer therapeutics and disease management. In addition, the course offered the 65 attendees this year an opportunity to network with

their peers with similar experience as well as with the experienced cancer pharmacists who presented. This year there were some major changes to the program which meant starting on a Friday evening and finishing on Sunday afternoon. This allowed us to expand the course to incorporate new sessions on immunotherapy, oral chemotherapy, medication safety and a workshop on "understanding chemotherapy protocols". We await feedback from those who attended to ensure this course remains relevant and continues to meet the needs of cancer pharmacists.

### CPG Advanced Clinical Practice for Cancer Pharmacists Course

21-22 October 2017  
Melbourne

We are in the planning stages of running our 7th Advanced Course with an exciting program being developed. The draft program will be available soon and registrations will be open soon after. More news to follow imminently!

### Revision of the COSA Chemotherapy Guidelines

As previously reported in the Marryalyan, the 2010 COSA guidelines for the safe prescribing, dispensing and administration of cancer chemotherapy are being updated by a multidisciplinary working group which includes medical oncologists, pharmacists and nurses. These guidelines aim to prevent medication errors and patient harm by standardising the complex process of providing medications for the treatment of cancer.

In the revised guidelines, sections on dosage calculation have been expanded for adults and children and issues relating to high risk cancer medications such as vinca alkaloids, etoposide and bortezomib have been included. New sections have been added on complementary and



alternative medicines (CAMS), higher risk populations (specifically geriatrics and paediatrics) and electronic management and prescribing systems. A glossary of terms has also been included.

The updated guidelines follow the Cancer Council Australia's guideline development methodology and format for web-based clinical practice guidelines on the wiki platform. The guidelines are now presented in the format of 37 clinical questions with consensus based recommendations and practice points. The questions have been organised to initially address the general principles and processes related to the safe provision of cancer therapy, followed by specific sections on the prescribing, dispensing and administration of cancer therapy.

The 4 week public consultation has just commenced at the end of May and will be open until Friday 23rd June. The guidelines can be viewed at: [http://wiki.cancer.org.au/australia/COSA:Cancer\\_chemotherapy\\_medication\\_safety\\_guidelines](http://wiki.cancer.org.au/australia/COSA:Cancer_chemotherapy_medication_safety_guidelines).

We encourage you and your colleagues to visit the site and make comments. At the end of the consultation period, the guidelines will be revised by the working group to incorporate feedback prior to the official launch in mid-2017.

## Etoposide supply issues – update

As many members will be aware, etoposide phosphate (Etopophos®) continues to be out of stock with the manufacturer due to an active ingredient issue. Some sites continue to ration stock for certain patient groups while others have switched all their patients over to the etoposide base formulation, having run out of the Etopophos® brand. The latest information from Bristol Myers Squibb (the manufacturer) indicates that normal supply should resume from approximately August 2017. This will hopefully be confirmed in the coming weeks. Once supply resumes, care will need to be taken to ensure safe re-introduction of the Etopophos® formulation into clinical protocols.

## COSA Pharmacology of Cancer Chemotherapy Workshops for Medical Oncology/Haematology Advanced Trainees

These workshops, which have been developed and are run by CPG members Dr Christine Carrington and Dan McKavanagh, provide detailed content on the pharmacology of cancer. They are designed to improve knowledge

of advanced trainees on principles of cancer chemotherapy, the pharmacology of different classes of therapeutics, the protocols used in treating patients and provide a forum for peer discussion on principles of cancer therapy. May was a busy month with one day courses being run in Brisbane and Sydney with Melbourne's workshop running in June.

## 2017 COSA ASM International Convention Centre, Sydney

13-15 November 2017

This year's ASM in Sydney promises to be a bumper conference for cancer pharmacists, with the themes of immunotherapy and safety and quality in cancer care of huge interest and importance to our members. Deirdre D'Souza is doing a great job representing the CPG on the organising committee with a number of relevant sessions for pharmacists planned including cost and value in cancer (in the context of immunotherapy), innovative ways of delivering care, immunotherapy toxicities, the popular Medicine Matters session, oral cancer treatment and much more. I would highly recommend that cancer pharmacists with an interest in advancing clinical care for those with cancer attend this fantastic conference (which should apply to all of us!).

With best wishes

**Michael Powell**  
Chair, Cancer Pharmacists Group  
[michael.powell@health.qld.gov.au](mailto:michael.powell@health.qld.gov.au)

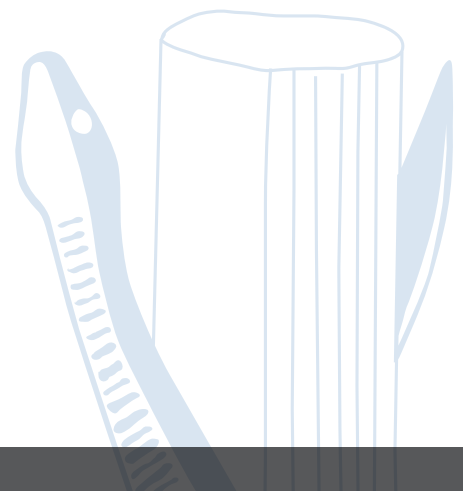


## Cancer Therapy Medication Safety Guidelines CONSULTATION NOW OPEN

We are pleased to announce that the COSA guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy are now available on the Cancer Guidelines Wiki: [http://wiki.cancer.org.au/australia/COSA:Cancer\\_chemotherapy\\_medication\\_safety\\_guidelines](http://wiki.cancer.org.au/australia/COSA:Cancer_chemotherapy_medication_safety_guidelines).

The guidelines have been extensively updated by a multidisciplinary working group over the past 12 months and are open for consultation until **Friday 23rd June**.

We hope you will find these guidelines useful and encourage you and your colleagues to visit the site and make comments. At the end of the consultation period, the guidelines will be revised by the working group to incorporate feedback.



## Clinical Trials Research Professionals Group

Members of the CTRPG Executive Committee broadly represent regional and metropolitan clinical trials research organisations across Australia. Our current committee includes: Annette Cubitt, Clinical Trial Manager, Royal Brisbane and Women's Hospital, QLD (Deputy Chair); Alison Coote, Clinical Trials Coordinator, Orange Health Service, NSW (Secretary); Alison Richards, Clinical Trials Manager, Flinders Medical Centre, SA; Natasha Roberts, Research Coordinator, Royal Brisbane and Women's Hospital, QLD; Leonie Kelly, Lecturer, University of Newcastle, Newcastle, NSW; Sanela Bilic, Project Manager, Gynaecological Cancer Research Group, Subiaco, WA; and, Joanne Hakanson, Manager Cancer Clinical Trials Centre, The Austin Hospital, VIC.

The committee meets regularly by teleconference and I am pleased to report that during the first half of the year significant progress has been made on our project plan for 2017-18. Our overall aim is to improve quality standards of research within the scope of clinical trials management. Examples of work in progress this year include:

- Developing an agenda for a proposed Clinical Professional Day Workshop on Sunday 12th November prior to the COSA Annual Meeting in Sydney
- Documenting site Standard Operating Procedure templates to be loaded on the COSA website. A review of available SOPs has been completed, a set of clear and concise SOPs will be developed which provide a framework to help ensure a consistent approach, in compliance with GCP guidelines is undertaken in the conduct of clinical trials
- Developing clinical trial coordination 'hints and tips' documents which cover

standard everyday processes and can be used as handy reference tools to supplement site SOPs

An agenda has been drafted for a Clinical Professional Day (CPD) Workshop to be held on 12th November in Sydney, including topics based on suggestions received from our members during the 2016 CTRPG Annual General Meeting. The selected topics will be educational, relevant to clinical trials research professionals and presented in a supportive environment where interaction is encouraged. A session is proposed on the role of research professionals in the patient consent process. Participant information statements continue to increase in length and complexity, and the focus is often on the paperwork rather than the process. During this session tools that are available to support the consent process will be highlighted as well as the management of issues that arise during trials, e.g., reconsent and results being released, or the unblinding of randomized treatment arms.

Many people would like to improve their understanding of key statistical concepts and terminology related to clinical trials methodology, data analyses and the interpretation of trial results published in medical journals. An experienced statistician will lead this session, the format will be relaxed with didactic and interactive methods used; analysis of a couple of research articles is also planned.

Response Evaluation Criteria in Solid Tumours (RECIST) was created by the National Cancer Institute of the United States, the National Cancer Institute of Canada Clinical Trials Group and the European Organisation for Research and Treatment of Cancer. RECIST is designed to provide a clear set of criteria to evaluate the progression, stabilization or responsiveness of tumors. Based on RECIST results, a drug may be chosen to move through additional clinical trial phases. An update on how changes in tumour burden are assessed in clinical trials using RECIST criteria is planned

during the CPD Workshop.

A reminder that the "Discussion" tabs on the Group area of the COSA website can be used to raise a question and to communicate with the CTRPG Executive Committee. Anyone seeking advice about clinical trials management, ethics and governance issues or training opportunities can enter a query on the website; members of the CTRPG Executive Committee will do our best to provide a helpful and informative response.

While much progress has been achieved, further improvements in timeliness, efficiency, and operational effectiveness will help ensure that cancer clinical trials research in Australia continues to improve outcomes for patients. The aim of the CTRPG is to support this process by doing all that we can to foster high quality clinical trials and research processes. Please support our proposed Clinical Professional Day Workshop by registering as soon as the facility opens on the COSA ASM website [www.cosa2017.org](http://www.cosa2017.org). Please do not hesitate to contact members of the committee; our email addresses are available on the COSA website. The committee and I look forward to the opportunity to meet and network with our colleagues during the COSA ASM in November.

**Dianne Lindsay**  
*Chair, Clinical Trials Research  
Professionals Group*  
[DLindsayConsulting@bigpond.com](mailto:DLindsayConsulting@bigpond.com)

## Complementary and Integrative Therapies Group

### 2017 COSA ASM

NSW CIT's Group members have been working hard on developing some great activities around the COSA ASM and in particular a Clinical Professional Day:

Enhanced Supportive Cancer Care.

The workshop will include an overview of enhanced supportive care therapies offered in cancer centres, nonpharmacological approaches to symptom control, medicinal cannabis in symptom management in cancer and emerging evidence for optimising the gut microbiome.

As always CIT Group members around the country are encouraged to submit papers and posters to be showcased at our ASM.

## Key published papers

In newly updated clinical guidelines from Society of Integrative Oncology researchers analysed which integrative treatments are most effective and safe for patients with breast cancer. This systematic review adds to the growing literature on integrative therapies for patients with breast cancer and other cancer populations. The latest results are published online and in print in CA: A Cancer Journal for Clinicians, a publication of the American Cancer Society: <http://onlinelibrary.wiley.com/doi/10.3322/caac.21397/full>

The researchers evaluated more than 80 different therapies and developed grades of evidence. Based on those findings, the Society for Integrative Oncology makes the following recommendations:

- Use of music therapy, meditation, stress management and yoga for anxiety and stress reduction
- Use of meditation, relaxation, yoga, massage and music therapy for depression and mood disorders
- Use of meditation and yoga to improve quality of life
- Use of acupressure and acupuncture for reducing chemotherapy-induced nausea and vomiting
- A lack of strong evidence supporting the use of ingested dietary supplements or botanical natural

products as part of supportive care and/or to manage breast cancer treatment-related side effects

### **Impact of Eischens Yoga During Radiation Therapy on Prostate Cancer Patient Symptoms and Quality of Life: A Randomized Phase II Trial. International Journal of Radiation Oncology\*Biologics\*Physics, 2017**

A randomised study has found that twice-weekly 75 minute yoga regimen appears to have beneficial effects on fatigue, erectile dysfunction, urinary symptoms, and quality of life in prostate cancer patients undergoing radiation therapy. Yoga participants fared better than patients who did not participate in yoga therapy.

### **What risks do herbal products pose to the Australian community?**

[www.mja.com.au/system/files/issues/206\\_02/10.5694mja16.00614.pdf](http://www.mja.com.au/system/files/issues/206_02/10.5694mja16.00614.pdf)

Researchers led by the University of Adelaide reviewed the findings from 52 studies of herbal medicines and toxicology. The lead author, pathology professor Roger Byard, said the Therapeutic Goods Administration (TGA) should require independent testing of herbal medicines before placing them on the market, and that legal action should be considered when products did not comply with regulations. The products should also be closely monitored once on the market.

**Paul Katris**  
**Chair, Complementary and Integrative Therapies Group**  
[PKatris@cancerwa.asn.au](mailto:PKatris@cancerwa.asn.au)

## Exercise and Cancer Group

The Exercise and Cancer Group is committed to progressing a national approach to the implementation of exercise in cancer care. A fundamental element of this is to develop a COSA position statement on exercise in cancer care, which will act to endorse existing evidence based guidelines and apply them to the Australian setting, and this has been the focus of our activities over the past months.

COSA membership consultation on the position statement was initially launched at the 2016 Annual Scientific Meeting (ASM), and the Group's exhibition booth was used to raise awareness about this and encourage membership engagement. The draft position statement was formally distributed by COSA to all members in February 2017 for a 4-week consultation period, and we were very pleased with the positive and constructive suggestions put forward, and for the level of support expressed by COSA members for the creation of this statement. The position statement is close to being finalised and our Group will be seeking COSA Council endorsement in the coming months.

This position statement will provide the exercise group with an advocacy platform and will be a pivotal resource to guide our future activities. Once endorsed, we will turn our focus to its dissemination to our key stakeholders. We will also develop resources that target members of the multidisciplinary cancer team and people with cancer, with the aim of facilitating adherence to the calls made within the position statement (i.e. increased recommendations to exercise, referrals to exercise specialists and participation in exercise). We look forward to keeping you up-to-date as these initiatives develop.

The Exercise and Cancer Group also plans to maintain our presence at this year's ASM, and has a representative on the organising committee. The 2017 COSA





ASM is in Sydney from 13-15 November and this year's theme of Immunotherapy promises to deliver a fascinating program on this rapidly developing field. The concurrent session – *Living Well with Immunotherapies* – will be of particular interest to our Group, and I hope to see many of you there!

Exercise was well represented at the 2016 COSA ASM and I encourage everyone to consider submitting an abstract this year, so our Group can continue to share our expertise with our colleagues at this important forum. Remember, if you have an abstract accepted (oral or poster), you can apply for a travel grant to support your attendance at the ASM – please visit [www.cosa2017.org](http://www.cosa2017.org) for more details.

A reminder as well that if you would like to participate in the Exercise and Cancer Group or simply be kept informed of our activities, 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*  
[p.cormie@acu.edu.au](mailto:p.cormie@acu.edu.au)

## Geriatric Oncology Group

The Geriatric Oncology Group aims to improve outcomes for older adults affected by cancer and we received in-principle support for our renewed directions at the recent COSA Council meeting. We have formed two main working groups to progress our body of work, and our activities this year have been focussing on these areas:

**Research Working Group** – A second “workshop by teleconference” was held in May 2017 following the success of our pilot in November 2016. Research

concepts are submitted for expert review, and a teleconference is convened at which applicants present and discuss their studies with reviewers. Input is provided to help refine each concept into a feasible research proposal, and we hope this forum will help develop research capacity and collaborative networks, and increase the quality and quantity of geriatric oncology research in Australia.

### **Guidelines Development Working**

**Group** – Progress is being made in considering the development of guidelines/practice points to help improve the clinical management of older adults with cancer. This Working Group is currently developing the guideline framework and hopes to confirm support in the coming months to further this work. We will be looking to draw upon the multidisciplinary skills, interests and expertise of COSA members throughout the development process, and look forward to keeping you up-to-date as we progress.

We have also renewed our **Executive** and I thank Christopher Steer, Jane Phillips, Kheng Soo and Timothy To for their ongoing commitment to lead Group activities. COSA Council has approved our updated Terms of Reference, which now reflect the Group's strategic directions.

The Group also continues to support the education of our members, and has developed **GO eNews** as a periodic e-newsletter to help share geriatric oncology information from an Australian perspective. I encourage all members to contribute to this forum and share your research, publications, events and activities with your colleagues. Please contact Gillian Mackay ([gillian.mackay@cancer.org.au](mailto:gillian.mackay@cancer.org.au)) to contribute content for future editions of *GO eNews*. A reminder that you can view the previous editions of *GO eNews*, as well as recordings of the geriatric oncology session from the COSA 2016 ASM, via the Resources section on our Group page on the COSA website [www.cosa.org.au/groups/geriatric-oncology/resources/](http://www.cosa.org.au/groups/geriatric-oncology/resources/). This page also

provides a range of reports and links to publications that many will find of interest.

**Meera Agar**  
*Chair, Geriatric Oncology Group*  
[Meera.Agar@uts.edu.au](mailto:Meera.Agar@uts.edu.au)

## Nutrition Group

The Nutrition Group, in collaboration with the Cancer Nurses Society of Australia, will be holding a nutrition and cancer masterclass for nurses at the upcoming COSA ASM in Sydney. The masterclass will be held as a pre-conference workshop and is kindly sponsored by Nutricia. The aim of the masterclass is to provide evidence-based information on nutrition and cancer to support nurses in their day-to-day clinical practice and care of people with cancer. Topics include:

- The physiology and consequences of cancer malnutrition and cachexia
- Dietary manipulation following a cancer diagnosis including taste changes and nutritional management of neuroendocrine tumours
- Myth busting – the evidence and truth behind common misconceptions about nutrition during and post cancer
- The impact of celebrity and wellness bloggers social media nutrition messages on cancer care
- Multidisciplinary models of nutrition care across various treatment settings

The masterclass will include case studies and interactive discussions on the current challenges in nutrition and cancer.

**Nicole Kiss**  
*Chair, Nutrition Group*  
[Nicole.Kiss@petermac.org](mailto:Nicole.Kiss@petermac.org)

## Psycho-Oncology Group

Again it is count down time until abstracts are due for the 2017 COSA ASM. This meeting will, after a few years of absence, return to Sydney and will be hosted in the newly opened International Convention Centre at Darling Harbour. Our conference themes are immunotherapy and quality and safety and psycho-oncology have invited Anja Mehnert, chair of the Department of Medical Psychology and Medical Sociology at the University Medical Center Leipzig, Germany. Registrations are now open and abstracts close 11 August. It promises to be another inspiring Annual Scientific Meeting.

I look forward to seeing you at COSA ASM. Please do get in contact with me if you have any ideas you would like to share.

**Laura Kirsten**  
*Chair, Psycho-Oncology Group*  
[laura.kirsten@health.nsw.gov.au](mailto:laura.kirsten@health.nsw.gov.au)

## Rare Cancers Group

The start of 2017 has been an eventful one for the Group. Highlights so far include:

### The Senate enquiry into low survival cancers

Over 230 submissions were made to the Senate Select Committee into Funding for Research into Cancers with Low Survival. A common theme was the relative poor outcomes and lack of improvements for patients with rare and less common cancers corresponding with a relative lack of research funding. These submission, including over 180 from individual consumers, highlighted barriers that patients with rare cancers face. Thoughtful strategies for improving funding equity; novel clinical trial designs and proposals for

national frameworks to improve both clinical and research outcomes were provided.

### Launch of NOMINATOR

NOMINATOR (Genomic Matching Treatment for Rare Cancers) is the first clinical trial developed under the auspices of the Rare Cancer Group. Initiation of the first study site (The Peter MacCallum Cancer Centre, VIC) happened in May and other sites will soon follow, including: the Royal Adelaide Hospital; St John of God Subiaco Hospital; the Royal Brisbane and Women's Hospital; and the Royal North Shore Hospital. NOMINATOR will assess the feasibility and value of performing genomic testing of rare cancers and in facilitating access to treatment for rare cancers where no other reasonable options exist. Target accrual will be 100 participants (20 patients per state) over a 2-year period.

### A national rare cancer clinical and specimen database

The database underpinning the WEHI Stafford Fox Rare Cancer Program is under construction and is expected to undergo internal testing by the end of the first half of 2017. The database will be a nationally accessible database of clinically annotated rare cancer patient samples, with researchers able to access de-identified data and samples through a streamlined approval process. The database is being developed by BioGrid utilising the REDCap platform that will hopefully allow for future international implementations, and allow more meaningful research into super rare cancers.

The COSA Rare Cancers Group continues to work toward building national frameworks to allow all patients with a rare cancer diagnosis access to expert pathology, clinical and molecular opinions, as well as to both streamline and improve access to available clinical trials.

**Clare Scott**  
*Chair, Rare Cancers Group*  
[scottc@wehi.edu.au](mailto:scottc@wehi.edu.au)

## Regional and Rural Group

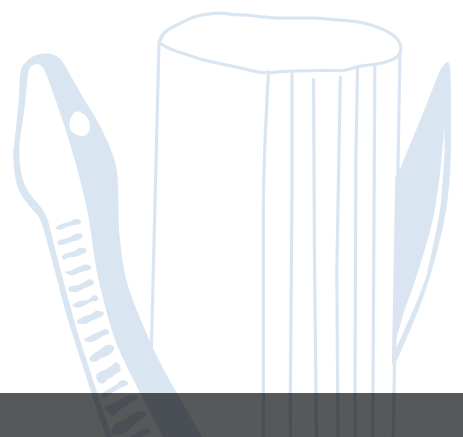
The Australasian Tele-Trial Model uses tele-health to enable clinicians from larger centres (primary sites) to enrol, consent and treat patients on clinical trials at regional and rural centres (satellite sites).

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).

The funded project will begin shortly, with the next steps being to further develop the core principles of the model through the selection of suitable trials from cancer trials groups and industry. A number of regional centres across Australia are already in the process of establishing tele-trial procedures or conducting tele-trials and another key aim will be to consolidate these efforts and collaborate on governance arrangements.

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](mailto:sabe.sabesan@health.qld.gov.au)



## Survivorship Group

COSA-FCIC  
Survivorship Conference  
2-3 February 2017

*Pathways to better policy  
and practice.*

This conference delivered an outstanding program, once again bridging the gaps between cancer survivors, consumer advocates, policymakers, clinicians, and researchers. We had strong representation of consumers in the program and the audience, with much dialogue and advice in all directions.

Highlights were definitely the wonderfully energetic presentations from Jane Maher, Clinical Director of MacMillan the peak cancer charity in the UK at the moment. Jane's insights into effective program development and roll out across very diverse communities in the UK demonstrates what can be done with thoughtful use of resources. Her honesty and openness in discussing her own journey of bereavement and recovery after the sudden death of her husband was inspiring – an almost unimaginable shift from classical music to rock and roll and a quest to meet Keith Richards – and a perfect fit in a session on healing through the arts. This novel session practically demonstrated the power of music, song writing, and art, in expressing the challenges and joy of inhabiting the cancer world for patients, survivors, and health professionals alike; none of us are untouched and the musical performance by Jenny Donovan, David Joske, and Janette Vardy closed the first day of the conference with 'What a wonderful world'.

We recognized the contribution of John Stubbs to the Australian cancer world with his being presented the Ashleigh Moore Award. It was a time to reflect on the contribution of so many survivors and



advocates, some of whom are no longer with us. The remainder of the conference stayed focused on areas of concerns for survivors and those who care for them. Particularly topical was the session discussing survivorship when cancer cannot be cured, followed closely by what we do not talk about, and yes it was sex, kids, family, and money!

With a panel discussion to close the conference, we certainly left with the feeling that we are not alone and that while there is much to be done, we have the people, knowledge, and good will to continue improving the lives of those living after a cancer diagnosis.



L-R: Bogda Koczvara AM, Ross McKinnon, Julie Marker and John Stubbs

If you are interested in hearing more about the conference you can see the twitter summary at: <https://storify.com/hagsie/survivorship-conference-2017>

### Survivorship Resources

There are a growing number of resources aimed at both cancer survivors, their families, and the health professionals involved in their care developing. We are aiming to link to many of these resources through the Survivorship Section of the COSA website – so if you have resources

you use, have developed, and would like to share please make sure you send them into us for inclusion on the website.

<https://www.cosa.org.au/groups/survivorship/resources/>

Examples of some recently available resources include:

Finding My Way an internet-based intervention providing a convenient access to information and skills to help patients improve their physical and mental well-being during and after treatment.

<https://www.findingmyway.org.au>

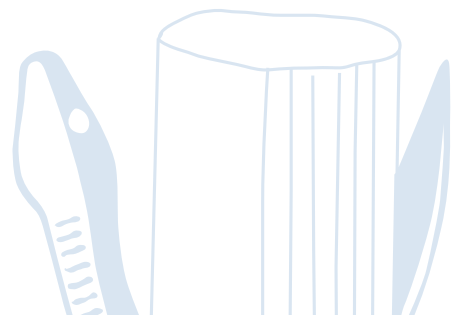
Work After Cancer a resource to support cancer survivors with work after their diagnosis and treatment. The resources are freely available on a website

<http://workaftercancer.com.au>

### 2017 COSA ASM

Finally, I know November seems a long way away right now but it is time to start thinking about abstracts and preparing to meet with colleagues and friends at COSA's Annual Scientific Meeting. I can't wait to see you all discussing and debating the progress that has been made across the 12 months since we last met.

**Haryana Dhillon**  
**Chair, Survivorship Group**  
[haryana.dhillon@sydney.edu.au](mailto: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:

### New Opportunities in Collaboration with Merck

The Merck-AGITG Clinical Research Fellowship in GI Cancer valued at \$75,000 will provide an opportunity for a senior Medical Oncology trainee to learn from experts in GI cancer at The Royal Marsden Hospital in London. The Fellowship will contribute to efforts to develop further collaboration between the AGITG and leading research institutes in the United Kingdom. Merck have committed to a further \$75,000 for the Merck-AGITG Fellowship in 2019.

Merck has also provided funding to support a clinician undertaking a higher degree (MD, PhD) to research an aspect of personalised medicine in the area of colorectal cancer. The Kristian Anderson Award will provide one year's funding at an equivalent level to the NHMRC support for a higher degree (\$36,700). This would be the first year of the planned three year project and is aimed at enabling clinicians to be more competitive for NHMRC or other funding agency support in subsequent years. The successful

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

Australasian Gastro-Intestinal Trials Group



### International Guest Speakers

- **Professor Eileen O'Reilly**  
Memorial Sloan Kettering Cancer Centre,  
New York City, USA
- **Associate Professor Ghassan Abou-Alfa**  
Memorial Sloan Kettering Cancer Centre,  
New York City, USA
- **Associate Professor Thierry Alcindor**  
McGill University, Montreal /  
Canadian Cancer Trials Group, Canada
- **Dr Ian Chau**  
The Royal Marsden Hospital, London, UK
- **Professor Karyn Goodman**  
University of Colorado, Denver, USA
- **Professor John V. Reynolds**  
St. James's Hospital and Trinity College,  
Dublin, Ireland (ANZGOSA Guest Speaker)

[www.agitg.org.au](http://www.agitg.org.au)



We hope to see you at the Cairns Convention Centre this October.

candidate will be responsible for securing funds to support subsequent years.

For more information on both opportunities go to: [agitg.org.au/GZdl6](http://agitg.org.au/GZdl6)

### AGITG Innovation Fund

The AGITG Innovation Fund is an annual grant to encourage leadership in the design and conduct of AGITG investigator-initiated clinical trials. The Fund is made possible through generous contributions from the Spencer Gibson Foundation, the His Honour Alan Bishop Fund and donations raised through the GI Cancer Institute's Gutsy Challenge.

AGITG members can apply for up to \$200,000 to support a new AGITG

pilot trial. Applications close on July 26.  
Information: [agitg.org.au/8mY84](http://agitg.org.au/8mY84)

### CommNETS abstract presented at ASCO GI Cancers Symposium

The CommNETS abstract: Development of follow up recommendations for completely resected gastroenteropancreatic neuroendocrine tumours (GEP-NETS): Practice Survey of Commonwealth Neuroendocrine Tumour Collaboration (CommNETS) in conjunction with North American Neuroendocrine Tumour Society (NANETS), was given an oral presentation at the American Society of Clinical Oncology (ASCO) GI Cancers Symposium in January 2017.

## Best of JCO 2017 Gastrointestinal Cancer Edition

The AGITG INTEGRATE clinical trial was accepted into the best of Journal of Clinical Oncology Gastrointestinal Cancer edition: Regorafenib for the Treatment of Advanced Gastric Cancer (INTEGRATE): A Multinational Placebo-Controlled Phase II Trial. ALaCaRT selected as “best of” by ASCO.

## Advanced GIST trial to be published in JCO

The Advanced GIST manuscript “Ten-year progression-free and overall survival in patients with unresectable or metastatic gastrointestinal stromal tumours (GIST). Long-term analysis of the EORTC, ISG, AGITG intergroup Phase III randomized trial on imatinib at two dose levels,” has been accepted for publication in Journal of Clinical Oncology.

## AGITG Consumer Advisory Panel submission to Senate Inquiry

On 29 November 2016 the Senate established a select committee known as the Select Committee into Funding for Research into Cancers with Low Survival Rates to inquire and report on the impact of health research funding models on the availability of funding for research into cancers with low survival rates. To improve funding ratios for rare cancers the AGITG Consumer Advisory Panel made a submission with several recommendations. Information: [agitg.org.au/89hOv](http://agitg.org.au/89hOv)

## AGITG Trials Open to Recruitment

**ASCOLT** - Aspirin for Dukes C and High Risk Dukes B Colorectal Cancers, An international, Multicentre, Double Blind, Randomised Placebo Controlled Phase III Trial.

**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.

**TOP GEAR** - A randomised phase II/III trial of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer.

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

**ALT-GIST** - A randomised phase II trial of imatinib alternating with regorafenib compared to imatinib alone for the first line treatment of advanced gastrointestinal stromal tumour (GIST).

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

**CONTROL NETS** - Capecitabine ON Temozolomide Radionuclide therapy Octreotate Lutetium-177 NeuroEndocrine Tumours Study

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

For information on AGITG trials: [agitg.org.au/O294G](http://agitg.org.au/O294G)

## Meetings and Events

### AGITG Preceptorship in Upper GI Cancer – Gold Coast 5-6 May

Convenor Professor Eva Segelov and Co convenor Dr Lorraine Chantrill led the two day intensive learning course based on complete review of literature to understand evolution of treatment for Upper GI

Cancer in the context of current treatment paradigms.

### 19th AGITG Annual Scientific Meeting – Cairns Convention Centre 4-6 October

The program consists of three days of keynote sessions featuring international guest speakers, plenary and symposia sessions, trials presentations, poster session, new concepts symposium and workshops. On Thursday 5 October, the AGITG program will be combined with the Australia and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA) Annual Meeting.

AGITG is offering a scholarship to every active AGITG site, grants to Registrars and Fellows and reduced registration rates to Data Managers, Registrars and Fellows. Information: [agitg.asnevents.com.au](http://agitg.asnevents.com.au)

### CommNETS – Honolulu 8-10 December

The Commonwealth Neuroendocrine Tumour Collaboration (CommNETS) 2017 meeting will build upon success of the CommNETS meetings held in 2015 and 2016. The meeting will again bring together leaders in the field - NET clinicians, researchers and consumers from across Australia, New Zealand & Canada. Information: [agitg.org.au/commnets](http://agitg.org.au/commnets)

### Gutsy Challenge

In August 2017, 16 intrepid trekkers will be hiking the Larapinta Trail in the Northern Territory with Dr Lorraine Chantrill and in late December 2017 seven gutsy climbers will be scaling Mt Aconcagua in Argentina, led by A/Professor Niall Tebbutt. Information: [gicancer.org.au](http://gicancer.org.au)

## Invitation from the AGITG Chair

I invite colleagues who are not currently members of the AGITG to join the Group.

Our members are specialists from all the relevant disciplines including medical and radiation oncologists, surgeons, data managers, research nurses, gastroenterologists, biological scientists, pathologists, statisticians and trial coordinators.

Membership is free. To apply for membership or refer a colleague visit [agitg.org.au](http://agitg.org.au) or contact the Chief Executive Officer, Russell Conley at [russell@gicancer.org.au](mailto:russell@gicancer.org.au)

**Tim Price**  
**Chairperson, AGITG**  
**Australasian Leukaemia & Lymphoma Group**

## Australasian Leukaemia & Lymphoma Group



The National Blood Cancer Registry, operated by the Australasian Leukaemia and Lymphoma Group (ALLG), has reached a major milestone, with the registration of the 1000th patient on 27 April. A total of 980 patients with acute myeloid leukaemia (AML), 10 patients with acute lymphoblastic leukaemia (ALL) and 10 with uncommon lymphoma are now represented.



**ALLG National Blood Cancer Registry team.**  
L-R: Sri Joshi (Data Manager), Amanda Jaeger (Senior CRA), Andrew Wei (CI), Will Stephenson (CI), Delaine Smith (ALLG CEO), Shona Darby (Project Coordinator), Naomi Sprigg (Biobanking Coordinator)

The NBCR has been in operation since 2012. Its main purpose is to build capacity for future research. Patients with suspected or known blood cancers volunteer to join, and once registered essential data regarding diagnosis and treatment is collected, and participants are offered the option to have tissue specimens collected and stored in the ALLG biorepository for future research. Data with linked biobanked samples allows for the development of new trials in areas of unmet need, prospective pilot projects and retrospective reviews. A suite of correlative studies to delineate the molecular and genomic basis of high risk ALL in adults is underway, and a study mapping the fate of AML patients with IDH mutations is also operating. These typify the high level research that the NBCR makes possible.

The ALLG held its most recent biannual Scientific Meeting in May 2017. Among the many highlights were the three international speakers.

Professor Leif Bersagel from the Mayo Clinic in Scottsdale, Arizona, addressed the May meeting of the ALLG in the myeloma disease session. He outlined how multiple myeloma is increasingly recognized as more than one disease, characterized by marked cytogenetic, molecular, and proliferative heterogeneity. He argued that this heterogeneity means that different “genetic” types of myeloma should be treated differently although risk stratification and individualizing treatment options is complex and based not just on the cytogenetic classification, but also on various host factors, disease stage, and other prognostic factors.

As an example, patients with hyperdiploid myeloma, characterised by trisomies and MYC upregulation, appeared to be particularly sensitive to immunomodulatory agents such as lenalidomide. In contrast, patients with the t(4;14) had their otherwise poor prognosis overcome by the use of bortezomib-based regimens. In the Mayo Clinic guidelines, autologous stem cell transplantation continues to be

recommended for all younger patients who are fit for the procedure.

Prof Michael Pfreundshuh from the German High Grade Lymphoma Study Group (DSHNHL) gave an update on his group’s activities. Trials in aggressive lymphoma are currently also focussed on risk-adapted strategies, and are attempting to delineate the best approach for differing patient populations, with the main considerations being the number and frequency of chemotherapy courses, the role of radiotherapy, and dose intensification for poor prognosis patients. The ALLG participated one of the earliest studies, the MiNT trial (ALLG NHL10), and has since maintained a very cordial relationship with the DSHNHL.

Dr Simon Stanworth from John Radcliffe Hospital presented on “Supportive care, late effects and transfusion studies”. He represented the Supportive Care, Transfusion & Late Effects (SCTLE) working party, which is conducting a portfolio of studies primarily related to late effects and survivorship, palliative care, supportive care/ blood transfusion and psychosocial aspects of haematological malignancies. Two of the trials are operating in Australia and are ALLG-supported studies. The REDDS study is investigating protocol adherence to strict vs liberal red cell transfusion strategies, and the TREATT is a phase III study examining the role of prophylactic tranexamic acid in decreasing bleeding and the need for platelet transfusions.

ALLG Scientific Meetings are internal working events, which review regularly the group’s trial portfolio. One new trial soon to commence is in collaboration with the German Hodgkin Lymphoma Study Group.

The ALLG HD10 trial is a phase III randomised study in advanced stage classical Hodgkin lymphoma (HL). Standard treatment for patients in this category is a very dose intense regimen. The trial experimental arm (BrECADD) omits the pneumonitis-associated bleomycin and replaces vincristine with





L-R: Supportive Care Disease Group Chair Rob Weinkove, Simon Stanworth, Zoe McQuilten

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 trial opened in Germany in late 2016 and has a target of 1500 patients from 250 sites. It is currently in set-up in Australia and NZ, where we aim to accrue 135 patients over three years. ALLG's participation is supported by the Trials Enabling Program, collaboration with the Leukaemia Foundation which aims to make international trials available to patients in Australia and NZ.

The ongoing ALLG CLL07 study in chronic lymphocytic leukaemia (CLL) is a phase III randomised study which aims to establish if effective chemotherapy can be given safely to older patients with health problems. The trial also investigates replacement of the standard anti-cancer antibody (rituximab), with a newer, more potent antibody (obinutuzumab or GA101). Currently there are 17 hospital sites across Australia and New Zealand recruiting or in set up, and 22 patients accrued.

One feature of this trial is its emphasis on monitoring and measuring health status of the patient population of patients over 65 with comorbidities. As well as QOL questionnaires there are standardised frailty measures and a suite of laboratory studies that aim to improve scientific knowledge about the disease.

The focus of the ALLG AML trials program over the last 35 years has been how to increase dose intensity and therefore

survival while maintaining acceptable toxicity. The phase III ALLM12 trial, compared standard to an increased idarubicin dose during consolidation therapy in adult AML without specific genetic targets. With 293 patients at 22 ALLG sites between 2003 and 2010 it was the largest study ever conducted by the ALLG. The final results were presented at ASH in December 2016 and are accepted for publication in the prestigious Journal of Clinical Oncology. The intensified approach significantly improved the proportion of patients remaining in remission from 35% to 47% at 3 years, thereby improving clinical outcomes for patients with AML. This represents a further incremental improvement in standard treatment for AML across ALLG treatment centres.

The Scientific Meeting also included a meeting of the panel of consumer representatives, a half day clinical research workshop in emerging techniques in molecular haematology and the award of Life Member to Prof Devinder Gill from Princess Alexandra Hospital in Queensland.

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

**Delaine Smith**  
CEO, ALLG

## Australasian Lung Cancer Trials Group



The first six months of 2017 have been busy for the ALTG, with key clinical trials continuing to progress and planning for a number of other activities throughout the year.

## Clinical Trials

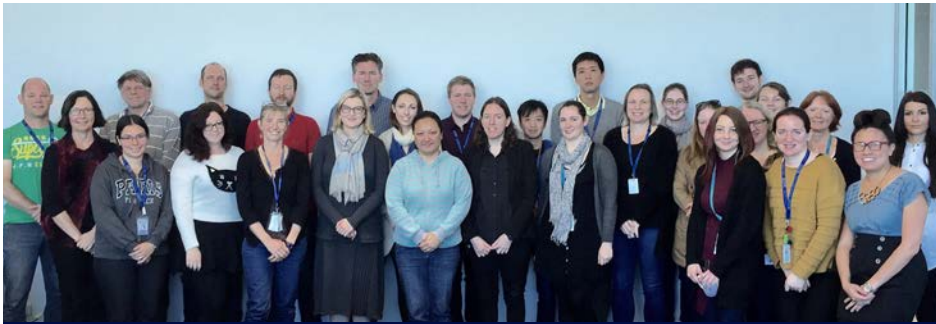
Recruitment has started into the NIVORAD study, which will explore the potential synergy between immunotherapy (nivolumab) and radiation therapy. Congratulations to the team at Royal Brisbane and Women's Hospital who recruited the first patient.



L-R: Brett Hughes (PI), Erin Purdon (CT Coordinator), Rob McDowall (Radiation Therapist Consultant – Planning) and Philip Chan (Radiation Oncology Consultant)

Our study in first line mesothelioma, DREAM, continues to recruit ahead of target with the halfway mark for recruitment rapidly approaching after just 6 months. At its current rate DREAM will be fully recruited 9 months ahead of plan. DREAM is an opportunity for patients with mesothelioma to receive immunotherapy combined with first-line chemotherapy. PI Anna Nowak and the team from the National Centre for Asbestos Related Diseases (NCARD) will also conduct correlative studies as part of this protocol evaluating the combination of immunotherapy (durvalumab) and chemotherapy in the first-line setting.

With other ongoing studies and new trials scheduled to open throughout the year, the group should finish 2017 with at least seven open trials, making this our most active year for clinical trials since the group's formation in 2004. With workshops every six months to review our portfolio and plan for the future, the group is well placed to continue to develop new opportunities for patients with thoracic cancer to access clinical trials.



Anna Nowak (front row, 4th from left) and the team from the National Centre for Asbestos Related Diseases

## 2017 ASSG Sarcoma Grant Awardees

### Dr Toby Trahair

The Children's Hospital Sydney

New therapies for ALK-rearranged inflammatory myofibroblastic tumour (IMT) and epithelioid inflammatory myofibroblastic sarcoma (eIMS)

*Kicking Goals for Xav Foundation ASSG Sarcoma Research Grant \$36K*

### Dr Hayden Snow

Peter MacCallum Cancer Centre

Characterising the immune microenvironment in adipocytic and non-adipocytic sarcoma, its impact on prognosis and the effect of radiotherapy

*Hannahs Chance ASSG Sarcoma Research Grant \$30K*

### Dr Lucy Coupland

Australian National University

Novel Therapies for Osteosarcoma: RNA Pol I Inhibitors

*The Johanna Sewell Memorial Fund ASSG Sarcoma Research Grant \$50K*

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 2017

The 2017 Annual Sarcoma Meeting, which the Australian Sarcoma Group and Australasian Sarcoma Study Group jointly convene, will be held in Adelaide, Australia 13-14 October at Flinders University. Local convenors Dr Luke Johnson and Dr Richard Smith along with the organising committee have put together a very strong programme with the theme "AYA Sarcomas: Current Scenario and the Way Forward".

## Events

Save the Date for these networking and educational opportunities and contact [enquiries@altg.com.au](mailto:enquiries@altg.com.au) for further information:

### 3rd ALTG Preceptorship in Lung Cancer – Melbourne, 22-23 September 2017

*The Preceptorship in Lung Cancer is an intensive and interactive experience that offers advanced trainees and junior consultants a valuable learning opportunity mentored by senior investigators.*

### 2nd ALTG Lung Cancer Symposium – Sydney, 24-25 November 2017

*Keynote international speakers will join our local faculty to present and discuss the latest advances in thoracic oncology research with participants from Australia, New Zealand and Asia. Places are limited to only 150 so register your interest now.*

### ALTG Members' Meeting – Sydney, 24 November 2017

*One of two, six-monthly meetings held each year for the group to gather together and review its portfolio. The second meeting will be held in Sydney, in conjunction with the Lung Cancer Symposium.*

**Nick Pavlakis**  
Chairperson, ALTG

## Australasian Sarcoma Study Group



The ASSG, as a cooperative clinical trials group, has a broad remit to the sarcoma community in Australasia. We are very proud to be able to support a wide range of research activities that will have direct impact for patients with sarcoma and their families.

As the ASSG continues to implement the strategic plan we have been able to progress key initiatives to improve outcomes. The ASSG is pleased to report on our current progress in promoting clinical trials, scientific research and awareness of sarcoma to the COSA membership.

Earlier this year the ASSG was pleased to support three new sarcoma research grants. These grants are directly supported by philanthropic groups that raise funds to support sarcoma research. The ASSG is extremely grateful for their ongoing support. To date the ASSG has been able to award over 1 million dollars in ASSG Sarcoma Research Grants! Thank you to our supporters.

We are delighted to be hosting three very high profile international speakers:

**Professor Jeremy Whelan** – Professor, Department of Oncology, University College of London Hospitals and Medical School.

Prof Whelan leads an extensive programme of clinical research in sarcomas. He is a chief investigator of the international randomised study for osteosarcoma, EURAMOS 1, which has completed accrual of over 2000 patients in Europe and the United States. He has also taken an active role in national cancer policy developments in his areas of expertise. He is currently a member of the National Cancer Research Institute Teenage and Young Adult Clinical Studies Group and NCRI Sarcoma Clinical Studies Group.

**Associate Professor Chandrajit P. Raut** – Associate Professor of Surgery at Harvard Medical School, Associate Surgeon in the Division of Surgical Oncology at Brigham and Women's Hospital, and Surgery Director of the Center for Sarcoma and Bone Oncology at Dana-Farber Cancer Institute.

Dr. Raut specializes almost exclusively in the multidisciplinary care of patients with soft tissue sarcoma. His research focuses on (1) clinical trials and novel therapeutics to lower locoregional recurrence rates following sarcoma resection and (2) the role of cytoreductive surgery in patients with metastatic gastrointestinal stromal tumors.

Dr. Raut is the Program Director of the Complex Surgical Oncology Fellowship at Dana-Farber Cancer Institute, Brigham and Women's Hospital, and Massachusetts General Hospital. He is the Chair of the Program Directors Subcommittee for the Society of Surgical Oncology. He also serves as Section Editor for sarcoma in the journals *Cancer* and *Annals of Surgical Oncology* and Associate Editor for the journal *Sarcoma*.

**Professor Sander Dijkstra** – orthopaedic surgical oncologist Leiden University Medical Centre.

Professor Sander Dijkstra, Professor of Orthopaedic Surgery, is a renowned orthopaedic oncologist who has served on the committees of several the International societies.

We hope that you will be able to join us in Adelaide.

[www.australiansarcomagroup.org](http://www.australiansarcomagroup.org)

*Denise Caruso*  
*Executive Officer, ASSG*

## Australia & New Zealand Breast Cancer Trials Group

### 39th Annual Scientific Meeting



The Australia and New Zealand Breast Cancer Trials Group's (ANZBCTG) 39th Annual Scientific Meeting (ASM) will be held at The Langham in Melbourne from 26-28 July 2017. The meeting brings together leading breast cancer researchers from Australia and New Zealand to discuss the latest research advances in breast cancer and updates on ANZBCTG studies.



The full and extensive program includes two days of scientific sessions covering timely reviews of breast cancer clinical trials, discussion of new protocols and future clinical trials research. In addition, we also welcome delegates to the

Trials Coordination Forum and the Trials Update, News and Concepts session. The Conference Dinner will be held at the Melbourne Arts Centre on Friday 28 July.

Our international guest speakers are:

- **Dr Fatima Cardoso**, Director of the Breast Unit of the Champalimaud Clinical Centre in Lisbon, Portugal
- **Associate Professor Richard Finn**, Associate Professor of Medicine in the Division of Hematology/Oncology at the UCLA David Geffen School of Medicine, USA
- **Professor Shelley Hwang**, Chief of Breast Surgery and Professor of Vice Chair of Research at Duke University, USA

To find out more about the ASM or to register, please visit [www.anzbctg2017.org](http://www.anzbctg2017.org).

## APHINITY Study Shows Positive Results

The APHINITY clinical trial has shown positive results, with pertuzumab (Perjeta) plus trastuzumab (Herceptin) and chemotherapy showing a statistically significant improvement in disease free survival for people with HER2-positive early breast cancer, compared to Herceptin and chemotherapy alone. This study involved 42 countries worldwide and the ANZBCTG enrolled 128 of the 4,805 women participating in this trial internationally. The full results of this trial will be presented at a medical meeting this year.

## EXPERT – Gearing up for Activation

ANZ 1601 – EXPERT is on target for activation in 2017. EXPERT will investigate the use of gene expression profiling using the PAM50 Assay to identify patients with low risk breast cancer who may be able to avoid radiotherapy after surgery and as a result, the side-effects of this treatment. The study will be activated in up to 30



Australian and New Zealand institutions, and once expanded to international participation it's anticipated to be opened in 90-100 institutions – the Group's first large ANZBCTG-led international trial. The Study Chair for EXPERT is Professor Boon Chua.

## The international PATINA metastatic breast cancer clinical trial signals a new collaboration with ALLIANCE

The ANZ 1701/AFT-38 – PATINA clinical trial marks a new collaboration between the ANZBCTG and the US based, Alliance Foundation Trust (AFT). PATINA will investigate the efficacy of palbociclib in combination with targeted HER2 therapy and endocrine therapy vs targeted HER2 therapy and endocrine therapy, and is open to women diagnosed with Hormone Receptor (HR) positive, Human Epidermal Growth Factor Receptor 2 (HER2) positive, recently diagnosed metastatic breast cancer. The ANZBCTG is pleased to be working with Study Chair, Associate Professor Elgene Lim and the 10 Australian and New Zealand institutions selected for participation.

## New Publication – HERA Clinical Trial

Long-term follow up data for BIG 1-01 (HERA) was published in The Lancet, which compared two durations of trastuzumab treatment at a median follow-up of 11 years, for patients enrolled in the HERA clinical trial. Past clinical trials have shown that trastuzumab (Herceptin) significantly improves overall survival and disease-free survival in women with HER2-positive early breast cancer but long-term follow-up data was needed. This 11-year analysis shows that the benefit of Herceptin treatment as adjuvant therapy continues out over a decade from initial treatment compared with no targeted HER2 directed therapy (i.e no treatment) and it shows that two years of Herceptin is no more beneficial than one

year. There were 21 ANZBCTG institutions involved in this study with 102 patients.

**Stephen Ackland**  
Chair, ANZBCTG

## Australia and New Zealand Melanoma Trials Group

**ANZMTG** Australia and New Zealand  
Melanoma Trials Group

I am delighted to provide this update to the COSA community in this my first term as Chair of the ANZMTG.

Australia and New Zealand have the highest melanoma rates in the world; the Queensland incidence rate is 71 cases per 100,000 people (for the years 2009-2013), which vastly exceeds rates in all other jurisdictions nationally and internationally. Melanoma represents 2% of all skin cancers, but causes 75% of skin cancer deaths (AIHW). Added to this, Australia has the highest incidence of non-melanoma skin cancers (NMSC), 75% of which is found on the face.

Whilst ANZMTG's central focus will remain on improving outcomes and cure rates for people affected by melanoma, this is an exciting era for the group as we look to broaden the group's research activities and avail the recent spectacular advances in drug treatment for skin cancer more broadly.

Given recent immunotherapy breakthroughs, there is a great opportunity to embrace the era of drug therapy in skin cancer treatment, particularly

melanoma – although increasingly we are looking to apply novel systemic therapies, including immunotherapies, to treatment of NMSC. This is a major deviation from the historic activities of the ANZMTG, which substantially focused on surgical and radiation oncology trials. However, we cannot ignore the exciting advent of systemic therapies against skin cancer, and the ANZMTG Executive are enthusiastically incorporating studies of drug treatments into our trial portfolio, particularly focused on testing research questions best answered via the extensive networks of the ANZMTG.

We also believe there is great opportunity to engage the dermatology space in early disease detection and management, given the vast number of patients affected across Australia and New Zealand by early stage skin cancers. I see an exciting future for this, including trials of interventions that actually prevent the onset of skin cancers in the first place.

ANZMTG continues to grow and I am thankful for the continued support of our members and supporters. We have a robust membership of 1200+ members representing clinicians and researchers in 30 countries. Our international research portfolio now includes 25+ investigator-initiated phase II / III trials in 100+ hospitals across 14 countries (Australia, New Zealand, England, Scotland, Norway, Denmark, Sweden, Slovenia, Italy, Holland, Spain, USA, Canada, and Brazil). I am excited to announce that we are currently pursuing new partnerships with major oncology centres in Austria and Spain.

I am also pleased to report that we have restructured our core ANZMTG team to better support our current and new trials, and particularly would like to welcome to four new team members based in



19th OCTOBER 2017  
2017 ANZMTG SYMPOSIUM  
Brisbane Convention & Exhibition Centre  
BRISBANE AUSTRALIA

In conjunction with the 9th World Congress of Melanoma & 14th International Congress of the Society of Melanoma

our Sydney offices, including project management staff (Narelle Williams) clinical data management staff (Emma Bennett and Evan Buck) as well as central administrative support (Hayley MacKenzie). We would also like to wish long-serving data manager, Ms Vikki Steel the warmest congratulations for the safe arrival of her second child, due at the end of May – and the newest recruit to ANZMTG!



With support of the **Australasian College of Dermatologists**, ANZMTG hosted an information booth as part of **50th Annual Scientific Meeting** held at the International Convention Centre at Darling Harbour in Sydney in May 2017. We had the opportunity to showcase our work and to meet with the local and visiting dermatologists, nurses, professionals and academics. ANZMTG enthusiastically welcomes new members from the dermatology community and is hopeful this will lead not only to even greater engagement with our trials but also new dermatology-driven research in skin cancer prevention and early disease detection.

Finally, I would like to invite all ANZMTG members to attend the **9th World Congress of Melanoma and 14th International Congress of the Society for Melanoma Research**. This congress will be held in Brisbane, QLD, from 18-21 October 2017. ANZMTG will be hosting a dedicated symposium as part of this program, on Thursday 19 October.



## 9<sup>TH</sup> WORLD CONGRESS OF MELANOMA

A JOINT MEETING WITH THE  
SOCIETY FOR MELANOMA RESEARCH

BRISBANE, AUSTRALIA | 18-21 OCTOBER 2017

SAVE THE DATE [www.worldmelanoma2017.com](http://www.worldmelanoma2017.com)

### REGISTRATION NOW OPEN

Don't miss this opportunity to attend the **9th World Congress of Melanoma** and the **14th International Congress of the Society for Melanoma Research**, to be held at the Brisbane Convention and Exhibition Centre, from 18–21 October, 2017.

Keynote speakers include some of the world's top experts on melanoma:

- **Prof Boris Bastian** – Unsolved questions in melanoma genesis.
- **Assoc Prof Levi Garraway** – Society for Melanoma Research Keynote Address.
- **Prof Adèle Green** – The changing epidemiology of cutaneous melanoma 1967-2017.
- **Prof Axel Hauschild** – Targeted therapies and combination approaches in metastatic melanoma.
- **Prof Antoni Ribas** – Rationale for immunotherapy in melanoma.

Preliminary program is available from the Congress website.

[www.worldmelanoma2017.com](http://www.worldmelanoma2017.com)



#### The currently recruiting ANZMTG trials include:

ANZMTG 01.07 Whole Brain Radiotherapy (WBRT) following local treatment of intracranial metastases of melanoma – A randomised phase III trial (**WBRTMeI**)  
> ANZCTR ID  
ACTRN12607000512426  
Currently recruiting across Australia, Unites States of America, Norway and United Kingdom

ANZMTG 01.07 SS 01.14 The Hair Spare Study - A feasibility study of hair sparing whole brain radiotherapy for brain metastases with volumetric modulated arc therapy (**VMAT**)  
> ANZCTR ID  
ACTRN12617000507381  
Currently recruiting at Genesis CancerCare Mater Sydney

ANZMTG 01.09 A randomised trial of post-operative radiation therapy following wide excision of neurotropic melanoma of the head and neck (**RTN2**)  
> ANZCTR ID  
ACTRN12610000478011  
Currently recruiting at 16 sites across Australia, Unites States of America, United Kingdom and Slovenia

ANZMTG 01.10 Phase I Study of safety and immune effects of an escalating dose of autologous GD2 chimeric antigen receptor-expressing peripheral blood T cells in patients with metastatic melanoma (**CARPETS**)  
> ANZCTR ID  
ACTRN12613000198729  
Currently recruiting at Royal Adelaide Hospital only

ANZMTG 01.12 - Evaluation of Groin Lymphadenectomy Extent for Metastatic Melanoma (**EAGLE FM**)

> ANZCTR ID

ACTRN12614000721606

Currently recruiting at 14 sites across Australia, United Kingdom, The Netherlands, Italy, Slovenia and Brazil

ANZMTG 02.12 – RADiotherapy or Imiquimod in Complex lentigo maligna (**RADICAL**)

> ANZCTR ID

ACTRN12615000266561

Currently recruiting at 10 sites across Australia, New Zealand, United Kingdom, Brazil, Spain, Italy, Austria

ANZMTG 02.14 – An open-label, single-arm, phase I/II, multicentre study to evaluate safety and efficacy of combination of dabrafenib, trametinib and palliative radiotherapy in metastatic BRAF mutation positive cutaneous melanoma (**CombiRT**)

> ANZCTR ID

ACTRN12615000292572

Currently recruiting at 4 sites across Australia

The ANZMTG remains ever-keen to hear from new investigators and sites. Please do not hesitate to contact the team for more information. If you would like to become a member of the group or have any questions regarding our trials and activities please contact me or ANZMTG's Executive Officer, Libby Paton.

In closing, ANZMTG's primary goal is to drive clinically relevant research that directly benefits patients and families affected by skin cancer, particularly melanoma. To this end, I am pleased to announce that we have recently closed accrual to a number of trials that have met their targets – a terrific achievement! Data from these studies is presently being analysed for conference presentation and publication. We look forward to sharing information about these important ANZMTG trials with the COSA community later in the year.

**Mark Shackleton**  
Chairman, ANZMTG

## Australian and New Zealand Head & Neck Cancer Society



In 2017, our 19th Annual Scientific Congress will return to our standard format of invited experts combined with presentations from local Australian and New Zealand researchers and clinicians. The meeting this year will take place in Brisbane at the Convention and Exhibition Centre. The invited international faculty will be **Dr Luc Morris**, a Head and Neck cancer surgeon and translational researcher from the Memorial Sloan-Kettering Cancer Center in New York, **Professor Quynh-Thu Le**, Chair of the Radiation Oncology Department at University of California, San Francisco, and Co-Director of the Radiation Biology Program at the Stanford Cancer Institute, and **Dr Jacqueline Languis**, a dietitian researcher at the VU University Medical Centre in Amsterdam and head of the Research and Innovation Centre Nutrition and Dietetics of The Hague University of Applied Sciences. Between them, there is enormous experience in bringing research into the clinic in the field of Head and Neck Cancer. Our Society's leading keynote address, the Chris O'Brien Oration, will be delivered by our own **Professor Liz Ward**, Professor at the Centre for Functioning and Health Research in Queensland Health, and in the School of Health and Rehabilitation Sciences at The University of Queensland, with two decades' research experience in improving swallowing and speech outcomes for Head and Neck Cancer patients. Appropriate for this faculty, the theme of the meeting is **'Head and Neck Oncology: translating research into practice'**. In addition to the research presentations, there will

be debates, multidisciplinary panels and breakout sessions for special interest groups including medical, allied health and nursing. Please join us in Brisbane from **12-14 October 2017**. Registration information can be found via the front page of our website. [www.anzhncs.org](http://www.anzhncs.org).

The ANZHNCs offers a number of grants related to the ASC and awards at the conference. Information on these and other awards offered by the Society can be found at <http://anzhncs.org/grants-and-fellowships>.

This marks the third year since **27 July** was declared as **World Head and Neck Cancer Day**, 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 subsequently endorsed also by the UICC and the governments of several nations. The Day aims to promote advocacy for strengthening health care system to introduce community-based approaches for awareness, risks, prevention and early detection of HNSCC; and secondly to enhance the expertise of clinicians by upgrading their knowledge and skills through CME programs. A number of WHNCD events are planned throughout Australia and New Zealand, taking the form of conferences, seminars, courses, and CME programs around **27 July**, as well as public education and screening campaigns. The ANZHNCs hopes to help co-ordinate events and we ask again that ideas or details of local activities are passed on to the Society or discussed with local Head & Neck multidisciplinary team members.

One highlight of the planned events will be the **Head & Neck Cancer Winter Ball**. This charity event will take place on **Friday 28 July** in Brisbane at Riverlife in their Sunset Marquee. Information about the event can be obtained by enquiries to [hnccharityevening@gmail.com](mailto:hnccharityevening@gmail.com) or via the Society's website.

The beneficiary for the event will be the **ANZHNCs Research Foundation**,



now in existence for over five years, supporting research efforts in Head and Neck Cancer. Some \$35,000 in grants have been awarded in the last couple of years, assisting research into topics such as the biology and genetics of metastatic cutaneous SCC, and the impact of radiation dosimetry on lymphoedema and swallowing outcomes. The Foundation Board is working to develop a larger funding base to allow the support to continue. An exciting development is an effort coming from Dr Brian Stein and families in Adelaide to establish a specific fund for Adenoid Cystic Cancer Research.

We would welcome your involvement at the Winter Ball and support for similar events throughout Australia and New Zealand related to WHNCD. Single or recurrent donations are greatly appreciated at any time. Information on the Foundation and donation forms can be found at <http://anzhncs.org/foundation> or <http://anzhncs.org/new-zealand-research-foundation-anzhncs>.

*Kerwin Shannon*  
Immediate Past President, ANZHNCs

## Australian and New Zealand Urogenital & Prostate Cancer Trials Group



The first half of 2017 has been very busy for ANZUP as we prepare for our major educational event of the year, our Annual Scientific Meeting in July.

## 10<sup>th</sup> COGNO ANNUAL SCIENTIFIC MEETING

*Tailoring therapies for brain tumours:  
challenges and opportunities*

# SAVE THE DATE!

**Monday 23<sup>rd</sup> - Tuesday 24<sup>th</sup> October 2017**

**RYDGES MELBOURNE HOTEL  
VICTORIA, AUSTRALIA**

**Confirmed Keynote Speaker:  
Professor Patrick Wen MD**

For more information or to register for  
updates visit [www.cogno.org.au](http://www.cogno.org.au)



**COGNO**  
COOPERATIVE TRIALS GROUP  
FOR NEURO-ONCOLOGY

The ASM Convening Committee has been hard at work on what is shaping up to be an outstanding program for the 2017 ANZUP ASM – ‘The Art & Science of Best Practice.’ This year’s theme will provide a platform to discuss innovations in research and practice that facilitate the delivery of top-quality care for people with genitourinary cancer.

Delegates will have the opportunity to interact with and learn from five international experts and numerous national leaders in the management of GU cancers. The international faculty includes: Silke Gillissen (medical oncologist at Kantonsspital, St. Gallen Switzerland and Chair of the EORTC GU Group); Robert Lee (radiation oncologist at Duke University, Durham, North Carolina, USA); Alex Kutikov, (Professor of Urologic Surgical Oncology, Fox Chase Cancer

Center, Philadelphia, USA); Bente Thoft Jensen (Senior Researcher, Department of Urology, Aarhus University, Denmark); and Peter Black (Urologist and Senior Research Scientist, Vancouver Prostate Centre, Vancouver BC, Canada).

The ASM is a truly multidisciplinary meeting - there are sessions to suit everyone working in GU cancers, at all stages of their careers. This year the main program will be complemented by an exciting new Translational Research Symposium, as well as the return of the PCFA/ANZUP Nurses Symposium. The popular and interactive MDT Masterclass is back to challenge our multidisciplinary panel of experts and educate all with real-life clinical case studies and the Evening Symposium and the informative Community Engagement Forum will also return.

I encourage you all to register for the ASM now and also suggest your colleagues and trainees attend. To see the Program, available scholarships, fellowships and awards and to register, go to <http://anzup.org.au/content.aspx?page=asm-home>.

ANZUP currently has five active clinical trials (and three co-badged studies) in prostate, bladder and testicular cancers. In addition, three renal cell trials, as well as a prostate trial and a germ cell trial, are now funded and we anticipate will commence recruitment in the second half of 2017.

We have also reached some key trial milestones this year with the ANZUP led international ENZAMET prostate cancer trial reaching its recruitment target of 1,100 patients from 83 participating sites across Australia, New Zealand, the USA, Canada, Ireland and the UK. A huge achievement for all involved.

Clinical trials collectively involve thousands of patients, and thousands of hours of work by a very large number of people. None of it would be possible without the commitment and support provided by all our members and their clinical and research teams. You can view all our clinical trials via the ANZUP website [www.anzup.org.au](http://www.anzup.org.au) or you can download our ANZUP ClinTrial Refer app (through Apple iTunes or Google Play) which also provides our current list of trials being conducted in Australia and New Zealand.

Another key aspect of ANZUP's work is the continued opportunities and support it provides the next generation of clinicians/ researchers in the GU cancer space. Our 2017 Concept Development Workshops in renal, prostate, bladder and testicular cancers were held from March-May and once again were well attended and resulted in the presentation and discussion of many new exciting concepts. The workshops are designed to facilitate and support those members who have an idea/ concept they would like to put forward for discussion and, if supported, to further develop into a future grant application.



ANZUP Concept Development Workshop

The Below the Belt Research Fund, established with funds raised from our annual Below the Belt Pedalathon, is another way ANZUP supports our members in the development of investigator-initiated studies, offering grants of up to \$50,000 to successful applicants. Our 2016 recipients are making excellent progress with their successful projects and we look forward to announcing the 2017 recipients at our ASM. All funds in the Below the Belt Research Fund go towards vital clinical trial research and pleasingly, this funding pool continues to grow thanks to the excellent fundraising efforts of those who take part in, or support, the Pedalathon.

We are pleased to announce the ANZUP GU Preceptorship in Prostate Cancer will be back in 2017 and this year will be held in Melbourne on 3-4 November. The Preceptorship is an intensive 1.5 day workshop that will cover landmark clinical trials in prostate cancer and targets trainees and junior specialists in urology, radiation oncology, medical oncology and imaging. We are very grateful to Eva Segelov and Monash University for partnering on this excellent learning initiative with ANZUP.

Last but not least, I encourage you to consider participating in our annual Below the Belt Pedalathon which will be held on Tuesday 19 September. Whether you're an avid cyclist, new to the sport or just looking for a challenge, why not put together a team? The Pedalathon is always a great day out at one of Sydney's finest closed track racing circuits at Eastern Creek. Most importantly, all funds raised from the event go into the Below the Belt Research Fund. For more information (note that the registration



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fee is waived for ANZUP members), go to [www.belowthebelt.org.au](http://www.belowthebelt.org.au).

So as you can see a very eventful 2017 thus far for ANZUP! All of this activity (and more) is supported by the tireless efforts of the ANZUP staff and volunteers, under the direction of our CEO Marg McJannett. I also thank the ANZUP Board; the Scientific Advisory Committee and subcommittees led by our dedicated Chairs and Deputy Chairs; our highly engaged Consumer Advisory Panel; our trial collaborators at NHMRC CTC and BaCT; corporate supporters, sponsors and donors; and of course our over 1,100 passionate members. The combined efforts, time and dedication of all these parties enables us to do what we do – focus on building expertise and evidence through research to make a real difference in GU cancer patients and their families' lives.

I hope to see you at the ANZUP ASM in July!

**Ian Davis**  
Chair, ANZUP

## Australia New Zealand Gynaecological Oncology Group



### Annual Scientific Meeting

The 2017 Annual Scientific Meeting was held at the Grand Hyatt in Melbourne from 29 March to 1 April. The conference was attended by 222 delegates from across medical, nursing and research disciplines.

### Program

There were 56 sessions, 12 workshops and 2 social events. Among the 55 presenters were three distinguished international speakers:

- **Dr David Tan** (Medical Oncologist, Singapore), who spoke about clear cell carcinomas, and molecular subtypes in ovarian cancer.
- **Dr Remi Nout** (Radiation Oncologist, Netherlands) who gave us an update on the status of the PORTEC4A trial looking at adjuvant treatment of endometrial cancer according to molecular prognostic factors, as well as combined modality treatment in rare gynaecological cancers.
- **Dr Anil Sood** (Gynaecologic Oncologist, USA) spoke about personalised approaches to ovarian cancer treatment and RNAi therapy.

In addition, conference sponsors facilitated presentations from Professor Rob Coleman (Gynaecological Oncologist, MD Anderson, USA) and Professor Bradley Monk (Gynaecological Oncologist, University of Arizona, USA).

Highlight presentations from local presenters included lectures on:

- Reducing the cancer burden
- PARP-inhibitors
- Targeted treatments for ovarian cancer
- Chemotherapy for cervical cancer
- Improving quality of life
- Setting up a clinical trials collective
- Cancer control: risk-reducing lifestyles, early diagnosis and screening



*Professor Michael Friedlander, Dr Yoland Antill, Vanessa Taylor RN, and Professor Martin Stockler presenting trial updates at the 2017 ANZGOG ASM*

The third Pure Science Symposium was held, as well as ANZGOG's popular series of specialty workshops for Concept Development, Radiation Oncology, Study Coordinators, Consumers and Gynaecological Cancer Nurses. For the full list of outstanding speakers and sessions please visit the ANZGOG website, [www.anzgog.org.au](http://www.anzgog.org.au).



*Chair of ANZGOG A/Prof Alison Brand with Conference Committee Chair A/Prof Peter Sykes at the 2017 Annual Scientific Meeting of ANZGOG*

### Awards

To build capacity for outstanding gynaecological cancer research, and support attendance for members to the ASM, ANZGOG awarded travel fellowships to ten multidisciplinary members who are in the early stages of their career.

A special day rate was offered for the Nurse Education Workshop on Endometrial Cancer, and all attendees had the opportunity to attend a free GCP refresher course.

The best oral abstract award was presented to Dr Tarek Meniawy, and the best Pure Science oral abstract was awarded to Associate Professor Jason Lee. The best poster award went to Dr Gwo Yaw Ho.

### Future directions in ovarian cancer treatment

Following the ASM was a free public forum with presentations from Dr Tarek Meniawy (immunotherapy), Dr Yoland Antill (clinical trials), and two consumers sharing their experience with clinical trials, Emma Burt (her personal experience) and Dr Bronwyn Grout (Survivors Teaching Students: Saving Women's Lives program).



## OASIS

The Ovarian Cancer Alliance for Signal Seeking Studies (OASIS) initiative aims to be a catalyst for new treatments by supporting signal seeking studies. Three studies have received funding through OASIS:

1. MOCCA: A multicentre Phase II randomised trial of Durvalumab (MED14736) versus physician's choice of chemotherapy in recurrent clear cell adenocarcinomas. PI Michael Friedlander
2. VIP: A Phase II trial of oral vinorelbine in patients with relapsed platinum resistant or platinum refractory high-grade serous ovarian cancer of the C5 molecular subtype. PI Linda Mileshkin
3. Cyclin-E: A Phase II signal-seeking trial of Ixazomib targeting Cyclin E1 (CCNE1)-amplified recurrent high grade serous ovarian cancer (HGSC). PI Danny Rischin

Contact [research@anzgog.org.au](mailto:research@anzgog.org.au) for more information.

## Fund for new research

Four new studies have received funding through ANZGOG's Fund for New Research (formerly New Research Fund):

1. NEO: A Phase II, open label, randomized, multi-centre study of neoadjuvant olaparib in patients with platinum sensitive recurrent high grade serous ovarian/primary peritoneal or fallopian tube cancer. PI Michelle Wilson
2. EXCISE (EXcisional treatment Comparison for In Situ Endocervical adenocarcinoma): A pilot study to determine the feasibility and safety of comparing loop electrosurgical excision procedure to cold knife cone biopsy for the treatment of adenocarcinoma in situ of the uterine cervix. PI Paul Cohen
3. Production of Wilms tumour protein (WT1) T cells for adoptive cellular therapy of WT1 expressing ovarian

cancer. A pre-clinical study to optimise an immunotherapy product for use in clinical trials of personalised immunotherapy for women with Stage III/IV high grade serous ovarian cancer whose tumours express WT1. PI Paul Harnett

4. TIPS-Study (Testing individual Interventions to optimize Perioperative care in ovarian cancer Surgery): A proof-of principle pilot study testing individual interventions of an ERAS pathway in a standardized randomised clinical protocol at multiple sites, for patients undergoing surgery for ovarian cancer. PI Alison Brand

## TR-anzgog

ANZGOG plans to build capacity for translational research through the establishment of a national gynaecological cancer biobank. Professor Anna de Fazio will lead a Working Group for project planning and development.

## Publications

ANZGOG members have contributed to publications resulting from the Fifth Ovarian Cancer Conference of the Gynecologic Cancer Intergroup:

1. Recurrent disease, <https://doi.org/10.1093/annonc/mdw663>
2. Clinical trial design for rare ovarian tumours, <https://doi.org/10.1093/annonc/mdw662>
3. Individualized therapy and patient factors, <https://doi.org/10.1093/annonc/mdx010>
4. Recommendations on incorporating patient-reported outcomes in clinical trials in epithelial ovarian cancer, <https://doi.org/10.1016/j.ejca.2017.03.019>

## Trial summaries

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 across five sites in Brisbane, Canberra and Sydney.

### 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. Currently recruiting across 14 sites in Australia and New Zealand.

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

*A/Prof Alison Brand*  
Chair, ANZGOG

# Cancer Nurses Society of Australia



## Chief Executive Officer Appointment

It is with great pleasure that I announce the appointment of Sam Gibson RN, MN, NP as the CNSA inaugural Chief Executive Officer. Sam commenced in the role on 10 April 2017. With an impressive career spanning close to 30 years in cancer care, working as a clinician and educator in oncology, haematology, bone marrow transplantation and palliative care across sectors, Sam is ideally placed to support the growth and reach of the society. Sam has been a significant contributor in providing nursing expertise at forums, senate committees, advisory boards and state-based cancer collaborative groups. In 2008, Sam was awarded the HESTA Australian Nurse of the Year award in recognition of her contribution to the nursing profession.



Sam Gibson

Within CNSA, Sam has held a number of leadership roles including Chairing the Western Australian Regional Group, being a member of the National Executive

Committee, Secretary of the Cancer Nurse Practitioner Specialist Practice Network, and more recently Chair of the Annual Congress Committee.

As the peak cancer nursing body in Australia, Sam has a vision for the CNSA to position itself as a key representative body, where consultation is sought in

service planning, policy development and establishment of models of service in cancer control. She is passionate about the provision of networking and professional development opportunities for all cancer nurses independent of cancer specialty, discipline or geographical location.

## CNSA Constitutional Review

With substantive growth over recent years and increasing activity across the nation, CNSA have drafted a revised constitution that is expected to support CNSA transition from an Incorporated Association to a Company Limited by Guarantee. The proposed constitution aimed to contemporise the existing constitution brings it in line with modern governance practices. After an extensive period of consultation, members will vote on the proposed constitutional change and structure at the CNSA Annual General Meeting on 17 June 2017 held during the 20th Annual Congress in Adelaide.

## CNSA Annual Congress

CNSA Annual Congress 2017 "Evolving Cancer Care: Enhancing Quality-Embracing Innovation" is shaping up to be the best Congress yet, offering a diverse program suitable for everyone from novice to expert. Whether you're a clinician, a researcher or an educator, delegates will be spoilt for choice with the inclusion of high quality pre-Congress symposia and a Congress program that is second to none. The line-up is outstanding, with two international keynote speakers, Professor Roma Maguire (UK) and Associate Professor Alexandre Chan (Singapore) complemented by a host of local experts. We encourage anyone who has not registered for Congress 17 to view the program in its entirety by visiting the Congress website at [www.cnsacongress.com.au/](http://www.cnsacongress.com.au/).

It is with great excitement that CNSA announces Brisbane as the host city



**BRISBANE CONVENTION  
AND EXHIBITION CENTRE  
21 - 23 JUNE 2018**

### KEY DATES

Abstract Submissions Close: Friday 2 February 2018  
Travel Grant Applications Close: Friday 16 February 2018  
Early Bird Registrations Close: Monday 30 April 2018

### INTERNATIONAL KEYNOTE SPEAKER



**Professor Christine Miaskowski** holds appointments as Sharon A. Lamb Endowed Chair in Symptom Management Research in the School of Nursing and Co-Director of Research Centre for Symptom Management at University of California, San Francisco. She is recognised internationally as an expert in pain and symptom management research and has received numerous honours and awards throughout her career in recognition of her outstanding research and service in her disciplinary areas.

For support and exhibition enquiries, please email: [cnsa@chillifoxevents.com.au](mailto:cnsa@chillifoxevents.com.au)  
For more information as the program evolves, visit: [www.cnsacongress.com.au](http://www.cnsacongress.com.au)

for Congress 2018. Professor Christine Miaskowski is confirmed as the international keynote speaker who is recognised internationally as an expert in pain and symptom science and will speak with authority to the 2018 theme “Cancer Nursing – Science, Symptoms and Service Delivery”.

Sam Gibson has held the position of Annual Congress Committee (ACC) Chair for the past 4 years. With Sam's competitive appointment to CEO of CNSA, a vacancy exists for the position of ACC Chair. This role is ideally suited to a CNSA member with vision, passion and the desire to help shape professional development opportunities for cancer nurses. The Chair will lead the development of the Congress program, ensuring relevance, quality and inclusion of current and evolving issues in cancer. Strong leadership, a willingness to network and the ability to meet tight deadlines is essential to be successful in this role. If you are a CNSA member and are interested in finding out more about the role of ACC Chair, please contact Sam Gibson at [ceo@cnsa.org.au](mailto:ceo@cnsa.org.au).

## Partnership and Representation

On the invitation of the Cancer Nurses College New Zealand Nurses Organisation (Cancer Nurse College NZNO), Jane Campbell CNSA President Elect, will travel to Auckland New Zealand to present as a keynote speaker at the New Zealand Oncology Nurses Conference ‘Cancer Nursing Under Construction’ in May, 2017. CNSA will then welcome Judy Warren, Chair Cancer Nurse College NZNO to the 20th CNSA Annual Congress in June, 2017. CNSA looks forward to working more closely with Cancer Nurses College NZNO to strengthen relationships between our cancer nursing communities as peak representative bodies in the Australasian region.

With the generous support of Roche, CNSA members have access to Sosido,

an online knowledge sharing platform delivered as a weekly email to CNSA members. Sosido promotes knowledge exchange by disseminating member publications to the rest of the society. Sosido bridges the silos of specialty, discipline and centre, raising awareness, promoting collaboration and publicising the contributions made by our members to related healthcare communities. In the near future, CNSA members will be able to use the Sosido Q&A forum that will enable member discussion on issues relating to professional nursing practice.

CNSA is entering an exciting era of growth, expanding its professional contributions, and evolving to adopt a contemporary operational and governance structure. I look forward to reporting on our societal progress as we journey through 2017.

**Raymond Chan**  
*President, CNSA*

## Faculty of Radiation Oncology



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

## Medicare Benefits Schedule (MBS) Review

The MBS Oncology Clinical Committee has completed most of its work, but we are yet to see their final report and the proposed changes to the radiation oncology schedule. There is also uncertainty about the implementation of any proposed MBS changes and its impact on the sector.

All proposed changes from the MBS Review Taskforce will go through a public consultation process before advice is provided to the Minister for Health to

implement any changes. This consultation process has been delayed but will hopefully occur soon.

We will continue to work closely with the Department of Health 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

The Radiation Oncology Health Program Grants (ROHPG) Scheme is a Commonwealth initiative that provides capital funding for radiation oncology services outside of Medicare.

Without any consultation with the Faculty or other stakeholders, the Mid-Year Economic and Fiscal Outlook (MYEFO), released in December 2016, included drastic changes to the ROHPG Scheme.

It is the Faculty's view that the proposed changes will over time have a significant impact on the delivery of radiation oncology services in Australia, which could threaten patient access to quality radiation therapy and further reduce the current radiation therapy utilisation rate, which is already far from the optimal 1 in 2 cancer patients.

Of particular concern is the cessation of ROHPG funding for brachytherapy, computed tomography, planning systems and network information systems. The transitional arrangements are also unclear and a major cause of concern. In addition to these concerns, our in-house analyses, done in collaboration with private providers, seem to indicate a much larger financial impact on the sector than what was indicated in the MYEFO papers (i.e. closer to \$67million than \$18.7million in the first three years). The effects on the sector and on patient care are likely to be catastrophic in the long term. Unfortunately, as we know, the political cycle is short and there seems an inability



for key decision makers to grasp the long term consequences of their changes.

The Faculty has done a significant amount of advocacy work against the proposed changes in recent months, including several conversations with the Minister for Health, and with the Department. We have also indicated our willingness to develop alternative proposals for saving that the sector would be more able to absorb without adverse effects on patient access to quality radiation therapy.

We encourage all our stakeholders to support us in our advocacy efforts against these changes. If you need any further information, or have any suggestions, please write to [faculty@ranzcr.edu.au](mailto:faculty@ranzcr.edu.au).

## Radiation Therapy for Prostate Cancer

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).

Targeting Cancer will focus on advocacy for prostate cancer in the next 12 to 18 months, considering the potential gap for men receiving radiation therapy and the problem of accessing radiation oncology opinions for definitive (curative) treatment of this disease.

The Faculty recently hosted a 'Design and Discovery' workshop, with radiation oncologists, GPs, consumers and other stakeholders, to formulate a strategy and develop a practical work plan for how to influence policy relating to prostate cancer referrals.

The campaign team is collaborating with Dr Norman Swan and Tonic Health Media (THM) to develop a number of promotional videos highlighting the need for men to fully investigate their prostate cancer treatment options. These videos

will be broadcast through the THM GP Clinics Network in Australia, but will also be relevant for use in New Zealand. To complement this, a tri-fold brochure about 'Radiation Therapy for Prostate Cancer' will be available in GP clinics to help patients understand all treatment options before making a decision.

We are very pleased that our key stakeholders are very supportive of our message. Cancer Council Australia joined forces with the Prostate Cancer Foundation Australia and NSW Cancer Institute to produce a Prostate Cancer Treatment Options flyer which emphasises the importance of men seeing a radiation oncologist and being fully informed, before they make a decision on which pathway of treatment to take.

Prof Ian Gardner, Principal Medical Adviser from Department of Veterans' Affairs also wrote an article to encourage their members to get good advice before having prostate cancer surgery. <https://www.dva.gov.au/about-dva/publications/vetaffairs/vol-33-no1-autumn-2017/word-principal-medical-adviser>.

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.

## President Elect 2018-2019 of the Royal Australian and New Zealand College of Radiologists (RANZCR)

Dr Lance Lawler has been elected by the RANZCR Board to the position of President of our College from 1 January 2018 to 31 December 2019. This is the College's first President residing in New Zealand since 1995.

Dr Lawler has a solid grasp on the regulatory and political environments across Australia and New Zealand. He also brings valuable strategic and business skills, has excellent experience

in clinical leadership through positions in both countries and a keen interest in building on his knowledge and network of contacts across the health care sector and government. We look forward to his leadership.

**Dion Forstner**

**Dean, Faculty of Radiation Oncology**

## Medical Oncology Group of Australia



The Medical Oncology Group of Australia (MOGA), the professional organisation for medical oncologists and the profession in Australia, plays a leading role in the national oncology sector. In order to ensure that the Association is able to maintain and develop this role at optimal levels, the Executive undertook a comprehensive strategic planning session late in the first quarter of 2017. The session proved highly valuable and allowed us to consider the many professional challenges that Australian medical oncologists and our professional Association face and to develop strategies on the best ways to address them.

MOGA is being increasingly sought out as the key point of reference on all matters relating to medical oncology education and clinical practice, and is of course committed to supporting the development of our members and our profession in today's rapidly-evolving professional environment. Recently, MOGA gave evidence to the Public Hearing of the Senate Select Committee into Funding for Research into Cancers with Low Survival Rates and contributed a major submission to facilitate national discussion around this important issue.

## Education in Medical Oncology

MOGA works closely with the Royal Australasian College of Physicians (RACP) on training and education for medical oncology trainees and professional development for consultants. Dr Rachel Wong, Deputy Director of Oncology, Eastern Health and a member of the Advanced Training Committee-Medical Oncology is the Project Lead for a new educational initiative, **ASCO Education Essentials** that is being piloted in 2017. This self-directed learning Program is open to medical oncology trainees and provides access to a range of valuable learning resources including, over 100 e-learning courses; supported by an educational grant from MSD Australia.

A new 1.5 day professional development program for young medical oncologists (within five years of receiving their Fellowship) was presented in Melbourne in late April: supported by an educational grant from Roche Australia. This educational program provided young Australian oncologists with a unique opportunity to build their professional skills in **assertiveness and interview communications** as well as all **how to be a Clinical Trials Principal Investigator**. This innovative program was designed in collaboration with human resource management experts and a number of the major Australian Clinical Trials Groups.

Plans for the Association's Annual Scientific Meeting (ASM), **Real World Oncology: Translating Discovery in to Practice** to be held at the Pullman Albert Park Hotel, Melbourne, 2-4 August, are proceeding well under the accomplished leadership of Convenor, **Associate Professor Linda Mileshkin**. The innovative scientific and academic program explores many of the contemporary challenges and advances in medical oncology research, discovery and clinical practice. The program has a strong focus on breast, colorectal, geriatric oncology, supportive care and

genomics as well as innovations and implementations in both research and clinical practice across other major cancer streams. Five international speakers have been secured for the meeting including Professor Fatima Cardoso from the Champalimaud Clinical Center, Lisbon, Portugal, Professor Hyman Muss from Lineberger Comprehensive Cancer Center, North Carolina, USA, Professor Sebastian Stintzing from the University of Munich, Germany and Professor Matthew Ellis from the Baylor College of Medicine, Houston, USA. From just across the ditch we will also be joined by Dr Christopher Jackson, the Medical Director of the Cancer Society of New Zealand and clinical lead on the colorectal cancer study, the PIPER project. These distinguished speakers will provide state of art perspectives on scientific and research trends as well as share their specialist tumour expertise in special one-off presentations. The program will also include a large complement of Australian experts presenting in major symposia and sessions.



Dr Christopher Jackson

## Our Members, Our Workforce

In 2017 MOGA has experienced strong interest in our speciality with membership numbers growing to 660 nationally. 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 leadership role in this area has attracted strong international interest and Dr Zarnie Lwin will be presenting

on the outcomes of the 2016 Workforce Study at the July meeting of the Japanese Society for Medical Oncology. The results of the associated Workforce Survey have also been subjected to extensive review and analysis by the Study's Working Group and will be published in the coming months.

## Research and Advocacy

MOGA is committed to taking a leading role in research and advocacy focussed on cancer, oncology drugs, treatments as well as patient care. We are engaged in various research activities through the development of policy and position statements, drug submissions and independent clinical advice. The Association has been recently engaged in the development of new position statements on biosimilars and genomics. The Association is also developing some practical guidelines on chemotherapy dosing.

MOGA recently assisted with the development of The Royal Australasian College of Physicians' submission on the new National Digital Health Strategy, to establish what digital health looks like now and in the future. The findings from this national consultation will be used to develop a national digital health strategy.

## Oncology Drugs and Treatments

Over the last 6 months the Association has contributed to the Therapeutic Goods Administration's on going consultations on new expedited pathways aimed at streamlining the registration processes and improving access to new medicines and medical devices above all those that address unmet clinical needs in specific circumstances.

The Association has also provided support for The Royal College of Pathologists of Australia's submission on Somatic Tumour Gene Panel for Determination of Therapy for the Medical Services Advisory Committee, including the creation of a new MBS item number. The Association affirmed the important clinical relevance

of the proposal to medical practice and patient care in Australia. Indeed, there is a proven clinical utility to predictive gene mutation evaluation and a panel assessment is clearly the most efficient application. This implementation would facilitate BRAF V600 and RAS Mutation testing in Colorectal Cancer, and EGFR and ALK Gene Rearrangement Status testing in lung adenocarcinoma.

**Chris Karapetis**  
*Chair, MOGA*

## Oncology Social Work Australia



The highlight of the OSWA year is the national conference. This year the 12th National OSWA Conference will be held in Perth from 19-21 October 2017, with a theme of 'Working Creatively with Today's Families'. Two international keynote speakers have been secured: Dr Amy Chow from the University of Hong Kong and Dr Liz Beddoe from the University of Auckland, New Zealand. The call for abstracts has been issued with a closing date of 6 June 2017. Please send abstracts to [abstracts@oswa.net.au](mailto:abstracts@oswa.net.au). In due course the full program will be available on the OSWA website ([www.oswa.net.au](http://www.oswa.net.au)). Presentations from the 2016 Melbourne Conference are now uploaded to the members' section of the website.

The trend towards an expanding membership base is seen each year with a flurry of new applicants in association with the conference: this is largely maintained with members renewing in subsequent years. Organisational growth and enthusiasm continues at a State level with all jurisdictions now running regular professional development activities. Details

## OSWA National Conference 19<sup>th</sup> -21<sup>st</sup> of October 2017 Perth, Western Australia **Working Creatively with Today's Families**



Key Note Speakers: Dr Amy Chow, University of Hong Kong  
Dr Liz Beddoe, University of Auckland, New Zealand

and dates of the State events can be found on the OSWA website.

OSWA's research effort is continuing with our current project 'Social work interventions in cancer care: a quality assurance project' now actively recruiting in six health sites across three states (NSW, Victoria and Queensland). Dr Rosalie Pockett from the University of Sydney is the Chief Investigator and each of the project leads in the health facilities is a Principal Investigator. This is the first step in an ambitious body of work that will help to define and document the nature and range of social work interventions with cancer patients and their caregivers. The specific sites have been chosen to reflect the range of facilities in which cancer care is delivered. There are two metropolitan tertiary cancer centres, one large regional cancer hospital, a smaller regional cancer centre and two community based outpatient facilities, one of which is regional. After a mammoth task to obtain ethics and governance approvals in each of the six sites (six separate applications!), data collection is now underway and has been completed in some of the sites. The next step will be to present these first stage findings at various gatherings, and use input from the

membership to help inform and develop other research projects.

The OSWA Executive and Management Committees continue to drive all initiatives through monthly teleconferences. We are currently seeking advice to make the necessary amendments to our Constitution that will enable the inclusion of our New Zealand colleagues. This will require an alteration to the name of the organisation, which will be advised to members when it happens. This year for the first time we decided to hold our first face to face committee meeting in Melbourne on 15 May 2017. There has been strong support from committee members. If it works well and is seen to be a productive way to streamline our business actions, we will consider continuing annual face to face meetings.

**Kim Hobbs**  
*Council Representative, OSWA*



## Palliative Care Collaborative Cancer Clinical Trials Group



Early in February a very important announcement was made by the Chair of the PaCCSC Management Advisory Board, Emeritus Professor Lloyd Sansom AO. In an email circular to all members Professor Sansom announced that Professor David Currow, PaCCSC Chief Investigator, has accepted a new position as Professor of Palliative Medicine in the Faculty of Health, University of Technology Sydney (UTS). David commenced in this role in March and from this time until 30 June, 2017, the Palliative Care Clinical Studies Collaborative has transitioned from its previous academic home at Flinders University to its new location at UTS.

The move by PaCCSC to UTS presents an exceptional opportunity to leverage off the excellence, wisdom and capacity developed since the Collaborative commenced in 2006 and to expand into the areas of chronic disease, aged care and health services research. Over the past 10 years, PaCCSC has positioned itself internationally as the most significant research network in the generation of evidence from clinical trials in palliative care. This position has been afforded because of the vision, leadership and dedication of every member of the Collaborative; from those that contribute to PaCCSC governance, the site investigators who drive clinical research locally and the organisational capacity within the national office.

Some of the PaCCSC studies will continue to be sponsored by Flinders University including: BEAMS; OPRA and CADET. All new studies will however commence under the auspice of UTS. We look forward to this next chapter in the life of the Collaborative.

The signature event of the year, the PaCCSC Annual Research Forum, was held in March. This year was the 8th Forum held in successive years in Sydney. As a national network, the Forum presents all members with the opportunity to come together, face to face, to continue to build on our combined strengths, add to the program of clinical research, discuss new ideas and initiatives, and welcome newcomers alike. This year's Forum also included the 10th Year of PaCCSC celebration.



The PaCCSC membership and attendances at the Forum is ever increasing and for the first time ever the organising committee received more expressions of interest to present than could be accommodated in the one day program. The increasing growth in numbers and interest in bringing new ideas to the Forum is encouraging and demonstrates the increasing awareness of the importance of clinical

research activity in palliative care. The more familiarity and awareness of the benefits of research within in the clinical community, the more motivation there is for new knowledge and new study ideas. There was considerable time allowed for several new study presentations. The Trials Management Committee individually evaluate the new study's using pre-determined criteria and it is on this basis that the Collaborative determines if a new concept has sufficient merit to be taken forward with PaCCSC support.

The structure of this year's program was different to that of past years and included two guest speakers and a panel discussion. Professor Richard Head, Chair Scientific Committee, presented about the statistical landscape from a non-statistician point of view. Professor Tim Shaw of University of Sydney led the presentation and panel discussion about implementation and translational research concepts. Other presentations included results of the Phase III Megestrol vs Dexamethasone vs Placebo trial and the PERT 1 Pilot study, and international presentations including one from New Zealand, and two presentations from our Japanese delegates from JORTC, who have become regulars at the Forum.

This year the Forum was extended to mark the anniversary of ten years of PaCCSC. Special guests for this event included the Vice Chancellor of the University of Technology Sydney, Professor Attila Brungs, the Dean of Faculty of Health Professor John Daly and a number of other UTS representatives. This was a fantastic opportunity to celebrate the past ten years with Flinders University, and to herald new beginnings at the future academic home of PaCCSC at the University of Technology Sydney.

The Chair of PaCCSC Management Advisory Board, Emeritus Professor Lloyd Sansom, opened the proceedings with a very motivating and genuine speech reflecting on the need for clinical research in the palliative population. This

included the substantial body of new knowledge that had been generated by the Collaborative over the past 10 years under the auspice of Flinders University, and he welcomed and looked forward to the continued growth the of the Collaborative at its new academic home. The Vice Chancellor publicly welcomed PaCCSC to the UTS family, stressing the values held by UTS and the mutually beneficial relationship this would be for PaCCSC and UTS. Lastly, the PaCCSC Chief Investigator, Professor David Currow reflected on the journey from the very first idea and how the ideas continue to grow into the Collaborative we know today. The achievements of PaCCSC are many, but are thanks to the hard work of so many groups and individuals.



*L-R: Linda Brown, Prof Jane Phillips, Prof Richard Head, Prof Attila Brungs, Prof Fiona Brooks, Prof John Daly, Emeritus Prof LLoyd Sansom, and Prof David Currow*

A number of PaCCSC members have been appointed into new roles since late 2016. Peter Martin has taken up a new role as Professor of Clinical Communication and End of Life Care at Deakin University; Jennifer Philip has taken up a new role as Chair Palliative Medicine at the Victorian Comprehensive Cancer Centre; Meera Agar is the Chair of the COSA Geriatric Oncology Group; Peter Allcroft has agreed to continue in his role as the PaCCSC representative on COSA Council; and Debra Rowett was the recipient of the Fred J Boyd Award. Congratulations to all these individuals.

At the PaCCSC Christmas celebrations Belinda Fazekas, the PaCCSC National

Project Officer, was acknowledged for her 10 years of service with the Collaborative. Belinda has been a key contributor to the success of the Collaborative and was integral in the establishment of many of the operational procedures that PaCCSC has in place today. She has been a driving force in study implementation, recruitment, trials administration and study closure.

**Linda Brown**  
**National Manager, PaCCSC**

## Primary Care Collaborative Cancer Clinical Trials Group



### PC4 Scientific Symposium 2017

PC4 has recently held its fourth scientific symposium in Melbourne at the Rendezvous hotel on 10 May 2017. The theme was “Establishing Partnerships, Creating Opportunities”, which highlighted PC4’s main goals of fostering research collaboration and developing new primary care research. The day opened with plenary speaker Professor Eva Grunfeld, Director of the Knowledge Translation Research Network at the University of Toronto, Canada. Prof Grunfeld spoke about the CanIMPACT trial, a Canadian program to improve integration between primary care and cancer care. The project covered the entire continuum of the cancer journey and has a mixed methods approach to improve integration.



*Prof Eva Grunfeld at the PC4 symposium*

The day was segregated into four themes covering prevention and diagnosis, survivorship, palliative care and challenges of designing successful survivorship trials. As the input and vision of consumers is central to PC4’s values, each session started with a consumer perspective relating to the theme. Our symposium was a fantastic opportunity that showcased some of the success and multidisciplinary collaborations we have had over the past several years. Some studies included:

- ‘Which test is best?’ – A consumer led trial to discover family history of bowel cancer where patients can discuss their risk with their GP to provide appropriate screening. CIA: Prof Lyndal Trevena
- ‘CRISP’ – A risk prediction screening tool for colorectal cancer. CIA: Prof Mark Jenkins and Prof Jon Emery
- ‘CHEST Australia Trial’ – A lung cancer trial to decrease the time between patients having respiratory symptoms to seeing their GP. CIA: Prof Jon Emery
- ‘ProCare’ – Men who have completed treatment for prostate cancer have improved outcomes with a shared care survivorship plan. CIA: Prof Jon Emery

PC4 plan to host many more symposiums that will engage and enlighten delegates with the most up to date and high quality research and encourage collaboration of cancer research in primary care.

### PC4 Training Award 2017

Each year PC4 provides training award to assist training and funding of early career researchers. The 2017 winner was

Anna Collins for her project titled "The CHOICE Project – Choices for care if faced with serious illness". This study aims to develop new approaches to improve the understanding of palliative care amongst the general community. Keep an eye out for next year's training award!

To be involved in PC4 and to hear about future funding opportunities and events, head to [www.pc4tg.com.au](http://www.pc4tg.com.au) and sign up now. Membership is free!

**Jon Emery**  
*Chair, PC4*

## Psycho- oncology Co-operative Research Group



Psycho-oncology Co-operative Research Group

The Psycho-oncology Co-operative Research Group (PoCoG) is a national group 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.

Our 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.

Our Scientific Advisory Committee (SAC), under the leadership of Chair Professor David Kissane and Deputy Chair Dr

Haryana Dhillon have recently announced plans for an inaugural Scientific Meeting on Thursday 16 November in Sydney directly following the COSA ASM. We are delighted to confirm that renowned psycho-social researcher Dr Anja Mehnert from the University Hospital Leipzig who is an International Invited Speaker for the COSA ASM in Sydney, will make the keynote presentation and we look forward to announcing other faculty members in due course.

We have also welcomed new appointments to the PoCoG SAC, including Professor Jane Turner from the Royal Brisbane Hospital and the University of Queensland, Dr Lisa Beatty from the Flinders Centre for Innovation in Cancer in Adelaide, as well as a new Early Career Researcher, Dr Ursula Sansom-Daly, from the Kids Cancer Centre at Sydney Children's Hospital and UNSW.

This is an exciting time as we also progress our Flagship Program of Work: *Transforming Psychosocial Care of Patients in Australia: Implementation of a Comprehensive Training and Service Delivery Program*, which marks an exciting direction for our group and clearly demonstrates our commitment to developing national clinical trials research, which would be difficult for a single team to undertake.

This ambitious program is evaluating new models of care delivery for patients with the most prevalent psychiatric disorders met in cancer care - Depression, General Anxiety, Adjustment Disorder and Fear of Cancer Recurrence - and aims to build the psycho-oncology workforce and provider greater access to psycho-oncology services across Australia.

This significant new 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 cluster randomised controlled trial later this year.

In addition, to further enhance the quality of psycho-oncology research in Australia, two new activities will be piloted this year. 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.

PoCoG always welcomes new members so if you would like to find out more about our group and activities, please visit our website <http://www.pocog.org.au/> or email our office at [pocog.office@sydney.edu.au](mailto:pocog.office@sydney.edu.au)

**Jeremy Couper**  
*Chair, PoCoG*

## Royal College of Pathologists



The Royal College of Pathologists of Australasia (RCPA) Cancer Services Committee (CanSAC) has had a very busy few months since the last edition of Marryalyan.

### 8th edition TNM Staging

Of major focus in recent months has been the publication of the 8th edition of the Tumour-Node-Metastasis (TNM) staging system.

Pathologists use TNM staging definitions in reporting the majority of cancers and it is included in all applicable cancer



protocols published by the RCPA (<http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols>). In Australasia, the 7th edition has been in use since 2010.

TNM stage has traditionally been purely morphologic, including size, location and number of lesions, depth of invasion, and the presence and number of metastases. However, in the 7th edition, several non-morphologic prognostic factors (such as PSA level and Gleason Score in Prostate cancer, and serum tumour markers in testicular cancer) were also incorporated and in this rapidly developing era of biomarker testing there has been a substantial shift to include these non-morphologic features in staging protocols.

The new TNM staging system (8th edition) was published by both the Union for International Cancer Control (UICC) and the American Joint Committee on Cancer (AJCC) at the end of 2016. In North America there has been an announcement that implementation of AJCC is delayed until Jan 2018 to allow for the College of American Pathologists (CAP), laboratories, cancer registries etc. to make the necessary changes in their IT systems.

On review of the UICC and AJCC versions, many significant differences have been noted, pointing to a breakdown in the harmonisation process between the organisations. Many of these issues will be addressed with the publication of errata in coming months however there remain some unresolved issues, particularly relating to the UICC version of TNM for genitourinary cancers. Patients may be staged quite differently depending on which version of TNM is used, which will be quite problematic for international cancer related projects.

In Australia the AJCC system has been the preferred for many years and whilst stage has been difficult for Australian cancer registries to capture in the past, there is a current initiative underway to include stage in cancer registrations (using the

AJCC system). Therefore, the RCPA will be recommending continued use of AJCC staging in pathology reporting, where it differs from UICC. In regard to the timing of implementation, the RCPA is considering the many factors which influence this decision and will be providing some advice to its fellows on this matter shortly.

## Cervical small biopsy/ pre-neoplasia protocol

In May 2016, the RCPA was awarded a contract from the Department of Health to develop a protocol for the structured pathology reporting of small colposcopic biopsies and cervical resections performed for diagnosis and treatment of cervical dysplasia, such as loop excisions (LLETZ and LEEP), laser excisions and cold knife cone excisions.

Over the past six years the RCPA's National Structured Pathology Reporting of Cancer (NSPRC) Project has published 30 cancer reporting protocols, including one for cervical cancer. However the existing published cervical protocol caters for the reporting of cervical carcinoma in cone biopsy, and hysterectomy specimens, but specifically excludes smaller biopsies such as targeted cervical biopsies. This new protocol addresses these small biopsies, LOOP and LLETZ specimens and provides a structure around reporting of Squamous Intraepithelial Lesions and glandular abnormalities. It supports consistency of reporting and adequate data capture for histology specimens and is directly aligned with the terminology and data required for implementation of the renewed National Cervical Screening Program (NCSP).

This new protocol was published to the RCPA website at the end of March 2017 to coincide with the planned changes to the NCSP, in which the current biennial Pap smear will change to 5-yearly HPV test. Whilst the NCSP renewal has now been delayed (at this stage, until 1 December), the publication of the revised protocol meanwhile will allow time for familiarisation and implementation of the protocol.

The International Collaboration on Cancer Reporting (ICCR) ([www.ICCR-cancer.org](http://www.ICCR-cancer.org)) develops internationally agreed standards for pathology reporting of cancers and was working on a cervical cancer dataset during the development of our "cervical small biopsy/pre-neoplasia" protocol. Whilst malignancy in one of these specimens is rare, the protocol did need to address this situation. As a founding member of ICCR, the RCPA had access to all ICCR drafts, which enabled the local project team to include the relevant sections and publish almost simultaneously with them, thereby ensuring the currency of the cancer-related information included in the protocol.

## HER2 Testing Guidelines for Breast Cancer

In 2013 the American Society of Clinical Oncology (ASCO) and the College of American Pathologists (CAP) revised their guidelines for the assessment of HER2 status in invasive breast cancers. Many countries have since adopted these guidelines. Feedback from these various countries has prompted another revision of the ASCO/CAP guidelines which is due for publication shortly. Australia's HER2 testing algorithms are unique, and have not lent themselves to an easy transition to the adoption of the ASCO/CAP guidelines 'as is'. Therefore, CanSAC brought together a multidisciplinary group with specific HER2 expertise, to draft guidelines for implementation of the HER2 guidelines for pathologists in Australia. These guidelines are currently on hold pending the publication of the latest revisions of the ASCO/CAP guidelines.

## MBS Funding of pathology tests

In the last year, the RCPA has submitted a number of applications to Medical Services Advisory Committee (MSAC), in an attempt to address the shortfall in funding of essential testing for cancers. This is an important process to ensure that MBS funding of pathology testing remains

current and appropriate, reflecting rapidly changing testing methodologies for cancer, including FISH testing and multigene panels rather than single-gene somatic mutation testing.

## Second opinions

The process for seeking a second opinion from a pathologist, and under what circumstances this is funded, is a matter that CanSAC is currently attempting to clarify. A generic request form is being drafted to help clarify and streamline the process.

**Christine Hemmings**  
Council Representative, RCPA

## Trans Tasman Radiation Oncology Group



## TROG 2017 ASM Highlights

The 29th TROG Annual Scientific Meeting was held at the impressive ANZ Viaduct Events Centre on the waterfront in central Auckland in March. Radiation oncology researchers from all over Australia and New Zealand and from across the disciplines came together for this year's meeting which was themed 'Precision Treatment, Quality Research'. This theme also provided a platform for no less than six invited international speakers to share their experience and recent work.

The meeting kicked off with the Clinical, Technical & SMART RO workshops. A highlight of the day was presentation

of results of the inaugural TROG Plan Challenge at the Technical Research Workshop which had 150 SBRT spine plans submitted from all over the world.

Professor Andre Dekker from the MAASTRO Clinic in the Netherlands gave a fascinating presentation on machine learning and how outcome prediction models are being generated from global cancer data. Professor Michael MacManus discussed the ground-breaking results of his 99.03 study which were presented at ASTRO in September last year, which will change the management of early stage low-grade lymphoma worldwide.

On the final day six proffered papers were presented at the very first TROG ASM abstracts session which provided a great insight into some of the hard work that is always going on behind the scenes for TROG trials. Throughout the meeting all delegates were able to provide feedback on a series of exciting new trial proposals which were presented through the subspecialty group sessions.

A traditional Maori welcome at the Maritime Museum kicked off a lively social program, which also included a wonderful gala dinner and an entertaining afternoon of interactive drumming session and cheese tasting.



**The 2018 TROG ASM will be held in Hobart from 19-22 March.** This will be a major milestone event being the 30th ASM for TROG.

**Laura Ciurlionis & Giuseppe Sasso**  
Co-convenors 2017 TROG ASM

## Are you up for a challenge? Trek Tassie with TROG

TROG Cancer Research is embarking on a charity challenge – the inaugural TROG Trek, to be held immediately after the TROG ASM next year.

The trek will take place from 24-28 March 2018. Participants will trek 50 kilometres over five days through some of Tasmania's most spectacular wilderness, while also raising vital funds for radiotherapy clinical trials research.

TROG still has 12 spots available to be part of this once-in-a-lifetime adventure.

The trek is fully guided and the cost includes all accommodation, meals and transport. Find out more at: <http://www.trog.com.au/TROG-Tassie-Trek>.

## Trial halves prostate cancer treatment time

TROG researchers are celebrating the results of the TROG 08.01 PROFIT trial, which shows that radiation therapy for prostate cancer can safely be compressed from a standard eight weeks of daily treatment down to four weeks with the same cure rate and no difference in side effects.

Associate Professor Jarad Martin, of the Calvary Mater Newcastle, was the Australian Trial Chair of the study. The trial, involving Canadian and French researchers, included over 1200 men with a common type of prostate cancer termed 'intermediate risk disease'.

After several years of monitoring these men, A/Prof Martin and his collaborators have announced that there was no difference between cure rates or side effects between the eight and four week groups.

A/Prof Martin sees many upsides: "The duration of treatment is a major issue for many of our patients. The message from them is that the shorter the treatment

period the better. There are also economic benefits to shorter treatment times which reduce hospital workload and costs as well as the time off work and transport for men and their families.

“PROFIT is another step in us exploring novel ways to make a good treatment more convenient,” said A/Prof Martin.



PROFIT was co-funded by the Prostate Cancer Foundation of Australia and Cancer Australia, and run in Australia under the auspices of the Trans Tasman Radiation Oncology Group (TROG).

The trial has been published online at:  
<http://ascopubs.org/doi/abs/10.1200/JCO.2016.71.7397>

## Journal success

Congratulations to co-chairs Claire Phillips and Mike Fay, whose paper was recently accepted and published in the prestigious New England Journal of Medicine.

The article is title ‘Short-Course Radiation plus Temozolomide in Elderly Patients with Glioblastoma’ and can be viewed at:  
<http://www.nejm.org/doi/full/10.1056/NEJMoa1611977>

**Farshad Foroudi**  
**President, TROG**

# Australia Day Honours

COSA congratulates the following members of the oncology community who were recognised in the 2017 Australia Day Honours List:

## Professor John Boyages AM

For significant service to medicine in the specialty of radiation oncology as a clinician, to medical education, to professional organisations and to people with breast cancer.

## Clinical Professor Harry Iland AM

For significant service to medicine, and to medical research, in the specialty of haematology, and as a mentor of young scientists.

## Adjunct Professor Lizbeth Kenny AO, COSA Past President

For distinguished service to medicine as a clinician and researcher in the field of radiation oncology, and to executive roles with professional organisations nationally and internationally.

## Dr Emma O’Brien OAM

For service to community health through music therapy programs.

## Ms Dorothy Reading OAM

For service to community health, particularly to people with cancer.

## Associate Professor Gary Richardson OAM

For service to medicine, particularly in the area of oncology.

## Professor Andrew Scott AM

For significant service to nuclear medicine and cancer research as an academic, and to professional organisations.

## Dr Ranjana Srivastava OAM, 2016 COSA ASM Presidential Lecturer

For service to medicine, particularly in the field of doctor-patient communication.

## Mrs Julianne Whyte OAM

For service to community health through palliative care programs.

# Queen’s Birthday Honours

COSA congratulates the following members of the oncology community who were recognised in the 2017 Queen’s Birthday Honours List:

## Professor Linda Kristjanson AO

For distinguished service to tertiary education through leadership and governance roles, strategic and innovative university reforms, contributions to cancer research and palliative care, and to women.

## Professor Rajiv Khanna AO

For distinguished service to medicine in the field of immunology, through contributions to the development of cellular immunotherapies for the treatment of cancers, infectious complications and chronic disease.

## Professor Angel Lopez AO

For distinguished service to medical and scientific research in the areas of immunology and cell biology, and through innovative developments in cancer treatment, particularly acute myeloid leukaemia.

## Associate Professor Thomas Jobling AM

For service to medicine, particularly to ovarian cancer research.

## Professor (Donald) James St John AO

For distinguished service to medicine, and to medical research, as a gastroenterologist, to innovative public health cancer screening programs, and as a mentor of young clinicians.

## Professor Richard Christopherson AM

For significant service to medicine in the area of molecular bioscience through contributions to cancer research.

## Dr John Leyden AM

For significant service to community health as an advocate for patient support networks and research into neuroendocrine cancer.

## Dr Raymond Snyder AM

For significant service to medicine, particularly as an oncologist, to cancer research, and to professional and service delivery organisations.



# Calendar of Events

Date	Event	Venue
<b>2017</b>		
2-6 June	ASCO 2017 <a href="https://am.asco.org/">https://am.asco.org/</a>	Chicago, USA
15-17 June	CNSA 20th Annual Congress <a href="http://www.cnsacongress.com.au/">www.cnsacongress.com.au/</a>	Adelaide, South Australia
15-17 June	ANZCHOG Annual Scientific Meeting <a href="https://etm.eventsair.com/QuickEventWebsitePortal/anzchog/2017">https://etm.eventsair.com/QuickEventWebsitePortal/anzchog/2017</a>	Adelaide, South Australia
22-24 June	MASCC/ISOO Annual Meeting <a href="http://www.mascc.org/annual-meeting">www.mascc.org/annual-meeting</a>	Washington DC, USA
22-24 June	Asia Pacific Cancer Conference 2017 <a href="http://www.apcc2017.org/">www.apcc2017.org/</a>	Seoul, Korea
28 June-1 July	ESMO World Congress on Gastrointestinal Cancer 2017 <a href="http://www.esmo.org/Conferences/World-GI-2017-Gastrointestinal-Cancer">www.esmo.org/Conferences/World-GI-2017-Gastrointestinal-Cancer</a>	Barcelona, Spain
16-18 July	ANZUP Annual Scientific Meeting <a href="http://www.anzup.org.au">www.anzup.org.au</a>	Melbourne, Victoria
25-28 July	ANZBCTG Annual Scientific Meeting <a href="http://www.anzbctg.org/">www.anzbctg.org/</a>	Melbourne, Victoria
27-30 July	3rd World Congress on Thyroid Cancer (WCTC3) <a href="http://www.thyroidworldcongress.com/">www.thyroidworldcongress.com/</a>	Boston, USA
27-29 July	Japanese Society of Medical Oncology Annual Meeting <a href="http://www.congre.co.jp/jsmo2017/english/index.html">www.congre.co.jp/jsmo2017/english/index.html</a>	Kobe, Japan
2-4 August	MOGA Annual Scientific Meeting <a href="http://www.moga.org.au/">www.moga.org.au/</a>	Melbourne, Victoria
28-30 August	Oncologist & Diagnostics Conference 2017 <a href="http://www.cancerconvention.wordpress.com/">www.cancerconvention.wordpress.com/</a>	Brussels, Belgium
30 Aug-2 Sept	18th Annual Asia Pacific Prostate Cancer Conference <a href="http://www.prostatecancerconference.org.au/">www.prostatecancerconference.org.au/</a>	Melbourne, Victoria
6-8 September	2017 Australian Palliative Care Conference <a href="http://www.pca2017.org.au/">www.pca2017.org.au/</a>	Adelaide, South Australia
8-12 September	ESMO 2017 Congress <a href="http://www.esmo.org/Conferences/ESMO-2017-Congress">www.esmo.org/Conferences/ESMO-2017-Congress</a>	Madrid, Spain
13-14 September	Cancer Nursing Congress 2017 <a href="http://cancer.nursingconference.com/">http://cancer.nursingconference.com/</a>	Singapore
24-27 September	59th ASTRO Annual Meeting <a href="https://www.astro.org/home/">https://www.astro.org/home/</a>	San Diego, USA
27-28 September	World Cancer and Immuno Therapeutics Convention <a href="http://worldcancer.alliedacademies.com/">http://worldcancer.alliedacademies.com/</a>	Chicago, USA
4-6 October	AGITG 19th Annual Scientific Meeting 2017 <a href="http://www.agitg.asnevents.com.au/">www.agitg.asnevents.com.au/</a>	Cairns, Queensland
12-14 October	Australian & New Zealand Head and Neck Cancer Society ASM <a href="http://www.anzhncs.org/">www.anzhncs.org/</a>	Brisbane, Queensland
13-14 October	ASSG ASM <a href="http://www.australiansarcomagroup.org/">www.australiansarcomagroup.org/</a>	Adelaide, South Australia
18-21 October	9th World Congress on Melanoma <a href="http://worldmelanoma2017.com/">http://worldmelanoma2017.com/</a>	Brisbane, Queensland
19 October	2017 ANZBCTG Symposium <a href="https://www.anzmtg.org/content.aspx?page=events">https://www.anzmtg.org/content.aspx?page=events</a>	Brisbane, Queensland
19-21 October	OSWA National Conference <a href="http://oswa.net.au/event/oswa-national-conference-2017/">http://oswa.net.au/event/oswa-national-conference-2017/</a>	Perth, WA

# Calendar of Events (continued)

Date	Event	Venue
19-22 October	RANZCR 68th Annual Scientific Meeting <a href="http://www.ranzcr2017.com/">www.ranzcr2017.com/</a>	Perth, WA
<b>21-22 October</b>	<b>COSA CPG Advanced Course</b> <a href="http://cosacpgcourses.org.au/">http://cosacpgcourses.org.au/</a>	<b>Melbourne, Victoria</b>
23-24 October	COGNO 10th Annual Scientific Meeting <a href="http://www.cogno.org.au/">www.cogno.org.au/</a>	Melbourne, Victoria
26-28 October	3rd World Congress on Controversies in Breast Cancer (CoBrCa) <a href="http://cobrca.org/">http://cobrca.org/</a>	Tokyo, Japan
3-4 November	The Alfred General Surgery Meeting 2017 <a href="https://surgeons.eventsair.com/QuickEventWebsitePortal/alfred17/alfred2017">https://surgeons.eventsair.com/QuickEventWebsitePortal/alfred17/alfred2017</a>	Melbourne, Victoria
<b>11-12 November</b>	<b>COSA Trainees Weekend</b> <i>Everything you need to know about head and neck, bladder and renal cancer</i> <a href="http://www.cosa2017.org/">www.cosa2017.org/</a>	<b>Sydney NSW</b>
<b>13-15 November</b>	<b>COSA's 44th Annual Scientific Meeting 2017</b> <i>Immunotherapy: Molecules and Mountains</i> <a href="http://www.cosa2017.org/">www.cosa2017.org/</a>	<b>Sydney, NSW</b>
14-17 November	ALLG Scientific Meeting <a href="http://www.allg.org.au/events.html">http://www.allg.org.au/events.html</a>	Sydney, NSW
17-19 November	ESMO Asia 2017 Congress <a href="http://www.esmo.org/Conferences/ESMO-Asia-2017-Congress">www.esmo.org/Conferences/ESMO-Asia-2017-Congress</a>	Singapore
5-8 December	San Antonio Breast Cancer Symposium 2017 <a href="https://www.sabcs.org/2016-Sabcs">https://www.sabcs.org/2016-Sabcs</a>	San Antonio, USA
<b>2018</b>		
16-17 February	ASCO Cancer Survivorship Symposium <a href="http://survivorsym.org/">http://survivorsym.org/</a>	Florida, USA
19-22 March	TROG 30th ASM <a href="http://www.cmnlz.co.nz/trog-2018-asm/home/">www.cmnlz.co.nz/trog-2018-asm/home/</a>	Hobart, Tasmania
7-11 May	RACS Annual Scientific Congress 2018 <a href="https://asc.surgeons.org/">https://asc.surgeons.org/</a>	Sydney, NSW
15-18 May	ALLG Scientific Meeting <a href="http://www.allg.org.au/events.html">www.allg.org.au/events.html</a>	Brisbane, Queensland
1-5 June	ASCO 2018 <a href="https://am.asco.org/">https://am.asco.org/</a>	Chicago, USA
21-23 June	CNSA 21st Annual Congress <a href="http://www.cnsa.org.au">www.cnsa.org.au</a>	Brisbane Queensland
10-12 October	38th ESSO Congress <a href="http://www.ecco-org.eu/Events/ESSO38">www.ecco-org.eu/Events/ESSO38</a>	Budapest, Hungary
19-23 October	ESMO 2018 Congress <a href="http://www.esmo.org/Conferences/ESMO-2018-Congress">www.esmo.org/Conferences/ESMO-2018-Congress</a>	Munich, Germany
<b>13-15 November</b>	<b>COSA's 45th Annual Scientific Meeting 2018 'Save the Date'</b> <a href="http://www.cosa.org.au">www.cosa.org.au</a>	<b>Perth, WA</b>
13-16 November	ALLG Scientific Meeting <a href="http://www.allg.org.au/events.html">www.allg.org.au/events.html</a>	Melbourne, Victoria
<b>2019</b>		
31 May-4 June	ASCO 2019 <a href="https://am.asco.org/">https://am.asco.org/</a>	Chicago, USA
<b>12-14 November</b>	<b>COSA's 46th Annual Scientific Meeting 2019 'Save the Date'</b> <a href="http://www.cosa.org.au">www.cosa.org.au</a>	<b>Adelaide, SA</b>



# TRAINEES WEEKEND 2017



*“Everything you need to know about head and neck, bladder and renal cancers”*

An intensive 2 day course for advanced trainees in surgery, medical and radiation oncology; as well as junior medical staff and allied health professionals including nurses.

#### DATES

Saturday 11 and Sunday 12 November 2017 (preceding the COSA ASM)

#### VENUE

International Convention Centre, Darling Harbour Sydney

For more information and to register visit [www.cosa2017.org](http://www.cosa2017.org)

Supported by an educational donation by Roche

#### PROGRAM HIGHLIGHTS

The Saturday program will concentrate on head and neck cancers

- Treatment pathways
- Principles of surgery, radiotherapy and chemotherapy
- Nursing and allied health perspectives, including nutrition and speech pathology
- Advanced head and neck cancer
- Advances in immunotherapy for head and neck cancer
- Non-melanoma skin cancers – basal cell carcinoma, squamous cell carcinoma and merkel cell carcinoma
- The function of the MDT

The Sunday program will focus on bladder and renal cancers

- Pathology and clinical implications
- Adjuvant treatments
- Metastatic disease
- Chemo-radiation therapy
- Advances in immunotherapy for renal cancer
- The function of the MDT

#### REGISTRATION TYPE

	Early bird before 15 Sept 2017	Late after 15 Sept 2017
COSA Member Medical 2 days	\$385	\$460
COSA Member Medical 1 day	\$230	\$280
COSA Member Allied health 2 days	\$275	\$330
COSA Member Allied health 1 day	\$165	\$215
Non-Member Medical 2 days	\$670	\$770
Non-Member Medical 1 day	\$500	\$550
Non-Member Allied health 2 days	\$450	\$540
Non-Member Allied health 1 day	\$325	\$375

The difference in registration rates for members and non-members is more than the cost of a COSA membership fee. Please consider joining COSA at [www.cosa.org.au](http://www.cosa.org.au)

