



Prof Phyllis Butow AM, President, COSA

## President's Report

The COSA Board, Council and staff have all had a busy start to 2018.

As I have previously mentioned we welcome suggestions from COSA members for projects they would like to see us action. One excellent example is a recent proposal from Professor Bernard Stewart for the development of a position statement on smoking cessation in cancer patients. Professor Stewart put forward a discussion paper to COSA Council in November 2017 for the development of a position statement on best practice implementation of smoking cessation programs for cancer patients. Council recognised that this is a challenging issue with many components to consider, but one that is important to COSA, and gave their unanimous support. Expressions of interest were sought from COSA members for a working group to explore how the issue should be pursued in cancer care and to develop a position statement on smoking cessation by cancer patients. The working group has now been established and we have arranged the work into three main areas:

1. Efficacy (evidence that smoking cessation benefits cancer patients specifically)
2. Procedures (comparative evaluation of options for smoking cessation including NRT and other pharmacological interventions)
3. Implementation (guidelines for incorporating effective smoking cessation into MDT patient management in Australian and the States, including specifications of responsibility and costing arrangements)

We will of course also include the patient experience.

As with all COSA position statements, we will consult COSA members during development to ensure the recommendations are consistent with member views and best practice. Stay tuned!

Planning is well underway for the 2018 COSA ASM. 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 November, is the sudden loss of long-term COSA member Paul Katris, who died on his way back to Perth from the COSA ASM last year. COSA will be honouring Paul's memory at the ASM.

COSA will once again co-host the Cancer Survivorship Conference with Flinders Centre for Innovation in Cancer (FCIC) on 28-29 March 2019. This biennial conference will be held in Sydney for the first time. FCIC established the conference and has held it in Adelaide since its inception. COSA partnered with FCIC in 2017 and following delegate feedback we have agreed to host the 2019 event in Sydney to ensure it has national reach. Unlike the COSA ASM which is for a health professional audience only, the Survivorship Conference also invites cancer consumer advocates and survivors to attend. Led by our very capable convener, Professor Bogda Koczwara, the committee has come up with a theme that we hope will challenge delegates to think differently about cancer survivorship: **Future of Cancer Survivorship: Evolution or revolution?** We want to convey a sense of urgency for change while being mindful that revolutions are not usually designed – they are often haphazard, erratic and spontaneous. Now the challenge for Bogda and the committee will be to design a program as thought provoking as the theme!

Personally, I have been very involved in work related to routine collection of patient reported outcomes and implementing clinical pathways to ensure we identify and manage supportive care needs. I believe these will be a growing focus for the cancer community as our cure rates, and consequently the numbers of survivors living with cancer in Australia, continues to increase. I look forward to working with many of you on these issues now and in the future!

**Phyllis Butow**  
President

# Executive Officer's Report



Marie Malica, COSA EO

If you're a regular reader of the Marryalyan and my reports, you'll know I often say that the COSA team are busy bees – well 2018 started as no exception.

## COSA ASM

The results of the 2017 ASM evaluation fully support the positive anecdotal feedback I reported previously. 98% of

respondents stated they would attend or recommend others to attend a COSA ASM in the future. We believe this indicates the conference maintains an excellent standard and provides continuity and innovation in the oncology conferencing space.

Last year we changed things up a little and had a non-health professional give the Presidential Lecture for the first time. Captain Richard de Crespigny, a Qantas pilot who landed a crippled A380 without any casualties, spoke to us about managing highly stressful situations and ensuring everyone is aware of their roles and responsibilities – all good lessons for the multidisciplinary oncology team. Over 85% of delegates who attended the lecture found it relevant to their professional practice and 90% support us including presentations from non-health professionals in the program.

So, we've listened and are pleased to advise that the 2018 Presidential Lecture will be given by Mr Tim Hammond, who until just days before I wrote this report was a federal MP (on 2 May Mr Hammond resigned saying he cannot be a federal politician and a good father to his three children under six). Before entering Parliament Tim practised as a barrister, predominantly advising and appearing on behalf of victims of asbestos diseases. As a longstanding advocate for people with mesothelioma, we believe COSA delegates will benefit from his insights and experience as a lawyer, awareness of issues in state legislation and politics around compensation for people with cancer, and his experience in federal politics. Tim is ideally placed to speak about the "politics of cancer" and weave in our focus on mesothelioma. Despite his resignation, Tim has confirmed his commitment to give the Lecture, and perhaps he can speak more candidly now!

Keynote invited international speakers for 2018 include:

- **Dirk Arnold** – a professor of oncology at the University of Hamburg Germany whose research interests focus on clinical and translational cancer research in the development of modern treatment strategies for GI cancers with the integration of novel drugs.
- **John Edwards** – Consultant Thoracic Surgeon in Sheffield, United Kingdom, with a major research interest in mesothelioma,

covering basic science research as well as surgical and oncological management.

- **Marian de van der Schueren** – a senior research nutritionist at the VU University Medical Center in Amsterdam whose fields of interest are malnutrition, nutritional screening and assessment, geriatrics and cancer.
- **Dean Fennell** – a medical oncologist at University of Leicester and University Hospitals of Leicester NHS Trust, UK, who initially qualified with a first-class degree in Pharmacology followed by Medicine and Surgery from University College London. He currently leads a translational research laboratory and international clinical trials portfolio focused on advancing effective therapy for mesothelioma.
- **Theodore Hong** – Director of Gastrointestinal Radiation Oncology and Associate Clinical Director at Massachusetts General Hospital and Associate Professor of Radiation Oncology at Harvard Medical School, who actively sees patients in the Gastrointestinal Cancer Center.

By the time you read this report, I expect we will have launched the detailed 2018 ASM program online, focussing on **gastro-intestinal cancers** and **mesothelioma** with subthemes of **genomics, technology and prevention**.

Be sure to diarise 13-15 November 2018 at the Perth Convention and Exhibition Centre now!

## Advocacy

COSA continues to advocate for and on behalf of our members in cancer care and control. We regularly make submissions to government and in early 2018 put forward the following responses in partnership with Cancer Council Australia:

- Draft Implementation Plan for the National Health Genomics Policy Framework
- TGA public consultation on the Management and Communication of Medicines Shortages in Australia

## Team COSA

At the beginning of May we were delighted to welcome Hayley Griffin back from maternity leave. This brings the team back to full staffing levels. The team has been constant for many years now, which means our groups and members benefit from this continuity and corporate knowledge. It's a pleasure to work with such a dedicated, experienced and knowledgeable crew.

**Marie Malica**  
Executive Officer

# The Tom Reeve Award for Outstanding Contributions to Cancer Care



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

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

Nominations are now open for the 2018 Tom Reeve Award for Outstanding Contributions to Cancer Care, closing Monday 9 July 2018.

To be eligible nominees must:

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

Each nomination should include:

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

The successful nominee will be presented with a Gold Marryalyan at the COSA Annual Scientific

Meeting in November at which he/she will deliver an address highlighting appropriate aspects of their area of professional interest.

Nominations and supporting documentation should be sent to [cosa@cancer.org.au](mailto:cosa@cancer.org.au) by **Monday 9 July 2018**.

## Previous recipients of the Tom Reeve Award

2017	Emeritus Professor William McCarthy AM
2016	Prof Fran Boyle AM
2015	Prof David Currow
2014	Prof John Zalcberg OAM
2013	Prof Ian Frazer AC
2012	Prof David Ball
2011	Prof Phyllis Butow AM
2010	Prof John Forbes AM
2009	Prof Patsy Yates
2008	Prof Lester Peters AM
2007	Prof Martin Tattersall AO
2006	Prof Alan Coates AM
2005	Prof Tom Reeve AC CBE





COSA'S 45th  
Annual Scientific  
Meeting

Perth Convention  
and Exhibition Centre  
13-15 November 2018

Mesothelioma and  
Gastro-intestinal cancers  
Technology and genomics

2018 COSA ASM



# Abstract Submission Guidelines

## Online Abstract Submission

Abstract submission is online at  
**www.cosa2018.org**

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

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

1. Abstract submissions close:

**Friday 10 August 2018 – Abstract submissions**

**Friday 6 July 2018 – Symposium submissions** (Please refer to the *Symposium Submission Guidelines for additional information*)

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

- Basic and Translational Research
- Clinical Research
- Education
- Epidemiology
- Health Services
- Supportive Care \*
- Gastro-intestinal cancers (conference theme)
- Mesothelioma (conference theme)
- Service Provision (poster only) \*\*
- Trials in Progress (poster only) \*\*

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

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

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

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

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

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

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

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

8. Images are not accepted in abstracts.

## Examples of exemplary abstracts

Please take the time to go to the conference website (**www.cosa2018.org**) to review examples of an exemplary abstract, and abstracts which would not meet the standard required for acceptance.

## COSA Travel Grants

COSA is pleased to call for travel grant applications from financial Society members to attend the Annual Scientific Meeting (ASM) in Perth from 13-15 November 2018. Each grant will be up to the value of \$1,000.

## COSA Trainee Travel Grants

COSA trainee travel grants aim to assist oncology trainees in medical, surgical or radiation oncology to attend the ASM or the Trainees Weekend in Perth, 10-11 November 2018.

**All travel grant applications close: Friday 17 August 2018**

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

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

# COSA Membership

## COSA memberships are now open for renewal!

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

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

### The membership categories and prices are listed below:

COSA – medical (1 year) .....	\$220
COSA – non medical (1 year) .....	\$130
COSA Student member (1 year) .....	no charge
COSA Retiree member (1 year) .....	\$60

*Please note: **Medical Oncology Advanced Trainees** are eligible to join COSA at the non-medical rate for the duration of their training.*

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

COSA affiliate/associate* members – medical (1 year) .....	\$200
COSA affiliate/associate* members – non-medical (1 year) .....	\$125

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

### Automated renewal feature

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

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

### Things you need to know:

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

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

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

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

# COSA Group Reports

## Cancer Care Coordination Group

The Cancer Care Coordination Group is now directing its focus to engage in several project-based activities that our Executive has identified as key to progressing our care coordination agenda.

Our main areas of activity for the coming year will include:

- Providing education and professional development through continuing the webinar program and producing our biannual newsletter the Coordinator – we encourage all members to share details of your care coordination initiatives through this publication
- Updating the Cancer Care Coordinator Position Statement – the statement was published in 2015 and new evidence is now available. This will be reviewed and incorporated to refresh this statement
- Distributing an updated care coordination survey – we aim to gather information about the changing nature of the care coordination environment, and will build upon a survey distributed by this Group to our members in 2009

We are also keen encourage members with an interest in care coordination to submit abstracts to the 2018 COSA ASM, being held in Perth from 13-15 November. This year the ASM will focus on gastro-intestinal (GI) cancer and mesothelioma with 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. Visit [www.cosa2018.org](http://www.cosa2018.org) for more details.

Further activities will be also be considered by our Group subject to support from the membership, so we encourage you to get in touch with your ideas or to offer your support to our projects.

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

## Cancer Pharmacists Group



In 2018 the COSA CPG continues to offer educational opportunities for our members. These include both Foundation and Advanced Clinical Practice for Cancer Pharmacists Courses in Brisbane and Melbourne respectively and the return of the CPG pre-ASM pharmacy workshop in November in Perth.

### CPG Foundation Clinical Practice for Cancer Pharmacists Course 25-27 May 2018, Brisbane

The CPG has just delivered another very successful weekend of education for our foundation level cancer pharmacists. This year marked our 11th year of running this ever-popular course which is designed to provide less experienced pharmacists who are relatively new to the field of cancer with a solid grounding in cancer therapeutics and disease management. 2018 saw record attendance for the weekend with 93 delegates registering for the meeting. The event started on Friday morning and

ended on Sunday afternoon, providing attendees with the perfect opportunity to network with their peers of similar experience as well as senior cancer pharmacists who presented over the weekend. Topics covered included:

- Introduction to cancer therapy and pharmacology
- Principles of anticancer therapy and administration
- Medication safety and governance for cancer pharmacists
- Oral chemotherapy workshop
- Chemotherapy related toxicities
- Disease based workshops including multiple myeloma, breast cancer, lung cancer, and others
- Immunotherapy associated toxicities
- Oncological emergencies

Thank you to our co-convenors Geeta Sandhu and Dan McKavanagh and all of the speakers who presented over the weekend. We await feedback from those who attended to ensure this course remains relevant and continues to meet the needs of cancer pharmacists.

### CPG Advanced Clinical Practice for Cancer Pharmacists Course 1-2 September 2018, Melbourne

Planning is currently underway for the 8th advanced course with an exciting program being developed. Unlike the Foundation Course this weekend is designed for pharmacists who have a broad experience of working in cancer services with a good base knowledge of cancer therapeutics, to help them further develop their knowledge and skills. The draft program will be available soon and registrations will be open soon after.

## 2018 COSA ASM 13-15 November 2018 Perth Convention & Exhibition Centre

Another exciting ASM is eagerly awaited in November. This year's meeting in Perth will again include the ever popular Medicine Matters session – this year focusing on 'Getting the dose right'. There will be presentations in this session from Christine Carrington, Chris Lomma, Michael Cain, Dan McKavanagh and myself, so keep an eye on [www.cosa2018.org](http://www.cosa2018.org) as the detailed program will be released shortly. There will be many other sessions of relevance to cancer pharmacists with the themes this year covering mesothelioma, GI cancers, technology and genomics. We also hold our CPG annual general meeting during the conference. A big thanks to Michael Cain who is doing a great job representing the CPG on the organising committee. I would highly recommend that cancer pharmacists with an interest in advancing clinical care for those with cancer attend this fantastic conference.

## CPG Pre-Conference Workshop 12 November 2018 Perth Convention & Exhibition Centre

It is still in the very early stages of planning, but I am pleased to announce that the CPG will once again be running a Clinical Professional Day in Perth prior to the 2018 ASM. Further announcements will be made regarding the program in due course. Please diarise this date now and allow an extra day when making your travel arrangements.

## CPG Executive

Earlier in the year the CPG called for nominations to fill three vacant positions on the Group's Executive. Five nominations were received in total, resulting in an online election to fill the positions. The following members were duly elected to join the

Executive in 2018: Kimberley-Ann Kerr; Courtney King and Jim Siderov. I would like to congratulate them on their election to the committee and look forward to their contribution during their terms.

The CPG is committed to promoting and further developing the role of the pharmacist in cancer services and is the only national multidisciplinary forum for Australian cancer pharmacists. A major goal of the CPG is to facilitate training, education and research within both pharmacy and cancer services while ensuring pharmacists have input into key national policy documents, clinical guidelines and initiatives. I would urge all members to renew their membership and encourage their colleagues to join COSA and be a part of our Group.

I look forward to seeing CPG members in Melbourne at our advanced course and in Perth at the ASM.

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

Members of the CTRPG Executive Committee (EC) represent regional and metropolitan clinical trials research organisations across Australia. Our current committee members are: Annette Cubitt, Clinical Trial Manager, Royal Brisbane and Women's Hospital, QLD (Deputy Chair); Alison Richards, Clinical Trials Manager, Flinders Medical Centre, SA (Secretary); Sanela Bilic, Project Manager, Gynaecological Cancer Research Group, St John of God Subiaco Hospital, WA; Joanne Hakanson, Manager Cancer

Clinical Trials Centre, The Austin Hospital, VIC; David Mizrahi, Exercise Physiologist, Kid's Cancer Centre, Sydney Children's Hospital, NSW; Natasha Roberts, Research Coordinator, Royal Brisbane and Women's Hospital, QLD; and, Adam Stoneley, Clinical Trial Operations Manager, ICON Cancer Foundation, Brisbane, QLD.

David Mizrahi and Adam Stoneley joined the committee this year, bringing new skills and making a strong contribution during our regular meetings held by teleconference. I am pleased to report that during the first half of the year significant progress has been made on our project plan for 2018/19. Our overall aim is to improve quality standards of research within the scope of clinical trials management. Examples of work in progress this year include:

- Developing an agenda for a Clinical Professional Day Workshop on Monday 12 November prior to the COSA Annual Scientific Meeting in Perth
- Engaging our membership by conducting a survey, evaluating responses, and ensuring that these are taken into consideration when the future priorities and activities of the CTRPG are determined
- Creating a "one stop" resource for members on the CTRPG pages of the COSA website to enable them to easily locate guidance on day to day issues relating to clinical trials research with links to educational resources. The amount of information that is available on the internet continues to evolve, however, locating and evaluating the quality of this information can be time consuming
- Continuing to serve as a reference group for COSA. The CTRPG EC is currently reviewing a Tele-Trials draft supervision plan and is keen to assist with projects initiated by other COSA groups, allied cancer cooperative groups and organisations that aim to facilitate clinical trials research



An exciting agenda for a Clinical Professional Day Workshop has been developed by a subcommittee based in Perth which is led by Sanela Bilic. The topics presented will be educational, relevant to clinical trials research professionals and presented in a supportive environment where interaction is encouraged. The theme selected for this workshop is “The Changing Landscape of Clinical Trials”; acknowledging that the techniques required to effectively coordinate and to support patient participation in clinical trials are constantly changing due to technological advancements, governance systems and legal requirements.

The 2018 Workshop will address these dynamic elements, and also present case studies which provide an insight into the patient journey from diagnosis through cancer treatment and follow-up. We plan to include an interesting and topical session on the use of exercise as cancer medicine as part of the patient’s journey. Furthermore, an update will be provided on the conduct of phase I clinical trials, as well as the Research Governance Service used in Western Australia and how this may impact cancer research in other Australian states.

With the aim of ensuring that the CTRPG Executive Committee engages with our members, meets their stated needs and continues to improve the effectiveness of the CTRPG as a COSA Group, we developed a questionnaire and are now seeking feedback from our members via an online survey which can be accessed at <https://www.surveymonkey.com/r/W7HFPYZ>.

This survey, which has been forwarded to all current members of the CTRPG, contains 12 questions and should take no longer than 10 minutes to complete. Members’ feedback is important and will provide the committee with valuable information to help us continue to deliver real benefits to our members and strengthen our support.

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

While much progress has been achieved, further improvements in timeliness, efficiency, and operational effectiveness will help ensure that cancer clinical trials research in Australia continues to improve outcomes for patients. The aim of the CTRPG is to support this process by doing all that we can to foster high quality clinical trials and research processes. Please support our proposed Clinical Professional Day Workshop by registering to take part on the COSA conference website. Please do not hesitate to contact members of the committee for help with any queries; our email addresses are available on the COSA website. We look forward to the opportunity to meet and network with colleagues during the COSA Workshop and ASM in November in Perth.

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

## Complementary and Integrative Therapies Group

I am writing this report with mixed emotions. As many of you are aware, I have been elected to take over the chair position of the COSA CITS group from the late Paul Katris.

Paul and I met for the first time early last year. He came to visit us at our Integrative oncology (IO) Multidisciplinary meeting at Chris O’Brien Lifehouse. We meet weekly as a group of integrative medicine and

supportive care professionals who are all experts in our own fields of evidence based complementary therapies, exercise therapy, medicine and nutrition. We discuss referred patients, hold monthly research meetings and monthly journal clubs. All together our group is about 23 practitioners. I feel I need to pinch myself when I realize how lucky I am to have the privilege of working with such amazing people in such an accepting and supportive cancer centre. A comprehensive cancer centre that, like others now being developed around Australia, is supporting innovations in health care that can make a difference to a person’s cancer journey and life during and after cancer treatment.

Following this visit, Paul and I began to engage in discussions regarding how we can move forward with integration of CITS in mainstream cancer care. We didn’t see each other again for quite some time until a coffee in Sydney discussing the integrative oncology 2017 preconference workshop. We spoke with mutual enthusiasm on the role of medicinal cannabis in cancer care, on forming a closer connection with the international group, the society of Integrative oncology (SIO) and on improving relationships nationally between centres.

Paul died tragically from a sudden acute fatal event on his way home from the COSA ASM meeting late 2017. This year we will be meeting in his home town. From our brief but intense discussions, I think Paul will be proud and excited about where integrative oncology is heading.

As for the preconference workshop in Integrative oncology COSA 2017 ASM: it was a great success and the most highly attended of all COSA workshops. Dr. Suzanne Grant our senior acupuncturist at Lifehouse, NICM research fellow and committee member of the CITS group coordinated the event, with generous sponsorship from TEVA. We organized a great line up of speakers covering topics including: acupuncture, massage, mindfulness, probiotics and medicinal



cannabis. Representatives from services from throughout Australia presented their differing models of care. It really was of the highest calibre, and for me, a great introduction to what this group is all about and what we can achieve.

For those of you who don't really know me, I am a supportive care specialist and the Head of the Supportive Care and Integrative Oncology service at The Chris O'Brien Lifehouse Comprehensive Cancer Centre. With over 20 years' experience working in cancer care I have finally embraced my longstanding interest in the holistic supportive care of patients living with cancer and have dedicated the last decade of my career to the field of integrative oncology, supportive cancer care and whole person care. I am a committed and active member of COSA, MASCC (Multinational Association of Supportive Cancer Care) and the Society (International) of Integrative Oncology (SIO) as well as other peak bodies. I am a member of SIO's clinical practice group have now been invited to co-chair this group.

The SIO was established in 2003 with a clear mission: to advance evidence-based, comprehensive, integrative health care to improve the lives of people affected by cancer. Last year the SIO conference unfortunately coincided with COSA ASM. At this meeting a new definition was formally released of "integrative oncology". Published in JNCI, the definition process was described and the following definition published: <sup>1</sup>

***"Integrative oncology is patient-centered, evidence informed field of cancer care that utilizes mind and body practices, natural products and / or lifestyle modifications from different traditions alongside conventional cancer treatments. Integrative oncology aims to optimize health, quality of life, and clinical outcomes across the cancer care continuum, and to empower people to prevent cancer and become active participants before, during and beyond cancer treatments."***

The authors of this paper concluded that they believe that this clear and comprehensive definition will facilitate a better understanding of this emerging field (1). The hope is to drive a focused and cohesive effort to advance the field of integrative oncology. The 2018 SIO conference, which fortunately this year does NOT coincide with COSA will be held in Scottsdale Arizona 27-29 October with the theme "From research to practical application".

Our vision for the CITs Group is to become the respected national body for the ongoing growth and development in the field of integrative oncology. I have already approached some core members of a previously formed alliance of wellness services in comprehensive cancer services nationally to submit their expression of interest in being active members of the group's executive. David Joske being one of them, a great advocate and leading voice for many years in this field and in COSA. I look forward to hearing from other COSA members and to form the new committee soon. We can then begin to move things forward. IO is a multidisciplinary approach to caring for the whole person living with cancer. Hence, a motivated multidisciplinary committee and group is what we think it takes to develop the integration of evidence based complementary medicine and holistic medical care into supportive care provision in comprehensive cancer services nationally.

Research, collaborative data collection and education are key to successful integration of integrative oncology into comprehensive cancer care. IO plays an increasingly important role in supportive cancer care provision from diagnosis, during disease modifying therapies, in survivorship and supporting those with advanced incurable disease. I am looking forward to a great year ahead and a fantastic COSA ASM in Perth.

#### References:

Claudia M. Witt Lynda G. Balneaves  
Maria J. Cardoso Lorenzo Cohen  
Heather Greenlee Peter Johnstone  
Ömer Küçük Josh Mailman Jun J.

Mao **A Comprehensive Definition for Integrative Oncology.** JNCI Monographs, Volume 2017, Issue 52, 1 November 2017, Igx012, <https://doi.org/10.1093/jncimonographs/Igx012>

**Judith Lacey**

**Chair, Complementary and Integrative Therapies Group**

**Judith.Lacey@lh.org.au**

## Epidemiology Group

### 2018 COSA ASM Pre-conference Workshop

The COSA Epidemiology Group will be organising an educational pre-conference workshop at the 2018 COSA ASM in Perth. The workshop will be organised in collaboration with the International Society for Pharmacoeconomics and Outcomes Research-Australia Chapter (ISPOR-AC).

An excellent line-up of speakers will give an overview about the principles and role of health technology assessment and economic evaluation in assessing value for money of new technologies in oncology. The speakers will highlight the challenges associated with these assessments from the perspective of various stakeholders including patients, clinicians, decision makers and industry. Opportunities to improve current processes will be discussed, including the value of real-world evidence.

The workshop will be of interest to clinicians, policy makers, epidemiologists, health economists, analysts and researchers.

**Haithum Tuffaha**

**Chair, Epidemiology Group**

**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. I am delighted to report that the COSA Position Statement on Exercise in Cancer Care has been officially launched (download here: [www.cosa.org.au/publications/position-statements/](http://www.cosa.org.au/publications/position-statements/)). The statement was published in the Medical Journal of Australia ([www.ncbi.nlm.nih.gov/pubmed/29719196](http://www.ncbi.nlm.nih.gov/pubmed/29719196)) and discussed in a Medical Journal of Australia podcast (<https://www.mja.com.au/podcasts>).

It is the first position statement to call for exercise to be viewed as an adjunct therapy. This position has been endorsed by the Medical Oncology Group of Australia, Cancer Council Australia, Exercise and Sports Science Australia, and the Australian Physiotherapy Association. It is also supported by over 20 influential cancer and health organisations.

The evidence to support the recommendation that every person diagnosed with cancer should be prescribed exercise alongside their cancer treatments is convincing. The COSA position statement 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 multidisciplinary 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 would like to sincerely thank the working group who developed the position statement and everyone who provided feedback during the consultation. We hope you will find this position statement useful and encourage you to share it with all your colleagues.

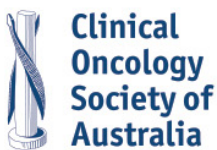


There was extensive media coverage of the launch of the position statement nationally and internationally. The story was featured on most TV channels nationally, radio stations nationally and newspapers nationally as well as the Guardian, BBC Radio and outlets in other countries. We were delighted to receive this level of coverage which has helped disseminate the position statement.

The Exercise and Cancer Group is now turning our efforts towards developing and executing a strategy to implement the position statement into cancer care. We will be working on developing resources and

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*  
[prue.cormie@acu.edu.au](mailto:prue.cormie@acu.edu.au)



### COSA POSITION STATEMENT ON EXERCISE IN CANCER CARE

Endorsed by Medical  
Oncology Group of  
Australia, Cancer Council  
Australia, Exercise and  
Sports Science Australia,  
and Australian  
Physiotherapy Association

## EXERCISE SHOULD BE PRESCRIBED AS PART OF ROUTINE CANCER CARE

All health care professionals involved with the care of people with cancer should:

- DISCUSS EXERCISE AS AN ADJUNCT TREATMENT FOR CANCER
- PRESCRIBE EXERCISE TO ALL PEOPLE WITH CANCER
- REFER PATIENTS TO AN EXERCISE SPECIALIST WITH EXPERIENCE IN CANCER CARE.



## Nutrition Group

The Nutrition Group are delighted to be welcoming Professor Marian de van der Schueren as an international invited speaker at the 2018 COSA ASM. Marian is a senior research dietitian at the VU Medical Centre in Amsterdam and a Professor of Nutrition at the HAN University of Applied Sciences. Marian is on the board of the European Society for Clinical Nutrition and Metabolism and was a co-author of the 2017 ESPEN guidelines on nutrition and cancer. Marian will be speaking on the topic of cancer malnutrition in the age of obesity in the opening plenary session, and will be presenting on further exciting topics in breakfast and parallel sessions.

## DAA dietetic research prize

In further good news, the Nutrition Group, in collaboration with the Dietitians Association of Australia oncology interest group, were successful in receiving funds to offer a dietetic research prize at the 2018 ASM. Any DAA member presenting at the conference (poster or oral) will be considered for the prize, which will be awarded to the presentation that best demonstrates high quality research and/or evidence based practice in the field of dietetics in oncology. Through this initiative the Nutrition Group aim to support and encourage members to present their dietetic research within the multidisciplinary COSA membership.

**Nicole Kiss**

*Chair, Nutrition Group*

*Nicole.Kiss@petermac.org*

## Psycho-Oncology Group

As 2018 marches by it is now time to start planning for the upcoming COSA Annual Scientific Meeting and this year prepare to 'go west' to Perth at the Perth Convention and Exhibition Centre. This year the themes of the conference are -intestinal (GI) cancer and mesothelioma with sub-themes of technology and genomics. Dr Lisa Miller has been representing psycho-oncology on the COSA organising committee. As usual there is psycho-oncology content throughout the program but I would like to highlight the sessions on Psychiatric Issues of Patients with Cancer and Life Goes On: Financial Health During Cancer Care. Key dates for COSA 2018 are July 6: Symposia submissions close, August 10: Abstract submissions close, September 14: early bird registration closes and November 13: COSA commences.

I look forward to seeing you in Perth in November. Please do not hesitate to get in contact with me at [laura.kirsten@health.nsw.gov.au](mailto:laura.kirsten@health.nsw.gov.au) 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 COSA Rare Cancer Group would like to draw attention to three national projects for patients with rare cancers in this edition of the Marryalyan.

## Rare Cancers Australia's Rare Cancer Knowledge Base

The first is an initiative of our consumer partners at Rare Cancers Australia, the Rare Cancers Knowledge Base. This is an evolving to be an important web-based reference for rare cancer patients. Apart from articles on individual rare cancer types, the Knowledge Base provides a directory of available clinical services and health professionals with a focus on particular tumour streams or specific rare tumour types. Patients, their families, or their clinicians can use these resources to identify either individual doctors or multi-disciplinary teams with an interest in their specific rare cancer to streamline their cancer care. You may have previously been invited to fill in your own information for inclusion in this database, but if you haven't, we invite you to visit the website and consider submitting your own information for inclusion.

<https://knowledge.rarecancers.org.au>

Save the date!



**Clinical  
Oncology  
Society of  
Australia**

**COSA's 46TH  
ANNUAL  
SCIENTIFIC  
MEETING**

**'Putting Precision and  
Personalisation into Practice'**

**12-14 November 2019**

**Adelaide Convention Centre**

- Urological cancer
- Age and gender in cancer practice
- Digital health in cancer

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



## Genomic Testing for Rare Cancer Patients

Modern oncology is moving increasingly toward biomarker-directed therapies to with many recent breakthrough therapies. We believe genomic testing is especially important for patients with rare cancers where there is limited access to evidence-based treatments. Our second major program, therefore, involves two studies that provide for next generation sequencing and subsequent treatment guidance for patients with rare cancers. In NSW, this is provided through the MOST study (Garvan Institute) and in other states by the NOMINATOR study (QLD, Royal Brisbane Womens Hospital; SA, Royal Adelaide Hospital; Vic, Peter MacCallum Cancer Centre; WA, St John of God Subiaco). We encourage you to support both these studies by referring patients to your closest site. Further information about these studies can be obtained by emailing:

MOST study: [gcmp@garvan.org.au](mailto:gcmp@garvan.org.au)

NOMINATOR study: [nominator@mh.org.au](mailto:nominator@mh.org.au)

## Expanding the evidence for rare cancers

We have built a national platform to facilitate overall rare cancer research – the WEHI Stafford Fox Rare Cancer Program. This program will eventually be accessible through all current NOMINATOR sites and will link to similar international programs to more rapidly collect and develop evidence across all rare cancers. The program's core is a nationally accessible clinical and tumour specimens database developed by BioGrid Australia. This database is designed to flexibly encompass a range of rare cancers for which individual tumour databases would otherwise not be available nor viable. The program will improve the identification and consolidation of isolated rare cancer cases across the country and allow more meaningful research to be undertaken. Patients can consent to this program through activated

NOMINATOR sites. For the first time, patients are now able to consent to this rare cancer program without leaving their home, as a remote consent option is available. This can be done through our consumer facing rare cancer database, cart-wheel. For more information about this please contact Damien Kee.

[www.cart-wheel.org](http://www.cart-wheel.org)

More information: [kee.d@wehi.edu.au](mailto:kee.d@wehi.edu.au)

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

## Regional and Rural Group

The Regional & Rural Executive Committee got a fresh look this year with Siddhartha Baxi (Queensland), Michail Charakidis (Northern Territory) and Wei Sen Lam (Western Australia) joining the committee in February following a formal call for expressions of interest. We would like to welcome these new members and thank the outgoing members (Matthew George, George Petrou and Cas McIntyre) for their contributions to the Regional & Rural group over the last 3-5 years.

The Regional & Rural Group has big plans for 2018 including a renewed focus on education, documenting workforce capability requirements at regional and rural sites, identifying areas of advocacy for regional and rural oncology, as well as engaging members through a newsletter. A face to face meeting of the Regional & Rural Network was held on 18 May 2018 to progress these activities. It also provided opportunities for collaboration across the regional centres. We look forward to providing an update from this meeting in the next issue of the Marryalyan!

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

## Survivorship Group

It has been a busy beginning of the year in cancer survivorship, with little rest over summer. The work took off with the 2nd VCCC Cancer Survivorship meeting on the 8-9 February. The meeting with the theme of "The Survivorship Equation. Evidence+ Best practice= Better Outcomes" attracted over 270 participants and included a diverse range of presentations, discussions and a vigorous debate. It was great to see how much is happening in Australia in the area of survivorship. There were many highlights but one that must be mentioned is Dr Adam Walker presenting on the animal model of cognitive impairment. His very elegant and entertaining presentation exemplifies the sophistication of survivorship research today and the potential for the future. Congratulations to Michael Jefford, the Convenor for an outstanding meeting as we are all looking forward to the next meeting in 2020. Michael will not rest on his laurels in 2019 as he has just joined the ASCO Survivorship Group which creates a wonderful opportunity to connect the work in Australia with the international survivorship initiatives.

April kicked off with the International Cognition and Cancer Task Force Cognition and Cancer Conference in Sydney from 9-11 April. This is the first time this conference has been held outside of the USA or Europe and highlighted a number of areas of focus in the field, including data on predictors of cognitive impairment and potential mechanisms. It is a credit to the wonderful leadership of Janette Vardy who managed to bring such an important meeting to our shores.

Preparations are already underway for the COSA FCIC Survivorship Meeting. The theme is Future of Cancer Survivorship: Evolution or Revolution and we hope to see you all in Sydney 28-29 March 2019.



## Priorities for 2018

The rest of the year will focus on finishing work on the key priorities for the group: patient reported outcomes (PROs), digital health and implementation of the survivorship model. With support from MSD, the Group is planning to convene a Think Tank to examine how to implement PROs collection into clinical cancer care in Australia. The Think Tank will take place the 23 August and aims to deliver recommendations for implementation of PROs as well as identify any research priorities in this area.

A digital strategy and a roadmap for cancer is being developed by our group from Flinders University in collaboration with the COSA Survivorship Group. The literature review is being completed and will be followed by the stakeholder consultation focusing on barriers, enablers and opportunities. Feel free to contact me if you wish to contribute to the consultation.

The implementation of the model of survivorship care remains a priority. One of the key ways of enabling implementation is enabling reimbursement for services, through appropriate item numbers for survivorship care. We will hope to focus on this issue in the second half of the year.

Cardiovascular disease is an emerging concern for cancer survivors not just because many cancer treatments are associated with cardiotoxicity but also because cardiovascular disease is so prevalent in Australian population at large. We are partnering with PoCoG to start exploring our collective research capacity in this area and hope to link with the PC4 work on multimorbidity.

### We need you!

So as you can see, so much to do, so little time. To keep track of all this we are keen to produce an occasional group specific newsletter to provide more information regarding all that goes on in the survivorship

space in Australia. The first newsletter will be heading to the Survivorship group members any day now so if you wish to read it, please join the group! For the next one, we would love to recruit a talented Editor so if you wish to get involved, we would love to hear from you.

It is thrilling to see so many things happening already that are relevant to the care of cancer survivors. Some of these may not originate from this group but rather from our colleagues – for example fantastic work that the exercise group is doing with the Exercise in Cancer Care position statement and the work on comorbidities that PC4 is leading. I hope that next year we will build on the existing work and grow these existing and new collaborations. If you know of any work that is relevant to this group or if you have any suggestions, please get in touch!

**Bogda Koczwara**  
**Chair, Survivorship Group**  
[bogda.koczwara@flinders.edu.au](mailto:bogda.koczwara@flinders.edu.au)



**2019**  
**CANCER SURVIVORSHIP** **SAVE THE DATE**

**28-29 MARCH 2019** Rydges World Square | Pitt St Sydney | NSW 2000

**FUTURE OF CANCER SURVIVORSHIP EVOLUTION OR REVOLUTION?**

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

Flinders Centre for Innovation in Cancer

Clinical Oncology Society of Australia

## Other Reports



### COSA Tele-Trials Project - A Pilot Implementation of the Australasian Tele-Trial Model

In the last Marryalyan the Regional and Rural Group reported the commencement in August 2017 of the MTPConnect funded project to pilot the implementation of the Australasian tele-trial model.

Since then the 5 primary sites for the project have been confirmed and these primary sites are establishing tele-trial clusters with satellites sites. In NSW St Vincent's Hospital has formed a cluster with Wagga Wagga and Tamworth, and Westmead has formed a cluster with Orange. The Royal Brisbane and Women's Hospital (RBWH) in Queensland is forming a cluster with North Lakes and Prince Charles. In Victoria, the Victorian Comprehensive Cancer Centre (VCCC) is participating, and the plan is for Peter Mac to initially form a cluster with Albury Wodonga. Roche is working with the VCCC cluster to implement a CUP trial through the tele-trial model. Also in Victoria Monash Partners have formed a steering committee and discussion about implementation within Monash Partners Hospitals is underway.

Queensland is taking a state-wide approach to adopting the tele-trial model through the Cancer Clinical Network. In addition to the RBWH cluster two more clusters have been established; the Northern Cluster which has Townsville as the primary and Mt Isa, Mackay and Cairns as satellites and the Gold Coast cluster which has Gold Coast as the primary working with Toowoomba and Wide bay as satellites. Recruitment to the Eli Lilly trial mentioned in the last report is expected to commence within the next few months in the Northern Cluster.

Outside of the COSA tele-trials project, Orange-Dubbo have recruited three patients to the ASCOLT trial using the model. Also in NSW Lifehouse and Melanoma Institute Australia have recently decided to adopt the tele-trial model. In South Australia Flinders University has been awarded a grant by cancer council SA to establish tele-trial satellites with their partners.

Governance and process reforms are critical to the implementation of the tele-trial model. The Tele-Trials Project has assisted Queensland Health with the development of new SOPs for clinical trials including tele-trials. After extensive stakeholder consultation and dedicated hard work by Queensland Health the Australian ICH-GCP Standard Operating Procedures (Including Teletrials) are expected to be released for use nationally on International Clinical Trials Day. Once the SOPs are released the COSA tele-trials project's Department of Health Advisory Group will be re-convened to discuss the adoption of the SOPs nationally.

In March the first face to face meeting of the Steering Committee which has representation from each of our funding consortium partners was convened.

The meeting was very productive with extensive discussion about key aspects to consider for the successful implementation of the model.

Through our Medicines Australia Industry Advisory Group and our Steering Committee we are engaging with pharmaceutical companies about what is important to consider for tele-trials to be incorporated into protocols. The Pharmaceutical sponsors we have spoken to are very supportive of the tele-trial model and are committed to include the model in their protocols. Through the project's Cancer Cooperative Trials Group (CCTG) Advisory Committee the CCTGs have also expressed support for the model and the intention to include tele-trials in future cooperative group protocols.

The Australasian Tele-Trial Model and the Tele-Trials project has been presented at several key conferences including the plenary at the Australasian Telehealth Conference, The Garvan 2018 Drug Development Conference and the Annual May Workshop for the Victorian Coordinating Office for Clinical Trial Research. These presentations were extremely well received and we plan to continue promoting the model and the project throughout the coming year.

**Sabe Sabesan and John Zalberg OAM Co-Chairs, COSA Tele-Trials Project**



# 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. The AGITG membership encompasses a wide range of medical specialists, scientists, nurses, allied health professionals and consumers involved in all aspects of GI cancer research.

Some of our recent and forthcoming efforts:

### SCOT results published in the Lancet Oncology journal

The SCOT trial gained international attention for its findings that three months of oxaliplatin-containing adjuvant chemotherapy is non-inferior to six months of the same treatment in the overall trial population. The AGITG contributed 225 patients from 37 ANZ sites to SCOT, which was an international trial led by Cancer Research UK Clinical Trials Unit and the University of Oxford Clinical Trials Unit.

### Merck-AGITG Kristian Anderson Award

The Merck-AGITG Kristian Anderson Award supports a clinician undertaking a higher degree (MD or Ph.D) researching an aspect of personalised medicine in the area of gastro-intestinal cancer. The

award will provide one year's funding at an equivalent level to NHMRC support for a higher degree (\$36,700).

Applications close on Friday 3 August. For more information visit [gicancer.org.au/ka18](http://gicancer.org.au/ka18)

### AGITG Innovation Fund

The AGITG Innovation Fund is an annual grant to encourage leadership in the design and conduct of AGITG investigator-led research. Members can apply for up to \$200,000 to support a new AGITG pilot trial.

The Fund is made possible through generous contributions from the Spencer Gibson Foundation, the His Honour Alan Bishop Fund and donations raised through the GI Cancer Institute's Gutsy Challenge.

Applications close on Friday 17 August. For more information visit [gicancer.org.au/if18](http://gicancer.org.au/if18)

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

The John Zalcborg OAM Award for Excellence in AGITG Research recognises a member of the AGITG who has made a significant and outstanding leadership contribution to AGITG research over a sustained period.

Applications close on Monday 30 July. For more information visit [gicancer.org.au/jz18](http://gicancer.org.au/jz18)

### AGITG Trials Open to Recruitment

#### LIBERATE

A study evaluating liquid biopsies to profile metastatic colorectal cancer

#### DYNAMIC-III

Circulating Tumour DNA Analysis Informing Adjuvant Chemotherapy in Stage III Colon Cancer: A Multi-centre Phase II/III Controlled Study

#### ACTICCA-1

Adjuvant chemotherapy with gemcitabine and cisplatin compared to standard of care after curative intent resection of cholangiocarcinoma and muscle invasive gallbladder carcinoma

#### TOPGEAR

Trial of Preoperative Therapy for Gastric and Esophagogastric Junction Adenocarcinoma: A randomised II/III trial of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer

#### NABNEC

A Randomised Phase II Study Of nab-paclitaxel in Combination With Carboplatin As First Line Treatment Of Gastro-Intestinal Neuroendocrine Carcinomas

#### ASCOLT

Aspirin for Dukes C and High-Risk Dukes B Colorectal Cancers: An International, Multi-Centre, Double Blind, Randomised Placebo Controlled Phase III Trial

#### INTEGRATE II

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

#### CONTROL NETS

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

Find out more about AGITG trials at [gicancer.org.au](http://gicancer.org.au)



**Prof Brendan Moran**  
Colorectal Cancer Surgeon  
United Kingdom



**Prof Sabine Tejpar**  
Medical Oncologist &  
Gastroenterologist  
Belgium



**Prof Diana Sarfati**  
Epidemiologist  
New Zealand



**Prof Aldo Scarpa**  
Pathologist  
Italy



**Prof Jae-Ho Cheong**  
Gastric Cancer Surgeon  
South Korea



**Prof Graeme Young**  
Gastroenterologist  
South Australia



**Dr Daniel Renouf**  
Medical Oncologist  
Canada



**Prof Daniel Chang**  
Radiation Oncologist  
USA

## Meetings and Events

### AGITG Preceptorship in Rectal Cancer

The Preceptorship is an interactive learning model covering landmark clinical trials in specific cancers, with mentorship from experts in the field. Convenor Professor Eva Segelov led a two-day intensive learning course on rectal cancer on 4-5 May, based on a complete review of literature to understand evolution of treatment for rectal cancer in the context in treatment paradigms.

### Annual General Meeting and Open Working Party Meetings

The AGITG Annual General Meeting was held on 11 May alongside Open Meetings of our Upper and Lower GI Working Parties.

Professor John Simes retired from the Board following 18 years of service since incorporation of the Company. John's involvement in the AGITG predates incorporation as he was one of the founders in 1991. He will remain actively involved in the AGITG as a member of the Scientific Advisory Committee, Operations Executive Committee and numerous Trial Management Committees.

Professor David Watson also retired from the Board after serving since 2012. Professor Andrew Barbour has accepted an invitation from the Board to be a co-opted director representing the surgical membership.

Professor Stephen Ackland was elected to the Board and will bring extensive clinical trials experience. Professor Bridget Robinson and I were re-elected.

### 20th AGITG Annual Scientific Meeting: Brisbane Convention Centre 31 October-2 November

The AGITG Annual Scientific Meeting is widely known throughout Australasia as the premier meeting in the gastro-intestinal (GI) cancer space. The program consists of three days of keynote sessions featuring

international and local invited faculty, plenary and symposia sessions, poster session, new concepts symposium and workshops.

There are a variety of special offers and subsidies available for members. For more information visit [asm.gicancer.org.au](http://asm.gicancer.org.au)

### Gutsy Challenge

During December and January six intrepid trekkers led by A/Prof Niall Tebbutt climbed Mt Aconcagua in Argentina to raise donations for the AGITG innovation Fund. Dr Lara Lipton and Dr Matt Burge were also on the team.

In November, two teams of 12 will hike Tasmania's Overland Track with Professor John Zalcborg OAM and CEO Russell Conley. On 30 November-2 December, a team of cyclists will ride over 100km through the Snowy Mountains in this year's L'Etape Australia, a Tour de France-affiliated event, led by Associate Professor Nikolas Zeps.

We have limited places available on both challenges. For more information visit [gicancer.org.au/the-gutsy-challenge](http://gicancer.org.au/the-gutsy-challenge)

## Invitation from the AGITG Chair

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

Membership is free. To apply for membership or refer a colleague visit [agitg.org.au](http://agitg.org.au) or contact the AGITG at [agitg@gicancer.org.au](mailto:agitg@gicancer.org.au)

**Tim Price**  
Chairperson, AGITG



# Australasian Leukaemia & Lymphoma Group



In 2017, the Australasian Leukaemia & Lymphoma Group (ALLG) were involved in the Select Committee Inquiry into funding for research into cancers with low survival rates. We are quite pleased with the final report and the 25 recommendations put forward by the committee. Next steps for us will be to remain actively involved in the implementation phase.

The ALLG is looking forward to further conversations with government, industry and foundation partners to advance blood cancer research in the most cost efficient way for the community.

## Scientific Leadership

Prof Mark Hertzberg retired as an ALLG Board Member and Chair of the Scientific Advisory Committee. A big thank you to Mark for his contribution. At the same time, we welcomed Dr Peter Mollie from Princess Alexandra Hospital in Queensland who commenced as the new ALLG Board Member and Chair of the Scientific Committee.



Prof Mark Hertzberg

The ALLG would like to congratulate A/Prof Judith Trotman on her appointment to the ACTA Board of Directors. A/Prof Trotman is currently a member of the ALLG's Scientific Advisory Committee.



A/Prof Judith Trotman

## Economic Evaluation of Clinical Trials

The ALLG applauded the launch of the landmark report called 'Economic evaluation of investigator-initiated clinical trials conducted by networks.'

Released in August 2017, by the Australian Commission on Safety and Quality in Health Care and the Australian Clinical Trials Alliance (ACTA), the welcomed report analysed 25 Australian clinical trials initiated by clinicians. One of the most significant findings was the 5.8:1 benefit-to-cost ratio of clinical trials – meaning that for each \$1 invested in clinician-driven clinical trials in Australia, benefits of \$5.80 can be realised.

## ALLG congratulates its members in securing Federal Government funding

With the release of the Select Committee report into Funding for Research into Cancers with Low Survival Rates, the Federal Government announced an additional \$78 million for research projects as part of the landmark Medical Research Future Fund (MRFF).

The increased funding to the MRFF is a demonstration of the government's commitment to research, and was a

significant boost to the \$13 million that was originally flagged prior to the Select Committee hearing and subsequent report.

The MRFF program includes more than \$56 million for clinical trial research projects for devastating conditions like acute myeloid leukaemia and Lymphoma and will be made available for clinical trials during 2018-19.

The clinical trial breakdown includes:

- \$26 million to NHMRC to disperse for clinical trials — approved for support to ALLG BM12 CAST David Curtis via Monash submission, NHL31 EBV+ CNS lymphoma Maher Gandhi via University Queensland, and AMLM22 Platform Andrew Wei via Monash.
- \$5 million to ACTA for trial and registry networks — the ALLG involved as a member of ACTA, and Judith Trotman was appointed as a Director to the ACTA Board.
- \$5 million to Canteen for clinical trials (Sarcoma, Brain and Blood) — ALLG has submitted ALL9 AYA Matthew Greenwood and we are waiting on an outcome.
- \$10 million to clinical trials addressing low survival rates — Submissions include NHL30 Petrea Trotman via Sydney University, Myeloma trial including frailty stratification Andrew Spencer via Monash, New trial of David Ritchie via University Melbourne. Due date 18 April 2018 and outcomes expected early June.
- \$50 million to the brain mission to develop new brain cancer research.

The ALLG was also able to include a funding application for Associate Professor Judith Trotman and her team for an international, multi-centre clinical trial for patients with Follicular Lymphoma. The global lymphoma trial has the ability to set new standards of care on a global scale. The outcome of the funding application will be released later this year.

A big congratulations to ALLG members in securing the Federal Government landmark Medical Research Future Fund's Rare Cancers, Rare Diseases and Unmet Needs Clinical Trials Program, as announced on Wednesday, 24 January 2018 by the Minister for Health, The Hon. Greg Hunt MP.

**If you would like to know more about the ALLG, please visit the ALLG website [www.allg.org.au](http://www.allg.org.au)**

*Delaine Smith*  
CEO, ALLG

## Australia and New Zealand Melanoma Trials Group

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

2018 is off to an exceptional start at the ANZMTG, with strong recruitment across our trials and 7 new research proposals already submitted to us for development. This is rolling on from the record-breaking 11 proposals received last year, all of which were endorsed by the ANZMTG Executive Committee. Accordingly, the ANZMTG team have also been busy doing what they do best: supporting our investigators in the development of research protocols, regulatory documents, and funding applications for grant support of these exciting projects; not to mention providing trial management support where indicated.

In terms of highlights, there have been quite a few. I am delighted to announce that Melanoma Patients Australia has recently announced its national 2017 awards with **Mr Paul White**, ANZMTG Executive Committee Consumer Representative and Chair of the Australian Melanoma Consumer Alliance, **winning the award for 'Outstanding Patient**

**Advocate'**. Other winners include 'Outstanding Medical Professional' Prof John Kelly and Cancer Council Victoria for 'Excellence as a not-for-profit organisation'.

The Anti-PD-1 Brain Collaboration (ABC) study, sponsored by Melanoma Institute Australia (MIA), led by study chair, Prof Georgina Long, and coordinated by the ANZMTG, is a world-first trial that investigated nivolumab alone or nivolumab in combination with ipilimumab in patients with active melanoma brain metastases; overall concluding that nivolumab with or without ipilimumab is active in these patients.

With the incredible support of the patients and their families, together with the dedicated Investigators from 4 participating Australian sites, the results from this very important study shifted the treatment paradigm with the combination therapy now being "considered as a first-line therapy for patients with asymptomatic untreated brain metastases." Full results of the study have now been published in *The Lancet Oncology* on March 27, 2018; Available here: ([https://doi.org/10.1016/S1470-2045\(18\)30139-6](https://doi.org/10.1016/S1470-2045(18)30139-6)).

Regarding other exciting ANZMTG-led research, STOP-GAP is an international, investigator-led, multicentre, randomised phase III trial investigating interrupted versus continuous anti-PD-1 treatment for patients with metastatic melanoma (ClinicalTrials.gov ID: NCT02821013; ANZCTR ID is in progress). The study was conceived by the Canadian Cancer Trials Group (CCTG), and is led in Australia by Chief Investigator and ANZMTG Executive committee member, A/Professor Victoria Atkinson at Princess Alexandra Hospital.

Immunotherapies, in particular anti-PD-1 therapies, are now a standard of care for patients with metastatic melanoma. Currently, trials involving anti-PD-1 therapies allow for indefinite treatment in the absence of toxicity or progression, or have built in stopping rules such as investigator's choice, or at 24 months of

treatment. However, physicians do not know what the optimal anti-PD-1 treatment duration is, and genuine uncertainty exists.

**STOP-GAP is a world first trial being conducted to evaluate this question.**

Apart from the expected cost savings and QOL improvement, STOP-GAP will be practice-changing if it demonstrates non-inferiority in survival outcomes between continued and interrupted treatment, with major implications for other cancers treated with immunotherapy. In partnership with the CCTG, the ANZMTG team together with A/Prof Atkinson and colleagues are now excitedly gearing up to activate the trial across oncology units from around Australia and New Zealand.

As many are aware, rare cancers are an under-researched health priority due to the small numbers of patients affected. The federal government has shown that clinical trial public investment is roughly proportionate to the burden of disease, meaning that less common, low survival rare cancers often go unresearched. To meet this challenge, ANZMTG has established two priority special interest groups to lead national and international collaboration for research into two rare cancers namely:

1. Merkel Cell Carcinoma supported by The Australasian Merkel Cell Carcinoma Special Interest Group (**AMIGOs**); and
2. Uveal Melanoma support by The Australasian Ocular Melanoma Alliance (**AOMA**).

I warmly introduce and welcome Prof Gerald Fogarty, Dr Shahneen Sandhu and A/Prof Anthony Joshua to their respective leadership roles with the AMIGOs and AOMA.

Given the growth of ANZMTG and as clinical research in melanoma and skin cancer increases dramatically, we have also been developing a new strategic plan to guide a clearer path for the future of the group. Amongst other features, this plan will include implementation and embedding

of a new governance structure to diversify and expand our national representation and engagement as well as ensuring research excellence. Our Scientific Advisory Committee (SAC) will be supported by Discipline Specific Advisory Groups to support current and new research in the ANZMTG portfolio. We are also revamping our staffing allocations to ensure we have the best fit-for-purpose roles and team members. I look forward to sharing the final strategic plan and our vision for ANZMTG with our membership very soon.

***I am excited also to announce that ANZMTG is also in the midst of rebranding. This will include a new logo as well as new websites for ANZMTG, and the AMIGOs and AOMA networks. I look forward to sharing our new looks with you very soon.***

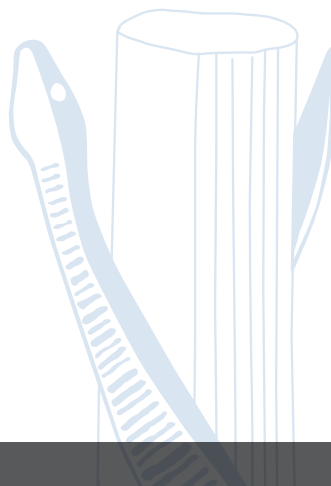
In closing, I warmly invite members to attend ANZMTG's annual general meeting,

which will be held to coincide with the Australasian Melanoma Conference, 5-6 October 2018, at the Melbourne Convention and Exhibition Centre. Via scientific and educational fora, the 2018 Australasian Melanoma Conference will provide cutting edge insights into understanding of disease biology and the modern management of melanoma patients. The congress will feature national and international experts outlining current research and the clinical landscape of melanoma treatment. Participants will have the opportunity to focus on specific areas of interest including diagnosis, survivorship, and the practical treatment of early stage and advanced disease, with particular attention to new targeted and immune therapies. The conference will be of value to all who care for patients with melanoma, including primary care practitioners.

The ANZMTG Executive Committee members and I look forward to a

productive and exciting 2018. We are committed to working with our membership to ensure that ANZMTG has the capacity and infrastructure to enable robust, efficient and clinically relevant research that results in meaningful improvements in the lives of our patients and their families and carers. Towards these aims, I sincerely thank COSA members for their continued support.

**Mark Shackleton**  
**Chairman, ANZMTG**



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

**ANZCHOG**  
Australian & New Zealand Childrens Haematology/Oncology Group

***Our 2018 Annual Scientific Meeting is rapidly approaching!*** This year we will be holding our ASM in Sydney at the SMC Conference and Function Centre on 14-16 June 2018. Our local organising committee has put together an exciting scientific program around our 2018 theme of "Innovations in Paediatric Haematology/Oncology". For all the information on the keynote speakers, session details and a great social line-up, visit our **ASM website**.

Late last year, the Federal Government announced the **Australian Brain Cancer Mission**, in conjunction with funding partners Minderoo, Cure Brain Cancer Foundation, and more recently, Carrie's Beanies 4 Brain Cancer and the Mark Hughes Foundation. ANZCHOG strongly supports the Mission's aim of doubling brain cancer survival rates in the next 10 years. We look forward to working with the Australian Brain Cancer Mission to improve survival rates for Australian children diagnosed with brain cancer.

At ANZCHOG, we are committed to providing access to the best care and treatment for children diagnosed with cancer. The diversity and rarity of children's cancer creates many challenges when undertaking high-quality clinical trial research. We continue to work across a range of initiatives to build our trial portfolio to ensure our children have access to the latest research:

- Building ANZCHOG's sub-groups: effectively harnessing knowledge,

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.

 **WILEY-  
BLACKWELL**



expertise and collaborative networking in specific tumour types and/ or disciplines. These groups are continuing to gain momentum, with the development of several new multi-site national trials and the ability to coordinate national responses to trial opportunities.

- Continuing to develop our relationships with international trials groups: these relationships are essential to facilitate Australian and New Zealand participation in upcoming trials and, ideally, opportunities to provide input into trial design and development. We have strong ties with COG, i-BFM, and most recently we signed an MOU with the European-based ITCC (Innovative Therapies for Children with Cancer) to facilitate cooperation and access to new therapies. We are finalising the initiation of our first ITCC trial, and this will pave the way for future trials developed by this group.
- Expanding trial capacity within the ANZCHOG Office: centralised monitoring and quality assurance activities and trial coordination now available.
- Secured funding to support trial activities from a range of government and philanthropic sources. In particular, we would like to acknowledge support from The Kid's Cancer Project, Cure Brain Cancer Foundation, Marcus and Isabella Foundation, Cancer Australia, Medical Research Future Fund,

Children's Cancer Foundation, My Room, and the Robert Connor Dawes Foundation.

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

**Chris Fraser**  
*Chair, ANZCHOG*

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/>

## Australia Day Honours

**COSA congratulates the following members of the oncology community who were recognised in the 2018 Australia Day Honours List**

### Professor David Kissane AC

For eminent service to psychiatry, particularly psycho oncology and palliative medicine, as an educator, researcher, author and clinician, and through executive roles with a range of national and international professional medical bodies.

### Professor Ian Hammond AM

For significant service to medicine in the field of gynaecological oncology as a clinician, to cancer support and palliative care, and to professional groups.

### Mrs (Janine) Gail O'Brien AO

For distinguished service to community health as an advocate for, and supporter of, cancer sufferers and their families through comprehensive research and treatment programs.

Annual Scientific Meeting

14th–16th June 2018

SYDNEY

**ANZCHOG**  
Australian & New Zealand Children's Haematology/Oncology Group



## Australian and New Zealand Head & Neck Cancer Society



In February this year The Australian and New Zealand Head and Neck Cancer society continued its transition to a company limited by guarantee with a full day session on corporate governance training for the board. Although the terminology and concepts are somewhat foreign for a group of medical professionals, the executive found it very worthwhile to learn the roles and responsibilities involved in our new structure. We would encourage other societies to consider such training for the protection of themselves, their members and their organisation. The training day also gave the executive an opportunity to review our five year strategic plan.

One of the key aims of that plan is to promote the provision of multidisciplinary care. To that end the Society has collated and maintains a list of Multidisciplinary teams throughout Australia and New Zealand. This is available on the website

at [www.anzhncs.org](http://www.anzhncs.org) including referral details for clinicians.

Another aim is the promotion and facilitation of research into the management of head and neck cancer. The ANZHNCs research foundation had a very successful year last year with regards to donations and is currently undertaking its annual call for grants. This is open to all members of the society to fund research projects covering all aspects of head and neck cancer therapy from diagnosis to survivorship. Details can be found at [www.anzhncs.org](http://www.anzhncs.org).

World Head and Neck Cancer day is 27 July 2018 and various screening, promotional and media activities are in planning by head and neck units throughout Australia, and of course the rest of the world. This year it coincides with our annual meeting which is being held in conjunction with the International Society for Maxillofacial Rehabilitation. The meeting is in Melbourne 26-28 July and we would encourage any members of COSA with an interest in head and neck cancer to present their research, attend and network at a truly multidisciplinary scientific meeting.

**Martin Batstone**  
*Immediate Past President, ANZHNCs*

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



From humble beginnings, ANZUP is proud to be celebrating its 10th anniversary in 2018. It is an important milestone and one which is made even more significant by what has been achieved in that time. We have grown from 150 members in 2008 to more than 1,300 members across more than 20 disciplines in 2018 and we are recognised nationally and internationally for our genitourinary clinical trials.

But it doesn't stop there. Our projects, activities and knowledge keep growing with the level of our trial activity (especially for a group just turning 10 years old), a fantastic example of this.

20<sup>th</sup> Annual Meeting  
AUSTRALIAN AND NEW ZEALAND  
**HEAD & NECK  
CANCER SOCIETY**

15<sup>th</sup> Meeting  
International Society for  
Maxillofacial Rehabilitation  
**ISMR**

JULY 26-28, 2018 | MELBOURNE, AUSTRALIA  
[www.anzhncs-ismr2018.com](http://www.anzhncs-ismr2018.com)

This is the first year that the ANZHNCs and ISMR will combine for an annual scientific meeting that will have multi-disciplinary talks from internationally recognised speakers across ENT, OMFS, Radiation Oncology, Medical Oncology, Maxillofacial Prosthetics, Prosthodontics and Allied Health.



ANNUAL SCIENTIFIC MEETING  
8-10 JULY 2018  
HYATT REGENCY  
SYDNEY



*Putting People First*

CELEBRATING ANZUP'S 10TH ANNIVERSARY

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

Our ENZAMET trial of 1,125 men is now in follow-up and, remarkably and unusually, the underlying question is not only still relevant, it is probably even more important now than it was when the trial was designed. The world is watching with great interest and waiting impatiently for the results. Our ENZARAD trial is closing in on its target of 800 and is likely to close to recruitment in the second quarter of 2018. Our BCG-mitomycin trial in non-muscle-invasive bladder cancer has reached its first stage accrual target and continues to accrue well. Pain-Free TRUS B (prostate) is accruing well, with a recent surge thanks to New Zealand participation. The UNISoN non-clear-cell kidney cancer immunotherapy trial is accruing much faster than we had projected. And the recently opened TheraP prostate cancer theranostic study has 11 patients already randomised. Several of our other trials are accruing less rapidly but will still answer important questions. 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.

On top of our active trials we have a number of new protocols across our various disease types at different stages of development, together with important initiatives in quality of life and supportive care, translational research, health economics, and a proposed project coming from the Consumer Advisory Panel.

At the time of writing we have held three of our four annual Concept Development Workshops. So far, 17 renal cell, bladder and germ cell concepts have been presented for discussion with multidisciplinary teams. The prostate workshop will complete the series on 20 May with 12 concepts up for discussion. The workshops have been well attended by clinicians at all stages of their career, highlighting them as an important place for brainstorming ideas, but also in developing

and educating the next generation. Last year a number of strong concepts came out of these initiatives, several of which have now gone further in the process towards becoming active trials. The TheraP study (ANZUP 1603) was one of these, a concept that came to the 2016 meeting and is now another ANZUP trial that will answer a key clinical question and inform prostate cancer care internationally.



ANZUP is involved in a great many other activities. Our inaugural Melbourne Below the Belt Pedalthon was held on 18 March at Sandown, thanks to the generous support from our event partner, the Melbourne Racing Club Foundation and sponsors Bristol-Myers Squibb and Lendlease. Despite some challenging weather, 30 teams took to the track completing an amazing 2,120 laps (6,572km) showing their dedication to the cause. The event raised \$80,000, all of which will join the pooled funds in the Below the Belt Research Fund, (where over \$1 million has already been raised through the Sydney Pedalthon), and will



be reinvested to support research projects intended to lead to future ANZUP trials. The fundraising (and fun) will continue at the 5th Sydney Pedalthon at Eastern Creek on 18 September, visit [www.belowthebelt.org.au](http://www.belowthebelt.org.au) for more details.

So far the Below the Belt Research Fund has provided 10 ANZUP members with much needed seed funding to progress new trial ideas to the point of becoming full scale studies. 2018 applications closed on 18 May and we are excited to be able to add more member studies to that list thanks to the ongoing success of the Pedalthon.

Our 10th anniversary Annual Scientific Meeting – from 8-10 July at the Hyatt Regency in Sydney – is now just around the corner. The theme of the meeting is ‘Putting People First’ a simple but powerful statement that underpins everything we do. We hope to see you there for yet another exhausting, exhilarating, exciting, exceptional, and extraordinary meeting. Information about our outstanding international faculty, national speakers and cutting-edge program plus details on the various fellowships and scholarships available can be found at [www.anzup.org.au](http://www.anzup.org.au).

Ten years on, I continue to be amazed and humbled by the generosity of time, expertise, money and other resources that people contribute to ANZUP. Clearly many people agree that what we are doing is important but it is not often in life this translates into such comprehensive and effective support. Thank you and here’s to the next 10 years!

**Ian Davis**  
*Chair, ANZUP*

## Australia New Zealand Gynaecological Oncology Group



### Annual Scientific Meeting

The Annual Scientific Meeting (ASM) of the Australia New Zealand Gynaecological Oncology Group (ANZGOG) was held in Brisbane 4 - 7 April, with the theme “Challenges in Precision Gynaecological Cancer in a Molecular Era”.

The ASM provides the ultimate opportunity for researchers, clinicians, nurses and clinical research officers with an interest in gynaecological cancer to hear about the extraordinary research being generated by ANZGOG and collaborators internationally, to build collaborations with international guests and their units overseas, and present new research concepts for review by relevant leaders.

One of the main outcomes of the Meeting will hopefully be more Australia and New Zealand centres becoming recruiting sites, which will lead to an increase in the numbers of women enrolled in clinical trials, and improved survival and wellbeing for women with gynaecological cancers.

### Pure Science Symposium

The Pure Science Symposium showcased the high quality gynaecological research being performed in Australia. The growing importance of the pure science symposium within the ANZGOG Annual Scientific Meeting was evident by the registration of over 100 attendees (both scientists and clinicians) and it remains an important and significant event to increase communication and collaborations between clinicians and scientists so that

more effective treatments can be provided to our gynaecological patients.

### Trial results: PORTEC 3

The PORTEC 3 trial results were recently published in *Lancet Oncology*. PORTEC 3 studied the value of additional treatment given after hysterectomy to women who were at high-risk of relapse after surgery because of the stage or disease characteristics of their cancer. The trial sought to determine whether women who have high-risk endometrial cancer have better outcomes when treated with post-operative radiation plus chemotherapy compared with the current standard of post-operative radiation alone.

“The trial results did show a significant benefit from the additional treatment in women with stage III endometrial cancer – in terms of making it less likely that their cancer would come back. But given overall survival is not significantly better and the treatment can have side-effects, individual patient counselling is essential” said Associate Professor Mileskin, ANZGOG Primary Investigator on PORTEC 3.

Read the full story at <https://www.anzdog.org.au/inform/news/endometrial-cancer-portec3/> or the full scientific publication at <https://www.ncbi.nlm.nih.gov/pubmed/29449189>

### Trials in recruitment

For the complete list of ANZGOG trials currently in recruitment, please visit <https://www.anzdog.org.au/research/trials/>

### **PHAEDRA – A Phase II trial of durvalumab (Medi 4736) in advanced endometrial cancer.**

The primary purpose of this trial is to evaluate the safety and efficacy of durvalumab for the treatment of advanced endometrial cancer. It is hoped that this trial will provide information on whether durvalumab is safe and effective for the treatment of advanced endometrial cancer.





The trial is seeking participation from women who have DNA MMR-deficient endometrial cancer.

**EMBRACE - Phase II clinical trial of the PARP inhibitor, olaparib, in HR-deficient metastatic breast and relapsed ovarian cancer in patients without germline mutations in BRCA1 and BRCA2**

The purpose of this study is to assess whether olaparib is effective in treating advanced ovarian and breast cancer in women who do not have inherited changes in their BRCA genes, but whose cancers have HR deficiency.

**VIP - A Phase II trial of oral vinorelbine in patients with relapsed platinum resistant or platinum refractory high-grade serous ovarian cancer of the C5 molecular subtype.**

Vinorelbine is a chemotherapeutic agent that is currently used for treatment of lung and breast cancer. This clinical study is being carried out to find out if treatment with vinorelbine will have beneficial effects in patients with ovarian/ fallopian tube or peritoneal cancer belonging to the C5 subgroup. In addition, we will also study how specific changes and molecular markers in blood and tumour specimens from women enrolled on the trial may be used to predict the chance of benefiting from study treatment.

**Survivors teaching Students**

Survivors Teaching Students® is a volunteer program that brings the faces and voices of ovarian cancer survivors and caregivers into the classrooms of health professional students to teach them about women's experiences with the disease.

Achievements to date (2017/2018):

- Reached more than 200 medical and nursing students in Sydney, Orange and Lismore (regional areas online)

- Delivered 7 presentations across clinical medical and nursing schools: Sydney, New South Wales
- Enrolled 4 university programs: University of Sydney Nursing and Medical Schools, University of Newcastle and University of New England
- Recruited and trained 28 volunteers from across Australia, including the following in our target cities, Sydney, Newcastle, Brisbane and Melbourne: 4 Regional Coordinators, 8 facilitators, 16 presenters
- 32 further EOIs from around Australia and New Zealand
- Committed to delivering 8 sessions across 5 sites in New South Wales in 2018

We are looking for volunteers in Sydney, Melbourne, Brisbane and Perth! Please contact [sts@anzgog.org.au](mailto:sts@anzgog.org.au) if you can help more women and caregivers find out about this program.

**GO Step for Gynae**

Take 10,000 steps a day for 30 days, increase your physical activity, improve your health and raise much needed funds for gynaecological cancer research at the same time.

Now in its third year GO Step for Gynae begins on 1 May 2018. So get your walking shoes ready, find a group of friends and just GO. So far the fitness and fundraising activity has raised over \$120,000 for ANZGOG's gynaecological cancer research.

Register today at <https://everydayhero.com.au/event/gostep2018>

**ANZGOG's new chair**

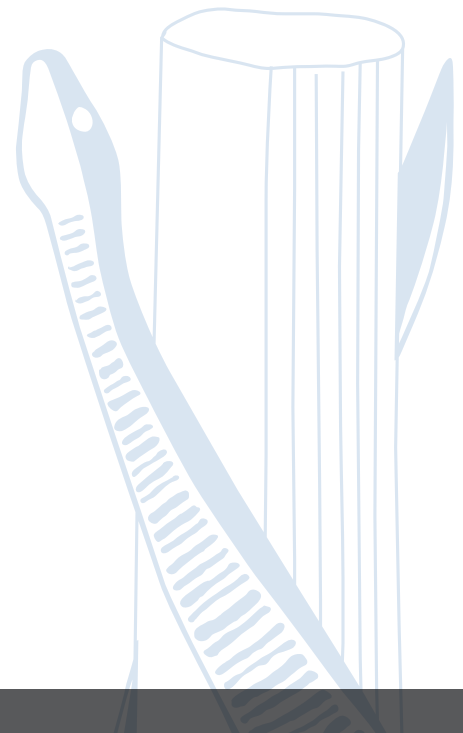
After six years enabling gynaecological cancer research as Chair of ANZGOG, Associate Professor Alison Brand handed the Chair of ANZGOG role over from 30 March 2018.

I feel a responsibility to continue the great legacy of Alison Brand and our founding Chairs. By continuing to build our research portfolio we will have more trials available for patients, which hopefully means better care and better opportunities for treatment, but also furthering knowledge within the treatment of gynaecological cancers.

**Philip Beale  
Chair, ANZGOG**



ANZGOG Chair - Prof Philip Beale





## Breast Cancer Trials



### 40th Anniversary for Breast Cancer Trials

2018 marks the 40th anniversary of Breast Cancer Trials (formerly ANZBCTG), the largest, independent, oncology clinical trials research group in Australia and New Zealand. During this time, BCT has been conducting multicentre national and international clinical trials, for the treatment and prevention of breast cancer. We have almost 800 members across both countries, 101 participating sites and more than 15,000 women have participated in our research. In recognition of 40 years of research achievements, BCT was presented with the Keys to the City of Newcastle. In attendance was BCT CEO Dr Soozy Smith, BCT Founder Professor John Forbes AM, BCT Chair Professor Bruce Mann and the Mayor of Newcastle Nuatali Nelmes.



### 40th Annual Scientific Meeting

Registration is open for BCT's 40th Annual Scientific Meeting, which will be held from the 25-27 July 2018 at The Westin Sydney. The program will involve two days of scientific sessions, a full day for the Trials Coordination Forum and a special

Conference Dinner to mark our 40th anniversary at Luna Park. International guest speakers include:

- Associate Professor Peter Dubsky who heads up the Breast Cancer Centre at the Hirslanden Clinic St. Anna in Lucerne, Switzerland;
- Professor Timothy Whelan from McMaster University in Canada;
- Professor Carlos Arteaga from the Harold C Simmons Cancer Centre and UT Southwestern Medical Center in the US;
- Professor Hope Rugo from the University of San Francisco and Helen Diller Family Comprehensive Cancer Centre in the US.

For more information or to register, please visit [www.bct2018.org](http://www.bct2018.org).



### Research Update

The EXPERT clinical trial is approaching 70 patients recruited to the study. EXPERT 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 conducting this trial internationally in collaboration with BIG and we aim to recruit 1,170 participants globally. The BCT Study Chair of EXPERT is Professor Boon Chua.

For information on all BCT clinical trials currently open, visit [www.breastcancertrials.org.au](http://www.breastcancertrials.org.au).

### iPrevent

iPrevent is a new breast cancer risk assessment and risk management decision support tool, which is designed to facilitate prevention and screening discussions between women and their doctors. The online tool should only be used by women without a personal history of cancer and asks women, or their clinician, to first enter family and personal history, lifestyle and reproductive risk factor information. Using that information, iPrevent provides 10-year and residual lifetime risk estimates and there are options to view these as a pictogram or graph. It also provides tailored estimates of the absolute risk reductions for each breast cancer prevention strategy, personalised lifestyle change suggestions and tailored advice on breast cancer screening. There is an option to print out a summary to take to a consultation with a doctor and doctor can incorporate it into medical records.

iPrevent was developed by a team of expert BCT clinicians and consumers, including medical oncologist Professor Kelly-Anne Phillips (who led its development), breast surgeon, Professor Bruce Mann, psycho-oncologist, Professor Phyllis Butow, medical oncologist, Associate Professor Ian Collins, and member of the Consumer Advisory Panel, Ms Leslie Gilham. The project received financial support in its development from BCT. For more information, visit [www.breastcancertrials.org.au/iprevent](http://www.breastcancertrials.org.au/iprevent).

**Bruce Mann**  
Chair, BCT



# Cancer Nurses Society of Australia



As many Marryalyan readers may recall, Jane Campbell took on the role of CNSA President in November 2017. Due to current family circumstances, she resigned from this position in April this year. Jane was an active contributor to CNSA for many years, including as a member of the (former) National Executive Committee and more recently the CNSA Board of Directors. Please join me in thanking Jane for her contributions to CNSA, and wishing her well.

I was humbled when my fellow Board Directors appointed me as CNSA President and Board Chair following Jane's resignation. My term as President commenced on Monday 16 April, and I will hold the position at least until the first Board meeting after the next CNSA Annual General Meeting in June. I am excited about the opportunities and challenges ahead, and look forward to working closely with Vice President Kylie Ash, the rest of the Board, as well as other CNSA members and stakeholders.

Following Sam Gibson's decision late last year to return to clinical work, we were pleased that Sonja Cronjé commenced as CNSA's Chief Executive Officer on 21 February. Sonja brings to this position several years of senior management experience in the health and not-for-profit sectors, including almost five years at the Faculty of Radiation Oncology of the Royal Australian and New Zealand College of Radiologists. We look forward to her contribution to CNSA in the coming months and years. We are fortunate to also

have long-time CNSA staff member Amy Ribbons as Executive Assistant working alongside Sonja.

## Governance changes:

In September 2017, CNSA was registered with the Australian Securities and Investment Commission as a company limited by guarantee. Since that time, much effort has gone into implementing the required governance changes – including the new **CNSA Constitution** and the development of new **CNSA By-laws**. As part of these governance changes, there will be a staged transition from the previous geographically represented CNSA National Executive Committee (NEC) to a skills-based Board of Directors. Nominations for the first Elected Directors of CNSA was called in April this year, and the results of CNSA's first Board election will be announced at the AGM in June.

The CNSA Board recognises the limited gains in survival in adolescent and young adult (AYA) patients compared to that of older adults with cancer, and agreed to establish CNSA's AYA specialist practice network, which became operational on 1 April. Following a call for expressions of interest, Rebecca Greenslade was appointed as the inaugural chair of this group. I have no doubt that, with Rebecca's enthusiasm and dedication, as well as support from other members, this network will make significant contributions towards improving the outcomes for every AYA in Australia in years to come.

The Board is also in the process of finalising the next Strategic Plan, which we will implement in close collaboration with CNSA's various committees, regional groups and specialist practice networks. We are also actively exploring how to increase and improve consumer engagement in CNSA's activities and initiatives.

## CNSA Grants:

Promoting and facilitating quality research, as well as the development of resources and the evidence base for cancer nursing is a priority for CNSA. We are therefore proud to be able to support the following initiatives this year, through CNSA special project grants:

- Consumer and nurse-led development of co-design video resources for patients receiving immunotherapy and their caregivers
- Achieving Recovery from Cancer: Health and Wellbeing for Adolescents and Young Adults
- The development of Vascular Access Device Guidelines

A total of 13 CNSA were also awarded professional development grants, to assist them in participating local and/or international professional development activities in 2018.

## CNSA and ISNCC Events:

CNSA's inaugural congress was held in Sydney in 1998, which means we are celebrating our 21st birthday this year! The theme of this year's congress – to be held in Brisbane 21-23 June – is "*Science, Symptoms and Service Delivery*". The Annual Congress Committee has pulled together a most informative **congress program**, full of diverse options that is sure to offer something valuable to every cancer nurse, irrespective of location or interest. This year's keynote speaker is Professor Christine Miaskowski from the School of Nursing at the University of California – an internationally recognised expert in pain and symptom management research, who has published almost 500 refereed articles in several top-ranking nursing and oncology journals.

We are delighted that Glenn McGrath, Australian cricketing legend and Co-Founder and President of the McGrath Foundation, will be officially opening the

congress. There will also be seven pre-congress symposia covering a variety of exciting topics, including breast care, advanced care planning, vascular access devices, radiation therapy, getting started in research, improving patient care, as well as a masterclass in cardiac and respiratory assessment in cancer patients. Further congress information and full symposium descriptions are available from the **congress website**.

Of course, there will also be plenty of opportunities for networking with peers, CNSA supporters and other stakeholders, which I am very much looking forward to.

Work is also already underway for next year's CNSA congress, with the Melbourne Convention and Exhibition Centre confirmed for 20-22 June – so please save the date!

CNSA is also co-hosting a joint plenary session with the New Zealand Nurses Organisation Cancer Nurses College at the 2018 International Conference on Cancer Nursing (ICCN 2018), hosted by the International Society of Nurses in Cancer Care (ISNCC), to be held at the Auckland Convention Centre in New Zealand 23-26 September.

For more information on this exciting opportunity to engage with and learn from cancer nurses and experts from around the globe, please visit **www.iccn2018.nz**.

I look forward to meeting and working with other cancer care professionals through COSA in the months and years ahead, to ultimately improve the outcomes for our patients.

**Lucy Patton**  
**President, CNSA**

## Cooperative Trials Group for Neuro-Oncology



### New COGNO Chair

COGNO welcomed Professor Anna Nowak as its new Chair at the COGNO AGM on 25 October 2017. Professor Nowak takes over from foundation member, Professor Mark Rosenthal, who along with Professor John Simes and Dr Elizabeth Hovey, has been at the helm of COGNO since its inception. Professor Rosenthal's contribution to COGNO was acknowledged during the COGNO ASM Dinner.

### 10th COGNO Annual Scientific Meeting: 23-24 October 2017, Melbourne

Congratulations to convenor, A/Prof Hui Gan, and the 2017 organising committee for a very successful ASM with an outstanding program, world-renowned keynote speakers and a very well received patient information forum led by Ms Dianne Legge, on behalf of the Brain Tumour Alliance Australia and the Olivia Newton-John Cancer Wellness and Research Centre. The meeting brought together a multi-disciplinary group of clinicians, scientists, pharmaceutical representatives and patients to discuss the theme of "Tailoring Therapies for Brain Tumours: Challenges and Opportunities". It was two days of presentations and discussions about the latest in the fight against brain tumours, covering the latest scientific discoveries, the most recent advances in treatment and valuable strategies to help patients and their family with the daily challenges of living with brain tumours.

### 11th COGNO Annual Scientific Meeting: 7-9 October 2018, Brisbane

Plans are underway for COGNO's 2018 ASM. The organising committee led by convenor, Dr Mark Pinkham, have confirmed international guest speakers, Professor Mark Gilbert, A/Prof Erik Sulman and Professor Susan Chang. Registration will be opening soon, so save the date – more detail available on **www.cogno.org.au**.

### COGNO Trials Open to Recruitment

- **NUTMEG** (COGNO 16/01): *A Randomised Phase II Study of Nivolumab and Temozolomide vs Temozolomide alone in newly diagnosed Elderly patients with Glioblastoma*

This study is for patients 65 years or older, or those with poorer performance status, with newly diagnosed GBM and randomising patients to short course (3week) course of radiation with Temozolomide versus post-operative Nivolumab immunotherapy to determine if immunotherapy can improve progression free survival. The NUTMEG trial officially opened in February 2018 and aims to recruit 102 patients across 18 sites. Enquiries to [nutmeg@ctc.usyd.edu.au](mailto:nutmeg@ctc.usyd.edu.au).

- **VERTU** (COGNO 14/01): *Veliparib, Radiotherapy and Temozolomide trial in Unmethylated MGMT Glioblastoma. A Randomised Phase II study of veliparib + radiotherapy (RT) with adjuvant temozolomide (TMZ) + veliparib versus standard RT + TMZ followed by TMZ in patients with newly diagnosed glioblastoma (GBM) with unmethylated O (6)-methylguanine-DNA methyltransferase (MGMT).*

This trial is to evaluate if adding veliparib to standard treatment improves outcomes for glioblastoma patients. The VERTU trial aims to recruit 120 patients across 17 sites. So far, nearly 76% of total



recruitment has been achieved. Enquiries to [vertu@ctc.usyd.edu.au](mailto:vertu@ctc.usyd.edu.au).

- **ACED** (COGNO14/02): *Phase II randomised placebo-controlled, double blind, multisite study of acetazolamide versus placebo for management of cerebral oedema in recurrent and/or progressive HGG requiring treatment with dexamethasone.*

This study investigates whether addition of the drug acetazolamide to a dexamethasone treatment for controlling raised intracranial pressure symptoms, related to high grade glioma brain tumour (such as headache, nausea and vomiting), will allow the dexamethasone dosage to be reduced, and whether this leads to less dexamethasone-related side-effects. The ACED study is now open for recruitment. Enquiries to [aced@ctc.usyd.edu.au](mailto:aced@ctc.usyd.edu.au).

## COGNO Trial in Development

**CODEL** (N0577): *Phase III Intergroup Study of Radiotherapy with Concomitant and Adjuvant Temozolomide versus Radiotherapy with Adjuvant PCV Chemotherapy in Patients with 1p/19q Co-deleted Anaplastic Glioma or Low Grade Glioma*

CODEL is an international, intergroup trial, jointly conducted by the Alliance for Clinical Trials in Oncology in the USA and the EORTC in Europe. COGNO will be participating under the EORTC umbrella. The trial aims to recruit 360 patients internationally and 36 in Australia across 10 sites. A feasibility survey was circulated to COGNO members in May 2017 and 8 sites were selected to proceed in the first round. The trial is already recruiting patients in the USA. The first EORTC sites are planned to be activated in Q2 2018 and Australian sites will follow closely thereafter. Enquiries to [codel@ctc.usyd.edu.au](mailto:codel@ctc.usyd.edu.au).

## MSD Hubert Stuerzl Memorial Educational Award 2018

COGNO is pleased to call for applications for the Hubert Stuerzl Memorial Educational Award. The purpose of this award is to encourage education and training in the field of Neuro-Oncology and will provide up to \$15,000 for the successful recipient to attend an international Neuro-Oncology scientific meeting and undertake a Neuro-Oncology Preceptorship during 2018-19. The Award is open to applications from individuals with a clear interest in the field of Neuro-Oncology, who are:

- Advanced Trainees in Medical Oncology, Neurology, Radiation Oncology, Neurosurgery, Pathology or Radiology
- Medical Oncologists, Neurologists, Radiation Oncologists, Neurosurgeons, Pathologists or Radiologists of no more than 5 years standing who are enrolled in full-time or part-time post-graduate research (PhD or MD).

Applications close 29 June 2018. Further details available on the COGNO website [www.cogno.org.au](http://www.cogno.org.au).

**Anna Nowak**  
Chair, COGNO

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

*Targeting survival: living well with brain cancer in the era of precision treatments*

**SAVE THE DATE!**

**Sunday 7<sup>th</sup> - Tuesday 9<sup>th</sup> October 2018**

**BRISBANE CONVENTION & EXHIBITION CENTRE, AUSTRALIA**

**Confirmed International Speakers:**

**Prof Mark Gilbert MD**

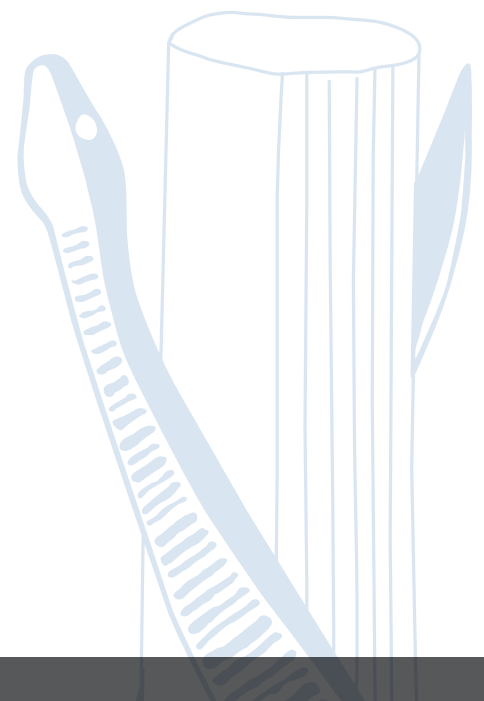
**A/Prof Erik Sulman MD PhD**

**Prof Susan Chang MD**

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



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





## Faculty of Radiation Oncology



### Faculty of Radiation Oncology

The Faculty of Radiation Oncology (FRO) standing committees held their first meetings of 2018 during January/February, culminating in the Council's planning day and meeting on 1-2 March. The first meetings of the year are important as they allow the committees to set the scene in terms of work plans and areas of priority for the upcoming year.

### Advocating for Radiation Oncology

Advocacy efforts remain a key focus of the FRO. Representatives of the radiation oncology sector, including FRO, have now held two successful meetings with senior Commonwealth Department of Health officials. The Radiation Oncology Roundtable is now a biannual meeting that gives the sector an opportunity to work closely with the Department to advocate for our profession.

### Informed Decision Making in Prostate Cancer

The Faculty has developed a position statement that advocates for all men approaching active treatment for prostate cancer to be fully informed of their treatment options. Being fully informed includes men speaking with both urologists (for surgical options) and radiation oncologists (for non-surgical options). This statement will be formally launched in June, coinciding with Men's Health Week.

### Medicare Benefits Schedule (MBS) Review

Although we are still awaiting the final report from the Oncology Clinical Committee (OCC) of the MBS Review Taskforce, we have seen an advance copy of the proposed changes to items. It is important that we look closely at the proposed changes and prepare a comprehensive response. Given the importance on any proposed changes on the future delivery of radiation therapy, we will be arguing for piloting/modelling of these to ensure there are no unintended adverse consequences for either the government, the sector, or patients.

In addition to the work of the OCC, the Urology Clinical Committee (UCC) has now been formed and is meeting to review items around prostate cancer. The Faculty, along with the Prostate Cancer Foundation of Australia (PCFA) and Urological Society of Australia and New Zealand (USANZ) were invited to speak at the first face-to-face UCC meeting in April.

### Radiation Oncology Practice Standards (ROPS)

The Radiation Oncology Tripartite Committee (FRO, Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM), Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)) have undertaken a review of the Radiation Oncology Practice Standards (ROPS), which were first published in 2011. Although a "quick" review, there were some significant changes made, including inclusion of the facility self-audit tool, and

a focus on New Zealand to make these a bi-national set of standards.

We will continue to push for mandatory compliance with the ROPS to ensure that all radiation therapy facilities offer quality services to all patients.

### Radiation Oncology Patient Charter

A Radiation Oncology Patient Charter has been produced by the Faculty and endorsed by key professional bodies involved in the development of radiation therapy: ACPSEM, ASMIRT, New Zealand Institute of Medical Radiation Technologists (NZIMRT), and Cancer Nurses Society of Australia (CNSA).

The charter, freely available from the RANZCR website, was developed by our Canadian colleagues, the Canadian Association for Radiation Oncology (CARO), and modified for Australasian patients and is designed to be made available in all waiting rooms.



**RADIATION ONCOLOGY PATIENT CHARTER**

The Royal Australian and New Zealand College of Radiologists

**PEOPLE UNDERGOING RADIATION THERAPY HAVE THE RIGHT TO:**

- Be treated respectfully by all personnel involved in their treatment and care.
- Access appropriate care in a reasonable time frame.
- Receive information from their care provider that is based on best evidence.
- Be given the opportunity to ask questions and provide feedback.
- Be informed about their treatment and care, including financial aspects.
- Be actively involved in decisions related to their care and provide informed consent, which can be withdrawn at any time.
- Request a second opinion during the course of their treatment and care.
- Have their personal health information kept confidential and have access to it.
- Have their radiation treatment coordinated with the rest of their care.

Logos of partner organizations: The Royal Australian and New Zealand College of Radiologists, ACPSEM, ASMIRT, PCFA, USANZ, and Cancer Nurses Society of Australia.

MARCH 2018

## Targeting Cancer: Radiation Therapy for Cancer Treatment

[www.targetingcancer.com.au](http://www.targetingcancer.com.au)

The Targeting Cancer campaign, which aims to promote the safety and value of radiation therapy, continues to gain traction. In March, we broke through the 10,000-visitor mark. This is great news for the campaign but also in terms of promoting the importance of informed treatment decisions for all patients.

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.

## Staffing

At the beginning of the year, Sonja Cronjé, Senior Executive Officer, left FRO to take up a new position as the CEO of CNSA. Our dedicated Senior Projects Officer, Legend Lee, also moved on to another role within RANZCR. FRO congratulate both on their exciting new roles.

I would like to introduce and welcome Philip Munro as the FRO Executive Officer, and Lisa Carstairs as the Senior Projects Officer.

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

## Human Genetics Society of Australasia



The HGSA would like to give an update of the newly formed Cancer SIG.

The Human Genetics Society of Australasia (HGSA) has recently formed a Cancer Genetics Special Interest Group (SIG). This group aims to serve the needs of HGSA members, i.e. clinical geneticists, genetic counsellors, molecular scientists and researchers working in cancer genetics. It is anticipated that members of the Cancer Genetics SIG will work closely with members of the COSA Familial Cancer Group to inform both Societies of developments in the field of Cancer Genetics and provide educational content at the annual scientific meetings of both Societies and at other meetings.

**Lorraine Biggar**  
HGSA Secretariat

## Medical Oncology Group of Australia



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

MOGA is offering three new travel awards in 2018 that are designed to extend our networking, facilitate employment and training exchange and professional development activities in the South East Asia region. These Awards will enable medical oncologists based in our region to participate in the Association's educational meetings and for Australian members to attend professional gatherings in Asia.

## Education in medical oncology

MOGA's 2018 Annual Scientific Meeting New Directions in Personalised Cancer Therapy being convened by Prof Tim Price will be held in Adelaide, from 1-3 August 2018. Prof Price is Head of Clinical Oncology Research and the Haematology and Medical Oncology Unit at The Queen Elizabeth Hospital, Adelaide as well as current Chair of the Australasian Gastrointestinal Trials Group. He



Prof Tim Price

states, “While personalised cancer therapy has become core business for medical oncology practice, as an ever evolving field it continues to pose many challenges for medical oncology as a profession”.

The aim for the national meeting in 2018 is to develop a scientific program that highlights new directions in personalised medicine in several tumour types, including lung, genitourinary and rare cancers. It will also include sessions on new directions in research, practice and treatment strategies for targeted therapies, pharmacogenomics and molecular biomarkers.

The 2018 ASM will be a truly integrated congress leveraging the expertise of the entire scientific committee and faculty speakers from both Australia and overseas. International guest speakers will include Prof Nicoletta Colombo, Director of the Medical Gynaecologic Oncology at the European Institute of Oncology, Milan and A/Prof of Obstetrics and Gynaecology at the University of Milan-Biocca; Dr Bernard Escudier, former chair of the genitourinary group of the Institut Gustave Roussy, Villejuif, France and Head of the French Group of Immunotherapy; Dr Jack West, Medical Director of the Thoracic Oncology Program at the Swedish Cancer Institute in Seattle, USA; Dr Jarushka Naidoo from the Sidney Kimmel Cancer Center at Johns Hopkins University, Baltimore USA and Dr David R. Gandara, Director of the Thoracic Oncology Program at the University of California Davis Comprehensive Cancer Center, USA.

Prof Georgina Long is convening our third national Immuno-Oncology Forum, which will be held in Adelaide on Saturday 4 August. The forum will present a comprehensive update on the current and potential use of immunotherapies for the treatment of cancer and an overview of the key advances within the field of immuno-oncology, including the biology and rationale behind immunotherapeutic strategies. The keynote speaker will be Dr Michael Postow, a melanoma specialist from the Memorial Sloan Kettering Cancer Center in the USA. Dr Postow conducts



Prof Nicoletta Colombo

clinical trials of new immunotherapy approaches and was directly involved with the development of the combination of ipilimumab and nivolumab for patients with advanced melanoma. He led the phase 2 trial which resulted in FDA approval of this combination.

The Young Oncologists Group presented a professional development program for young medical oncologists in Sydney in May in collaboration with a number of the major Australian Clinical Trials Groups. This program provided young medical oncologists with a unique opportunity to build their professional skills through practical interview training and career planning, including opportunities for involvement in research and leadership in oncology clinical practice.

## Our members, our workforce

MOGA continues to play a leading role in representing the interests of Australian medical oncologists in various arenas. Given that biosimilars are of high relevance to our clinical practice, the Association nominated Dr Divyanshu Dua and A/Professor Winston Liauw to join the Federal Government’s Reference Group for the Biosimilars Awareness Initiative. Both nominees have experience in working with various drug and therapeutic committees, in addition to providing expert specialist advice to regulatory and government bodies.

Workforce remains a priority for our profession both local and globally. Professor Chris Booth and colleagues at Queen’s University, Canada, recently published their global oncology workload survey, *Delivery of Global Cancer Care: An International Study of Medical Oncology Workload* in the *Journal of Global Oncology*. MOGA members assisted in providing data for this study, which aims to develop an effective global cancer policy by bridging the gaps in delivery of cancer care through an understanding of global oncology workloads.

## Research and advocacy

MOGA members have recorded a number of notable research and advocacy achievements. With the support of NHMRC funding Prof Kelly-Anne Phillips has developed a web-based breast cancer risk assessment and management tool for women, designed to be used in collaboration with doctors. It has been backed by a number of studies, including a prospective validation study carried out on over 16,000 women, with positive feedback on the tool’s usability and ability to accurately predict risk. It is a useful device that medical oncologists can utilise to quickly and effectively address tricky questions that arise during consultations about a patient’s female relative’s risk.

Prof Fran Boyle AM recently led a Metastatic Breast Cancer Meeting that aimed to bring together clinical, patient advocacy and research stakeholders with expertise in metastatic breast cancer. This collaboration sought to identify the unique challenges and gaps in support and access for those living with metastatic breast cancer. The meeting discussed topics including treatment pathway, workforce, access to services and treatment, psycho-social support and research. It is anticipated that an Action Plan will be developed from the Meeting’s outcomes.



## Oncology drugs and treatments

In addition to ongoing submissions regarding oncology drugs and therapy issues that arise as part of the national regulatory process, MOGA has recently commenced work on a new project to address the important issue of access to compassionate programs. A Steering Committee lead by Prof John Zalberg OAM, have scheduled a Workshop for June this year to consider potential solutions and mechanics for how access to compassionate schemes might operate in the future, including the substantial potential benefits of a central information facility for clinicians and patients.

**Chris Karapetis**  
Chair, MOGA

## Oncology Social Work Australia



Plans are well underway for this year's National Conference to be held in Canberra from 8-10 November. The theme for the conference is "The Things We Don't Talk About: Psychosocial Challenges in Oncology Social Work". We are fortunate to have secured our friend and renowned colleague Professor Matthew Loscalzo as our International Invited Speaker. Matt hails from the City of Hope Cancer Centre in Duarte, California. He has many years of experience in the care of cancer patients and their families and is an esteemed mentor across psycho-oncology disciplines. He is recognised internationally as a pioneer in the clinical, educational and research domains of psychosocial aspects of cancer. His clinical expertise has been focused on pain and palliative care, the implementation of problem-based screening programs, gender-based medicine and problem-

solving therapies. Along with Social Work colleague James Zabora, he created the first prospective universal biopsychosocial screening program in the United States. Matt will be presenting at the IPOS World Congress in October in Hong Kong and has kindly agreed to extend his visit by joining us in Canberra.

Our second invited speaker is a celebrated Indigenous Australian, Mr Dion Devow. Originally from Darwin, and with both Aboriginal and Torres Strait Islander heritage, Dion is now based in Canberra and is the Managing Director of Yerra and Darkies Designs. With a Bachelor of Applied Science in Health Education, Dion has supported Aboriginal and Torres Strait Islander peoples' access to health, justice and education.

As always, the conference promises something for everyone with a varied program of workshops and individual presentations. One of the highlights will be the presentation of preliminary results from the large audit of oncology social work recently undertaken in six cancer centres across three states: "Social Work Interventions in Cancer Care: A Quality Assurance Project". As we refine and articulate the role of social workers in a variety of cancer settings, from tertiary cancer centres to regional and community-based centres, we look forward to engaging in a dialogue with the OSWA membership about future research directions.

Details about conference registration and abstract submission can be found at [www.oswa.net.au](http://www.oswa.net.au)

Membership continues to be strong and activity is enthusiastic at both state and national levels. The national committee meets monthly by teleconference, with current President, Ray Araullo leading the group in negotiating a full and varied agenda. Ray is ably assisted by President Elect Nick Hobbs and our tireless Secretary, Olga Gountras. The association is certainly in good and capable hands.

**Kim Hobbs**  
Council Representative, OSWA

## 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 an eventful first half of 2018. In January, we held our annual Peer Review Workshop in Melbourne. These workshops are key to our vision of facilitating research support for our members preparing to submit a funding application, principally to the NHMRC or Cancer Australia. Five projects were discussed during the day in an in-situ style of presentation. We wish members Ray Chan, Jon Emery, Gillian Gould and Michael Jefford the best of luck.

Director Jon Emery and PC4 members Sibel Saya, Emily Habgood and Frances Martin, were the first to attend the CanTest International School for Cancer Detection Research in Primary Care residential week in May. Supported by Cancer Research UK's first ever Catalyst award, CanTest's aim is to transform general practice into a centre of diagnostic excellence when navigating the cancer journey with patients. The inaugural International School is aimed at collectively supporting the capability of clinical cancer detection research in the UK and internationally. The team enjoyed a wonderful week full of insight, knowledge exchange, networking and learning.

In May, Jon Emery, National Manager Kristi Milley and Research Co-ordinator Sophie



Chima, headed off to present at Ca-PRI 2018 in Groningen, The Netherlands. Ca-PRI promotes greater international collaborations in primary care and cancer research by supporting networking and arranging an annual conference. Our PC4 team participated in conversations that will help shape PC4's future direction in research and support.

We have been working on rebranding and freshening PC4's brand identity. We were proud to launch our new logo at the Scientific Symposium at the end of May. Delegates were presented with an international and national discussion around cancer in primary care. The day opened with international plenary 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 spoke about the International Cancer Benchmarking Partnership – a global initiative aiming to quantify differences in cancer survival. An insightful and feisty panel discussion occurred at the close of the Symposium. Sanchia Aranda, Kirsten McCaffery, Anne Cust and Jon Emery presented an engaging and insightful commentary on the burden of over-diagnosis in primary care.

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

**Jon Emery**  
*Chair, PC4*

## Psycho-oncology Co-operative Research Group



It's been a busy first quarter for the Psycho-oncology Co-operative Research Group (PoCoG) as we continue on our mission of improving the psychological wellbeing of cancer patients through a diverse program of research.

In mid-May we hosted our Scientific Advisory Committee (SAC) members in Sydney at the first of our bi-annual meetings for 2018, which we combined

with a one and a half day concept development workshop themed around the issue of fear of cancer recurrence.

The half day SAC meeting provided an opportunity to discuss the status of current research projects and map future research priorities and strategic goals. We'd like to say a sincere thank you to Professor David Kissane, who has stepped down after a two-year term as SAC Chair and handed the reins to Deputy Chair Dr Haryana Dhillon.

Professor Kissane will continue his involvement in PoCoG as Outgoing SAC Chair and through his involvement in our research program *Transforming Psychosocial Care of Patients in Australia: Implementation of a Comprehensive Training and Service Delivery Program*, better known as the PCP Project.

As mentioned above we also hosted a one and a half day concept development workshop themed around the issue of



## ARE YOU INTERESTED IN CANCER IN PRIMARY CARE?

We aid our members' research through our unique support model including concept development, peer review, funding assistance and consumer perspectives. Join us to collaborate with a multidisciplinary team and further your career aspirations. Membership is free.



 [pc4tg.com.au/join-us](http://pc4tg.com.au/join-us)

 @pc4tg



fear of cancer recurrence (FCR). This very successful workshop, facilitated by Professor Phyllis Butow, provided a forum for four concept authors to present their FCR research proposals to our SAC, as well as an invited faculty of FCR experts, for feedback and development.

The large group format and collegial atmosphere provided a fertile ground for productive discussion and ensured the concept authors received lots of helpful suggestions with which to move their proposals forward.

Talking about research we're pretty proud of some of the milestones hit by our administered studies in the last quarter:

**The ADAPT Program**, now in its third year, has had a momentous six months – the ADAPT RCT is in full swing with six of the planned 12 cancer services in NSW now using the ADAPT Portal. Staff and patients are registered in the Portal, and patients are completing screening for anxiety and depression online, enabling staff to easily identify and refer them for additional support where appropriate. The ADAPT Team aims to go live in all participating sites by the end of 2018.

**The PiGEON Project** is recruiting to both the Cancer Molecular Screening and Therapeutics (MoST) Program Psychosocial and the longitudinal study examining psychosocial and ethical issues and outcomes in germline genomic sequencing for cancer studies. The program has also generated two additional sub studies currently waiting ethics approval; the first explores the experience of oncologists delivering genomic results to patients and the second will develop and validate a measure to capture the experience with a long wait time for genomic result.

**The PCP Project** kicked off the new year with an NHMRC Project Grant application for our depression work – “Pragmatic randomised control trial in the community (PRaCTICe): Transforming the clinical management of depression in cancer

patients”. Our fingers are crossed very tightly and we want to say thanks to lead investigator, Professor Jane Turner, for all her hard work and late nights in getting this ready to submit. The Adjustment and Anxiety working groups also have a number of concepts under development.

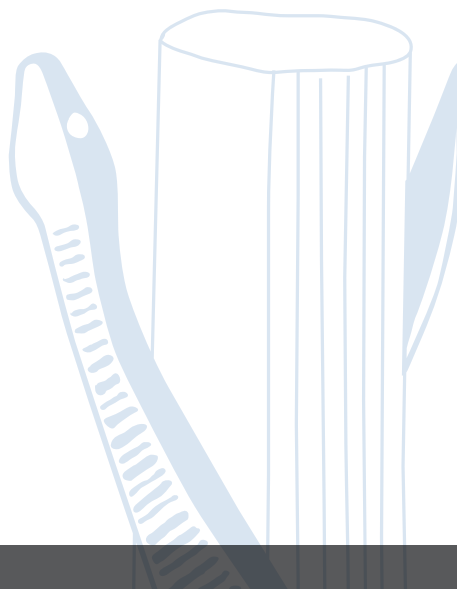
Amidst everything else going on right now, we're also hard at work reimagining, revamping and renovating our Special Interest Groups. This ongoing process will hopefully deliver interest groups and activities more closely aligned with member priorities with the ultimate goal of building more opportunities for collaborative research.

Currently PoCoG members have the opportunity to join groups focused on South Australia, Adolescents and Young Adults, Early Career Research and Clinician's' Research.

However, new groups focused on Fear of Cancer Recurrence, Cognition, Cancer Prevention and Genomics are just over the horizon as we work with group leads to establish objectives and activities.

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 the executive office at [pocog.office@sydney.edu.au](mailto:pocog.office@sydney.edu.au)

**Jeremy Couper**  
*Chair, PoCoG*



## Royal College of Pathologists



The Royal College of Pathologists of Australasian (RCPA) has had a very busy start to 2018 with its annual scientific meeting, Pathology Update, a ‘must attend’ on the pathology calendar, held at the Sydney Convention Centre from 2-4th March 2018.

The conference was very successful with scientific presentations in the disciplines of Anatomical, Chemical, Forensic, Genetic, General, Haematology, Immunopathology and Microbiology. Pathology Update is also the forum for the Awards and Admission of new fellows ceremony.

Presentations on breast cancer from A/Prof Laura Collins, ampullary and gall bladder tumours from Prof Volkan Adsay and biliary tract and pancreatic tumours from A/Prof Michelle Reid were among the many excellent sessions conducted by both international and national experts.

### Molecular and AP integration for diagnosis

As molecular pathology plays a greater role in the diagnosis of cancer, the need to integrate the disciplines of Anatomical Pathology and Genetics becomes more urgent and challenging.

Molecular characteristics are now finding their way into updates of the World Health Organisation of Tumours (WHO) Classification of Tumours. The 2016, 4th edition of the WHO Classification of Tumours of the Central Nervous System for example, includes molecular characteristics in the definition of many of the tumour types. This means that a pathology report on a brain tumour

includes both the traditional histological characteristics such as tumour dimensions and the relationship of tumour to adjacent tissue, as well as molecular characteristics such as IDH1/IDH2 mutation for diffuse and anaplastic astrocytoma, oligodendroglioma and glioblastoma.

This growing interdependency of the two disciplines of pathology has led to challenges for the RCPA in providing adequate educational opportunities for Anatomical Pathologists (AP) to ensure they acquire the skills necessary to undertake somatic molecular testing. Working parties have been held to establish the best approach for new trainees as well as experienced AP's wanting to upskill or have their existing expertise in genomics recognised. Discussions are ongoing.

## National Structured Pathology Reporting Project (NSPRC)

<http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols>

The National Structured Pathology Reporting of Cancer (NSPRC) Project, with renewed funding for 3 years, has 7 new and 5 updated protocols in progress. These protocols cover cancers of the prostate, bladder, penis, testis and kidney. The first 8 of these are now posted for public comment. Each protocol to be developed or updated incorporates the 8th edition of TNM staging as well as the internationally agreed standards from the International Collaboration on Cancer Reporting (ICCR). [www.ICCR-cancer.org](http://www.ICCR-cancer.org)

A further 9 protocols are in planning for cancers of the head and neck.

## Cervical HPV testing

In December 2017, the revised National Cervical Screening Program (NCSP) was introduced. The new program has changed the existing 2 yearly pap screen to a 5 yearly HPV test with only reflex cervical cytology on abnormal HPV results.

This is a significant change in technique with ramifications on the workforce, resulting in a much reduced need for cytoscientists. In addition, the change in screening procedure has had a significant impact on testing laboratories, many of whom have had to centralise services in order to comply with new standards.

The college is working to provide support to both cytoscientists and laboratories and is working through the development and implementation of new accreditation standards needed to provide the framework for this new testing regime.

**Kenneth Lee**  
*Council Representative, RCPA*

## Trans Tasman Radiation Oncology Group



### TROG ASM 2018

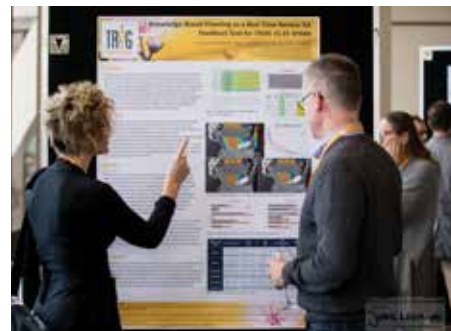
More than 270 people attended the TROG 2018 Annual Scientific Meeting (ASM) in Hobart, Tasmania from 19-22 March. The ASM was the 30th for TROG and attendees included oncologists, radiation therapists, physicists, study coordinators and data managers.

Delegates heard from a host of engaging and knowledgeable speakers including Dr Walter Curran, Radiation Oncologist at Winship Cancer Institute of Emory University in the US and Professor Andreas Adam from the Interventional Radiology Department of Radiology from King's College in the UK.

For the first time a poster session was held as part of the meeting, which allowed delegates to share and promote their research achievements.

Another highlight was the Clinical Research Education Workshop (CREW) and the Technical Research Workshop (TRW), which were both well attended. The CREW workshop provided a forum for professional development for clinical trial coordinators, data managers and other related disciplines, while the TRW focused on radiation oncology technologies, advancements and clinical trials.

The 2019 TROG ASM will be held during March in Melbourne, Victoria.



### New kidney cancer study trials SABR treatment

A TROG study investigating the use of cutting-edge Stereotactic Ablative Body Radiotherapy (SABR) to treat patients with inoperable kidney cancer has been awarded \$589,000 in funding from Cancer Australia.

TROG researcher, Associate Professor Shankar Siva from the University of Melbourne and the Peter MacCallum Cancer Centre is leading the TROG 15.03 FASTRACK II trial.



“Often kidney cancer is resistant to standard forms of radiation therapy, so this is offering something different,” A/Prof Siva said. “This treatment allows the cancerous area to be targeted more effectively and accurately.

The team’s work builds on a previous three-year early phase study, which concluded in 2015 and involved 33 kidney cancer patients undergoing SABR treatment.

A/Professor Siva is looking forward to exploring the possibilities of SABR treatment.

“We have found that SABR treatment has greater effectiveness on kidney cancer,” A/Prof Siva said. “We hope this study will allow us to investigate this further.”

## New brain cancer study

Recruitment of patients has begun for a new brain cancer trial. The TROG 15.02 (ROAM) trial investigates whether radiation therapy is a better approach to treating atypical meningioma (a tumour that arises from the lining of the brain) than surgical removal.

This study will be run at 11 hospitals and cancer centres across Australia and New Zealand. The trial chairperson is Dr Gail Ryan. The trial aims to recruit 30 patients, with accrual completion expected to be complete in October 2019.

## World first study explores new technology

A new world first TROG study could eventually benefit cancer patients across the world, changing the way liver cancer is treated in the future.

The LARK (TD 17.03) clinical trial, which has received \$583,000 from the Cancer Australia funding program, will assess the effectiveness of Kilovoltage Intrafraction Monitoring (KIM) in liver cancer patients to improve the accuracy and precision of radiation treatment.

Through KIM, patients could benefit from further improved Stereotactic Ablative Body Radiotherapy (SABR) treatment and have their cancerous tumours targeted more accurately and effectively.

TROG Researcher Professor Paul Keall from the University of Sydney, who has helped devise the program, said the trial could also lead to reduced side effects for patients, lead to treatment for other cancers and potentially help prolong and save lives.

“At the moment, imaging is only performed prior to treatment and the cancer target motion during treatment is unknown,” Prof Keall said. “Tumour motion during radiotherapy causes reduced patient dose distribution accuracy and inferior patient outcomes.

Dr Dominique Lee from Crown Princess Mary Cancer Centre at Westmead is the chair of the LARK trial.

## Farewell Joan Torony

TROG Cancer Research CEO Joan Torony has recently resigned due to ill health.

TROG Board President Associate Professor Farshad Foroudi said Joan had been instrumental in growing TROG Cancer Research to 1500 members, with 16 open clinical trials and 10 new proposals in 2018.

“She has been a driving force in implementing the TROG strategic

plan and diversifying our income away from government funding. Working in partnership with the TROG Cancer Research Board and the Central Office team, she has overcome many challenges over the past six years.”

The TROG Board has appointed Research Manager, Renee Swanson to the position of Acting CEO. A recruitment campaign is underway for a permanent CEO for TROG Cancer Research.

## TROG Trek Triumph

The inaugural TROG Trek has raised more than \$10,000 for TROG’s cancer clinical trials. The group of volunteers took on a five-day 50 kilometre trek in the spectacular Bay of Fires region in north east Tasmania in March.

Each of the team members either held fundraising events or activities, or were sponsored by friends, family or colleagues to raise the \$2,000 required to be able to take part in the trek. A big thank you to everyone who supported the TROG Trek Team!

The charity challenge was part of TROG’s efforts to increase its fundraising activity and income. A Direct Marketing Appeal featuring TROG Ambassador and radio broadcaster, Julie McCrossin is also underway for June.

**Farshad Foroudi**  
President, TROG





# Calendar of Events

Date	Event	Venue
<b>2018</b>		
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
20-23 June	ESMO World Congress on Gastrointestinal Cancer 2018 <a href="http://www.esmo.org/Conferences/World-GI-2018-Gastrointestinal-Cancer">www.esmo.org/Conferences/World-GI-2018-Gastrointestinal-Cancer</a>	Barcelona, Spain
21-23 June	CNSA 21st Annual Congress <a href="http://www.cnsacongress.com.au/">http://www.cnsacongress.com.au/</a>	Brisbane, QLD
28-30 June	MASCC/ISOO Annual Meeting <a href="http://www.masccmeeting.org/2018/#.WhYfTkqWZaQ">www.masccmeeting.org/2018/#.WhYfTkqWZaQ</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
1-3 August	MOGA ASM 2018 <a href="http://www.mogaasm2018.com">www.mogaasm2018.com</a>	Adelaide, SA
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
16-17 August	Colorectal Cancer Conference <a href="http://www.colorectalcancerconference.org/ehome/index.php?eventid=290475&amp;">http://www.colorectalcancerconference.org/ehome/index.php?eventid=290475&amp;</a>	Melbourne, VIC
22-25 August	Asia Pacific Prostate Cancer Conference <a href="http://prostatecancerconference.org.au/">http://prostatecancerconference.org.au/</a>	Brisbane, QLD
1-2 September	COSA CPG Advanced Course <a href="http://cosacpgcourses.org.au/cpg-advanced-2018/">http://cosacpgcourses.org.au/cpg-advanced-2018/</a>	Melbourne, VIC
6-7 September	Cancer Research & Therapy 2018 <a href="http://cancer-conferences.com/">http://cancer-conferences.com/</a>	Venice, Italy
6-9 September	Australian & New Zealand Society of Palliative Medicine Conference 2018: New Frontiers <a href="http://www.anzspm.org.au/anzspm18">www.anzspm.org.au/anzspm18</a>	Sydney, NSW
9-14 September	ACORD Workshop 2018 <a href="http://acord.org.au/">http://acord.org.au/</a>	Magenta Shores, 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
7-9 October	11th COGNO Annual Scientific Meeting <a href="http://www.cogno.org.au/content.aspx?page=cognoasm-home">www.cogno.org.au/content.aspx?page=cognoasm-home</a>	Brisbane, QLD
10-12 October	38th ESSO Congress <a href="http://www.ecco-org.eu/Events/ESSO38">www.ecco-org.eu/Events/ESSO38</a>	Budapest, Hungary

# Calendar of Events (continued)

Date	Event	Venue
11-12 October	Sydney Cancer Conference 2018 <a href="http://scc2018.com.au/">http://scc2018.com.au/</a>	Sydney, NSW
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
22-24 October	Successes and Failures in Telehealth (SFT-18) <a href="http://www.sftconference.com">www.sftconference.com</a>	Darwin, NT
25-28 October	RANZCR 69th Annual Scientific Meeting <a href="http://www.ranzcr2018.com/">www.ranzcr2018.com/</a>	Canberra, ACT
31 Oct-2 November	AGITG 20th 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, QLD
8-10 November	OSWA National Conference 2018 <a href="http://oswa.net.au/event/oswa-national-conference-2018/">http://oswa.net.au/event/oswa-national-conference-2018/</a>	Canberra, ACT
13-15 November	COSA's 45th Annual Scientific Meeting 2018 <a href="http://www.cosa2018.org/">http://www.cosa2018.org/</a>	Perth, WA
13-16 November	ALLG Scientific Meeting <a href="http://www.allg.org.au/events.html">www.allg.org.au/events.html</a>	Melbourne, VIC
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
4-6 December	3rd Global Adolescent and Young Adult Cancer Congress <a href="https://www.eiseverywhere.com/ehome/312967">https://www.eiseverywhere.com/ehome/312967</a>	Sydney, NSW
4-8 December	San Antonio Breast Cancer Symposium 2018 <a href="http://www.sabcs.org/">www.sabcs.org/</a>	San Antonio, USA
13-16 December	ESMO Immuno-Oncology Congress <a href="http://www.esmo.org/Conferences/ESMO-Immuno-Oncology-Congress-2018">www.esmo.org/Conferences/ESMO-Immuno-Oncology-Congress-2018</a>	Geneva, Switzerland
<b>2019</b>		
11-14 March	TROG 31st ASM <a href="http://www.trog.com.au/">www.trog.com.au/</a>	Melbourne, VIC
20-23 March	ANZGOG ASM <a href="http://www.anzgog.org.au/">www.anzgog.org.au/</a>	Sydney, NSW
28-29 March	Cancer Survivorship 2019 Future of Cancer Survivorship: Evolution or Revolution? <a href="http://www.survivorship2019.org/">http://www.survivorship2019.org/</a>	Sydney, NSW
31 May-4 June	ASCO 2019 <a href="https://am.asco.org/">https://am.asco.org/</a>	Chicago, USA
27 September-1 October	ESMO 2019 Congress <a href="http://www.esmo.org/Conferences/ESMO-2019-Congress">www.esmo.org/Conferences/ESMO-2019-Congress</a>	Barcelona, Spain
12-14 November	COSA's 46th Annual Scientific Meeting 2019 'Save the Date' Putting Precision and Personalisation in Practice <a href="http://www.cosa.org.au">www.cosa.org.au</a>	Adelaide, SA
10-14 December	San Antonio Breast Cancer Symposium 2018 <a href="http://www.sabcs.org/">www.sabcs.org/</a>	San Antonio, USA



**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**



# 2019 CANCER SURVIVORSHIP

FUTURE OF CANCER SURVIVORSHIP  
EVOLUTION OR REVOLUTION?

28-29 MARCH 2019

Rydges World Square | Pitt St Sydney | NSW 2000

Flinders Centre  
for Innovation  
in Cancer

Clinical  
Oncology  
Society of  
Australia



## A WELCOME FROM THE 2019 CANCER SURVIVORSHIP CONFERENCE CONVENOR

Dear Friends,

I am delighted to welcome you to the fourth national Cancer Survivorship Conference.

Following three successful events in Adelaide, we listened to your feedback and have decided to host the 2019 conference in Sydney, on 28-29 March 2019. The move gives us an opportunity for a change of perspective and a chance to bring the meeting closer to some of you!

The fruitful partnership between the Flinders Centre for Innovation in Cancer and COSA ensures this national conference reflects the latest developments in research and care of relating to cancer survivorship. We pride ourselves on creating a conference that engages clinicians, researchers, policy-makers and consumers in one collegial and collaborative forum.

In 2019 we hope to be thought provoking and a bit provocative as well! And that's why we are focussing on the theme of "Future of Cancer Survivorship: Evolution or Revolution?" The last 20 years have witnessed a significant evolution of the field of survivorship. But is it enough? Are there aspects where a revolution is in the making? We recognise of course that revolutions are not usually designed – they are often spontaneous, arising in response to pressing, challenges that cannot be solved in a traditional way – but aren't these just the challenges that cancer survivors grapple with?

The Committee is developing a program that we hope will engage our broad audience and perhaps revolutionise a thing or two. – Sessions will feature topics such as:

- Cost of cancer – at an individual and societal level
- Cardio-toxicity of cancer treatment and cardiovascular disease after cancer
- Sexuality and cancer
- Support of carers and family needs
- Living with cancer recurrence.

and (of course) some art to feast the senses.

So come to be part of the revolution for better cancer survivorship! Join us for the deliberations, contribute to the discussion and help us make this meeting even better than the last one.

We look forward to seeing you in Sydney next March.

**Bogda Koczvara** AM, BM BS FRACP MBioethics FAICD  
Conference Convenor

## FEATURED INTERNATIONAL SPEAKER

In 2019 we are delighted to welcome Dr Yousuf Zafar as our keynote speaker. Dr Zafar is a gastrointestinal medical oncologist and healthcare delivery researcher. He is an Associate Professor of Medicine and Public Policy at the Duke Cancer Institute and Sanford School of Public Policy. He serves as Director of the Center for Applied Cancer Health Policy at the Duke Cancer Institute. Dr Zafar's research explores ways to improve cancer care delivery with a primary focus on improving the affordability of cancer treatment. He approaches this issue from both patient-focused and policy perspectives. He has over 80 publications in top peer-reviewed journals including the *New England Journal of Medicine*, the *Journal of Clinical Oncology*, and *JAMA Oncology*. Dr Zafar also serves as Clinical Associate Director of Duke Forge (Health Data Science Center), and Co-Leader for Duke Cancer Institute's Healthcare Delivery Research Focus Area. His research has been funded by the National Institutes of Health and the American Cancer Society, among others. His work has been covered by national media outlets including *Forbes*, *New York Times*, *Wall Street Journal*, *NPR*, and *Washington Post*.

And he is an accomplished photographer!

