

## COSA NEWS



Prof Phyllis Butow AM, President, COSA



## President's Report

COSA has experienced another busy year in 2017. Once again the culmination of our activities came together at the ASM in Sydney. You will read more about the ASM in this issue of the Marryalyan in the COSA Group reports and ASM Convenor's report, but I thought I would also briefly mention some of my personal highlights. It is very different attending the COSA ASM as the presiding President – having official duties really kept me on my toes, but certainly didn't stop me from attending many sessions of interest. Overall, I found the standard to be very high, with strong research designs and clear presentations evident everywhere.

I was happy that COSA could acknowledge Sally Crossing AM and Danielle Tindle in the ASM opening ceremony. As most COSA members will know, sadly Sally and Danielle both passed away in the last year. Sally's husband, daughters and two granddaughters were in the audience. Even the Governor of NSW, who officially opened the ASM, passed on his respects to Sally's family. Both Sally and Danielle were deeply respected by COSA and the cancer community and are sorely missed.

The opening plenary really set the scene for the immunotherapy theme, and the second plenary after lunch introduced the quality and safety theme perfectly. The inclusion of cancer patients in a number of sessions reminded us all of why we do what we do. For the delegates in attendance on the final day, I'm sure you will agree that hearing Ian Cant's personal story and the success of his treatment, as well as his daughter's brave reading of her poem, was a highpoint. As was Captain Richard de Crespigny's lecture. This was the first time since its inception that the COSA Presidential Lecture was given by a non-health professional, so I was delighted that Richard accepted the invitation. I believe medicine has a lot to learn from the airline industry and his lecture really did prove that. It was at the control of the world's largest and most advanced commercial jetliner of the time, the A380, when he and his fellow officers were faced with their greatest challenge. The date was 4 November 2010, right before the 2010 COSA ASM in Melbourne! That incident brought into play Richard's considerable skills involving teamwork, problem solving, judgement,

knowledge, and experience and putting years of highly-skilled training into practice. Richard talked about the importance of: assertively pointing out errors regardless of your position, everyone being clear about roles and responsibilities, having a back-up team to manage communication and maintain calm, and focusing on what is working rather than what is broken in managing a situation. All good lessons for us. I am expecting airline examples to permeate presentations on quality and safety at COSA in the years to come!

Another highlight for me was the presentation of the 2017 Tom Reeve Award at the ASM dinner on Tuesday evening. Bill McCarthy is a most deserving recipient, and having Professor Tom Reeve in attendance was a special moment for everyone, especially Tom and Bill. This award for outstanding contributions in cancer care was inaugurated by COSA in 2005 with Tom as the first recipient. Since that time it has been awarded in his honour as the Tom Reeve Award. Bill was the 13th recipient, joining an illustrious group of his predecessors.

Planning is well underway for the 2018 COSA ASM, to be held in Perth from Tuesday 13 to Thursday 15 November, with pre-conference workshops on Monday 12 November (we are back to our traditional schedule). We were last in Perth in 2011 so we are heading west again with an exciting program on gastro-intestinal cancers and mesothelioma, with sub themes on genomics, technology and prevention. One note of sadness, as we head for Perth in 2018, will be the sudden loss of long-term COSA member Paul Katris, who died on his way back to Perth from the COSA ASM on Saturday 18th November. COSA will be honouring Paul's memory in the next Cancer Forum.

In closing I would like to thank the COSA Board and Council members for their support this year, as well as the staff who make everything happen behind the scenes.

I wish you all the very best for the festive season.

**Phyllis Butow**  
President

# Executive Officer's Report



Marie Malica, COSA EO

Once again we are signing off for the year from the COSA office with a bumper December edition of the Marryalyan.

## Achievements in 2017

The COSA Group chairs will speak to many of these in their reports, however I just wanted to highlight a few of our major achievements in 2017.

- Completion and launch of the revised guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy now available online via the Cancer Guidelines Wiki
- Finalisation of the Exercise in Cancer position statement which was launched at the 2017 ASM
- Pilot implementation project for the Australasian Tele-trial Model with \$230,000 external grant funding secured
- Sold out Cancer Pharmacy Group courses in Foundation Skills and Advanced Practice
- Well attended events for advanced trainees in medical oncology
- Seven government submissions, most in partnership with Cancer Council Australia

## 2017 COSA ASM

I am proud to report that we cracked the magic four figure registration this year with over 1000 delegates in attendance. A full evaluation of the 2017 ASM is still underway but anecdotally the verbal feedback I've received has all been very positive.

Over the last six years we have created an effective strategy whereby we lock the ASM Program Committee in a room and don't let them leave until they come away with a first draft of the program. As always the Committee was a little anxious at first but by the end of the meeting they are all pleased and pleasantly surprised by how much they have achieved. And the 2017 Committee were a stand out!

I won't go into detail about the program but just wanted to mention one session not included in other reports. The delegates present in the Wednesday morning plenary "Uncertainty in the age of immunotherapy: Surviving against the odds" were treated to a talk by cancer survivor Ian Cant who has (so far) been successfully treated with immunotherapy. In this plenary we wanted to explore the impact of uncertainty on patients treated with immunotherapy. Treatment for a diagnosis of Stage IV cancer brings a desired extension of life combined with many unanswered questions about

the way forward. Ian's final question for the audience was "Am I cured?" A difficult question, even for his treating oncologist to answer. Ian's twelve year old daughter, Demi joined him on stage to read her poem "Sickness" which she wrote for her dad during a difficult stage of his treatment. With Ian and Demi's permission we have published the poem in this issue of the Marryalyan.

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

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

## 2018 COSA ASM

The 2018 Committee held their program brainstorming meeting in Perth on 26 October and we already have an excellent first draft.

In 2018 we will be back to our traditional schedule, running the pre-conference workshops on Monday 12 November, with the ASM proper from Tuesday 13 to Thursday 15 November 2018. COSA's 45th ASM will have a focus on **gastro-intestinal cancers** and **mesothelioma** with subthemes of **genomics, technology and prevention**.

Be sure to diarise the dates now!

## Thanks and acknowledgements

In closing I must take this opportunity to thank the dedicated COSA staff. We were pleased to welcome back Chantal Gebbie this year to manage the Tele-Trials implementation project. Chantal previously filled two maternity relief positions, and with her background in clinical trials is ideal to lead this project. Chantal joins our very efficient and experienced project management team including Rhonda DeSouza, Jessica Harris and Gillian Mackay. Hayley Griffin is currently on maternity leave having welcomed her third baby daughter. And last but certainly not least, my special thanks to Fran Doughton for her constant support for the Board, Council, our members, the COSA team and myself.

**Marie Malica**  
Executive Officer

# Vale Mr Paul Katris

11 October 1966 to 18 November 2017

***In every community, there are some rare individuals who stand out for their unassuming, non-egotistical, dedicated contribution to the betterment of outcomes. Paul Katris was one of them. Paul was a most beloved member of the cancer community, who died suddenly and unexpectedly, on Saturday 18 November 2017.***

Paul was the Executive Officer of the Western Australian Clinical Oncology Group (WACOG) for the past 21 years, and the Editor of Cancer Matters, WACOG's newsletter since it was launched in 2007. In those roles, he was a tireless advocate for health professional education and cancer control, always looking for opportunities to provide training and resources to health professionals and support group leaders working in Oncology.

Paul was also the Registrar for the WA Cancer Clinical Trials Registry, an online register listing cancer clinical trials open in Western Australian hospitals for the public. He was the Chair of the Complementary and Integrative Therapies Group of the Clinical Oncology Society of Australia (COSA), and in this capacity a long standing member of COSA Council – a role he held in high esteem. Paul was a member of the organising committee for the 2018 COSA Annual Scientific Meeting to be held in Perth – he was very much looking forward to the conference returning to his home state, and was very excited about what was already planned.

Paul cared deeply about the wellbeing of people with cancer, and sought to build bridges between patients using complementary and integrative therapies and health professionals, by summarising the evidence and

developing the COSA position statement on the use of these therapies to guide clinical practice.

Paul originally trained in Psychology, and became a Registered Organisational Psychologist in recent years. His academic interests included nausea and vomiting in cancer patients, cancer patients' unmet needs, particularly in rural and regional patients, and skin cancer. Paul was an enthusiastic member of COSA and the Psycho-Oncology Co-operative Research Group (PoCoG), and indeed, was returning home from the COSA and PoCoG annual scientific meetings on the day of his death. He was always looking for opportunities to bring the latest Psycho-Oncology research findings to WA.

Paul's professional reach was exceptional, and he had unfailing support and respect from health professionals and colleagues, not just in WA but right throughout Australia.

Paul was highly respected within the cancer community, and we will miss him greatly.

We send our sincere condolences to his family, friends and colleagues.



# 2017 COSA ASM Convenor's Report

When I was first approached by Marie to act as the convenor for the 2017 COSA ASM, I jumped at the opportunity. I was excited that we were hosting the conference in Sydney again after a long hiatus while the new convention centre was being built. And then I was nominated as COSA President Elect, a nomination which I was also pleased to accept. That meant it was a busy year for me with my COSA responsibilities, but I have enjoyed the experience, particularly, working with such an enthusiastic and active Program Committee. The efficient COSA staff have made the experience very manageable within mine and other's existing work scheduling and thus worthwhile. For those considering joining or participating in future COSA ASM Program Committees – don't be put off by concerns of workload, as the efficiency of the COSA team and Program Committee means you will be well supported.

We started a hectic ASM week with the Advanced Trainees Weekend on the Saturday and Sunday prior. This intensive 2 day course attracts advanced trainees in surgery, medical and radiation oncology; as well as junior medical staff and allied health professionals. This year's program was jam packed, focusing on "Everything you need to know about head and neck, bladder and renal cancers". My thanks to Drs Alex Guminski and Adrian Lee who convened the weekend, attracting high quality speakers and large participation.

On Sunday we also hosted a number of pre-conference workshops, receiving positive feedback from delegates.

Our ASM themes of "immunotherapy" and "quality and safety in cancer care" were showcased throughout the entire program. The Committee ensured COSA's multidisciplinary focus was included in every session. The international and national speakers were of the highest calibre, and many spoke to me personally of their enjoyment in attending and presenting.

The opening plenary "Immunotherapy: Hype or Hope?" really set the scene for our focus on the successes of immunotherapy. As we all know immunotherapy is one of the most talked about new developments in cancer treatment. With immunotherapy treatments showing promise in a number of cancer types, especially melanoma and more recently lung cancer, our expert speakers explored the impact on patients, why it works in some cases and not others, as well as its future potential in treating other cancers.

The "quality and safety" theme enabled a focus on the positive clinical experiences, quality oversight in clinical care and lessons learnt from and in prevention of errors. In her presentation "To err is human... prescribing errors in cancer treatment" Professor Dorothy Keefe argued that "a culture of blame" is detrimental to improving Australian cancer care, and that the focus needs to shift to learning from mistakes and improving systems and processes. Australia has one of the best healthcare systems in the world and one of the world's highest cancer survival rates. Yet media and social media have put a focus on finding villains whom we can blame for medical errors, and ending their careers. We need to ask ourselves – what does this achieve? A culture of fear and blame distracts from constructive learning. It also reduces patients' trust and can create a sense of "us versus them". Errors do rarely occur, but to move forward we need to learn from our mistakes. We also need to acknowledge the constantly evolving nature of cancer treatment and the need to balance clinical guidelines with individual treatment based on evolving evidence. We do need better processes and systems, as well as governance, and better communication with one another and with our patients. Clinicians should be able to adapt individual treatments for special circumstances, but they should also document their decisions appropriately so that there is a record of what they are doing, and why.

We were pleased to include the patient experience in many sessions. Consumer and patient Grant Mundell shared his personal experience following his diagnosis of a rare neuroendocrine tumour. His treatment included having his pancreas and part of his liver removed after undergoing chemotherapy and radiation therapy. Reflecting on his experience, he believes that he received exceptional care – thanks partly to his healthcare team's ability to balance risk with safety and quality care. In his words "I was lucky to be treated by a fantastic multidisciplinary cancer care team including surgeons, oncologists, radiotherapists and nurses. Working together the team proactively considered my situation from a range of perspectives and ultimately thought outside the box to improve my care."



Karen van Gorp survived an aggressive stage IV melanoma diagnosis in early 2013. Her complete response to immunotherapy treatment was, in her words, "relieving and unexpected". Karen presented in the "Living well with immunotherapies" session and said "it is becoming obvious that it is a whole of person approach that will enable people afflicted by cancer to live with the diagnosis

and continue or return to a full and productive life” – wise advice for the COSA community.

We rounded out the ASM with the COSA Presidential Lecture which Phyllis has already highlighted in her report, and the hot topic panel discussion. Once again the panel was expertly facilitated by Adam Spencer, with the panel comprising David Currow, Jen Morris (bioethicist), Anne O’Neill (Associate Director, NSW Office for Health and Medical Research), Gabrielle Prest, Karen van Gorp, and myself. We put forward the case that cancer services are leading the way in health services reform. A great way to finish another exceptional COSA ASM!

My sincere thanks to the ASM Program Committee for helping to ensure there was something for everyone in a highly educational and informative program.

I hope to see many of you at the 2018 COSA ASM in Perth.

**Associate Professor Nick Pavlakis**  
**Convenor 2017 COSA ASM**



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

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

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

Simply log-in using your member number and password, and follow the links for full access to the Journal through Blackwell Synergy.

- Full search capabilities
- Free email table-of-contents alerts
- OnlineEarly alerts
- All available in email or RSS and Atom formats

[Discover more with Wiley-Blackwell.](#)



## Sickness

Sickness is how he feels.  
Surgery is what he thinks.  
Tools are all he hears.  
Scans are all he sees.

Sickness is how he feels.  
Regret on what he did.  
Heart pounding like a Cheetah sprinting.  
Hands shaking waiting to be fixed.

Sickness is how he feels.  
Death is all he thinks.  
Hope is all he needs.  
Help is what he gets.

Better after time.  
Years of regret are yet to come.  
Family always by his side.

When there is love there is hope.  
And that is all he needs.

**By Demi Cant**

# International Speaker Profiles

**For those not fortunate enough to attend this year's Annual Scientific Meeting, or those wanting to know a little more about the experiences of our international guests, COSA took 5 minutes to speak with our international guests: Dr Matthew Hellmann, Dr Monika Krzyzanowska and Dr Dana Rollison.**



## Matthew Hellmann

Matthew Hellmann is a medical oncologist who specializes in the care of patients with lung cancers, particularly non small-cell lung cancers. He is dedicated to identifying better treatments for people with all stages of disease and to providing compassionate care for patients and

their families. His research focuses on developing innovative and effective ways to harness the body's immune system to fight cancer. He is a member of the MSK's Immunotherapeutics Group, where they design and lead early-phase clinical trials of immunotherapies for patients with a variety of different cancers.

**Was this your first time to Sydney?**

No.

**Was this your first COSA conference?**

Yes.

**What was your overall impression of the conference?**

People were lovely; it was a treat to be invited.

**Highlights of the meeting?**

Learning about the conversation about cost efficiency in Australia.



## Monika Krzyzanowska

Dr Krzyzanowska is a medical oncologist and health services researcher at the Princess Margaret Cancer Centre in Toronto. Her research focuses on the science and practice of healthcare quality as it relates to the delivery of cancer care with special emphasis on the

quality of care received by cancer patients on systemic therapy. By combining patient-level intervention studies with population-based research she is able to look at quality issues from different, but complementary perspectives, have impact at both the micro (institution) as well as macro (population) levels and close the loop between quality measurement and improvement. Her research has been supported by the Ontario Institute for Cancer Research,

Canadian Institutes of Health Research and the Canadian Breast Cancer Foundation. Dr. Krzyzanowska is the Clinical Lead for Quality Care and Access within the Systemic Treatment Program at Cancer Care Ontario, an Associate Editor at the Journal of Oncology Practice and the Chair Elect of the ASCO Quality Care Symposium. Dr. Krzyzanowska obtained her medical degree and clinical training in medicine and oncology at the University of Toronto then completed a research fellowship at the Centre for Outcomes and Policy Research at the Dana Farber Cancer Institute.

**Was this your first time to Sydney?**

No, this was my second time although last time I only spent 24 hours in Sydney.

**Was this your first COSA conference?**

Yes.

**What was your overall impression of the conference?**

I really enjoyed the conference. It was well organized and there was a good mix of topics and types of session and the attendees seemed engaged in the agenda. The setting was also lovely in the brand new conference centre in Sydney within walking distance to some beautiful spots in Sydney.

**Highlights of the meeting?**

Meeting Australians with similar interests in healthcare quality and safety. We are all facing similar issues in healthcare delivery regardless of what side of the equator we practice and we should leverage each other's learning to accelerate progress. I also enjoyed the presentation by Captain Richard de Crespigny. I am a big believer that we need the right culture in healthcare to deliver high quality care and while the aviation industry is not exactly the same as healthcare, there are things we can learn from them.

**Any other comments?**

Thank you for the invitation to be part of the conference.



## Dana Rollison

Dr Rollison earned her undergraduate degree in Biology from the University of Miami in 1997 and completed her master's (1999), PhD (2002) and postdoctoral training (2002-2004) in Cancer Epidemiology at the Johns Hopkins University. Dr Rollison joined Moffitt Cancer

Center in 2004 as an Assistant Member in the Cancer Epidemiology Program. She was promoted to Associate Professor with tenure in 2010, and became a Senior Member in 2017. Dr Rollison's primary research focuses on the potential role of viral infections in cancer

etiology and the epidemiology of myelodysplastic syndromes. Dr Rollison also serves as Vice President and Chief Data Officer at Moffitt Cancer Center, bridging analytics strategies across research, clinical and operational areas of the organization. Since assuming this position in 2010, Dr Rollison has steered the evolution of its scope of responsibilities in three key areas: 1) leadership of the Office of Health Data Services, including four departments dedicated to providing access to high-quality patient data: Cancer Registry, Information Shared Services, Data Quality and Business Intelligence, and Health and Research Informatics (HRI); 2) executive visioning for Moffitt's enterprise wide data warehouse and analytics strategy to support translational research, clinical pathways, accountable care analytics, and the practice of personalized medicine; and 3) service as co-Principal Investigator of the Total Cancer Care@ protocol, the foundation of the Oncology Research Information Exchange Network (ORIEN). Dr Rollison was appointed to be Moffitt's first Associate Center Director of Data Science in 2017, overseeing the academic departments of Integrated Mathematical Oncology and Biostatistics and Bioinformatics, as well as three data-related research Cores: Cancer Informatics, Biostatistics and Collaborative Data Services. In her role as ACD, Dr. Rollison seeks to promote the development of novel analytic approaches for the optimization of Moffitt's extensive data assets, including unstructured data in the electronic medical record that can be used in mathematical models of cancer treatment response. Dr Rollison has authored more than 85 publications in peer-reviewed journals and currently serves as the Principal Investigator of a \$2 million grant from the U.S. National Cancer Institute. Dr Rollison is a member of the American Association for Cancer Research, the American Society of Clinical Oncology (ASCO), the American

Society of Hematology (ASH) and the International Papillomavirus Society. She has been invited to speak on topics related to both cancer epidemiology and data science, presenting in national and international venues including Barcelona, Spain; Manduria, Italy; Berlin, Germany; and Lisbon, Portugal.

#### Was this your first time Sydney?

Yes, this was my first time in Australia.

#### Was this your first COSA conference?

Yes.

#### What was your overall impression of the conference?

I thoroughly enjoyed the conference. Everyone I met was exceptionally friendly and collaborative. The speakers in the sessions were a nice mix of junior and senior investigators and practitioners. The multidisciplinary content of the sessions provided an opportunity to learn about other areas of oncology practice, yet the meeting did not feel overwhelmingly large.

#### Highlights of the meeting?

The format of the immunotherapy plenary session was quite novel in that it included three different perspectives (historical, recent research findings, and coverage of immunotherapy in the media). This diverse trio of speakers set the stage for a provocative dialogue with the audience. Richard De Crespigny's talk was a striking reminder of the importance of aviation safety and a model for healthcare quality to emulate.

#### Any other comments?

I was pleasantly surprised by how many COSA members like to dance! The conference dinner was great fun!

## 2017 Tom Reeve Award for Outstanding Contributions to Cancer Care



*Emeritus Professor Tom Reeve AC CBE with Emeritus Professor William McCarthy AM*

**Emeritus Professor William McCarthy AM was announced as the 2017 recipient of the Tom Reeve Award for Outstanding Contributions to Cancer Care at the conference dinner held on the Tuesday evening of the ASM.**

**Professor McCarthy delivered a heartfelt speech about his career, especially thanking the women in his life that enabled his achievements. Having Professor Tom Reeve in attendance was a special moment for everyone, especially for Tom and Bill.**

# 2017 COSA Best of the Best Awards

## Best of the Best Poster Oral Presentation Awards

### Improving Cancer Health Services

Jenelle Loeliger  
abs#283

*Reducing the cancer malnutrition burden: highlights of state-wide collaborations in Victorian health service*

### Quality and Safety in Cancer Care

Natalie Bradford  
abs#285

*Improving the clinical practice for fertility preservation*

### Clinical Research & Supportive Care

Elise Devlin  
abs#136

*Just as I expected: The impact of pre-treatment response expectancies of radiotherapy toxicities*

### Translational Research

Samad Raza  
abs#135

*Can ERBB4 induce nuclear YAP in High Grade Glioma?*

## Best of the Best Oral Presentation Awards

### Basic Science & Translational Research

Charlie Seong Beom Ah  
abs#41

*Detection of Plasma Colorectal Cancer Prognostic Biomarkers*

### Quality and Safety

Graham Pitson  
abs#97

*Population-Based Analysis of Radiotherapy and Chemotherapy Treatment in the Last Month of Life*

### Clinical Research

Christopher Nahm  
abs#48

*Patterns of multiple immunohistochemical biomarker expression predict survival after resection in pancreatic ductal adenocarcinoma: a retrospective cohort study and two-step cluster analysis*

### Education

Joanne Shaw  
abs#17

*Identifying and responding to anxiety and depression in adult cancer patients: Pilot testing of an online communication skills education program targeting challenging conversations for oncology health professionals*

## Epidemiology

Gemma Jacklyn  
abs#93

*Trends in stage-specific breast cancer incidence in New South Wales, Australia: insights into the effects of 25 years of screening mammography*

## Health Services

Jon Emery  
abs#67

*The Improving Rural Cancer Outcomes (IRCO) Trial: a factorial cluster-randomised controlled trial of a complex intervention to reduce time to diagnosis in rural cancer patients in Western Australia*

## Supportive Care

Bianca Tomalin  
abs#76

*Financial toxicity, employment and quality of life of cancer survivors. A secondary analysis of the PROFILE registry*

COSA acknowledges Cancer Institute NSW for their support of the Best of Best Awards





# COSA 2017 Travel Grant Recipients

The following delegates received travel grants to attend either the 2017 COSA Trainees Weekend or the 2017 COSA ASM at the International Convention Centre (ICC) Sydney:

## Trainee Travel Grants

- Prachi Bhavé
- Jorja Braden
- Nikki Burdett
- Sabeeh Butt
- Reece Caldwell
- George Drewett
- James Fletcher
- Grace Gard
- Sharon Heng
- Jia Hao (Sean) Hui
- Chris Lomma
- Andrew Mant
- Dolly Mittal
- Christine Muttiah
- Abhijit Pal
- Aaron Tan
- Vanessa Wong

The following COSA members received travel grants to attend the 2017 COSA ASM at the International Convention Centre (ICC) Sydney:

## COSA Travel Grants

- Robin Anderson
- Abhishek Joshi
- Emma Kemp
- Courtney King
- Katherine Lane
- Mari Lashbrook
- Jenelle Loeliger
- Ian McPherson
- Jodie Nixon
- Janelle Penno
- Karin Reid
- Esther Sadek
- Nicole Seebacher
- Samantha Wieringa
- Jane Turner
- Xue Qin Yu

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/COSA-Clinical-Oncology-Society-of-Australia-172334056270046/>



# 2017 COSA ASM in pictures...



*Ilona Juraskova, Jo Shaw, Laura Kirsten, Kim Hobbs and Lisa Beatty*

*Members of the 2017 ASM Program Committee*



*Exhibition*



*Full concurrent session*

*Captain Richard de Crespigny signing copies of his best seller QF32*



*Registration*



*Prof Tom Reeve with past award recipients Alan Coates, Phyllis Butow, Bill McCarthy, Patsy Yates, Martin Tattersall and David Currow*



*Delegates*



*Darling Harbour...what a view!*



*Plenary*



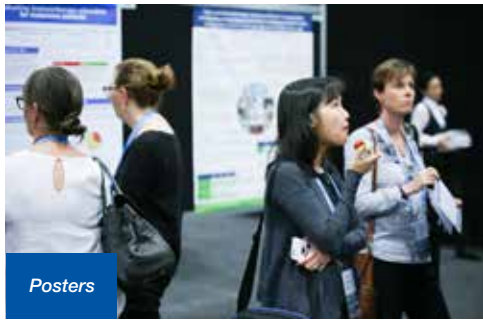
*Welcome function*



COSA booth



Exhibition entry



Posters



Presidential Lecture by  
Captain Richard de Crespigny



Closing ceremony...see you in Perth 2018!



COSA selfies



Quality & Safety concurrent



Plenary



Hot Topic with Adam Spencer



Soapbox



Pre-dinner drinks



# COSA Group Reports

## Adolescent and Young Adult Group

The role of the COSA AYA Group in the planning and development of AYA Cancer services in Australia has changed considerably over time. COSA was a “founding” partner with Cancer Australia and CanTeen in recognising and advocating for improvements in the care of AYA patients with cancer. There are 3 areas in which an AYA Group within COSA remains essential:

1. Maintaining the linkages with other professional groups, interest groups and clinical trial groups which make up COSA's broad membership
2. Remaining 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. Continuing 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 COSA AYA Group have held a number of teleconferences this year and recently held an AYA Education Day at the International Convention Centre, Sydney preceding the COSA ASM on the 12 November 2017. This was generously sponsored and supported by COSA which enabled 35 participants to attend this highly successful educational event. Topics included brain tumours, gynaecological cancers, germ cell tumours, exercise and rehabilitation, heritable cancer risk in the young, immunotherapy and survivorship.

I'd like to thank, Jennifer Chard, Peter Grimison, Andrew Murnane, Chris Innes-Wong, Mandy Ballinger, Michael Osborn, Kate Thompson and Ilana Berger for their support and contribution to this event and in particular for them giving up their Sunday to the COSA AYA community. All presentations on the day were very well received and stimulated interesting and constructive discussion. The day was rounded off with an inspiring presentation by Mr Kieran Palmer, a psychologist who works in the drug rehabilitation programme at the Ted Noffs Foundation on youth drug addiction. Kieran challenged us to reorientate the way we look at young people with addiction problems.

In other news, one of the COSA Project Managers Jessica Harris is now working with the team of health professionals that form the Fertility subgroup to update the COSA Fertility Preservation Guideline. They are reviewing and extending the current guideline to include cancer patients of all age groups incorporating 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. This work is ongoing and led by Kate Stern and Antoinette Anazodo who are working with a large team on this important project. It is hoped that a draft guideline will be ready for consultation in 2018.

I would like to take this opportunity to thank the members of the AYA Group for their ongoing participation. In particular I would like to thank Marie Malica and Fran Doughton for their tremendous support over the last year and around the smooth organisation of our AYA Education Day this month. Having the support of COSA as an independent health professional group with

such wide representation remains of great benefit in developing and furthering AYA cancer activities in Australia.

**Wayne Nicholls**

**Chair, Adolescent and Young Adult Group**  
[wayne.nicholls@health.qld.gov.au](mailto:wayne.nicholls@health.qld.gov.au)

## Cancer Care Coordination Group

The Highlights of the COSA 2017 ASM from a care-coordination perspective included some fascinating presentations about immunotherapy, as well as sessions that provided valuable insights into quality and safety in cancer care. Many of the presentations and posters were of particular interest to a care coordination audience, including a thought-provoking plenary presentation by Mei Krishnasamy on the changing perspectives on metastatic cancer and its impact on cancer nursing. Other sessions covered patient safety, innovative ways of delivering care, and the nurse's role in managing patients with immune-related side effects. We plan to share a summary of some of these initiatives in the next issue of The Coordinator.

During the ASM I chaired a well-attended Reforming Cancer Care concurrent session at which we explored issues around coordinating cancer care in today's health care environment. The presenters addressed topics including providing an update on the implementation of optimal care pathways, as well as innovations in primary care and community pharmacy policy and practice which have implications for cancer patients. Reforms in these sectors provide new opportunities to deliver a coordinated care pathway.



Bogda Koczwara (Flinders University) also chaired the session Quality – proactive or reactive. The session provided Australian and international perspectives on this important issue with interesting insights about creating learning systems for quality and safety in cancer care. We also heard a consumer's perspective on the importance of multidisciplinary team involvement, including a cancer care coordinator, in the delivery of quality cancer care.

Our Group held a small meeting at the 2017 COSA ASM and enjoyed a very productive discussion about opportunities for the coming year. We heard about initiatives being led by other COSA Groups such as Exercise and Cancer, who have just released the COSA Exercise in Cancer Care position statement, and we are now looking for an opportunity to collaborate in the coming year to deliver our next webinar. Any members who are keen to get involved and help develop the next webinar program, and ensure we tailor our message to our Group members, are encouraged to get in touch.

This Group has many members with a diverse range of experiences and skills. We would benefit from more people actively contributing and sharing information about the initiatives that you and your teams are involved with. Not all members have the opportunity to attend conferences and hear presentations in person, so if you have recently attended a conference you can share this experience and your learnings with others through this Group - *The Coordinator* provides a great forum to keep members informed, so please contribute details about any of your activities including research, presentations and publications. Please contact Gillian Mackay (COSA Project Manager, [gillian.mackay@cancer.org.au](mailto:gillian.mackay@cancer.org.au)).

**Patsy Yates**

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

## Cancer Pharmacists Group



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

### CPG Advanced Clinical Practice for Cancer Pharmacists Course 21-22 October 2017, Melbourne

Our 7th Advanced course in Melbourne again attracted huge interest and over 70 attendees. Topics included immunotherapies beyond PD-1 and therapeutic updates on GU cancers and lymphoma, workshops on cancer pain, fertility preservation and chemotherapy in pregnancy with very interactive sessions on the Sunday morning on how to apply the new COSA Chemotherapy Guidelines (see below) and a novel session on leadership development for senior pharmacists. Anecdotal feedback has been great, and we await the formal feedback report to help us plan another course for 2018. I'd like to thank our co-convenors Gail Rowan and Jenny Casanova for developing an excellent weekend and we will be planning next year's course in early 2018. Any suggestions on topics would be gratefully received from CPG members.

### 2017 COSA ASM International Convention Centre, Sydney 13-15 November 2017

As I write this, we have just enjoyed an excellent ASM in Sydney. Several pharmacists gave excellent presentations

during the main program on topics such as the COSA Chemotherapy Guidelines, oral therapy drug interactions, the pharmacist's role in managing immunotherapy toxicities, compassionate access programs and educating community pharmacists on oral antineoplastic treatments. I hope all CPG members who attended enjoyed the conference. On behalf of the CPG executive committee, I'd also like to thank Deirdre D'Souza for her excellent job in representing pharmacy on the ASM organising committee and helping to pull together a great program.

### 2018 COSA ASM Perth Convention and Exhibition Centre, WA 13-15 November 2018

We are excited that next year the ASM heads across the Nullarbor to Perth for the first time since 2011. The major theme for the meeting will be GI cancers and mesothelioma with sub-themes of genomics, technology and prevention. I am pleased to report that Michael Cain, a long standing CPG member from the west, has agreed to be the local CPG member on the ASM organising committee. I would recommend all CPG members mark this exciting event in their calendars now.

### Revised COSA Chemotherapy Guidelines

Another milestone this year was the publication of the revised COSA Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy on the Cancer Council Australia Wiki platform in August. These important guidelines aim to be a point of reference for practitioners providing medications for the treatment of cancer and can be used as a framework to aid best practice within the multidisciplinary team. I would urge all CPG members to "advertise" the guidelines within their local institutions as a framework to implement best practice around systemic cancer therapy prescribing, dispensing and administration. Thanks to Dr Christine Carrington for her dedication in driving the



review of these guidelines and the many CPG pharmacists who played crucial roles in their development.

The guidelines can be found 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)

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

These workshops (supported by Roche) were again provided this year for medical oncology and haematology advanced trainees in Brisbane, Sydney and Melbourne with a total of almost 50 attendees. They continue to be run by CPG members Dr Christine Carrington and Dan McKavanagh, who provide detailed content on the pharmacology of cancer chemotherapy. Feedback has been really positive again this year and we look forward to continuing these important sessions for doctors in 2018.

## CPG Membership and Executive Committee Update

Currently our membership (either group members or those COSA members stating cancer pharmacy as an area of interest) stands at 224, which is an increase on the same time last year. However, we have had some members not renew their memberships for 2017/18. The COSA Cancer Pharmacists Group is a unique professional body within Australia as it is the only group representing the specific interests of cancer pharmacists across the country, so I would urge anyone who hasn't yet renewed to do so.

The executive committee currently has 6 members out of a maximum of 8 allowed, so we are looking to grow our committee membership next year. Nominations will

be called for in the coming weeks with a request for expressions of interest to join the committee being sent to all CPG members. I would encourage any CPG member with an interest in contributing their time to consider nominating for the committee. I am also very happy to be contacted at any time to discuss what being part of our committee involves and how you may be able to contribute.

## Plans for 2018

Next year we are planning to run our Foundation and Advanced Courses once again, and pre-ASM workshop in Perth in November. In addition, I hope to announce other activities which will benefit the membership in the coming months with our (hopefully) expanded executive committee. Watch this space!

I would like to wish all our members a safe and happy Christmas and New Year, and look forward to seeing you at one of the many COSA events planned for 2018.

With best wishes

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

## Clinical Trials Research Professionals Group

**Chair:** Dianne Lindsay, Clinical Research Consultant, Newcastle

### Executive Committee:

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

This year the CTRPG Executive Committee met regularly by teleconference, two of our key achievements during this period have been the joint submission with Cancer Council Australia of a Public Consultation Paper – A Framework for NHMRC Assessment and Funding of Clinical Trials and the organisation of a workshop.

With support from COSA and sponsorship by Bellberry Limited a Clinical Professional Day for CTRPG members was held on Sunday 12 November 2017 just prior to the COSA Annual Scientific Meeting. All aspects of this wonderful new Sydney venue were appreciated by workshop participants, and the presentations by invited guest speakers who very generously contributed their time and expertise were of a very high standard.

The first session, 'Interpreting Trial Papers with More Confidence' was presented by Ms Kristy Robledo, Biostatistician at the NHMRC Clinical Trials Centre. An enlightening and very clear presentation was delivered by Kristy covering the key concepts of trial design, primary endpoint, sample size, secondary outcomes and Kaplan-Meier curves, and other forms of visual display of data. The audience were able to test their understanding throughout the session by reading sections of papers reporting results of two clinical trials 'ICECREAM' and 'ONTRAC', then feeding the findings back to the presenter for discussion, further information and confirmation. We learned that the Simon Design is commonly used in medical oncology trials and cancer studies are generally powered to a pre-study determined level of 80% minimum and the importance of ensuring the design directly corresponds to the primary endpoint. Tricks and traps of interpreting trial papers were also touched on such as the potential for problems interpreting multiple comparisons in subgroup analyses. Kristy was unanimously thanked for her time, effort and the high quality of her presentation.



Ms Kylie Sproston, Chief Executive Officer of Bellberry Limited gave a very interesting and informative talk covering a variety of topics including the 2017 updates to the National Statement, specifically chapters 3 and 5.

The National PICF project is well advanced with a template for interventional studies now updated and plans to update the templates for biospecimen studies, registries, clinical and medical research and social science studies in the near future. The templates are available on the National PICF project website (<http://nationalpicf.com.au>).

Participants were also informed that the NHMRC has commenced a pilot study, “The National Scientific Committee” which aims to provide expert advice to researchers and Human Research Ethics Committees on complex genetic studies and those involving devices. This service will be free until the end of June 2018 but will be limited by study numbers.

The NHMRC has developed a “Clinical Trials Toolkit” page with links to lots of useful information (<https://www.australianclinicaltrials.gov.au/clinical-trials-toolkit>). Kylie also advised us of the PRAXIS Australia website which will contain a library of research resources for researchers and patients (<http://praxisaustralia.com.au/resources>).

Associate Professor Nicholas Wilcken, Director of Medical Oncology, Westmead Hospital provided an informative update on RECIST Version 1.1 and irRECIST. The arrival of immune therapy drugs has changed the way tumours respond to treatment, e.g. pseudo progression hence the ongoing evolution of irRECIST. Improved understanding of the effects of the immune therapy drugs indicates imaging reports may continue to change. The advent of other imaging modalities such as PET CT may also improve the accuracy of imaging assessment. Nicholas took the audience through

a number of exercises which helped reinforce our understanding of how treatment response is assessed in the research setting using RECIST criteria.

RECIST reports are required for clinical research studies; however for day to day clinical interpretation these may present problems with patients and some less experienced clinicians becoming overly concerned by small increases or decreases in tumour size which may not have clinical significance.

Professor Fran Boyle, Medical Director, Pam McLean Centre, Royal North Shore Hospital led a stimulating consent session during the afternoon. Fran began by highlighting the importance of using a collaborative communication style to convey information simply and clearly, backing this up with diagrams, lists, provision of emotional support and allowing time for patients to process new information. Fran introduced the ANZ 1601 /BIG 16-02 EXPERT trial which aims to identify women with low risk early breast cancer for whom radiotherapy after breast conserving surgery can be safely omitted. We met Sally, an EXPERT trial participant who had many questions for research staff and discussed strategies using video triggers in an interactive session to learn how to more effectively manage challenging situations.

During an Annual General Meeting members received updates about the work of the CTRPG Executive Committee during 2017. Nominations for two vacant positions on the committee were encouraged. There were a number of excellent suggestions from the audience to guide new initiatives to be undertaken during 2018. A unanimous recommendation was made to hold another Clinical Professional Day during the COSA ASM next year in Perth.

It was a pleasure to welcome all the presenters who supported the Clinical Professional Day this year and I sincerely

thank Marie Malica and her wonderful team of staff at the COSA Office for all their hard work to ensure the success of the workshop. We received positive feedback from attendees, a few examples follow: “fantastic workshop”, “great range of topics”, “group discussion relevant for a ‘real life’ situation”, “so stimulating and relevant to clinical trials”, “pitched at the right level”.

I am looking forward to a busy year in 2018 and to assisting our enthusiastic CTRPG Executive to continue to provide our members with high quality opportunities to enhance professional development, to network with colleagues and to promote excellence in clinical cancer research through education and leadership, all of which are only made possible with the continuing support of COSA.

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

## Epidemiology Group

### New Executive Committee

A new Executive Committee for the Group has been formed. The role of the Committee is to provide strategic direction and leadership to the Group.

The Committee includes:

- Dr Haitham Tuffaha (Chair), Griffith University
- Associate Professor Anne Cust, The University of Sydney
- Associate Professor Claire Vajdic, The University of New South Wales

We welcome nominations to join the Executive Committee from the Epidemiology Group members with active COSA membership.



## Group Objectives

The COSA Epidemiology Group includes epidemiologists, researchers, clinicians, clinical support staff, service delivery staff and policy makers who have an interest in the impact of cancer on the population. The Group's objectives are:

- Support the professional and educational needs of the Group members
- Provide a forum for members to exchange news and views on advances in cancer epidemiology
- Establish and maintain linkages with other COSA groups and affiliated organisations
- Promote and facilitate epidemiological and intervention research across the continuum of cancer care
- Contribute to, and advocate for, national issues surrounding cancer care policy in Australia

The Epidemiology Group always welcomes new members. We would kindly encourage existing members to maintain active COSA membership and would like to invite other COSA members with interest in epidemiology to join the Group (you can do so by updating your group preferences in your member profile).

## Annual Plan

The Executive Committee is working on educational and professional development activities for 2018, including co-hosting activities with other COSA groups and professional bodies such as the Australasian Epidemiological Association. The details will be communicated to the Group members early next year.

2018 activities will focus on:

- Risk-stratified cancer screening programs
- The use of health data to support medical decision making

We also welcome and encourage COSA members to put forward any other ideas they may have.

## ASM Summary

The COSA Annual Scientific Meeting was again strongly represented by epidemiological research this year. The Best of the Best Orals in Epidemiology session included a range of topics including quantifying the attributable burden of breast cancer (Maarit Laaksonen), examination of overdiagnosis in breast cancer screening (Gemma Jacklyn), investigating the possible reasons for inequities in cervical cancer outcomes in indigenous women compared to non-indigenous women (Abbey Diaz), using population linked data to estimate population-based outcomes for people with HER2-positive metastatic breast cancer taking trastuzumab (Benjamin Daniels), and a study on the prevalence of HPV in oropharyngeal and oral cavity tumours and associations with sexual behaviours (Sarah Emmett). Epidemiological research was also featured in many other sessions throughout the conference.

**Haitham Tuffaha**  
*Chair, Epidemiology Group*  
[haitham.tuffaha@griffith.edu.au](mailto:haitham.tuffaha@griffith.edu.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 has been to develop a COSA position statement, which acts to endorse existing evidence based guidelines and apply them to the Australian setting. The finalised COSA Position Statement on Exercise in Cancer Care was announced at the 2017 ASM during a highly attended soapbox session. A summary is provided here:

As the peak national body representing multidisciplinary health professionals whose work encompasses cancer control and care, COSA calls for:

- Exercise to be embedded as part of standard practice in cancer care and to be viewed as an adjunct therapy that

helps counteract the adverse effects of cancer and its treatment.

- All members of the multi-disciplinary cancer team to promote physical activity and recommend people with cancer adhere to exercise guidelines.
- Best practice cancer care to include referral to an accredited exercise physiologist and/or physiotherapist with experience in cancer care.

COSA's position is:

- All people with cancer should avoid inactivity and return to normal daily activities as soon as possible following diagnosis (i.e. be as physically active as current abilities and conditions allow).
- All people with cancer should progress towards and, once achieved, maintain participation in:
  - o at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity aerobic exercise (e.g. walking, jogging, cycling, swimming) each week; and
  - o two to three resistance exercise (i.e. lifting weights) sessions each week involving moderate to vigorous intensity exercises targeting the major muscle groups.
- Exercise recommendations should be tailored to the individual's abilities noting that specific exercise programming adaptations may be required for people with cancer based on disease and treatment related adverse effects, anticipated disease trajectory and their health status.
- Accredited exercise physiologists and physiotherapists are the most appropriate health professionals to prescribe and deliver exercise programs to people with cancer.
- All health professionals involved in the care of people with cancer have an important role in promoting these recommendations.





The statement includes a summary of the available evidence and a glossary of relevant exercise terminology. The full position statement will be available on the COSA website under publications in the coming weeks. The position statement is formally endorsed by the Medical Oncology Group of Australia, Cancer Council Australia, Exercise and Sports Science Australia and the Australian Physiotherapy Association. A series of other organisations have formally supported COSA's position and a listing of these organisations will also be available online.

The focus of the Exercise Group's activities will be firmly on the dissemination of the position statement and the implementation of COSA's position into practice. The group will enact the dissemination plan and are in the process of developing an implementation working group to formalise the implementation strategy. If you have any interest in engaging with this working group please contact the Chair A/Prof Prue Cormie [prue.cormie@acu.edu.au](mailto:prue.cormie@acu.edu.au).

The Exercise and Cancer Group had a strong presence at COSA's 2017 Annual Scientific Meeting. Some of the highlights from the new research presented at the conference include:

- Oncology health professionals believe that exercise is beneficial, safe and important for their patients during cancer treatment but less than a third refer to exercise services (presented by Jane Turner).
- Patients with poorer health status and higher symptomology have the greatest improvement in fatigue, distress, physical function and quality of life

following exercise (presented by Prue Cormie).

- Participation in exercise decreases as childhood cancer survivors increase age suggesting early monitoring and interventions are required to minimise the risk of late-effects (presented by David Mizrahi).
- There is early evidence suggesting exercise provides meaningful health benefits and is well tolerated by patients with poor prognosis cancers including high grade brain cancer, mesothelioma and metastatic breast cancer (a series of presentations by Prue Cormie, Georgia Halkett, Carolyn McIntyre and Jasmin Yee)
- Exercise may help alleviate the severity of peripheral neuropathy and cognitive decline associated with chemotherapy (presentations by Matt McCrary & Melissa Arnell)

There was a range of other exercise related research presented at the conference available on the conference app.

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)

## Familial Cancer Group

2017 has been an active year for the COSA Familial Cancer Group (FCG). This year Susan Dooley has joined the Executive Committee of the FCG, while Finlay Macrae has stepped off. We thank Fin for his contribution to the committee.

Ongoing projects overseen by the COSA FCG include, developing and actioning a national consensus for routine immunohistochemistry (IHC) testing for mismatch repair (MMR) proteins in colorectal cancer to detect Lynch syndrome. A position statement calling for reflex MMR IHC testing for all newly diagnosed colorectal and endometrial cancer was endorsed at the most recent COSA Council meeting and will soon appear on the COSA website.

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

Much of the committee's time is spent arranging the Clinical Professional Day for those working within the field of Familial Cancer. The **COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day (FCC CPD)** was held on Tuesday 29 August 2017, at the Mantra resort, Kingscliff, NSW. The day featured 4 sessions:

### **Session 1: Genetic testing of tumour and tissue: when, why and how**

The session was opened by a revered speaker, Dr Mac Gardner, who discussed a clinical perspective on mosaicism. Mike Field then presented his experience with somatic BRCA testing. Lesley Rawlins the laboratory experience of tumour genetic testing in the diagnosis of familial cancer syndromes. The session concluded with a panel discussion by the 3 speakers.

### Session 2: Hereditary Endocrine Neoplasia: What's New?

Emma Duncan opened the session with a review of gene testing for phaeo/PGL in the 21st century and implications for clinical management. Rory Clifton-Bligh then presented a novel approach to estimating penetrance in Hereditary Endocrine Neoplasia syndromes using Bayes analysis. Anthony Gill discussed the new WHO 2017 classification of Endocrine Neoplasia. The session concluded with a panel discussion by the 3 speakers.

### Session 3: Hereditary Renal Cancer: Syndromes, Signs and Surveillance

Ingrid Winship began the session reviewing the skin and clinical features of hereditary cancer syndromes. Anthony Gill presented on the surgical pathology of hereditary renal carcinoma. Finally, Simon Wood presented on the surveillance and intervention strategies for familial renal tumours. The session concluded with a panel discussion by the 3 speakers.

### Session 4: Models of genetic service delivery and family support tools post genetic counselling

In the final session of the day, Simone Busija spoke about Kintalk, a tool to facilitate communication within families. Next our international speaker, Marc Tischkowitz, presented on how we can best integrate genetic testing into routine oncological practice. Another internal speaker, Beth Crawford, presented on strategies for delivery of clinical cancer gene testing and genetic counselling to cancer centre clinics, community hospitals and remote patients. Finally, Laura Forrest presented an evaluation of a centralized national telephone genetic counselling service that facilitates BRCA1/2 testing for women with relapsed high-grade serous ovarian cancer. The session concluded with a panel discussion by the 4 speakers.

The day was well received by all that attended and my thanks go to all of the speakers who made it such an excellent

day with all of their hard work generating and presenting their talks. My thanks also go to the COSA FCG executive committee who gave freely of their time during the year to organise the meeting. We also gratefully acknowledge the support and monetary input provided by Astra Zeneca, COSA and kConFab in making this day happen. We look forward to August 2018!

The Familial Cancer Group also contributed scientific content to the recent COSA ASM held in Sydney 13-15 November 2017. The FCG arranged a concurrent session entitled "Cancer genetics in the new era" which featured the following speakers:

- Aung Ko Win – Colorectal Genetics and Precision Medicine in the New Era
- Kathy Tucker – Utility of panel testing in familial cancer
- Margaret Lee - Immunotherapy in dMMR GI tumours and Lynch syndrome
- Natalie Taylor – Translating cancer genetics evidence into practice: impact on patients and practitioners

My thanks go to Kathy Wu who served on the local organising committee for the ASM and who also arranged the speakers for the session.

Finally, I wish all readers a happy and healthy festive season and a productive year in 2018!

**Nicholas Pachter**  
Chair, Familial Cancer Group  
[Nicholas.Pachter@health.wa.gov.au](mailto:Nicholas.Pachter@health.wa.gov.au)

## Geriatric Oncology Group

**The Geriatric Oncology Research Working Group** has now held its third "workshop by teleconference" in December 2017. This continues to provide a valued opportunity for our members to submit geriatric oncology research concepts for expert review. Applicants receive feedback that helps them refine their concept into

a feasible research proposal. The aim of this initiative is to help develop research capacity and collaborative networks, and to increase the quality and quantity of geriatric oncology research in Australia. During our three "workshops by teleconference" we have now reviewed 10 proposals, and applicants and reviewers have reported that they value these workshops in facilitating peer support and providing practical and tangible feedback. We also look forward to receiving future feedback from our applicants on any progress they have made in further developing their concepts.

### The Geriatric Oncology Guidelines Development Working Group

also continue to make progress in developing a guideline/practice points to help improve the clinical management of older adults with cancer. We are now fortunate to be receiving research assistance via the University of Technology project team, and will keep you up-to-date as we progress.

I recently attended **SIQG** in Warsaw, Poland with the theme *From research to practice: incorporating geriatric oncology into patient care*. Particular highlights included the importance of survivorship care plans for older adults with cancer, which consider issues such as medicines management, comorbidity and geriatric syndromes; and the optimal management for older people with head and neck, and haematological malignancies. Cognitive care and rehabilitation also were important topics, and it was great to see leading work by several COSA members being cited. There was also robust discussion about clinical trial methodology and several trials which are underway were showcased, and we will bring results as they come out in future **GO eNews**. The discussion has shifted from whether we need specific geriatric assessments in older people with cancer, how can we make this happen given the benefits that this offers to plan, care and understand care priorities for the older person. For a full coverage of highlights you may like to check out the Twitter hashtag for the conference #SIQG17 or visit [www.siqg.org/content/siqg-2017-annual-conference-0](http://www.siqg.org/content/siqg-2017-annual-conference-0).

This Group also continues to issue **GO eNews** as a periodic e-newsletter to help share geriatric oncology information from an Australian perspective. The next edition will go out later this year or early next year – depending on contributions we receive from our members. So I encourage everyone to share your research, publications, events and activities through this forum (contact [gillian.mackay@cancer.org.au](mailto:gillian.mackay@cancer.org.au)).

A reminder that you can view the previous editions of **GO eNews**, as well as other information about our activities via our Group page on the COSA website [www.cosa.org.au/groups/geriatric-oncology/activities/](http://www.cosa.org.au/groups/geriatric-oncology/activities/). These pages also provide a range of reports and links to publications that many will find of interest – please let us know if you have any geriatric oncology information we can include on these pages.

**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 Cancer Nurses Society of Australia, held a successful pre-conference workshop at the recent ASM in Sydney. The workshop was kindly sponsored by Nutricia and specifically designed to equip nurses with the knowledge and confidence to assist in optimising nutrition care in their own health care settings. Topics included the recognition and management of cancer malnutrition, the impact of a cancer diagnosis on nutrition and knowledge of the current challenges in the nutritional management of cancer including a fun session on myth busting common misconceptions. A highlight of the day was the presentation by Dr Tim Crowe on the impact of social media nutrition messages on cancer care: what clinicians need to know in the post Belle Gibson world. Feedback to date has been very positive.



The Group held their AGM at the ASM with planning for group activities for 2018 underway. The highly successful evidence based guidelines for nutritional management of adult patients with head and neck cancer need a revamp and will be prioritised in the group's activities for 2018. In light of this, the session on 'Guidelines – friend or foe' at the ASM was of great interest to group members. The Group are also continuing to explore opportunities for a collaborative project with the Multinational Association for Supportive Care in Cancer.

Congratulations go to Dr Teresa Brown, who has recently been awarded her PhD. Dr Brown's PhD investigated nutritional management in patients with head and neck cancer. Congratulations also go to Jenelle Loeliger for winning the best of the best poster award at the ASM in Improving Health Services for her presentation titled 'Reducing the cancer malnutrition burden: highlights of state-wide collaborations in Victorian health services.'

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

## Palliative Care Group

The COSA Palliative Care Group will be updating the Australian guidelines for Cancer Pain Management in Adults in 2018.

These guidelines were developed in 2012 with funding from Improving Palliative Care through Clinical Trials (ImPaCCT) and HammondCare. The guidelines were adapted to the Australian setting from

existing international guidelines and are suitable for cancer and palliative care clinicians. The current guidelines are hosted on the Cancer Council Australia wiki platform and can be viewed at:

[http://wiki.cancer.org.au/australia/Guidelines:Cancer\\_pain\\_management](http://wiki.cancer.org.au/australia/Guidelines:Cancer_pain_management)

The effectiveness of these guidelines depends on their recommendations being regularly reviewed and updated as new evidence emerges. The staged revision will involve reviewing the clinical questions, searching and critically appraising the literature, formulating recommendations and revising the content. Work will commence in early 2018 and is expected to take 12-24 months.

COSA is currently scoping the project and will be seeking expressions of interest from COSA members to contribute to the revision. If you are interested in being involved in the review process and would like more information please email: [cosa@cancer.org.au](mailto:cosa@cancer.org.au)

**Jane Phillips & Melanie Lovell**  
*Working Group Leads*  
*Palliative Care Group*  
[jane.phillips@uts.edu.au](mailto:jane.phillips@uts.edu.au)

## Psycho-Oncology Group

It is with great sadness that I write this for the Marryalyan. As many of you are now aware, our colleague and friend, Paul Katris died unexpectedly on Saturday 18 November 2017, at the end of the COSA ASM week. Paul would be known to many of you through COSA and would be well aware of his contributions to COSA as a whole, the cancer community in general, but also, more specifically, the Psycho-oncology community. Some might not know that Paul was a psychologist.

Paul was someone who, despite his achievements and respect within our cancer community, was very humble, respectful,

collegial, and generous with his time and knowledge. He was always eager to provide help and guidance. I was fortunate to have had a pleasant chat with Paul at the conclusion of the PoCoG ASM where we had a lively conversation about planning for COSA ASM 2018 which will be in his home town of Perth. He had some ideas brewing for psycho-oncology which we had planned to discuss further.

In reflecting on the loss of Paul, it is hard not to think about our COSA Psycho-oncology Group. We are a small but close-knit community with many of us enjoying a 'reunion' every year at the COSA ASM. After my 15 years of attending COSA ASM and regularly seeing Paul there it is hard not to anticipate his loss at our next ASM.

This COSA ASM had great content relevant to all of us with the focus of the conference being Immunotherapy and Quality and Safety in Cancer Care. We had some fantastic presentations throughout the conference with many by members of our group. The Treatment Compliance and Adherence session was a highlight with presenters outlining the impacts of financial toxicity (presented by Kim Hobbs), social determinants of health (presented by Tish Lancaster), past experiences and cancer (presented by Professor Jane Turner) and mood, fear and beliefs (presented by Maree Greer).

At the COSA ASM conference dinner it was a pleasure to recognise Professor David Kissane's contribution to psycho-oncology with the 2017 Australian Psycho-oncology Award. It was also a delight to award the 2017 New Investigator in Psycho-oncology Award to Dr Ursula Sansom-Daly in acknowledgment of her achievements to date in her psycho-oncology career.

Wishing you all a happy, healthy, restful and safe Christmas and New Year period. Please do not hesitate to 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 Rare Cancers Group continues to develop programs to accelerate research and improve clinical outcomes for patients with rare cancers. In recognition of the scarcity of individual rare cancer cases these efforts strive to have national and international involvement as well as cross tumour-stream coordination. Core projects for the group this year have included:

### Genomic testing of rare cancers

For patients with rare cancer there may be limited evidenced-based treatment or access to clinical trials. NOMINATOR (Genomic Matching Treatment for Rare Cancers) and MoST (Molecular Screening and Therapeutics) now offer national genomic testing and guidance of future treatment for patients with a rare cancer where no other reasonable options exist. Identification of actionable mutations may facilitate access to an approved targeted therapy or clinical trial. MoST offers direct access to therapy within a clinical trial structure.

NOMINATOR is available through the Peter MacCallum Cancer Centre (VIC); Royal Adelaide Hospital (SA); Royal Brisbane and Women's Hospital (QLD); and St John of God Subiaco (WA); while MoST is available through the Garvan Institute (NSW). Both programs have been accruing strongly. Planning is underway to extend both studies beyond their initial accrual targets.

### A national platform for rare cancer basic research

The WEHI Stafford Fox Rare Cancer Program is currently being piloted at the Royal Melbourne Hospital/Walter Eliza Hall Institute of Medical Research and will soon open at collaborating NOMINATOR and other sites. The foundation of the Program is a nationally accessible clinical and tumour specimen database developed

by BioGrid Australia. It has the flexibility to encompass a range of rare cancer types where individual platforms would not otherwise be viable. The Program will aid the identification and consolidation of isolated rare cancer cases across the country and allow more meaningful research to be undertaken. Study investigators and interested researchers nationally will be able to access de-identified patient data in aggregate through a simplified BioGrid approval process. A new REDCap Rare Cancer Database has been built by BioGrid Australia, which will soon commence external testing, for national and international use. Ultimately, this will facilitate rare cancer data sharing at an international level.

### Facilitating access to rare cancer expertise

Rare cancer patients and their treating clinicians often have difficulty identifying or communicating with doctors, clinical researchers or scientists with expertise in their particular cancer. Rare Cancers Australia, our leading consumer and patient support group for rare cancers in Australia are leading the development of a national database of clinicians with an interest across broad and specific rare cancers – accessible to patients and clinicians online through a simple website. Looking to the future the Group, together with RCA, are planning for a central rare cancer portal. This will utilize telemedicine to facilitate national access to multidisciplinary rare cancer expertise. The care of the patient will remain with the initial medical oncologist, who could refer the patient to the Portal for expert advice.

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



## Regional and Rural Group

The Regional and Rural group is focused on the unique issues facing cancer service delivery outside metropolitan areas. Our goals are to work at enhancing the equity of access to current best practice care, cancer services and clinical trials.

### Australasian Tele-Trial Model

Over the past 12 months, the Regional and Rural group has focused on the development of the Australasian Tele-Trial Model. While the implementation project is now being driven by funding consortium partners through a grant from MTPConnect, it is anticipated that many members of the Regional and Rural group will continue to be involved at tele-trial sites.

The project to pilot the implementation of the Australasian Tele-Trial model officially commenced on 1 August 2017. The project provides funding for a part time project manager as well as 0.2 FTE support for 5 primary sites to assist with implementation at those sites. Work is well underway to identify primary sites in NSW, Queensland and Victoria and assist them to establish clusters with satellite sites.

In addition to the funding consortium partners, two advisory groups have been established to guide the project: a Medicines Australia Industry advisory group and a Cancer Cooperative Trials advisory group. A very productive stakeholder meeting with representatives from State and Federal Departments of Health was also held in October to discuss implementation of the model from a research governance perspective.

A number of regional centres across Australia are already in the process of establishing tele-trial procedures or conducting tele-trials and a key aim of the project is to consolidate these efforts and collaborate on governance arrangements. The identification of suitable trials for the

project is also critical and we are pleased to announce that Eli Lilly will conduct a trial using the model in Queensland. We will update you on this as the sites in Queensland open for recruitment.

### Other News

The Regional and Rural group had a small but successful AGM at the COSA conference, with attendance from existing members of the Executive Committee and Directors Network as well as new interest from a number of conference attendees based in regional areas.

The Regional and Rural group also recently called for expressions of interest to join the Executive Committee and we look forward to welcoming 2 new members.

In 2018, we are planning to have a renewed focus on education, identify and document workforce capability requirements at regional sites, as well as engaging members through a newsletter. It is going to be an action-packed year!

**Sabe Sabesan**  
*Chair, Regional and Rural Group*  
[sabe.sabesan@health.qld.gov.au](mailto:sabe.sabesan@health.qld.gov.au)

## Survivorship Group

### Vale Dr Danielle Tindale

With her passionate perspective on living after cancer as a young adult, Dr Danielle Tindale made a forceful impression on the Australian Cancer Survivorship Community as a founding member of the COSA Survivorship Group. Many of you will remember her using her voice to speak eloquently for AYA survivors, with all the grace of the dancer she was, Danielle moved us all forward in working toward better integrated care for cancer survivors. Awarded her doctorate, she continued to advocate for cancer survivors and then the needs of those, like herself, affected by second cancers or recurrent disease.

It was a privilege and often a challenge to know and work with Danielle who always sought the best and most from every situation. She is missed.

### What's been happening in Survivorship?

It may have seemed a little quiet on the COSA Cancer Survivorship front since the conference in February. However, there have been some important actions. The Executive Committee has been actively reviewing our terms of reference which need tightening, as well as considering strategic plans for the future.

We have successfully secured funding from MSD to support a think tank meeting of survivorship experts across Australia to plan our strategic priorities and how we will achieve these in the short and longer term. Stay tuned for more information about this activity in the new year.

### A digital roadmap for cancer survivorship

Prof. Bogda Koczwara has secured funding from the Faculty of Medicine at Flinders University to develop a digital roadmap to support cancer survivorship nationally. This piece of work will provide a wonderful opportunity to document the digital initiatives that exist and a plan for how to achieve integration, while planning to fill the gaps in services. This has the potential to transform how we communicate with and about cancer survivors across their lifespan and across all levels of healthcare services.

### The Survivorship Equation VCCC & Peter Mac Conference 2018

The VCCC and Peter Mac will be hosting a two-day Survivorship Conference 8-9 February 2018. Abstracts have now closed but the meeting registrations are open. Convened by A/Prof. Michael Jefford, the meeting theme of 'The Survivorship Equation: Evidence + Best Practice =

Better Outcomes' is sure to generate new ideas and engagement across the community. This meeting will continue to run biennially, alternating with the COSA & FCIC Survivorship meeting. You can find out more and register at <http://www.survivorshipconference.com.au/>

## Cancer Council NSW Podcasts: The Thing About Cancer

Cancer Council NSW launched a fabulous new series of podcasts earlier in 2017. The Thing About Cancer provides information and insights for people affected by cancer. Hosted by Julie McCrossin, broadcaster and cancer survivor, they are interviews with patients and experts discussing a series of concerns for cancer survivors. These are great resources for us as health professionals wanting to update or learn more about a new area, and we can definitely recommend them to our patients as accessible and understandable explanations of many issues. I believe a new series is planned for 2018, so the resources are growing!

<https://www.cancerCouncil.com.au/podcasts/>

## Cognition & Cancer. The International Cancer & Cognition Taskforce Conference 9-11 April 2018

Cognition after cancer is a concern raised by many cancer survivors and an area that Australia is leading significant research efforts. We are currently working with the Cancer Council to develop a fact sheet summarising what we know about causes and treatments for this symptom. We hope this will be publicly launched in April 2018 in conjunction with our International conference. The small international community working in this field meets second yearly and in April 2018 will be hosted in Sydney by Prof. Janette Vardy and I. Abstracts closed 1 December but we hope many of you will take the opportunity to come to the meeting to hear the latest on this topic.

For more details visit: <https://www.icctf.com/icctf-2018-meeting/>

## COSA and FCIC Cancer Survivorship meeting March 2019

As soon as we finished the 2017 Survivorship meeting planning for the next meeting started. We will see some

changes in the 2019 meeting. It will now run in March 2019 rather than February and for the first time will be hosted outside of Adelaide. COSA in collaboration the Flinders Centre for Innovation in Cancer (FCIC) will lead the meeting. We are looking forward to a fascinating program, debate, and engagement.

## Thank you

As we are about to circulate a vote for a new Chair of the COSA Survivorship Group this is my final Marryalyan as Chair. I am delighted with our achievements since our first meeting as a working group in 2012 to look at survivorship issues. It has been my privilege to serve the group and contribute to the development of an Australian Model of Survivorship Care. With a strong and motivated executive committee, and enough commitment from members to warrant a vote for our new Chair, our capacity to create change and improve the lives of those living after a diagnosis of cancer is immense. Thank you for allowing me to be part of this journey.

Wishing you all a safe and joyful summer.

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

28-29 MARCH

Rydges World Square  
Pitt St Sydney NSW

CANCER  
SURVIVORSHIP

For more information please  
visit [www.cosa.org.au](http://www.cosa.org.au)  
or call us on (02) 8063 4100



Clinical  
Oncology  
Society of  
Australia



Flinders Centre  
for Innovation  
in Cancer

SAVE  
THE  
DATE

# COSA Affiliated Organisation Reports

## Australasian Gastro-Intestinal Trials Group



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

### AGITG pilots new Tele-Trial Model

During November the AGITG opened the first Tele-Trial site as part of a pilot. Dubbo Hospital joined the ASCOLT clinical trial as secondary site to the Orange Clinical Trials Unit. The Tele-Trial model will open up participation in clinical trials to more regional and rural patients.

### John Zalcborg OAM Award for Excellence in AGITG Clinical Trials Research



Prof Findlay (centre) with Prof Zalcborg OAM (right) and AGITG Chair Prof Tim Price (left)

Professor Michael Findlay received the Award presented at the AGITG Annual Scientific Meeting Dinner in Cairns in early October. This prestigious award

recognises significant and outstanding contributions made over many years to AGITG research.

For more information go to:  
[gicancer.org.au/news/AWARD](http://gicancer.org.au/news/AWARD)

### AGITG Innovation Fund

\$200,000 was recently awarded to a pilot study led by A/Prof Karapetis titled: Prospective Study of 'Watch and Wait' Strategy in Patients with Rectal Cancer who have Developed a Clinical Complete Response with concurrent Chemo radiotherapy: RENO trial (REctal cancer No Operation).

For more information go to:  
[gicancer.org.au/news/RENO](http://gicancer.org.au/news/RENO)

### Merck-AGITG Clinical Research Fellowship

The inaugural Merck-AGITG Clinical Research Fellowship in Gastro-Intestinal (GI) Cancer has been awarded to Dr David Lau. Merck has provided a \$150,000 grant to the Australasian Gastro-Intestinal Trials Group (AGITG) to be awarded over two years to support two 12 month Fellowships. The initial 12 month Fellowship will provide Dr Lau an opportunity to learn from experts in GI cancer at The Royal Marsden Hospital in London in 2018.

For more information go to:  
[gicancer.org.au/news/MERCK](http://gicancer.org.au/news/MERCK)

### Recent AGITG Publications

#### Advanced GIST

Ten-Year Progression-Free and Overall Survival in Patients With Unresectable or Metastatic GI Stromal Tumors: Long-Term Analysis of the European Organisation for Research and Treatment of Cancer,

Italian Sarcoma Group, and Australasian Gastro-Intestinal Trials Group Intergroup Phase III Randomized Trial on Imatinib at Two Dose Levels. Published in the Journal of Clinical Oncology.

#### TOPGEAR

A randomized, phase III trial of perioperative ECF chemotherapy with or without preoperative chemoradiation for resectable gastric cancer: interim results from an international, intergroup trial of the AGITG, TROG, EORTC and CCTG. Published in the Annals of Surgical Oncology 2017.

#### INTEGRATE

Health-related quality of life associated with regorafenib treatment in refractory advanced gastric adenocarcinoma. Published in Gastric Cancer Online 18 Aug 2017.

### AGITG Presentations at ASCO

#### ICECREAM

The final results of the AGITG ICECREAM trial were presented at the 2017 ASCO meeting in Chicago. Results of the Quad wild type arm of the AGITG ICECREAM study: A randomised phase II study of cetuximab alone or in combination with irinotecan in patients with refractory metastatic colorectal cancer with no mutations in KRAS, NRAS, BRAF or PIK3CA.

#### Trials in Progress session:

INTEGRATE II: A randomised phase III double-blind placebo-controlled study of regorafenib in refractory advanced gastro-oesophageal cancer – An international study organized by the Australasian Gastro-Intestinal Trials Group.

#### Abstracts:

Final DFS results of the SCOT study: An international phase III randomised (1:1)

non-inferiority trial comparing 3 versus 6 months of oxaliplatin based adjuvant chemotherapy for colorectal cancer.

The IDEA (International Duration Evaluation of Adjuvant Chemotherapy) Collaboration: Prospective Combined Analysis of Phase III Trials Investigating Duration of Adjuvant Therapy with the FOLFOX (FOLFOX4 or Modified FOLFOX6) or XELOX (3 versus 6 months) Regimen for Patients with Stage III Colon Cancer: Trial Design and Current Status.

For information on all the recent AGITG presentations at ASCO go to:  
[gicancer.org.au/news/ASCO](http://gicancer.org.au/news/ASCO)

## AGITG Meetings and Events

### 19th AGITG Annual Scientific Meeting



*A/Prof Thierry Alcindor from the Canadian Cancer Trials Group presenting on the AGITG TOPGEAR Trial.*

This year, a tropical setting provided the back drop for delegates from around Australia, New Zealand and further afield to get down to business at the 19th AGITG Annual Scientific Meeting held in Cairns on 4-6 October. Awards were presented to Dr Katherine Geddes for Best of New Concepts Symposium; Dr Jennifer Mooi for Best of Posters; Fast Forward Award to Dr Melanie McCoy; and Orange Clinical Trial Centre for the AGITG Outstanding Site Award.

For more information go to:  
[gicancer.org.au/news/ASM](http://gicancer.org.au/news/ASM)

### 20th AGITG Annual Scientific Meeting

Save the Dates – 31 October to 2 November 2018 at Brisbane Convention Centre.

### CommNETS Annual Meeting – December 8/9

The Commonwealth Neuroendocrine Tumour Collaboration (CommNETS) 2017 meeting will build upon success of the first two CommNETS meeting 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.

For more information go to:  
[gicancer.org.au/news/COMMNETS](http://gicancer.org.au/news/COMMNETS)

### Gutsy Challenge

Medical Oncologist and AGITG Director, Dr Lorraine Chantrill, led 17 Gutsy Challenge trekkers along 83kms of the Larapinta Trail in August, climbing Mt Sonder at dawn and raising over \$100,000 for the AGITG Innovation Fund.

During December and January six intrepid trekkers led by A/Prof Niall Tebbutt will be climbing Mt Aconcagua in Argentina also to raise donations for the AGITG innovation Fund.

To donate please visit:  
[gicancer.org.au/aconcagua](http://gicancer.org.au/aconcagua)

For more information go to:  
[gicancer.org.au/gutsy-challenge-adventures](http://gicancer.org.au/gutsy-challenge-adventures)

## 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.

**TOPGEAR** - 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.

**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.

**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:  
[gicancer.org.au/clinical-trial/status/open](http://gicancer.org.au/clinical-trial/status/open)

## 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, radiologists, statisticians and trial coordinators. Membership is free.

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

**Tim Price**  
Chairperson, AGITG



# ASM 2018

## Australasian Leukaemia & Lymphoma Group



### Better treatment... better lives

The Australasian Leukaemia and Lymphoma Group (ALLG) held its biannual Scientific Meeting in Sydney in November. A total of 248 people attended, including a mix of clinicians, researchers, scientists, nurses, trial coordinators and pharmaceutical company representatives.

The guest speaker Professor Nik Zeps from the Australian Clinical Trials Alliance (ACTA) spoke on the topic "The Australian Clinical trials Alliance - Developing a workplan for the future of investigator driven research in Australia". This was a great opportunity for members to become engaged and understand the relevance and importance of ACTA. Prof Zeps explained how ACTA is an alliance of collaborative clinical trials groups which includes 13 in the area of oncology. Essentially the network is a community of clinicians who are invested in trial results and the translation of research into practice. He referred to a landmark report launched in August that showed that for every \$1 invested in network based trial research there is a return to the value of \$5.80. The report finds that not only was there an overall saving of \$2 billion, but also that results from the 25 trials researched only needed to be implemented in 11% of the eligible patient populations for the benefits to exceed costs.



*Left to Right is Mark Hertzberg, Delaine Smith, Nik Zeps, Peter Mollee*

The Chair of the Board, Peter T Kempen, gave a very positive report of the current position of the organisation at the AGM. The ALLG has now established a sound structure and financial base, and can look forward to increasing the number of trials and trial recruitment, so that trial results can be more quickly achieved and translated into improved outcomes for patients with a blood cancer.

With this in mind, the SM participants discussed several new trials which are due to commence soon that offer novel treatment options.

The new ALLG ALL9 trial follows on from previous trials targeting patients with acute lymphoblastic leukaemia (ALL) in the Adolescent and Young Adult (AYA) age group.

Improvements in outcomes for these patients have been associated with the adoption of paediatric-inspired multiagent chemotherapy but AYA patients still fail to achieve the same outcomes as those seen in children. This is likely due to these patients being less tolerant of intensive chemotherapy and differences in disease biology. High risk genetic mutations are seen more commonly in AYA ALL and are associated with high rates of minimal residual disease (MRD) and poorer outcomes when treated using standard therapy.

The ALLG ALL9 study is designed to address both of these issues. It incorporates a novel immune based therapy (Blinatumomab) which is a bispecific monoclonal antibody that has demonstrated activity in relapsed/refractory ALL and is highly efficacious in eliminating MRD. The study will also

We hope to see  
you in Brisbane.

31 Oct – 2 Nov 2018  
[gicancer.org.au](http://gicancer.org.au)

**AGITG**  
AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

lead to a better understanding of how to successfully incorporate immune based therapy into standard of care protocols in AYA ALL as well as having a significant impact on the outcomes.

It is expected that the regimen will reduce toxicity and improve quality of life. The target accrual is 85 patients over three years, with 65% of these expected to be within the 16-25 age range.

Another new trial investigates allogeneic peripheral blood stem cell (PBSC) transplant which remains an important curative treatment for haematological malignancies, with 500 such transplants performed each year in Australian adults. Despite gradual improvements in outcomes, graft versus host disease (GVHD) is a major cause of mortality and morbidity with impaired quality of life (QoL), reduced employment and psychosocial welfare. Better strategies to prevent GVHD are urgently needed.

Cyclosporin A plus methotrexate has been the gold standard for GVHD prophylaxis since the late 1980s. The ALLG BM12 study plans to accrue 134 adult patients undergoing PBSC transplant over the next 3 years, and will compare standard of care with an alternative strategy using high-dose cyclophosphamide. This will be the first randomised PBSC transplant study in Australia, and once the results are available, the outcomes will be rapidly applicable to all transplant centres.

As part of the trial, QoL data will be linked to an assessment of the economic costs of PBSC transplant, a first for Australia. The associated correlative studies aim to identify biomarkers for predicting GVHD development and response, and new genomic assays to detect patient-specific mutations. This use of precision medicine will facilitate more rapid detection and intervention for relapse.

The Scientific Meeting also included two days of educational and trial related activities for the site staff and a half day clinical research workshop in immunotherapy for clinicians.

The SM marks the retirement of Prof Mark Hertzberg as Chair of the Scientific Advisory and his contribution to the ALLG for over 9 years was acknowledged at the dinner. Mark has guided the ALLG through significant business and operational changes and is to be congratulated on these achievements. Dr Peter Mollee from Princess Alexandra Hospital in Queensland commenced as the new Chair. Janey Stone, who has retired after 28 years with the ALLG, was awarded of Life Membership of the group. Janey has made a major contribution both as a Trial Coordinator for 34 ALLG trials, and as Executive Officer where she laid the basis for many of the procedures and systems used today.



*ALLG Chairmen past and present. Left to Right is Ken Bradstock, Peter Mollee, John Seymour, Mark Hertzberg*

The National Blood Cancer Registry (NBCR) has now accrued 1155 patients with acute myeloid leukaemia, acute lymphoblastic leukaemia and uncommon lymphomas. Several laboratory sub-projects are being carried out by the ALLG. However the NBCR data and associated samples are available to external researchers. If you are interested, please contact [info@allg.org.au](mailto:info@allg.org.au).

Finally, it is pleasing to note that the ALLG will be well represented at the upcoming American Association of Hematology SM in December in Atlanta Georgia. Two ALLG trials and three international trials will be discussed.

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 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 impacts for patients with sarcoma and their families.

In 1998, the Australian Sarcoma Group was established by orthopaedic surgeons as a subspecialty multidisciplinary group under the Australian Orthopaedic Association. The ASG's aims were to ensure that sarcoma clinicians were well trained and educated to treat this complex disease. The ASSG was established in 2008 when ASG clinician researchers identified the need for a sarcoma research organization, given an increasing body of research being conducted in Australia, as well as a growing interest in international and investigator-driven clinical trials. The Australasian Sarcoma Study Group (ASSG) evolved as an independent group focused on studying the nature and treatment of bone and soft tissue sarcoma. Since then, the sister groups ASG and ASSG, have met together at a combined annual scientific meeting.

As the 10 year anniversary of the ASSG and the 20 year anniversary of the ASG approaches in 2018, the membership are pleased to announce that the two organizations will formally merge and become a single group to address the needs of the sarcoma community. We look forward to an exciting time ahead for the Sarcoma Research Grants for 2018

The ASSG is pleased to announce that we will be able to support four new sarcoma research grants for funding in 2018. 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. Please check the ASSG website for further information on how to apply.

## Australian Sarcoma Group ASM October 2017

2017 Annual Sarcoma Meeting, which the Australian Sarcoma Group and Australasian Sarcoma Study Group jointly convene, was held in Adelaide, Australia 13-14 October at the Flinders University. The theme for this year's meeting was "AYA Sarcomas: Current Scenario and the Way Forward".



Professor Sander Dijkstra-orthopaedic surgical oncologist Leiden University Medical Centre and 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, were our brilliant invited VIP speakers.



The meeting was a success by any measure with important multidisciplinary presentations with a focus on AYA sarcomas. We were pleased by a record number of delegates and are encouraged to maintain our broad appeal. The 2018 ASM will be in Perth for the first time.

**Denise Caruso**  
*Executive Officer, ASSG*

## Australia and New Zealand Melanoma Trials Group

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

**Thank you for this opportunity to provide a brief update on the recent ANZMTG achievements.** As we rapidly move towards the new year 2017 has been productive and satisfying. Currently there are six ANZMTG trials open and recruiting inter/nationally. Ten new trial concepts are in development (more than any previous year). ANZMTG has more members than ever in more regions throughout Australia, New Zealand and internationally. We are more strongly placed than at any time in our history to deliver clinically-relevant research outcomes that are most efficiently – and often only – achieved via a co-operative trial group model. In doing so, we intend to generate high quality evidence to improve care for patients diagnosed with melanoma and skin cancer.

**In conjunction with the 9th World Congress of Melanoma and the 14th International Congress of the Society for Melanoma Research** held recently in Brisbane (18-21 October 2017), ANZMTG hosted a number of sessions including the 2017 Annual General Meeting (AGM) (my first as Chair).

**As first business during the 2017 AGM**, on behalf of the past / present Executive Committee members and entire membership (now spanning 1,200+ members / 31 countries), I was delighted to present awards in recognition of the significant contributions of the previous Chairs, Prof John F. Thompson and Prof Bryan Burmeister. It was an honour to thank them both for their commitment, leadership and service to the members and Group, and more broadly to the research community.



As many would appreciate, Prof Thompson was visionary in his establishment of ANZMTG in 1999, a time when there were no reliably effective systemic therapies for melanoma patients. Alongside Prof Thompson's significant contributions to melanoma research through his appointments with the Royal Prince Alfred Hospital, Melanoma Institute Australia (formerly the Sydney Melanoma Unit), the University of Sydney and internationally, he has shown extraordinary vision in developing the national clinical research network that we now proudly call the ANZMTG.





Prof Burmeister was welcomed to the ANZMTG Chair in 2014, in light of his clinical expertise in melanoma management and given his experience as the President of the Trans-Tasman Radiation Oncology Group (2007 – 2012). Prof Burmeister was responsible for leading a significant period of growth; the expansion of the membership and diversification of research.

**Following the AGM, the ANZMTG Scientific Symposium, chaired by Prof Burmeister** and me, provided a

great forum to present results of four trials alongside updates on one other trial, including:

- ANZMTG 02.09 Vitamin D in Melanoma Trial 'Mel-D' (ACTRN12609000351213)
- ANZMTG 01.13 Psycho-educational intervention to reduce fear of cancer recurrence (ACTRN12613000304730)
- ANZMTG 03.12 Melanoma Margins Trial 'MelMarT' Trial (ACTRN12614000667617)
- ANZMTG 01.14 Anti-PD1 Brain Collaboration 'ABC' Trial, sponsored by Melanoma Institute Australia (ACTRN12614001315606)
- ANZMTG 01.07 Whole Brain Radiotherapy in Melanoma Trial (ACTRN12607000512426)

**Chaired by Prof Gerald Fogarty and Prof Lars Bastholt, the Controversies in Radiotherapy in Melanoma** session, 19 October 2017, provided a dynamic forum to present three more ANZMTG trials, including:

- ANZMTG 01.09 Post-Operative Radiation Therapy for Patients with Neurotropic Melanoma 'RTN2' Trial (ACTRN12610000478011)
- ANZMTG 02.12 Imiquimod vs Radiotherapy for Patient with Complex Lentigo Maligna 'RADICAL' Trial (ACTRN12615000266561)
- ANZMTG 02.14 Combination of Dabrafenib, Trametinib and palliative radiotherapy for patients with unresectable stage IIIc and IV BRAF V600E/K positive Melanoma 'CombiRT' Trial (ACTRN12615000292572)

May I take this opportunity to sincerely thank all ANZMTG Study Chairs for their enthusiasm in presenting their results and updates at the Congress. The diversity of research presented reflects the expertise and capacity of the group and dedication of the patients, their families and the ANZMTG membership.

**Coinciding with the Congress, we hosted the Inaugural ANZMTG Investigator Meeting on the 19**

**October.** This was a wonderful opportunity to review recent study results, highlight trial progress and consider new ideas for research collaboration. I would like to thank and acknowledge the participation of the 50+ ANZMTG researchers representing seven countries who joined us. It was great to meet you all in person.

ANZMTG has recently established two new national networks to improve outcomes for patients with rare malignancies. The Australian Ocular Melanoma Group (AOMA), chaired by Prof Anthony Joshua, and the Australian Merkel Cell Carcinoma (MCC) Special Interest Group (AMIGOs) have developed new trial protocols. Any interested COSA member is welcome – please contact the ANZMTG team for more information.

We work closely with Mr Paul White and the Australian Melanoma Consumer Alliance members who have provided at

least 43 independent reviews of ANZMTG research alone this year. We warmly welcome two new advocates; Mrs Alison Button-Sloan and Professor Jonathan Pincus. Melbourne-based Alison joins us as the ANZMTG Consumer Advocate to the COSA Clinical Trials Consumer Network and Adelaide-based Jonathan joins us as the Representative to the newly established Australian MCC Patient Advocacy Group.

ANZMTG has continued to maintain rigorous quality assurance standards. This year we have launched an electronic record for all new trials and we have successfully launched revised Policies and Standard Operating Procedures in line with the newly released ICH GCP E6 R2 regulations. I am pleased to report more than 30 hospital teams have been accredited and are now using the record. This is a great step forward, albeit long overdue!

2018 marks a major milestone for ANZMTG. Since the commencement of the Cancer Australia Infrastructure Scheme funding in 2008, next year it will be a decade since we employed dedicated staff to support the group, its members and their trials. In my first year as Chair, it has become increasingly obvious that the success of any collaborative group is reflected by the quality of its research and that its members are best served when a dynamic and sustainable platform for inter/national participation and collaboration is provided. I am most grateful to the ANZMTG members for their continued support towards these aims and as we near our 10th birthday milestone, I am mindful to ensuring the health and sustainability of the group to ensure that the ANZMTG community is able to work together to improve health outcomes for patients.

In closing, and most importantly, I would like to thank the patients and families who have participated in ANZMTG's trials and are cornerstones of our activities. These people choose to participate in and

contribute to research activities from which they themselves may not derive benefit, but will help future generations affected by melanoma and skin cancer. They are heroes in our community.

I am pleased to announce that ANZMTG will be hosting our 2018 Annual Scientific Meeting in Melbourne next October and look forward to providing more information soon. **On behalf of the ANZMTG Executive and Team, I would like to wish you a joyful 2018.**

**Mark Shackleton**  
Chairman, ANZMTG

## Australian & New Zealand Children's Haematology Oncology Group



ANZCHOG launched its new logo in August this year! We have had great feedback from our members on the design and modernised look of our revitalised logo.

### Support from Government and Philanthropic Groups

ANZCHOG has recently received strong support from the Federal Government and several philanthropic groups to tackle childhood brain cancer. In a series of announcements, the Federal Government has committed to supporting a number of research and clinical trials initiatives. This includes ANZCHOG's Access to Innovative Molecular profiling for paediatric BRAIN cancers (AIM-BRAIN) project, which will be co-funded by the Federal Government and the Robert Conner Dawes Foundation.

The Australian Brain Cancer Mission, a funding partnership between the Federal Government, the Minderoo Foundation and Cure Brain Cancer Foundation, will also help to support new ANZCHOG paediatric brain cancer research and clinical trials.

We would also like to acknowledge our strong partnership with The Kids Cancer Project, enabling us to support trial activities across a range of tumour streams.

### International Partnerships

ANZCHOG continues to build its relationships with clinical trial groups and researchers across Europe, United States and Canada. As every childhood cancer falls within the classification of a rare cancer, collaborating with other clinical trial consortiums is essential to obtaining sufficient patients within meaningful timeframes. These relationships mean that Australian and New Zealand children have greater access to the latest innovative trials, including those from COG, BFM, ITCC and SIOPEN.

### ANZCHOG's 2018 Annual Scientific Meeting

The Children's Hospital at Westmead is kindly hosting ANZCHOG's 2018 ASM with the theme 'Innovations in Paediatric Oncology/Haematology'. The meeting will be held on 14-16 June 2018, at the SMC Conference and Function Centre (Goulburn St, Sydney). More details are available at:

<https://etm.eventsair.com/QuickEventWebsitePortal/anzchog2018/website>

**Chris Fraser**  
Chair, ANZCHOG



## Australian and New Zealand Head & Neck Cancer Society



The Australian and New Zealand Head and Neck Cancer Society had a busy year in 2017.

Our national list of Head and Neck Cancer Multidisciplinary teams has been completed and is available on the ANZHNCS website for public viewing. This resource should allow for streamlined referral of new cancer diagnoses and give both patients and clinicians access to their nearest Head and Neck MDT.

World Head and Neck Cancer day was marked on the 27 July 2017 with numerous events throughout Australia and New Zealand. Various hospitals and teams ran education days, book launches and opportunistic screening clinics to raise the profile of head and neck cancer, and improve early diagnosis and treatment. The ANZHNCS also held a charity ball in Brisbane which was a great success and raised over \$6000 for the ANZHNCS Foundation.



The annual scientific meeting was held 12-14 October at the Brisbane Convention and Exhibition Centre. With over 280 delegates and an impressive list of national and international speakers the meeting was a great success. The meeting highlighted the multidisciplinary nature of the society with sessions on epidemiology, surgery, radiotherapy, reconstruction, allied health and even sexuality and survivorship.

Next year's meeting is to be held 26-28 July 2018 in Melbourne in conjunction with the International Society of Maxillofacial Rehabilitation. We would encourage those COSA members who are interested in Head and Neck Cancer, and particularly in rehabilitation after treatment to attend the meeting.

**Kerwin Shannon**  
*Immediate Past President, ANZHNCs*

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



After commencing in 2008 with 150 members and few resources, we are delighted to be celebrating our tenth anniversary in 2018. In that decade membership has grown to nearly 1,300, we have conducted clinical trials involving thousands of patients, and taken a leadership role in establishing an international genitourinary cancer clinical trials consortium.

The highlight of 2018 will be our 7th standalone Annual Scientific Meeting at the Hyatt Regency in Sydney in July. It is

extraordinary every year to experience the friendly, enquiring, supportive and collegial atmosphere that characterises the ANZUP ASM and I expect 2018 to have an extra special energy. Our convening committee, led by Henry Woo, will no doubt bring a few surprises to what guarantees to be a high quality program and standout international faculty. Confirmed speakers include Tamim Niazi (Radiation Oncologist at the Jewish General Hospital, Montreal), Angie Smith (Assistant Professor of Urology at the UNC Department of Urology, North Carolina, USA), Laurence Albiges (Medical Oncologist and Head of Genitourinary Unit of the Department of Cancer Medicine at the Institute Gustave Roussy, France) and Sumanta (Monty) Kumar Pal (Associate Clinical Professor, Department of Medical Oncology & Therapeutics Research, City of Hope, California, US).

The 2018 theme 'Putting People First' will focus on the management of GU cancers from a holistic, people-centric perspective. Putting People First means focusing on patients, carers and every individual involved in the multidisciplinary care of patients and clinical research – a sentiment which brilliantly reflects ANZUP's priorities. Information about the various grants and travel fellowships available will be published at [www.anzup.org.au](http://www.anzup.org.au) early next year.

On the clinical trials front, October was an incredibly busy time with Investigator Meetings held for three new studies: UNISoN, KEYPAD and TheraP.

The UNISoN trial (ANZUP 1602) studies an interesting immunotherapy strategy in non-clear-cell renal cell carcinomas, an area where there is considerable clinical need as no treatments are approved in Australia for this disease.

KEYPAD (ANZUP 1601) will study a novel immunotherapy combination in post-first-line clear cell renal cell carcinoma.

TheraP (ANZUP 1603) is highly significant for several reasons: it is a translation of

previous work done in Australia; it will be one of the first randomised trials of this therapy; it addresses an area of unmet clinical need with the potential for significant patient benefit; it brings together several groups that without ANZUP probably would not have been able to work together; and it represents the first project supported through the agreement between ANZUP and the Prostate Cancer Foundation of Australia. Other support for the trial is provided by ABX, Endocyte, and ANSTO. One of our strategic goals is to be able to undertake trials without the limits of competitive grant funding and TheraP is a great example of how this might work in the future.

The UNISoN study opened for recruitment in late October with KEYPAD and TheraP expected to be open by December.

The launch of these trials is testament to ANZUP's concept development process. Although concepts can be brought to the disease-specific subcommittees at any time, the annual Concept Development Workshops are an increasingly important part of ANZUP's core business and most new concepts are discussed at one in the first instance. Face to face workshops in each of the four tumour streams will be held in the second quarter of 2018.

We continue to recruit strongly to ENZARAD (now over 640 enrolled), BCG/mitomycin (over 140), phase 3 accelerated BEP (over 40), Pain Free TRUS B (over 140), PCR-MIB (4), e-TC (20), and co-bagged studies (NMIBC patient-reported symptom index; RCC FASTTRACK II). Other trials that have completed accrual are now in follow up (ENZAMET, BL.12). New trials are at various stages of development: TIGER (poor risk germ cell); RAMPART (adjuvant RCC immunotherapy); and expansion of other studies pending grant funding (BCG/mitomycin; germ cell translational research). You can view all our clinical trials at [www.anzup.org.au](http://www.anzup.org.au) or download the ANZUP ClinTrial Refer app (via iTunes or Google Play) for trial information at your fingertips.

In September the fourth annual ANZUP Below the Belt Pedalthon was held at Eastern Creek in Sydney. With 48 teams comprising almost 300 riders, this was once again a hugely successful day. I am delighted to report that more than \$250,000 was raised taking the Pedalthon's total to over \$1 million in four years. All of these funds are being reinvested in projects aimed at future ANZUP clinical trials via the Below the Belt Research Fund. In 2017, seven ANZUP members were given much needed seed funding to progress new trial ideas to the point of becoming full scale studies. It is funding that simply wouldn't be available without the Pedalthon. Announcements about 2018 applications will be made early next year.



Building on the success of the Sydney ride, we have launched the inaugural Melbourne Pedalthon on 18 March 2018 at Sandown, with the kind support of the Melbourne Racing Club. This is a great opportunity for those in Melbourne to be part of the Pedalthon experience. For more information visit [www.pedalthon.org.au](http://www.pedalthon.org.au).

ANZUP continues to deliver on its key objective to provide training opportunities for the next generation of clinical researchers. Two such landmark events were held in November with the GU Preceptorship in Prostate Cancer in collaboration with the Monash Institute for Health and Clinical Education in Melbourne and the ANZUP USANZ Best of GU Oncology Evening Symposium in Sydney.

**ANNUAL SCIENTIFIC MEETING**  
**8-10 JULY 2018**  
HYATT REGENCY  
SYDNEY

#ANZUP18

*Putting People First*

CELEBRATING ANZUP'S 10TH ANNIVERSARY

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

Consistently rated 'above and beyond' expectations, the Preceptorship was convened by Eva Segelov and involved five preceptors from urology, medical and radiation oncology, and 36 participants. The Preceptorship is a novel and highly effective model of learning: it is not intended to cover all topics exhaustively; rather delegates are exposed to key papers and discuss them in depth with the input of the expert preceptors.



The Best of GU was convened by Henry Woo and included some renowned speakers including Daniel Heng, Shankar Siva, Peter Croucher, Haryana Dhillon and Venu Chalasani. This symposium is a great way to catch up on the key advances in GU cancer and is a prelude to what you might expect from the ASM next year.

On the eve of our tenth anniversary year there can be no doubt the ANZUP story so far has been one of great achievement.

Driven by effective collaboration and the steadfast determination of our members and staff to always put people first, I am very much looking forward to what the next 10 years will bring.

**Ian Davis**  
*Chair, ANZUP*



# Australia New Zealand Gynaecological Oncology Group



## Preceptorship in Ovarian Cancer

Our inaugural Preceptorship stimulated great interest from Fellows, Registrars, Advanced Trainees and research students over two days. The workshop focussed on ovarian cancer and all therapeutic approaches, and a review of the most important papers of the last 15 years.

“It was really helpful and meaningful to be in a room full of researchers and clinicians and specialists in the field giving us their experience from over the years. Having the chance to put that all together has been incredibly helpful, and something I will take back to my clinical practice” said Nikki Burdett, a first year Advanced Trainee at Flinders Medical Centre in Adelaide.

“The Preceptorship has provided the opportunity for learning so that the trainees in medical oncology and gynaecological oncology can get greater understanding of how to treat patients with ovarian cancer, and have ideas for clinical trials into the future, to truly have the next generation of clinicians will who’ll take this field forward” said Professor Philip Beale, Medical Oncologist and Preceptorship Convenor.

## Annual Research & Development Day

Each of our Committees and Working Groups convened on our annual Research and Development Day to discuss the latest advances in gynaecological oncology and progress new concepts for clinical studies.

## Annual Scientific Meeting 4–7 April, 2018 Brisbane

Our 2018 Annual Scientific Meeting program is inspired by the theme “Challenges in precision gynaecological cancer care in the molecular era”.

We are pleased to bring to you presentations from distinguished international keynote speakers:

- Dr Martee Hensley (Medical Oncologist, New York, USA)
- Dr Michael Milosevic (Radiation Oncologist, Toronto, Canada)
- Dr Philipp Harter (Gynaecological Oncologist, Essen, Germany)

Join us on Day 1 for the fourth Pure Science Symposium and a new session in “Translational ANZGOG & Pathology”.

To find out more about the Annual Scientific Meeting 2018 visit <http://anzgog-asm-2018.w.yrd.currinda.com/> or email Membership Officer, Heshani Nesfield at [hnesfield@anzgog.org.au](mailto:hnesfield@anzgog.org.au)

## New Website

Our new website offers enhanced clinical trial search features, an events calendar, news articles, and a full list of publications resulting from ANZGOG studies.

A direct link to the ANZ Clinical Trials Registry (ANZCTR) provides easy look up of trials recruiting patients for gynaecological cancer research.

Take a look at [www.anzgog.org.au](http://www.anzgog.org.au)

## Survivors Teaching Students

We showcased our poster on Survivors Teaching Students at the recent COSA conference.

Survivors Teaching Students® (STS) is a volunteer program that brings the faces

and voices of ovarian cancer survivors and caregivers into the classrooms of health professional students to inform them about women’s experiences with the disease.



The program was developed by the Ovarian Cancer Research Fund Alliance in the United States in 2002 and has since been adapted for Canada and the UK. The Australia New Zealand Gynaecological Oncology Group (ANZGOG) is pleased to be leading the program in Australia.

Three presentations have been delivered in New South Wales reaching 180 students in Sydney, Orange and Lismore. By the end of 2020 the program is expected to have expanded into Queensland, Victoria and Western Australia, with a view to further expansion after 2020.

Caitlin is a volunteer with Survivors Teaching Students® who has described her involvement with Survivors Teaching Students:

“Ovarian cancer is a scary and lonely disease. Not long after my diagnosis I vowed to help save the lives of women affected by ovarian cancer, and to make it a disease that is no longer silent! With STS I feel as though I am saving lives, as our future doctors and nurses are learning more about ovarian cancer and the many different ways in which it presents, which could lead to earlier detection. It also helps to feel part of a community and to be doing something proactive, rather than waiting around worrying about if and when the cancer will come back.”



## Save the Box

Our 'Save the Box' fundraising campaign, now in its second year, has been incredibly popular with the Australian community. The campaign was designed to raise awareness and funds for gynaecological cancer research.



The 2017 campaign was supported by a number of well-known ambassadors who all donned the "More precious than gold" Save the Box T-Shirts. The media were also extremely active and supportive in promoting the campaign with stories in Now to Love, The Daily Mail, Huffington Post, on Channel 7 and radio. Visit [www.anzdog.org.au/inform/savethebox-gets-people-talking](http://www.anzdog.org.au/inform/savethebox-gets-people-talking) for the full list of news articles, TV and radio broadcasts.

## 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.

### STATEC

A randomised trial of non-selective versus selective adjuvant therapy in high risk apparent stage 1 endometrial cancer (STATEC). The trial is open and expected to be recruiting across 13 sites in Australia and New Zealand.

### Endometrial

#### PHAEDRA

This is a novel study exploring the effectiveness of Durvalumab (an anti PDL1 antibody) in women with advanced endometrial cancer. The study has two arms, those whose tumours are deficient for the expression of one of the mismatch repair proteins (dMMR) and the other for mismatch repair normal tumours (pMMR). Only the dMMR arm of the study remains open to recruitment.

#### 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.anzdog.org.au>.

**Alison Brand**  
Chair, ANZGOG

## Breast Cancer Trials



### Rebranding of the ANZBCTG to Breast Cancer Trials

The ANZBCTG unveiled a new look and brand in September this year, combining the research activities under the ANZBCTG and its' fundraising department the Breast Cancer Institute of Australia, together under one name of Breast Cancer Trials. Breast Cancer Trials represents who we are today – a unique collaboration between researchers, women who participate in our clinical trials and supporters. Together we are grounded and defined by one simple belief: We can and will find new and better treatments and prevention strategies for every person affected by breast cancer to save lives today, tomorrow and forever.

To view our new website visit [www.breastcancertrials.org.au](http://www.breastcancertrials.org.au).

### New Clinical Trials

The PATINA clinical trial is a new and pending study that aims to find out if people with metastatic breast cancer could benefit from the addition of a new drug, Palbociclib, when given in combination with anti-HER2 therapy (trastuzumab and pertuzumab) and endocrine therapy. Previous research indicates that palbociclib in combination with anti-HER2 therapy, may prevent the spread of cancer cells. PATINA will investigate if the addition of palbociclib will delay the onset of therapeutic resistance and prolong survival, as well as find out more about the side effects, safety and effectiveness of the drug combination. The BCT Study Chair of PATINA is Associate Professor Elgene Lim. Find out more about PATINA at [www.breastcancertrials.org.au/current-clinical-trials/patina](http://www.breastcancertrials.org.au/current-clinical-trials/patina).

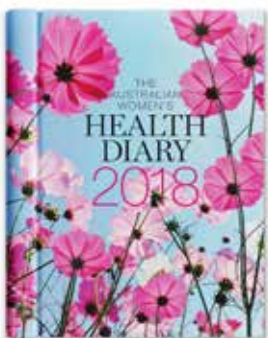


The EXPERT clinical trial is the first large-scale randomised trial that will investigate the use of a multigene expression panel (PAM 50-based Prosigna Assay) to enable safe and individualised de-escalation of adjuvant breast radiation in early breast cancer. In a first for BCT, we will be the international co-lead group in collaboration with BIG and we aim to recruit 1,170 participants globally. The BCT Study Chair of EXPERT is Professor Boon Chua. Find out more about EXPERT at [www.breastcancertrials.org.au/current-clinical-trials/expert](http://www.breastcancertrials.org.au/current-clinical-trials/expert).

## ClinTrial Refer App

Searching for an open or pending clinical trial with Breast Cancer Trials has never been easier, with the launch of the BCT ClinTrial Refer App. It's free and users are able to search for trials based on breast cancer type, location, trial status and trial name. Download the app on your smartphone or tablet – search for Breast Cancer Trials ClinTrial Refer in the Apple **App Store** or on **Google Play** for Android.

## 2018 Australian Women's Health Diary



If you're looking for a great gift for colleagues, family or friends for Christmas, the 2018 Australian Women's Health Diary is out now and every diary

sold helps to fund our breast cancer trials research program. Since the first edition 20 years ago, the diary has raised an amazing \$13.3 million for Breast Cancer Trials. To purchase a diary please visit [www.breastcancertrials.org.au/merchandise](http://www.breastcancertrials.org.au/merchandise).

## 40th Anniversary in 2018

Breast Cancer Trials will be celebrating its' 40th anniversary in 2018. **We are seeking help from members and clinicians who may have past photographs from our 40 years of activities, such as previous Annual Scientific Meetings, researchers attending international conferences and giving presentations overseas, or just photos of members and researchers from now and going back to when we first began in 1978.**

Please send any photos or enquiries to the Breast Cancer Trials Communications Manager, Anna Fitzgerald ([anna.fitzgerald@bctrials.org.au](mailto:anna.fitzgerald@bctrials.org.au))

## New Podcast Series

To help promote our research program, and raise awareness and understanding of particular research topics that relate to breast cancer clinical trials, BCT has launched a **podcast channel on SoundCloud** and the podcasts are also available at [www.breastcancertrials.org.au/podcasts](http://www.breastcancertrials.org.au/podcasts). Topics covered so far include:

- What is a breast cancer clinical trial?
- What is neoadjuvant therapy?
- Are there different types of breast cancer clinical trials?
- What is the Consumer Advisory Panel?
- Personalised medicine in breast cancer
- Melissa Irving – ELIMINATE clinical trial participant
- How clinical trials build on past research results
- Why does research take so long?
- What happens when a drug is proven effective in a clinical trial?

**Bruce Mann**  
*Chair, Breast Cancer Trials*

## Cancer Nurses Society of Australia



## A Changing of the Guard – New President and Vice President

After nearly 3 years leading the Cancer Nurses Society of Australia as President, Professor Ray Chan stepped down from the President role earlier this month. Ray has been a visionary leader and has contributed significantly to the evolution of the Society, leading it through a change in company structure, executive recruitment and development of governance structures that contemporise how the Society is run. The Board acknowledges the strong leadership, contribution and commitment that Ray has made to the Society as President. With full endorsement from the Board, I am honoured to take over from Ray as President and look forward to further progressing the vision of the Society.

I am delighted to have the support of a dedicated, skilled Board with diverse expertise and backgrounds, in particular Kylie Ash. Kylie has been appointed to the Board as the Vice President. Kylie is well known to the membership, having had a long association with CNSA, as Chair of the Education Standing Committee, member of the Queensland Regional Group and most recently as Treasurer on the National Executive Committee.

Kylie has extensive experience as a Registered Nurse in both the Clinical and Educational domains of nursing and has been actively involved in a number of large national workforce development projects. Kylie brings a wealth of leadership experience and is highly regarded within the Cancer Nursing community.

## Chief Executive Officer Update

It is with regret that the Board has accepted the resignation of Sam Gibson, CNSA inaugural Chief Executive Officer (CEO). Sam commenced with CNSA in April this year and has achieved a great many things since this time. Sam has guided the Society through a change in company structure, driven the expansion of supports for the Regional Groups and Specialist Practice Networks, has provided invaluable leadership and input into the revision of governance frameworks to contemporise them and has sought and actioned opportunities for the Society to enhance financial viability and achieve greater reach through representation with key stakeholders and professional bodies. Sam's decision is based solely on her desire to return to the clinical setting where she spent nearly 30 years. We are fortunate enough to have Sam remaining in the CEO role whilst the Board seeks to appoint a suitable replacement. We are also delighted that Sam has committed to supporting the Society voluntarily when she exists as the CEO, working in a Board appointed Sponsorship and Partnership portfolio.

## CNSA... A Company Limited By Guarantee

After extensive member consultation, a revised Constitution was put to a member vote at the Annual General Meeting of the Society in Adelaide on the 17 June 2017. The membership voted to support the proposed Constitution, paving the way for CNSA to make application to the Australian Securities and Investment Commission (ASIC) to change from an Incorporated Association (in the ACT) to a Company Limited by Guarantee. On the 6 September 2017, ASIC issued CNSA with a certificate confirming registration

as a Company Limited by Guarantee. This is an important step in progressing activities of the Society in a unified manner on a truly national platform. The previous National Executive Committee is now known as the CNSA Board and in future, at time of Board vacancies, nominations will be called from the membership to fill vacancies based on skills, experience and knowledge requirements, rather than geographical representation.

## CNSA Research Grant Outcomes

The Research Standing Committee (RSC) reported a significant increase in applications for grant funding this year and commented on the very high level of applications received. I would like to congratulate Dr Jennifer Fox who has been awarded grant funding from CNSA to undertake a study entitled "Nursing workforce preparedness to deliver cancer survivorship care using telehealth."

## CNSA Annual Congress

CNSA will celebrate its 21st birthday at the CNSA Annual Congress in Brisbane next year. The program is well into development and delegates will be spoilt for choice with a plethora of invited speakers, workshops and proffered papers offered to support our 2018 theme "Cancer Nursing – Science, Symptoms and Service Delivery". Professor Christine Miaskowski is our international keynote speaker, recognised internationally as an expert in pain and symptom science. As promised, Congress 2018 will offer a strong radiation oncology focus as well as plenaries that evolve around translating evidence into practice. Abstracts are now being accepted for Congress 2018. Please visit [www.cnsacongress.com.au](http://www.cnsacongress.com.au) for more information. Abstracts close 3 February 2018.

## Partnerships and Representation

After invitation from the Royal Australian and New Zealand College of Clinical Radiology (RANZCR) CNSA have taken up a position on the Tripartite Committee. This appointment is an extremely important step, representing the importance of cancer nursing in the planning and care of patients affected by cancer requiring radiotherapy. CNSA is committed to addressing the educational and professional needs of nurses working in Radiation Oncology and believes that the opportunity to work with representatives of the RANZCR Tripartite will aid in progressing these goals.

In progressing relationships that are mutually beneficial and of interest to our members, CNSA collaborated with the COSA Nutrition Group to develop and host a pre-conference workshop at the recent COSA Annual Scientific Meeting (ASM) held in Sydney. The masterclass style workshop was targeted at Nurses working in cancer care, and brought together experts to present on malnutrition, nutritional management and evidence based multi-disciplinary nutritional care. CNSA and COSA are committed to working together in partnership to target the professional development needs of members from both Societies.

CNSA is evolving at a rapid pace and our reach nationwide is expanding with a membership of more than 1100. As President attending the recent COSA ASM, I was delighted to witness the professional contribution that our members are making to the body of evidence in relation to cancer care, listening to numerous presentations from CNSA members from across the country present their work.

**Jane Campbell**  
President, CNSA





## Faculty of Radiation Oncology



### Introduction of Particle Therapy for Australia

Particle therapy is enabling clinicians around the world to treat certain cancers to higher doses than would otherwise be possible or with fewer long-term problems, particularly paediatric, spinal and skull base tumours. Proton therapy is one type of particle therapy.

The Faculty of Radiation Oncology (FRO) welcomed the announcement by the Federal Government in May this year that it would support the first proton facility in Australia to be established at the South Australian Health and Medical Research Institute in Adelaide. The facility, which is expected to be operational by 2020,

will also receive funding from the South Australian government. These major investments will be a significant boost for Australian health and medical research, and for patients in both Australia and New Zealand who are set to benefit from this cutting-edge technology.

FRO has long anticipated the announcement of a proton facility for Australia, and has been working in this area for the past several years. Some of our efforts to date are listed below:

- **A Position Paper on Particle Therapy** was published in October 2015, and also provided to the Department of Health (DoH) and other key stakeholders. A consumer-friendly version of the particle therapy paper is currently in development – to educate patients and/or their carers, and streamline the referral process for particle therapy, which is currently covered under the Medical Treatment Overseas Program.
- Proton therapy information was added to the **Targeting Cancer website** – to assist consumers looking for more information on this topic.
- A Particle Therapy Special Interest Group was established – to bring together radiation oncologists to investigate and promote the role of particle therapy in the treatment of cancer, to ensure particle therapy is introduced in a coordinated way through a collaborative approach, to ultimately benefit patients.
- At the DoH's request, we provided input into the Medical Services Advisory Committee (MSAC) application for public funding arrangements for proton therapy.
- The Faculty of Radiation Oncology Forum at the 2017 RANZCR Annual Scientific Meeting in Perth took the form of a lively debate on the topic "*Protons: Prime treatment for paediatric and prostate malignancies*" – to emphasise the position that while particle therapy is indicated for some conditions, it is not a cost-effective alternative for prostate or other cancers that are readily treatable with photons.
- In anticipation of the large amount of policy and advocacy work that will be required in coming months and years to

ensure that particle therapy in Australia is introduced in a collaborative way, a Particle Therapy Working Group was recently established. This group, which includes representatives from all jurisdictions in Australia and New Zealand, will be tasked with further developing FRO's policy positions, stakeholder engagement and other key projects in the particle therapy area.

- FRO was also proud to support the inaugural National Particle Therapy Symposium, held in Adelaide on 6 November. The symposium was attended by Australian and international clinicians, researchers, technology experts and patient advocates, who discussed the way forward for particle therapy, including protons, carbon and other ions in Australia.

It is FRO's perspective that we probably have only one opportunity to successfully implement particle therapy locally, and that it can only be done successfully through a collaborative and nationally coordinated approach to:

- Agree on appropriate indications, especially as new evidence emerges
- Decide and agree on common treatment protocols and patient follow-up
- Developing workforce competence to ensure consumer confidence
- Appropriate data collection and research, so Australia can contribute to the global knowledge base on particle therapy
- Ultimately and most importantly, advocating for and ensure that all patients in Australia (and New Zealand) have an equal opportunity to access particle therapy.

The Faculty is keen to continue playing a leading and facilitating role in this space, for the benefit of our patients.

## Radiation Therapy for Prostate Cancer

The **Radiation Oncology: Targeting Cancer campaign** has been focused on prostate cancer advocacy in recent months, and will continue this focus for the foreseeable future. A 'compelling case' is currently being developed to underpin our advocacy efforts around the need for men with prostate cancer to see the relevant specialists and be fully informed on all their options, prior to embarking on treatment.

We also continue promoting the general **Targeting Cancer** messages around the safety, quality, sophistication and effectiveness (and cost-effectiveness) of modern radiation therapy through on-site and external education activities for general practitioners, patients and the community.

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.

## Funding for Radiation Therapy

The Oncology Clinical Committee (OCC) of the Medicare Benefits Schedule (MBS) Review Taskforce completed its work at the beginning of this year. We are yet to see the final report from the OCC and the proposed changes to the radiation oncology schedule – but it is likely to be a significant change, to better reflect current practice. The MBS public consultation will be an opportunity to emphasise the need for a pilot / modelling of the proposed changes, to ensure there are no unintended adverse consequences for either the sector, patients or the government.

## Government and Stakeholder Engagement

The Australian Minister for Health's office hosted a roundtable discussion with RANZCR and several other stakeholders in the radiation oncology sector on Tuesday 31 October at Parliament House. It was a productive discussion around sector-wide priorities, which we hope will lead to improved understanding by the government of the critical role of radiation therapy in cancer care. The Minister and Secretary of the Department of Health also committed to more regular discussions, to help improve national coordination of radiation oncology services.

The Faculty is convening its annual Industry Roundtable on 1 December with representatives from industries and consumer organisations to meet with radiation oncology professionals to discuss new and evolving technologies and techniques in the radiation therapy sector.

**Dion Forstner**  
*Dean, Faculty of Radiation Oncology*



## Human Genetics Society of Australia



The HGSA has got two exciting things to report.

Firstly the formation of the Cancer SIG has been formed. The new Chair is Nick Pachter. They have had 2 meetings since the formation in August. At this point the membership, committee and TOR are not yet drawn up.

The new HGSA executive is tabled below. Noting that our VP is the program organiser for the Zero Children's Cancer initiative:

- Michael Buckley – President
- Alison McEwen – Hon Secretary
- Racha El-Hajj – Treasurer
- Vanessa Tyrrell – Vice President

**Mary-Anne Young**  
Council Representative, HGSA



## Medical Oncology Group of Australia



The Medical Oncology Group of Australia (MOGA) plays a leading role in the national oncology sector as the professional organisation for the Australian medical oncology profession.

### Oncology drugs, treatments and clinical practice

MOGA continues its activities in research and advocacy focussed on oncology drugs, treatments and patient care. We are participating in the development of a new consensus statement on the testing and treatment for hepatitis B virus (HBV) during haematology and oncology malignancies. Whilst there are international guidelines in this space, the Working Group is considering the Australian context and national testing and prescribing rules for HBV during immunosuppressive treatment. The four key questions that the Group are considering are: who to test; when to treat; when to discontinue treatment; how to monitor patients on and off treatment. Specialists from gastroenterology, infectious diseases, and haematology and oncology backgrounds are participating in this initiative, including MOGA members Prof Bogda Koczwara AM and A/Prof Jane Beith.

The Association's Oncology Drugs Working Group, led by Dr Deme Karikios, working closely with MOGA expert Prof Kelly-Anne Phillips, the sponsoring company and the Pharmaceutical Benefits Advisory Committee, have been successful in seeking a change to the listing of goserelin for the prevention of anticipated premature ovarian failure, in premenopausal women

undergoing treatment with an alkylating agent for a malignancy or autoimmune disorder that has a high risk of causing premature ovarian failure. These important changes came into place on 1 December and will greatly benefit the female patients in this population with fertility preservation.

The Association has made a range of submissions to various consultations, reviews and inquiries in the last few months, including the Senate Community Affairs Committee Inquiry into the availability and accessibility of diagnostic imaging equipment around Australia. MOGA has recently met with Cancer Australia regarding plans to develop a national shared cancer follow-up and survivorship care model. With increasing cancer incidence and cancer survival there is a need for new and sustainable models of cancer care nationally. Many of our members work in facilities that have specialised Survivor Care Units where shared care is already in place. However, there is a wide divergence between the services that are available nationally. There are also issues around capacity, education, resources, funding and remuneration and private versus public practice that will need to be addressed in progressing this initiative. Australian medical oncologists would support and endorse a national model of shared cancer and survivorship care if and when a suitable national model can be developed and implemented.

### Education and professional education

The Annual Scientific Meeting (ASM) and Immuno-Oncology Forum held in Melbourne in early August provided great opportunities for our members to come together as a profession for networking, education and professional development. The 2017 ASM **Real World Oncology-Translating Discovery in to Practice** proved to be an extremely valuable professional experience; Committee members included A/Prof Peter Gibbs, Dr Diana Adams, A/Prof Rosemary Harrup, Dr Christopher Steer, Dr Annie

Wong, Dr James Whittle, Dr Milita Zaheed and Convenor, A/Prof Linda Mileschkin. The well-rounded scientific and social program included a strong line-up of international and national speakers who delivered a broad spectrum of high-calibre presentations. The international speakers included Prof Fatima Cardoso (Portugal), Prof Hyman Muss (USA), Professor Sebastian Stintzing (Germany) and Professor Matthew Ellis (USA).



(L-R) International guests Professors Mathew Ellis, Hyman Muss, Hironobu Minami and Sebastian Stintzing with MOGA Executive Member Professor Ken O'Byrne

Prof Michael Boyer, AM and his planning team (Prof David Thomas, Dr Ben Tran, Dr Adnan Nagrial, Dr Cameron McLaren and Dr Alex Menzies) presented our second full-day **Immuno-Oncology Forum: Insight and Advances** in August. The Forum's fast-paced program provided a comprehensive update on current clinical data for many cancer streams. It also explored the practicalities of working with this treatment modality in clinical practice, including immunotherapeutic strategies and the key advances that will impact on clinical practice. International guest speaker, A/Prof Leora Horn, who specialises in Lung and Thoracic Oncology was joined by a line-up of Australian experts who are global leaders in immuno-oncology.

The Association's partnerships in the Asia-Pacific region have been strengthened in the last quarter through participation in a number of international oncology meetings in Japan, Singapore and Korea. Online applications for the Australia and Asia-Pacific Clinical Oncology Research Development (ACORD) Workshop to be held from 9-14 September at Magenta Shores on the New South Wales Central Coast have opened and will close on 23 February next year. This intensive,

interactive workshop in clinical trials research design and development for early career clinicians from all disciplines involved in cancer clinical care and research offers young oncology and related allied health professionals with a unique training opportunity: go to [acord.org.au](http://acord.org.au)

## Our members

Prof Grant McArthur, recently appointed head of the Victorian Comprehensive Cancer Centre, was named as the 2017 winner of the Medical Oncology Group of Australia – Novartis Oncology Cancer Achievement Award. Prof McArthur who is best known for his world leading work in the research and treatment of melanoma, received the award for his outstanding contribution to medical oncology in Australia. He joins a distinguished list of cancer luminaries including 2006 Australian of the Year, Prof Ian Frazer. Prof McArthur's work had contributed to improvements in the treatment of cancer and patient outcomes in Australia and internationally. He is an eminent clinician and scientist whose innovative work in melanoma has changed the way we treat this debilitating and often deadly disease. He led the development of the molecularly targeted therapy vemurafenib, which is now standard of care treatment for late stage melanoma patients worldwide. He is also passionate about patient advocacy and with his patient, Clare Oliver, campaigned to help change national laws and regulations on solarium use.



(L-R) Mrs Marie McArthur, Professor Grant McArthur, Professor Fran Boyle AM, Dr Christopher Steer

Eminent Australian medical oncologists, Prof Richard Kefford AM (Outstanding Cancer Researcher of the Year Award), Prof David Goldstein Professor Rob

Sutherland AO Make A Difference Award) and Prof Georgina Long (Excellence in Translational Cancer Research Award) were also all honoured in November as part of this year's NSW Premier's Awards for Outstanding Cancer Research.

**Chris Karapetis**  
**Chair, MOGA**

## Oncology Social Work Australia



The 12th Annual OSWA conference was held in Perth in October, with a theme of "Working Creatively with Today's Families". Once again it was a stimulating and enjoyable event. Attendance was good and delegates gave great feedback about the two invited international speakers as well as about the variety of presentations by delegates from Australia and New Zealand. All presentations will be uploaded to the OSWA website ([www.oswa.net.au](http://www.oswa.net.au)) in due course.

Dr Amy Y. M. Chow is an Associate Professor with the Department of Social Work and Social Administration, the University of Hong Kong. She is the Co-Director of the End-of-Life Community Care Project and Associate Director of Sau Po Centre of Ageing of the University. Dr Chow has a background as a registered social worker specialising in bereavement counselling.

Dr Liz Beddoe is an Associate Professor in the Faculty of Education and Social Work at the University of Auckland, New Zealand. Prior to her academic appointment, Liz practiced social work for 14 years in health settings. Liz's teaching and research interests include critical perspectives on social work education and professional supervision.

Planning is already underway for the 2018 conference which will be held in Canberra. Members will be notified of the dates when they are finalised.

The 44th COSA ASM has just concluded in Sydney with the major theme of immunotherapy and a sub-theme of quality and safety in cancer care. Kim Hobbs gave two presentations over the course of the event. Her first was at the Public Forum on Cancer and was entitled "Carers: The Silent Partners in the Cancer Treatment Experience". On Day 2 of the ASM Kim was one of four speakers in an interesting session on treatment adherence and compliance. Her paper, "Money Matters: the Effects of Financial Toxicity on Treatment Compliance" complemented other presentations focusing on social determinants and psychological factors contributing to non-compliance. The next COSA ASM will be held in Perth from 12-15 November.

Data collection is ongoing for our research project, "Social Work Interventions in Cancer Care: a Quality Assurance Project" under the stewardship of Dr Rosalie Pockett from the University of Sydney. Six sites in three states (NSW, Queensland and Victoria) are participating and preliminary results should be forthcoming for presentation at the Canberra conference next year.

In other OSWA business we are nearing the final stages of amending our Constitution to enable the inclusion of our New Zealand colleagues in a combined organisation. Our sincere thanks go to the solicitors at Slater and Gordon who are guiding this process in their usual meticulous and coordinated fashion.

Finally, the OSWA Executive, Committee and membership would like to acknowledge the recent sudden and untimely death of Mr Paul Katris. Paul was a long-standing member of the team at Cancer Council of Western Australia and an active member of COSA Council as Chair of the Complementary and Integrative Therapies Group. He will be

missed by all, but particularly our Western Australian colleagues. Paul chaired the WA Clinical Oncology Group (WACOG) and facilitated a journal club and many professional development opportunities for social workers and clinical psychologists. We have been fortunate to have had him as a friend and colleague.

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

## Palliative Care Clinical Studies Collaborative



The PaCCSC Management Advisory Board (MAB) recently embarked on a review of its Strategic Plan. Having recently moved academic homes to the University of Technology Sydney (UTS), and now being in its tenth year of operations, it was an appropriate time to reflect on what has been, and importantly, set the tone for the Collaborative into what is shaping up to be a very bright future. Now updated, the new strategic plan aims have changed only slightly because they are the essence of what the Collaborative continues to strive for. These include continuing to improve the wellbeing of people with life-limiting illnesses through the generation of high quality research evidence; building research capacity amongst the health workforce; and importantly ensuring the translation of evidence to inform clinical practice and ultimately achieve better patient outcomes. The work plan to realise these high-level strategic directions is now underway and will be reported twice per annum to the MAB.

## STRATEGIC DIRECTIONS 2018-2021

### Strategic Direction-1:

To continue to support and grow a network of researchers who collaborate to conduct high quality clinical research in palliative care.

### Strategic Direction-2:

To build the evidence base to support the quality use of medications and other interventions to positively influence healthcare practices and policies for people with life limiting illnesses.

### Strategic Direction-3:

To continue to build national capacity to support and facilitate high quality clinical research in palliative care and its translation into clinical practice, policy and community awareness.

In an attempt to recognise variations in the patient population we research, PaCCSC have expanded its governance and operations to include a program of clinical research specifically in the field of cancer and supportive care. The Cancer and Supportive Care Clinical Studies Collaborative (CSCCSC) seeks to address the symptom and supportive care needs of the growing population of people affected by advanced cancer. Advanced cancer is a term used to describe cancer that is unlikely to be cured and can involve primary or secondary cancers. Whilst curative treatment is not possible, any side effects or uncomfortable symptoms experienced by patients can be reduced or controlled. This initiative allows us to maximise the skills and expertise that many of the PaCCSC members have gained through their involvement in the Collaborative and continue to develop a wide-ranging program of research specifically in the cancer population. The research conducted by the CSCCSC concentrates on finding better ways to



manage symptoms that can occur as a result of an advanced cancer diagnosis.

Cancer studies in this program of work include:

- Melatonin for the prevention of delirium in advanced cancer (mood and cognitive disorders)
- The cannabis study (appetite and cachexia)
- The I-PROMPT study (pain)
- The PRESERVE pilot (mood and cognitive disorders)
- Ketamine for complex cancer pain (pain)
- Octreotide for bowel obstruction (gut dysfunction)

More information on each of these studies can be found at: <https://www.uts.edu.au/research-and-teaching/our-research/IMPACCT/cscsc/research-program>

In another new initiative, the Collaborative has established six symptom node subcommittees with the main aim of steering the pipeline of studies in any one symptom through revisiting data and conducting secondary analysis, identifying gaps in the evidence and developing new study concepts. The subcommittees are in symptoms that are common to people with advanced cancer or those living with life limiting conditions and include: pain, nausea, breathlessness, mood and cognitive disorders, gut dysfunction, and appetite and cachexia. Membership of the subcommittees comes from individual Collaborative members who were invited to self-nominate to one of more symptom nodes of choice. All subcommittees will have met at least once prior to the end of 2017. Our thanks to the Chairs of each the subcommittees for leading the way and engaging with our broad range of members.

The PaCCSC Annual Research Forum will be held at the Aerial Function Centre, UTS, Sydney on Tuesday 27th February 2018. Abstracts are currently being called for from researchers in relevant areas, as well as calls for new study presentations. Each year the Collaborative encourages new study presentations from its members that can be developed and taken forward with the support of the national infrastructure provided through UTS. Registrations will open in December. Being a national collaborative, the Forum provides members and interested clinicians and researchers to come together to meet face to face and network. It also provides an opportunity for the scheduling of governance meetings. My sincere thanks to Louise Fazekas-Giles for management of this signature PaCCSC event. For more information on the PaCCSC Annual Research Forum visit [www.uts.edu.au/paccsc](http://www.uts.edu.au/paccsc) or register at **PaCCSC Forum 2018**.

A recent member highlight was the awards dinner at the Australia Palliative Care Conference held in September in Adelaide where former PaCCSC employee and current PhD student in palliative care received the *Emerging Researcher Award*.

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



## PC4 SCIENTIFIC SYMPOSIUM

25<sup>TH</sup> MAY, 2018 | DARLING HARBOUR, SYDNEY

Showcasing PC4 supported research and the best primary care in cancer research from around Australia. Key note speaker - Professor David Weller, James Mackenzie Professor of General Practice, The University of Edinburgh.

REGISTRATION OPENS DECEMBER



[pc4tg.com.au/PC4symp2018](http://pc4tg.com.au/PC4symp2018)



@pc4tg



PRIMARY CARE COLLABORATIVE  
CANCER CLINICAL TRIALS GROUP

## Primary Care Collaborative Cancer Clinical Trials Group



The Primary Care Collaborative Cancer Clinical Trials Group (PC4) has continued to support the advancement of high quality cancer research in primary care.

We have had a busy year. Firstly, we welcomed our new Project Officer Kara-Lynne Cummings. Kara comes to us from BankVic where she was a Graphic Designer and Communications Coordinator.

The management of cancer patients with multimorbidity is a priority area for PC4. To help engage in a multidisciplinary discussion about this area we brought together a range of experts to discuss the research challenges, opportunities and future possibilities in Cancer and Multimorbidity at our inaugural PC4 Think Tank. Professor Jon Emery, Professor Geoffrey Mitchell, Professor Danielle Mazza, Professor Bogda Koczwara and Dr Laura Deckx facilitated discussions around managing cancer and multimorbidity in primary care, generating evidence to inform intervention design and promoting advocacy and policy change. The Think Tank was a great opportunity for our members to dive deep into cancer and multimorbidity primary care issues and help drive the development of an intervention to improve the management of patients.

We also held our first Early Career Researcher Network workshop in Sydney.

Members learnt about utilising the media as a channel to drive interest in their projects, grow their personal branding and develop networking possibilities. Nicola Webber, University of Melbourne's Media Manager, presented a fascinating insight into the researcher's role within media channels. Our newest PC4 team member, Kara-Lynne Cummings, discussed maximising research impact using social media. We hope to further build capacity in primary care in cancer research through this group of promising researchers.



PC4 Consumer Group members with PC4 staff

## Save the date!

After the success of our 'Establishing Partnerships, Creating Opportunities' Scientific Symposium in 2017, we are pleased to announce our 2018 Scientific Symposium in Sydney on **Friday 25th May, 2018**. The symposium is a multidisciplinary meeting with guest speakers and research that cover the whole cancer continuum. Our international key note speaker is Professor David Weller, James Mackenzie Professor of General Practice and Director of the Centre for Population Health at The University of Edinburgh. He will be discussing, the International Cancer Benchmarking Partnership – a global initiative aiming to quantify differences in cancer survival. The Symposium is Australia's foremost conference promoting the expanding role of primary care in cancer research. Registration and abstract submission will open in December. Ensure you register for the event by visiting [pc4tg.com.au/PC4symp2018](http://pc4tg.com.au/PC4symp2018) or contact us at [info@pc4tg.com.au](mailto:info@pc4tg.com.au).

## Become a member

Are you interested in joining PC4? PC4 membership is free and open to all researchers, health professionals as well as members of the public with an interest in cancer research in primary care.

Visit [www.pc4tg.com.au](http://www.pc4tg.com.au) for more information.

**Lyndal Trevena**  
*Council Representative, PC4*

## Psycho-oncology Co-operative Research Group

The Psycho-oncology Co-operative



Research Group (PoCoG) is a national group of more than 1800 members. PoCoG membership is open to researchers and health professionals with an interest in research to improve the emotional support and psychological care of people affected by cancer. Our members are drawn from a wide range of disciplines.

PoCoG continues to flourish and occupy a visible and important presence in both the national and international arenas. A highlight this year was hosting the PoCoG inaugural Scientific Meeting in November. This sell out event showcased cutting edge research including large scale translational clinical trials and innovations in health service delivery models related to psycho-oncology.

PoCoG's research portfolio continues to develop and in 2017 PoCoG contributed to the development of 17 supported studies and a further 16 studies were administered directly through the PoCoG

Executive Office. The PoCoG ADAPT Program (Anxiety and Depression Pathway Program), which was launched through a Cancer Institute NSW Translational Program Grant, moved from the resource development and piloting phase in 2017 to site engagement across 12 NSW sites, culminating in activation of the cluster Randomised Controlled Trial in November. The trial will evaluate different implementation strategies to promote the uptake of the Anxiety and Depression clinical pathway in the Australian health care context.<sup>1,2</sup>

Progress on the PoCoG Flagship Program of Work: Transforming Psychosocial Care of Patients in Australia: Implementation of a Comprehensive Training and Service Delivery Program has continued in the last quarter of 2017. This ambitious program will evaluate new models of care delivery for patients with the most prevalent psychiatric disorders met in cancer care, namely Depressive, Anxiety and Adjustment Disorders, and build the psycho-oncology workforce and provide greater access to psycho-oncology services across Australia. Led by the PoCoG Scientific Advisory Committee, development and pilot testing of study protocols, therapy manuals, and psychotropic algorithms to address these disorders has been completed and nationally coordinated implementation studies are planned.

To further enhance the quality of psycho-oncology research in Australia, our Early Career Researcher SAC members have initiated a pilot structured ECR mentoring program that, if successful, will be rolled out to the membership more widely in 2018. Concept development workshops also being planned for early 2018 to build psycho-oncology research capacity within the membership. Keep an eye out for submission dates as these workshops are popular and spaces are limited!

Sadly in June this year PoCoG also bade farewell PoCoG's Executive Director Dr Melanie Price. Melanie worked with PoCoG Founding Chair Professor Phyllis

Butow to obtain infrastructure support to place Australian psycho-oncology work on a more solid footing and in 2005 this culminated in the establishment of the PoCoG. Melanie has handed leadership of PoCoG over to Dr Joanne Shaw, formally the PoCoG Research program Manager, so the transition has been seamless and our important work can continue.

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).

1. Butow P, Price MA, Shaw J, Turner J, Clayton JM, Grimison P, Rankin N, Kirsten L. Clinical pathway for the screening, assessment and management of anxiety and depression in adult cancer patients: Australian guidelines. *Psycho-oncology*. 2015 24(9): 987-1001. doi: 10.1002/pon.3920.

2. Shaw JM, Price MA, Clayton JM, Grimison P, Shaw T, Rankin N, Butow PN. Developing a clinical pathway for the identification and management of anxiety and depression in adult cancer patients: an online Delphi consensus process. *Supportive Care in Cancer*. 2016 24(1): 33-41. doi: 10.1007/s00520-015-2742-5.

**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.

In approximately 80% of all cancers TNM staging is used. In Australasia, the 7th edition of TNM Staging has been in use since 2010. Pathologists use TNM staging definitions in the majority of their reporting 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>).

TNM stage has traditionally been purely anatomic, including size, depth of invasion, metastasis, location and number of lesions. However, in the previous edition of TNM, several prognostic factors such as PSA level and Gleason Score in Prostate cancer and serum tumour markers in testicular cancer crept in. However with the rapidly developing biomarker era, there is a dynamic shift to make prognostic tables accommodate these non-anatomic factors which will no doubt increase in future editions.

The new TNM staging system (8th edition) was published by both the Union for International Cancer Control (UICC) and American Joint Committee on Cancer (AJCC) at the end of 2016. In North America there has been an announcement that implementation of AJCC TNM8 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 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 they use which will be quite problematic for international cancer related projects.

The AJCC TNM staging system has been the preferred version of TNM staging for pathologists in Australasia for many years and while stage has been difficult for Australian cancer registries to capture in the past there is a current initiative underway to bring stage to the cancer registries and AJCC TNM is being used as their reference. Therefore, the RCPA will be recommending continued use of AJCC TNM staging in pathology reporting. In regard to the timing of implementation, the RCPA has recommended laboratories commence use as soon as practicable ensuring that any stage incorporated into a report also includes the version and source ie AJCC 8th edition.

## 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 biopsies taken at colposcopy, such as targeted punch 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.

The RCPA's National Structured Pathology Reporting of Cancer (NSPRC) Project has published 30 cancer protocols over the last 6 years including a protocol for cervical cancer. However the existing published cervical protocol caters for the reporting of cervical carcinoma in cone biopsy, radical trachelectomy and hysterectomy specimens, but specifically excludes smaller biopsies such as target 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 etc. 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 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 Pap test every 2 years, will change to an HPV screening test every 5 years. While the NCSP has now been delayed until December, the early publication of the protocol 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. While 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 and 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.

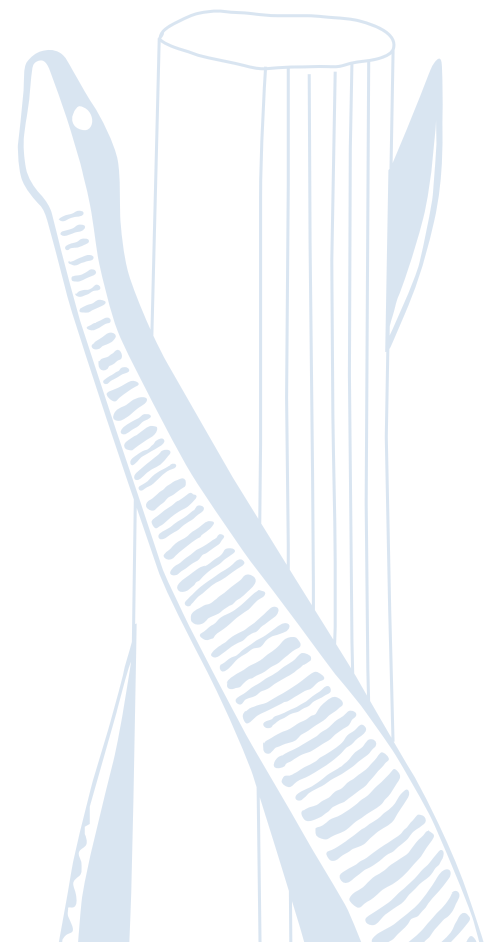
## MBS Funding of pathology tests

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 particularly for cancer.

## 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 has been drafted to help clarify and streamline the process.

**Christine Hemmings**  
Council Representative, RCPA



## Trans-Tasman Radiation Oncology Group



### TROG 2018 ASM: Call for abstracts

TROG is inviting submissions of abstracts from any area of radiotherapy cancer research for oral presentations at the 2018 Annual Scientific Meeting (ASM).

**Due date for submission is Friday 15 December 2017.**

The TROG 2018 ASM will be held from March 19-22 in Hobart, Tasmania. For the first time TROG is offering full members a 10% registration discount. Affiliate and non-members are invited to become full members to take advantage of this special offer. Delegates can also take advantage of discounted rates through our popular group registration option when registering for two or more people from one centre. Visit [www.TROG2018.com](http://www.TROG2018.com) to find out more and register now!

### Potential for a productive partnership – Interventional Oncology

The momentum for the addition of Interventional Oncology to TROG Sub-Specialty Groups continues to grow. This has been taken up very positively and included in the ASM18 program. This collaboration will provide opportunity to facilitate future research in this area.

This year TROG has received two new proposals in the area of Interventional Oncology and they will be presented at the TROG ASM for review and discussion.



Medtronic have also kindly provided an Education Travel Grant to support the attendance of Professor Andreas Adam as an invited international speaker for our

meeting. Professor Walter Curran is also an invited international speaker.

The inaugural Interventional Oncology Sub-Specialty Group session will be held on the 20 March from 3.30pm – 5pm. Visit [www.TROG2018.com](http://www.TROG2018.com) to register.

### World-first trial pioneers new standard of care for skin cancer

Patients with advanced skin cancer can now be spared from having to undergo chemotherapy, with results from a TROG Cancer Research study showing that surgery combined with radiotherapy is a more effective treatment.

Professor Sandro Porceddu who headed the 'POST' trial said the results showed that for patients with advanced squamous cell carcinoma (one of the most common forms of skin cancer) of the head and neck, surgery and post-operative radiotherapy resulted in high cure rates, in excess of 85 per cent.

"This confirms that surgery and post-operative radiotherapy should be considered the standard of care for treating this disease. The trial also showed that the addition of chemotherapy did not improve cure rates. This will save patients from the added side effects associated with chemotherapy," said Professor Porceddu.

More than 320 patients from 23 hospitals and cancer centres from Australia and New Zealand took part in the 10-year trial, which began in 2005.



*Professor Sandro Porceddu with trial volunteer Robert Schampers.*

### CHISEL trial shows SABR more effective than conventional treatment

A new clinical trial by TROG Cancer Research has shown for the first time that a new radiotherapy technique produced greater survival rates in early stage inoperable lung cancer patients, compared to conventional radiation treatment.

The TROG 09.02 CHISEL study aimed to investigate if Stereotactic Ablative Body Radiotherapy (SABR) is more effective than standard radiotherapy for patients with non-small cell lung cancer (early stage lung cancer).

Professor David Ball from the Peter MacCallum Cancer Centre in Melbourne who headed the 'CHISEL' trial recently presented the results of this study at the World Conference on Lung Cancer in Japan. This meeting is the world's largest, attracting more than 6,000 researchers, physicians and specialists from more than 100 countries.

"Our trial found that for patients with early stage lung cancer SABR was more effective in controlling cancer growth, resulting in longer life expectancy and is just as safe as traditional radiotherapy."

"For many years we've been giving conventional radiotherapy, which is less precise and therefore normal tissue can be damaged in the treatment process. The safest way of giving those doses was in small amounts over six or seven weeks. With the SABR technique we can give the treatment in three to four treatments over

**BEYOND FIVE**  
The Face of Head & Neck Cancer

# AUSTRALIA'S FIRST HEAD AND NECK CANCER CHARITY

- Established in 2014
- Supporting patients, families, carers and healthcare professionals
- Expert input by a multidisciplinary team across Australia and New Zealand

## OUR MISSION

Beyond Five's mission is to improve the quality of life of everyone affected by head and neck cancer through education and access to support, and to raise awareness of head and neck cancer nationally.

## RESOURCES AVAILABLE

- 3D Animations
- More than 60 evidence based fact sheets
- Patient Support Group database
- Free resources for healthcare professionals

*"There are many long-term challenges for head and neck cancer survivors. That is why Beyond Five is so important. It offers information for the long term, as well as for the acute, initial period."*

Julie McCrossin; Beyond Five Ambassador, Journalist, head and neck cancer survivor

## MORE INFORMATION

Visit [beyondfive.org.au](http://beyondfive.org.au)

a two week period, with a much higher dose," said Professor Ball.

"As the SABR technique is much more precise, only the cancer is treated and the surrounding healthy tissue is unaffected. Not only is the treatment more effective, but it is more convenient with fewer attendances which is a significant bonus."

One hundred and one patients from across Australia and New Zealand took part in the randomised trial, which began in 2010.

## CORE Trial launched

A new trial, which will examine whether the addition of a new type of targeted radiation treatment is more effective for patients with advanced lung, breast or prostate cancer, is now up and running.

TROG Cancer Research will lead the trial in Australia collaborating with researchers from the UK.

The TROG 16.03 CORE trial will examine if adding a novel type of treatment called stereotactic body radiotherapy (SBRT) to standard treatment is more effective for patients with early metastatic spread.

A/Professor David Pryor from the Princess Alexandra Hospital in Brisbane is the Australian co-chair of the trial. He said doctors are looking for better ways to help patients with advanced cancer.

"Treating the visible metastatic tumours with stereotactic radiotherapy may reduce the risk of the cancer coming back and may allow our current drug treatments to work better for longer."

"For people with metastatic disease radiotherapy is generally used in low doses to help when symptoms such as pain arise. The CORE trial uses a much higher dose of targeted radiotherapy (SBRT) with the aim of eradicating early metastatic deposits when they first emerge," said A/Prof Pryor.

"The treatment can be delivered in only a few short outpatient treatment sessions. We hope this new treatment will allow people to continue enjoying a good quality of life and ultimately give them more time free from their cancer."

The CORE trial will involve 50 patients in Australia.

**Puma Sundaresan**  
Council Representative, TROG



# Calendar of Events

2018

Date	Event	Venue
8-9 February	2nd VCCC Survivorship Conference <a href="http://www.survivorshipconference.com.au/">www.survivorshipconference.com.au/</a>	Melbourne, Victoria
16-17 February	ASCO Cancer Survivorship Symposium <a href="http://survivorsym.org/">http://survivorsym.org/</a>	Florida, USA
23-25 February	Asian Clinical Oncology Society 2018 <a href="http://acos2018.com/">http://acos2018.com/</a>	Chiang Mai, Thailand
15-17 March	Eradicate Cancer World Congress 2018 <a href="http://www.eradicatecancer2018.org/">www.eradicatecancer2018.org/</a>	Melbourne, Victoria
19-22 March	TROG 30th ASM <a href="http://www.cmznz.co.nz/trog-2018-asm/home/">www.cmznz.co.nz/trog-2018-asm/home/</a>	Hobart, Tasmania
27-29 March	Research to Practice 2018 <a href="http://researchtopractice2018.com.au/">http://researchtopractice2018.com.au/</a>	Brisbane, Queensland
4-7 April	ANZGOG ASM <a href="http://anzgog-asm-2018.w.yrd.currinda.com/">http://anzgog-asm-2018.w.yrd.currinda.com/</a>	Brisbane, Queensland
8-11 April	2018 Australian Pain Society 38th and New Zealand Pain Society Conjoint ASM <a href="http://www.dconferences.com.au/apsnzps2018/">www.dconferences.com.au/apsnzps2018/</a>	Sydney, NSW
11-14 April	ELCC 2018 European Lung Cancer Congress <a href="http://www.esmo.org/Conferences/ELCC-2018-Lung-Cancer">www.esmo.org/Conferences/ELCC-2018-Lung-Cancer</a>	Geneva, Switzerland
7-11 May	RACS Annual Scientific Congress 2018 <a href="https://asc.surgeons.org/">https://asc.surgeons.org/</a>	Sydney, NSW
14-16 May	Royal Australasian College of Physicians Congress 2018 <a href="http://racpcongress.com.au/">http://racpcongress.com.au/</a>	Sydney, NSW
17-19 May	12th Australasian Lymphology Association Conference <a href="http://ala-conference.com.au/">http://ala-conference.com.au/</a>	Brisbane, Queensland
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
14-16 June	ANZCHOG's ASM <a href="https://etm.eventsair.com/quickeventwebsiteportal/anzchog2018/website">https://etm.eventsair.com/quickeventwebsiteportal/anzchog2018/website</a>	Sydney, NSW
21-23 June	CNSA 21st Annual Congress <a href="http://www.cnsacongress.com.au/">http://www.cnsacongress.com.au/</a>	Brisbane Queensland
28-30 June	MASCC/ISOO Annual Meeting <a href="http://www.masccmeeting.org/2018/#.WhYfTqkqWZaQ">www.masccmeeting.org/2018/#.WhYfTqkqWZaQ</a>	Vienna, Austria
8-10 July	ANZUP ASM – 10th Anniversary <a href="http://www.anzup.org.au/content.aspx?page=asm-home">www.anzup.org.au/content.aspx?page=asm-home</a>	Sydney, NSW
19-21 July	Japanese Society of Medical Oncology Annual Meeting <a href="http://www.congre.co.jp/jsmo2018/en/index.html">http://www.congre.co.jp/jsmo2018/en/index.html</a>	Kobe, Japan
25-27 July	Breast Cancer Trials ASM – 40th Anniversary <a href="http://www.breastcancertrials.org.au/2018-annual-scientific-meeting">www.breastcancertrials.org.au/2018-annual-scientific-meeting</a>	Sydney, NSW
26-28 July	ANZHNCs – ISMR Meeting <a href="http://www.anzhncs-ismr.com">www.anzhncs-ismr.com</a>	Melbourne, Victoria
4-7 August	42nd HGSA Annual Scientific Meeting <a href="http://www.hgsa.org.au/about/42nd-annual-scientific-meeting">www.hgsa.org.au/about/42nd-annual-scientific-meeting</a>	Sydney, NSW
15-18 August	World Congress on Cancers of the Skin <a href="http://wccs2018.com/">http://wccs2018.com/</a>	Sydney, NSW
17-18 September	Cancer Nursing Congress 2018 <a href="http://cancer.nursingconference.com/">http://cancer.nursingconference.com/</a>	Tokyo, Japan
23-26 September	IASLC 19th World Conference on Lung Cancer <a href="http://wclc2018.iaslc.org/">http://wclc2018.iaslc.org/</a>	Toronto, Canada
1-4 October	World Cancer Congress <a href="http://www.worldcancercongress.org/congress-home">www.worldcancercongress.org/congress-home</a>	Kuala Lumpur, Malaysia
10-12 October	38th ESSO Congress <a href="http://www.ecco-org.eu/Events/ESSO38">www.ecco-org.eu/Events/ESSO38</a>	Budapest, Hungary
11-14 October	Melbourne International Breast Congress <a href="http://melbournebreast2018.org/">http://melbournebreast2018.org/</a>	Melbourne, Victoria
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
21-24 October	60th ASTRO Annual Meeting <a href="http://www.astro.org/Meetings-and-Education/ASTRO-Meetings/2018/Annual-Meeting/2018-Annual-Meeting/">www.astro.org/Meetings-and-Education/ASTRO-Meetings/2018/Annual-Meeting/2018-Annual-Meeting/</a>	San Antonio, USA
25-28 October	RANZCR 69th Annual Scientific Meeting <a href="http://www.ranzcr2018.com/">www.ranzcr2018.com/</a>	Canberra, ACT
30 Oct-2 Nov	AGITG ASM <a href="https://gicancer.org.au/health-professionals/events-and-education/annual-scientific-meeting/">https://gicancer.org.au/health-professionals/events-and-education/annual-scientific-meeting/</a>	Brisbane, Queensland
<b>13-15 November</b>	<b>COSA's 45th Annual Scientific Meeting 2018 'Save the Date' <a href="http://www.cosa.org.au">www.cosa.org.au</a></b>	<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
23-25 November	ESMO Asia 2018 Congress <a href="http://www.esmo.org/Conferences/ESMO-Asia-2018-Congress">www.esmo.org/Conferences/ESMO-Asia-2018-Congress</a>	Singapore
4-8 December	San Antonio Breast Cancer Symposium 2018 <a href="http://www.sabcs.org/">www.sabcs.org/</a>	San Antonio, USA
20-23 March	ANZGOG ASM <a href="http://www.anzgog.org.au/">www.anzgog.org.au/</a>	Sydney, NSW
<b>28-29 March</b>	<b>Cancer Survivorship 2019 'Save the Date' <a href="http://www.cosa.org.au">www.cosa.org.au</a></b>	<b>Sydney, NSW</b>
11-14 March	TROG 31st ASM <a href="http://www.trog.com.au/">www.trog.com.au/</a>	Melbourne, Victoria
31 May-4 June	ASCO 2019 <a href="https://am.asco.org/">https://am.asco.org/</a>	Chicago, USA
27 Sept-1 Oct	ESMO 2019 Congress <a href="http://www.esmo.org/Conferences/ESMO-2019-Congress">www.esmo.org/Conferences/ESMO-2019-Congress</a>	Barcelona, Spain
<b>12-14 November</b>	<b>COSA's 46th Annual Scientific Meeting 2019 'Save the Date' <a href="http://www.cosa.org.au">www.cosa.org.au</a></b>	<b>Adelaide, SA</b>
10-14 December	San Antonio Breast Cancer Symposium 2018 <a href="http://www.sabcs.org/">www.sabcs.org/</a>	San Antonio, USA

2019



**Clinical  
Oncology  
Society of  
Australia**

**COSA'S 45th**

Annual  
Scientific  
Meeting

**13-15 November 2018**

Perth Convention  
and Exhibition  
Centre

**Mesothelioma and  
Gastro-intestinal cancers  
Technology and  
genomics**

# 2018 COSA ASM

COSA is pleased to announce the ASM is heading west to Perth again in 2018.

COSA's 45th ASM will focus on gastro-intestinal cancer and mesothelioma with possible sub-themes of technology and genomics. The program will capture the extensive research being undertaken across these cancers, and the diversity of new treatments being trialled and implemented

**SAVE  
THE  
DATE**

It is a pleasure to be invited to convene this major national meeting, and I'm sure that the committee and I will deliver an exciting and educational program. I am taking over the role of convening the Perth ASM from Nik Zeps who is well known to many COSA Members and delegates. For those of you who don't know me I completed my medical oncology training in Victoria and have returned home to Perth to practice. I am a relatively new face, having joined COSA as a trainee in 2010. A major personal and professional interest is in the improvement of cancer care. The COSA ASM provides a vital forum for interdisciplinary collaboration amongst Australian clinicians passionate about improving patient care and outcomes.

COSA's 45th ASM will focus on gastro-intestinal cancers and mesothelioma with possible sub-themes of technology and genomics. Throughout the program we hope to capture the extensive research being undertaken across these cancers, and the diversity of new treatments being trialled and implemented.

Gastro-intestinal (GI) cancer is a term used for the group of cancers that affect the digestive system, and collectively is the most common form of cancer. More than 24,000 Australians are diagnosed with it each year and 33 die from it each day. Colorectal cancer remains common (1 in 13 people will have received this diagnosis by their 85th birthday).

Major improvements in early diagnosis and management have improved five year survival to 69%. The outlook for some other GI cancers remains poor. For example outcomes for pancreatic cancer have not improved despite widespread research, with a five year survival rate of only 8%.

Australia has one of the highest rates of mesothelioma in the world, with 732 Australians diagnosed in 2014. Most people diagnosed with mesothelioma will die as a result of their illness. While mesothelioma is rare in other countries, its frequency in Australia is a legacy of our history of mining and using asbestos. Due to the long lead time from exposure to diagnosis patients are often older and male. Many talented local WA clinicians are contributing to understanding and treating this deadly disease.

As always, we intend deliver you a scientific program that is as diverse as the COSA multidisciplinary membership. We hope that many of you will submit abstracts to the program to showcase your research work!

Be sure to diarise 13-15 November 2018 now. We look forward to seeing you in Perth.

**Tim Clay**  
2018 COSA ASM Convenor



For more  
information  
please visit  
[www.cosa.org.au](http://www.cosa.org.au)  
or call us on  
**(02) 8063 4100**