



A/Prof Nick Pavlakis, President, COSA

## President's Report

*2019-2020 has certainly seen challenging times for us in Australia – firstly with the bushfire catastrophe over the summer and then with the COVID-19 threat.*

As I write this report, we are more than two months into “lockdown” due to COVID-19 and are now seeing some of the restrictions being lifted. This pandemic has caused havoc locally and globally, unsettled our “comfortable” world but it is putting everyone’s priorities into perspective.

I hope all our members have found COSA’s regular “COVID-19 and Cancer” email updates useful. I certainly have. Being able to access relevant resources and articles in one location each week has meant I have not had to wade through multiple sources of information to determine what was useful. As there was so much information about COVID-19 circulating, we decided early on that our efforts might be best placed in compiling information rather than creating new information. The oncology workforce has rallied to ensure special considerations were in place for Australia’s most vulnerable people – cancer patients and survivors.

As a medical oncologist myself, I co-authored a paper with Prof Eva Segelov and colleagues on **“Practical Considerations for Treating Patients With Cancer in the COVID-19 Pandemic”** published in the *JCO Oncology Practice* in May 2020. Eva’s hard work and leadership was instrumental in organising the group to produce a consensus document addressing what we collectively felt were the kinds of practical issues and decisions we expected to face as the COVID-19 crisis escalated to a catastrophe. As observed in the Northern Hemisphere, the COVID-19 pandemic was expected in Australia to disproportionately affect people with cancer and threaten the health and availability of the oncology workforce. The comprehensive response of Australian Governments to the COVID-19

pandemic has likely saved thousands of lives, and significantly enhanced the ability of our health system to provide care for everyone who needs it while ensuring essential emergency services were maintained.

Telehealth was a key strategy in reducing the risk of community transmission and ensuring that cancer care was continued while protecting vulnerable people (patients, families, and healthcare providers) from the virus. The swift and efficient introduction of the COVID-19 Temporary MBS Telehealth Services by the Australian Government in March 2020 enabled the widespread use of telehealth. Several professional bodies have acknowledged the potential for ongoing benefits with the ongoing use of Telehealth beyond the anticipated COVID crisis period of September 2020 for appropriately selected patients and circumstances.

COSA continues to provide leadership in this area, working with our colleagues at Cancer Council Australia to advocate to government for the retention of some of the COVID-19 MBS Telehealth items to facilitate its ongoing accessibility to enable the provision of high quality care for all Australians, regardless of where they live or their ability to travel.

As I reported in my first Marryalyan report as COSA President in June 2019, I see COSA as a key leading national cancer organisation, bringing together like-minded professional groups for a greater common purpose – the fight against cancer and the pursuit of excellence in cancer care and research promotion. We see this increasingly so, as illustrated by the engagement of our Affiliated Organisation members. I encourage you to read the many reports they have each provided in this edition of the Marryalyan. COSA Council provides us with the ideal forum for open dialogue with our Affiliates and the COSA Groups

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One such example arose in the Council meeting in March in response to COSA's Regional and Rural Group request that MOGA undertake a review of "The Shortage of Medical Oncologists: The Australian Medical Oncology Workforce Study" by Dr Prunella Blinman et al, as published in the *MJA* in 2012. MOGA's original study was undertaken approximately 10 years ago and was led by Prof Michael Barton. At the time there was limited data available and oncologists were able to use these benchmarks to advocate for more staff in their institutions. Council discussed the proposed review, noting that cancer management has changed substantially since then with multiple new therapies, for example immunotherapy, with longer treatment periods, complexity, frequency, and overall survival, leading to increased workforce demands. Therefore, workload benchmarks should not only reflect new patient caseload but also include data such as treatment and disease complexity by tumour type and cancer prevalence, lines of therapy and duration of treatment periods. Council welcomed MOGA's proposed follow up project to review the earlier study and COSA agreed to provide assistance, if called upon, once the study brief is developed in more detail.

As I close out this report, I'd like to reflect on COSA's plans to deliver the ASM this November as a "hybrid" event, with a mix of virtual and face-to-face content and registration options. Marie has provided more detail in her report, however I note at this point in time, planning is enormously challenging as there are still so many unknowns. I encourage you all to support the ASM this year and hope to "see" you there.

**Nick Pavlakis**  
*President*

# COSA Membership

## COSA memberships are now open for renewal!

**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) . . . . .	\$235
COSA – Allied Health (1 year). . . . .	\$140
COSA Student member (1 year). . . . .	no charge
COSA Retiree member (1 year) . . . . .	\$65

*Please note: **Medical Oncology Advanced Trainees** are eligible to join COSA at the Allied Health member rate for the duration of their training.*

COSA welcomes **Affiliated and Associated 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 Affiliated/Associated* members – Medical (1 year) . . . . .	\$215
COSA Affiliated/Associated* members – Allied Health (1 year) . . . . .	\$130

*\* 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)

# Chief Executive Officer's Report



Marie Malica, CEO, COSA

The first two months of 2020 started out quite smoothly for COSA and everyone else. It's difficult to write a report at this time without mentioning the effect COVID-19 has had on the business and staff at COSA, but I will not labour on it and instead focus on some of the positives.

One of the very exciting things to happen in team COSA is the appointment of Olivia Hart, our new Social Media Coordinator. This is a new position at COSA, and we could not have hoped for a better candidate. Olivia is in her final year of Bachelor of Media (PR & Advertising) / Bachelor of International Studies with long term plans for a career in communications for policy development. Even though Olivia has only been in the role for three months, we have seen her really hit the ground running and lifting our profile on Twitter, updating our Facebook page and setting us up on LinkedIn. We are delighted to welcome Olivia to team COSA!

Like everyone else, team COSA is working from home. The transition to this new way of working was made quite seamless for COSA as we had moved to Office 365 and "the cloud" in late 2018. We will continue to work from home for the time being, until such time as government restrictions have been lifted and we are certain of everyone's health and safety.

## Submissions

To date in 2020 we have made the following submissions:

1. RANZCR's consultation: Establishing and Sustaining Regional, Rural and Remote Radiation Therapy Centres (January 2020)
2. TGA consultation regarding "Lowering the age of eligibility of cancer clinical trials". We are pleased to note the FDA guideline "Considerations for the inclusion of adolescent patients in oncology trials" has been adopted by the TGA for use in Australia in line with COSA's and other organisations' recommendation (February 2020)
3. A submission to, and invitation to present at the public hearing, for the Senate inquiry into "Current barriers to patient access to medicinal cannabis" (January and February 2020)

4. MBS Review Consultation – Stage 5 expansion of specialist items for telehealth (April 2020)

We are also working with Cancer Council Australia to seek high level input on the benefits and challenges experienced by clinicians and people with cancer in accessing the MBS telehealth items introduced in response to the COVID-19 pandemic. We conducted a brief survey to quickly collate perspectives to inform a short paper we put to the Australian Government, before we work collaboratively on a more detailed position and plan focusing on the opportunities for improvement and reform as we emerge from the pandemic.

## 2020 COSA ASM

The big question on everyone's lips is, what is happening for the 2020 COSA ASM??? Abstracts opened in May and we have just opened registrations. In 2020 the ASM will be a "hybrid" event with face-to-face and virtual content. Obviously, we will observe all necessary restrictions in place at the time. Please visit [www.cosa2020.org](http://www.cosa2020.org) for more information.

Understandably we are all concerned about the current situation happening around the globe with COVID-19. I wish to reassure all COSA members, delegates and sponsors that we are closely monitoring the situation and adapting as required to ensure the 2020 ASM can proceed as scheduled with a powerful scientific program at the Brisbane Convention and Exhibition Centre, 11 to 13 November 2020.

As always participant health and safety is of utmost importance to us (COVID-19 or not), and we are ensuring that all the necessary precautions are being taken regarding COVID-19. We will continue to closely monitor the situation as it evolves, and follow the advice of government and health authorities, keeping you informed of any changes as they develop.

**Marie Malica**  
**Chief Executive Officer**

# The Tom Reeve Award for Outstanding Contributions to Cancer Care

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

**Nominations are now open for the 2020 Tom Reeve Award for Outstanding Contributions to Cancer Care, closing Monday 20 July 2020.**

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. Pending the lifting of COVID-19 restrictions, this may occur at the COSA ASM in Brisbane in November at which he/she will be invited to 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 20 July 2020.**



*2019 Tom Reeve Award recipient Prof Ian Olver AM with past recipients: Prof Alan Coates AM and Prof Phyllis Butow AM and COSA President, A/Prof Nick Pavlakis*

## Previous recipients of the Tom Reeve Award

2019	Professor Ian Olver AM
2018	Professor Grant McArthur
2017	Emeritus Professor William McCarthy AM
2016	Professor Fran Boyle AM
2015	Professor David Currow
2014	Professor John Zalcborg OAM
2013	Professor Ian Frazer AC
2012	Professor David Ball AO
2011	Professor Phyllis Butow AM
2010	Professor John Forbes AM
2009	Distinguished Professor Patsy Yates AM
2008	Professor Lester Peters AM
2007	Professor Martin Tattersall AO
2006	Professor Alan Coates AM
2005	Emeritus Professor Tom Reeve AC CBE





## ABSTRACT SUBMISSION GUIDELINES

### Online Abstract Submission

Abstract submission is online at [www.cosa2020.org](http://www.cosa2020.org)

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

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

1. Abstract submissions close:

**Friday 14 August 2020 – Abstract submissions**

**Friday 3 July 2020 – 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 \*
- Conference Theme: Quality and Safety
- Conference Theme: Cardio-Oncology
- Conference Theme: Implementation Science
- 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.*

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3. Maximum text length allowed is 300 words in length including sub-headings. To assist your preparation, abstracts may be structured under the sub-headings Aims, Methods, Results, Conclusions. The sub-headings must be concise, with only the first word starting with a capital letter.
4. Reports of completed studies are preferred, and will be given preference in selecting oral presentations, especially over abstracts which do not report results but indicate that they will be reported at the meeting or mere descriptions of trial methodology. Results of research will be given preference over descriptions of services for oral presentations.
5. Abstracts reporting quantitative studies should contain the planned accrual target and the actual number of patients recruited, levels of significance and confidence intervals of results. Abstracts of qualitative research should indicate how they chose their sample size (e.g. data saturation) and the methodology of analysis.
6. Abstracts will be “blinded” to the reviewers. They will not be able to see the authoring or organisation information. Submitters must not assume that there will be knowledge of the previous work of a group or strength of a research group or researcher.
7. Most of the submitted abstracts will be allocated posters as there will only be a limited number of slots for oral presentations. The best posters will be selected for specific poster presentation sessions with a discussant.
8. Images are not accepted in abstracts.

### Examples of exemplary abstracts

Please take the time to go to the conference website (<http://www.cosa2020.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 Brisbane, 11-13 November 2020. Each grant will be up to the value of \$1,000.

Please note: In an effort to fund as many applications as possible in previous years, complimentary registration was offered in lieu of cash reimbursement due to the overwhelming number of applications received.

## 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 Brisbane, 14-15 November 2020.

**All travel grant applications close: Friday 21 August 2020**

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

## 2020 Australia Day Honours

*COSA congratulates the following members of the oncology community who were recognised in the 2020 Australia Day Honours List.*

### **Professor Bruce Robinson AC**

For eminent service to medical research, and to national healthcare, through policy development and reform, and to tertiary education.

### **Professor Robert John Simes AO**

For distinguished service to education, and to medicine, in the field of cancer research and clinical trials.

### **Dr Neil Wetzig AO**

For distinguished service to the international community of the Democratic Republic of Congo through medical support, teaching and training programs.

### **Dr John Collins AM**

For significant service to medicine, particularly to breast cancer treatment.

### **Dr Gillian Duchesne AM**

For significant service to radiation oncology medicine, and to professional medical organisations.

### **Dr Paul Eliadis AM**

For significant service to medicine as a clinical haematologist, and to charitable initiatives.

### **Associate Professor Marion Saville AM**

For significant service to women's health through cervical screening initiatives.

### **Mr Phillip Antippa OAM**

For service to thoracic surgery, and to music.

## 2020 Queen's Birthday Honours

*Congratulations to the following members and friends of COSA who were recognised in the 2020 Queen's Birthday Honours List.*

### **Professor Georgina Long AO**

For distinguished service to medicine, particularly to melanoma clinical and translational research, and to professional medical societies.

### **Professor Ingrid Winship AO**

For distinguished service to medicine, particularly to clinical genetics and research, to cancer prevention, and as a role model and mentor.

### **Dr Gabrielle Cehic AM**

For significant service to medicine, to nuclear oncology, and to professional medical groups.

### **Dr Susan Neuhaus CSC AM**

For significant service to medicine, to community health, and to veterans and their families.

### **Professor Andrew Roberts AM**

For significant service to medical research, to haematology, and to cancer organisations.

### **Distinguished Professor Patsy Yates AM**

For significant service to tertiary education, to cancer and palliative care nursing, and to medical research.

### **Dr David Bell OAM**

For service to medicine, and to professional organisations.

# COSA Group Reports

## Cancer Care Coordination Group

Many of you will be aware that 2020 is International Year of the Nurse and Midwife. 2020 has also seen us dealing with the unprecedented implications of the COVID-19 pandemic. This has resulted in broad impacts on cancer services and cancer care and delivery, and I would like to acknowledge and celebrate the contributions of nurses in health care globally at this time. I would particularly like to recognise the contributions from the broad range of nurses in our Australian cancer services, and those that are members of our Cancer Care Coordination Group.

Last year we conducted a national survey of COSA and CNSA members exploring the changing nature of the cancer care environment, the implications of this for care coordination, and the professional development needs of those in dedicated care coordination roles. We have received 127 responses to date. Over 80 per cent of Cancer Care Coordinators indicated they are either satisfied (50 per cent) or very satisfied (34 per cent) with their role. Care coordinators identified a range of factors have facilitated the successful implementation of their role including being part of a supportive multidisciplinary team, support from peers, and support from their employer. A range of potential roles for COSA in supporting Cancer Care Coordinators were identified, with the most identified role for COSA is to develop standards and guidelines for practice. The survey results will be used to inform Group activities and we look forward to sharing the findings with you. We also plan to use this data to help us update COSA's Position Statement on Care Coordination.

We remain keen to deliver a pre-conference workshop for cancer care coordinators prior to the 2020 COSA ASM in Brisbane. We would like to build on the success of the *Cancer Care Coordinators Development Day* hosted by The Mater Brisbane in October 2019, and provide a similar professional development opportunity to more cancer care coordinators. Given current restrictions on events and travel we are not yet in a position to confirm any details for the 2020 COSA ASM, but are hopeful we will be able to offer such a workshop either at the ASM or at a future date.

A reminder that if you would like to share details of your cancer care coordination activities with your colleagues through *The Coordinator* to please get in touch at [cosa@cancer.org.au](mailto:cosa@cancer.org.au).

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

## Cancer Pharmacists Group



A very different start to 2020 for the Cancer Pharmacists Group with many of our usual activities postponed due to COVID-19. In saying this I'd like to thank all CPG members (and especially the CPG committee) for their continued support for and involvement in various CPG activities that we have been able to undertake or at least plan for. In the background, the CPG committee is continuing to plan for several post-COVID-19 activities:

**CPG Foundation Clinical Practice for Cancer Pharmacists Course, CPG Advanced Clinical Practice for Cancer Pharmacists Course, COSA ASM (+ clinical development workshop).**

**Pharmacology of Cancer Chemotherapy for Advanced Trainees workshop – 29 February 2020, Sydney**

Krissy Carrington and Dan McKavanagh presented this workshop in Sydney this year, with fantastic support from Fran and Marie from COSA. Yet again the workshop was hugely successful with a great medical oncology/ haematology trainee turnout from around Australia and was made possible with educational/ research sponsorship from Roche.

**2020 COSA ASM 11–13 November 2020, Brisbane**

The ASM will be in bustling Brisbane this year, with several foci: Quality and Safety; Implementation Science; Cardio-Oncology. Krissy Carrington brings a wealth of experience as the CPG representative on the ASM organising committee. There will be many fantastic pharmacist-containing sessions, so keep checking the COSA ASM website at [cosa2020.org/](http://cosa2020.org/) for details.

The CPG are committed to holding a Clinical Development Workshop in conjunction with the ASM in November. As the ASM is running Wednesday to Friday this year, the plan is to hold the workshop around the ASM (date to be confirmed). CPG committee member Courtney Oar has started coordinating the program for this workshop, so keep an eye on the ASM website for further information.



## Other activities

Gail Rowan and Marliese Alexander have been participating on behalf of the COSA CPG with the ISOPP Global Oncology Pharmacy Response to COVID-19 Pandemic study.

Huge kudos to Krissy Carrington and Jim Siderov for their involvement in the now published range of resources to support cancer care services implement the National Safety and Quality Health Service (NSQHS) Standards. See the Publications and resources section of the Commission's website for these.

Geeta Sandhu and Dan McKavanagh along with the CPG committee have commenced planning a Digital Safe Prescribing, Dispensing and Administration Guideline that may sit alongside the existing COSA guidelines. Very much in the early stages of planning but hoping for support from the Group to continue development.

## CPG Membership and Executive Committee update

Currently our membership (either Group members or those COSA members stating cancer pharmacy as an area of interest) stands at 205, which has held firm since 2017. A reminder that your CPG committee members are:

- Dan McKavanagh – Chair
- Kimberley-Ann Kerr – Deputy Chair
- Geeta Sandhu
- Jim Siderov
- Gail Rowan
- Jenny Casanova
- Courtney Oar
- Marissa Ryan

**Dan McKavanagh**  
**Chair, Cancer Pharmacists Group**  
**[Daniel.McKavanagh@health.qld.gov.au](mailto:Daniel.McKavanagh@health.qld.gov.au)**

## Clinical Trials And Research Professionals Group

Members of the Clinical Trials and Research Professionals Group (CTRPG) Executive Committee (EC) represent regional and metropolitan clinical trials research organisations across Australia. Our current committee members are: Annette Cubitt, Clinical Trials Manager, Royal Brisbane and Women's Hospital, QLD (Chair); Dianne Lindsay, Clinical Research Consultant, Newcastle, NSW (Deputy Chair); Alison Richards, Clinical Trials Manager, Flinders Medical Centre, SA (Secretary); Joanne Benhamu, Senior Research Nurse, Peter MacCallum Cancer Centre, Melbourne, VIC; Natasha Roberts, Research Coordinator, Royal Brisbane and Women's Hospital, QLD; Adam Stoneley, Research Operations Manager, ICON Group, Brisbane, QLD; Krystyne Hiscock, Affinity Clinical Research, Perth, WA; Annette Dempsey, Clinical Research Associate, TROG Cancer Research, Sydney, NSW.

We welcomed Krystyne Hiscock as a member of the committee in August 2019; Krystyne brings new skills with a wealth of experience in development and management of a successful clinical trials service and is already making a strong contribution during our regular meetings held by teleconference. Annette Dempsey from TROG joined the committee in May 2020 and we look forward to sharing her knowledge of quality clinical trials in the collaborative group space.

The COVID-19 crisis has impacted the Group's activities during the first half of 2020. Our members have all been busy assisting with their respective organisation's response to the COVID-19 pandemic from the initial crisis response and shut down through

to formulating a way forward, allowing our clinical trials to continue albeit under significantly different conditions. As a group we hope that this may become a catalyst for positive changes to clinical trial research activities in Australia.

Last year the Clinical Professional Day Workshop was held in Adelaide and covered two quite different themes. The morning session covered the opportunities and challenges of electronic site file systems and implementation strategies. This session was led by Eleanor Allan (Caledonian Clinical Training) an internationally renowned expert in GCP, clinical trials management, auditing and training in conjunction with invited speakers Amy Ives (Royal Brisbane and Women's Hospital, Queensland) and Maryanne Turner (Peter MacCallum Cancer Centre, Victoria) both experienced Clinical Research Coordinators.

An interactive and informative session followed, starting with a case study on the potential benefits and challenges of transitioning to the electronic filing of site files. Site files include the essential documents required by Good Clinical Practice guidelines which support the conduct of every clinical trial at a site. These documents have historically been managed in hard copy at sites which significantly adds to administrative workloads and the expense of running cancer clinical trials. Interactive/small group sessions demonstrated the importance of managing electronic site files successfully including naming conventions and consistency in filing across sites to enable access for all stakeholders. Candid site perspectives from Amy and Maryanne shared the trials and tribulations of introducing e-site files and how to avoid pitfalls. In the second part of the morning session perspectives were presented from an auditing, regulatory and experiential approach to data management. Towards the end of the morning, a review of what needs to be filed and how was both entertaining and

informative. The morning workshop successfully covered how electronic site files systems can be used to more efficiently manage research data and workloads. The session ended with an informal interactive and summative session on root cause analysis exercises to optimise the implementation of electronic systems.

The afternoon session was led by Dr Claudia Rutherford, Deputy Director, in conjunction with Dr Rachel Campbell from the Cancer Australia Quality of Life Office in Sydney. Dr Rutherford is a health psychology researcher with experience in the development and evaluation of health-related conceptual framework and patient-reported outcome (PRO) measures. As a PRO specialist, she has a comprehensive set of methodological skills related to multi-centre research conduct and all aspects of PRO inclusion in clinical trial protocols. Dr Campbell is a post-doctoral research associate at the Sydney Quality of Life Office and her current research focusses on optimising the use of patient-reported outcome measures (PROMs) in oncology research and clinical practice. She is particularly interested in the implementation of PROMs in clinic to improve patient outcomes. Their joint presentation was on Patient Reported Outcomes in clinical research. Claudia presented a summary and overview of the development, background and uses of patient reported outcomes measures in research. Rachael presented a number of very helpful resources to help ensure that quality data is collected. This was a very interactive session with the questions and discussion time drawing on the experiences and expertise of the audience.

We hope to build on this success by organising another workshop this year in Brisbane. We plan to dedicate the Brisbane workshop to the implementation and current status of the Australasian Tele-trials program. A number of key stakeholders will be

invited to present, and this will be an opportunity to learn more about the program and how to become involved. The COVID-19 crisis has bought telehealth to the forefront and tele-trials have the potential to revolutionise cancer care clinical trials delivery.

We are keen to continue our efforts to ensure that cancer clinical trials research in Australia improves 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 do not hesitate to contact members of the committee for help with any queries; our contact details are available on the COSA website. We look forward to the opportunity to meet and network with colleagues during the next COSA Clinical Professional Day Workshop and the Annual Scientific Meeting in November in Brisbane.

**Annette Cubitt, Chair**  
**Dianne Lindsay, Deputy Chair**  
**Clinical Trials and Research**  
**Professionals Group Executive**  
**Committee**

**[Annette.Cubitt@health.qld.gov.au](mailto:Annette.Cubitt@health.qld.gov.au)**  
**[DLindsayConsulting@bigpond.com](mailto:DLindsayConsulting@bigpond.com)**

## Exercise and Cancer Group

In the current climate we have all had to make changes to the way we go about our daily lives. And for a number of our cancer patients, current restrictions and social distancing measures have made it challenging to remain active during the pandemic.

Despite the current challenges it has been encouraging to see how resilient and adaptable both clinicians and patients have been over the past couple of months, as services have shifted towards being predominantly delivered via telehealth. Within a couple

of weeks, services across the country (in public, community and private practices) transitioned smoothly to this new model of care. By doing so, it has enabled patients to continue attending their oncology exercise group sessions, along with providing individualised exercise information, guidance and advice so that we can continue supporting patients both physically and mentally during these strange times.

In part, this transition was made possible with the expansion of Medicare item numbers for telehealth for a range of allied health services that previously were not available. These are currently in place until 30 September 2020 and have also been adopted by a number of Private Health Insurers. Telehealth has enabled greater access to support services (particularly in regional/remote Australia) and it is hoped these new item numbers can continue well into the future. Combined with the infrastructure investment already made by health services/clinics to carry out this work, COVID-19 may have ongoing positive impacts on the way in which we deliver exercise services to cancer patients not only now but in the future.

During the past few months, the COSA Position Statement on Exercise in Cancer Care has also undergone a revision and a four-week consultation was conducted from 30 April to 29 May 2020. The statement provides guidance to all members of the multidisciplinary cancer team regarding the role of exercise in the care of people with cancer and the following changes have been made:

- To incorporate updates based on the release of the updated ESSA exercise and cancer position statement in May 2019, and the updated ACSM evidence-based guidelines in October 2019.
- Greater emphasis has been placed on the triad recommendation of “Discuss, Recommend, Refer”.

- Highlighting the importance of engaging an exercise specialist experienced in cancer care for an individualised exercise program.
- The inclusion of a caveat to reflect the breadth of patients to be referred to an exercise specialist: *“A number of people with cancer (such as those coming to the end of life and with severe limitation) require highly specialised support and are not appropriate for general exercise advice. Clinical judgement should always be applied”*.
- Two of the images with heavy duty gym equipment were replaced with people using resistance band and stretching outdoors to illustrate exercise in a variety of settings.

An implementation plan is being developed for the COSA Exercise Position Statement (by the Implementation Working Group) and will provide a strategy on how to enact the calls within the position statement into routine cancer care. Next steps will also involve the development of additional resources to promote the COSA Exercise Position Statement and ensure consistent messaging. These will include a one-pager of key messages, a “cheat sheet” for health professionals identifying what to say to patients and a slide deck for educational opportunities (clinician and patient versions).

This is an exciting time to be involved in the Exercise and Cancer Group. If you would like to participate in the Group’s activities, please login to your member profile on the COSA website and either select Exercise as a COSA Group or Area of Interest. We encourage members from all discipline areas to participate in our Group.

**Andrew Murnane**  
**Chair, Exercise and Cancer Group**  
**Andrew.Murnane@petermac.org**

## Familial Cancer Group

It has been an interesting and busy start to the year for the COSA Familial Cancer Group (FCG).

One the main pieces of work for the Group each year is to host an annual COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day (FCC CPD). This day runs alongside the Familial aspects of cancer conference, Research and Practice which unfortunately had to be cancelled. The Group is working towards offering a virtual clinical professional day to be held on Tuesday 1 September 2020. We hope the revised modality will allow many more people to attend the day, especially those that would have found travelling to the meeting difficult. We will circulate more details of how to register in the coming months.

In addition, we are pleased to have successfully hosted two educational webinars this year. We have been able to feature presentations for colleagues and members with an interest in familial and/or somatic cancer genetics which is an incredibly interesting and rapidly evolving area of work. The first webinar featured Ms Meera Warby, Genetic Counsellor from Prince of Wales Hospital in NSW. Ms Warby’s presentation was titled “Sharing insights and her experience of providing paediatric and adolescent cancer genetic counselling – lessons from an expanding service”. The webinar reached an audience of almost 200 people. The second webinar featured Professor Susan Branford from SA Pathology who spoke to us about BCR-ABL and CML. We have plans to host

a webinar every one-to-two months so keep an eye out for future webinars.

We have recently seen the introduction of new MBS item numbers released for use on 1 May 2020. Specifically, the introduction of several new items for genetic testing for inheritable pathogenic variants in genes predisposing to colorectal and/or endometrial cancer, and various polyposis conditions. There were also twenty new genetic testing items for the diagnosis and prognosis of certain cancers. We will be watching closely how these new items numbers are used and how our Group can assist.

More information including rebate amounts can be found at [mbsonline.gov.au](http://mbsonline.gov.au).

**Lucinda Salmon**  
**Chair, Familial Cancer Group**  
**lucinda.salmon@austin.org.au**

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## Nutrition Group

It has been a challenging start to 2020 for everyone to say the least. With the need for health professionals to turn their focus to preparing for and managing the COVID-19 pandemic and supporting people with cancer, as well as the broader impact on our professional and personal lives, the focus of the Nutrition Group's activities has shifted somewhat from previous plans and timelines. Like most health professionals, many of our members across Australia, from various healthcare settings, have been transitioning to telehealth delivery of nutrition services. The Nutrition Group were fortunate to have the opportunity to contribute to the government consultation for specialist telehealth items through COSA. A number of members stepped up and provided a voice for people with cancer, needing to access nutrition and dietetic services, to ensure their needs were considered. Overall, many positive changes to telehealth delivery have been possible.

The working group have continued to progress the cancer-related malnutrition and sarcopenia position statement, with the position statement expected to be released within the next month. A number of organisations have been invited to endorse or support the position statement, with endorsement received from Cancer Council Australia and Dietitians Australia to date. In order to help health professionals and health services adopt the recommendations from the position statement some supporting resources are under development, including an infographic and care pathway. Further work to support implementation of the position statement, including workshops with health professionals, are planned for 2021 once conferences resume.

A new nutrition resource is available for health professionals, people with cancer and their families to navigate optimal nutritional care following a cancer

diagnosis. Two CanEAT pathways are available, one for health professionals and one for people with cancer and their carers. The pathways contain information on what you need to know, what you can expect and what you can do and provide links to trustworthy, dietitian approved information, resources and tools and provides some practical tips. They include nutrition information for all cancer diagnosis, cancer treatments, tips for a range of nutrition issues, answers to common questions about diet and nutrition, with links to translated resources and tools. The pathways have been developed by the Victorian Cancer Malnutrition Collaborative and can be accessed at: [petermac.org/CanEATpathway](http://petermac.org/CanEATpathway)

The Nutrition Group welcome new members and anyone with an interest in nutrition to get involved in our projects.

**Nicole Kiss**  
**Chair, Nutrition Group**  
[nicole.kiss@deakin.edu.au](mailto:nicole.kiss@deakin.edu.au)

## Psycho-Oncology Group

I hope that this Marryalyan report finds you well. The current novel coronavirus pandemic has really required us all to reflect on how we work, how we live and how we interact with each other. It has really highlighted the importance of taking care of each other and having a strong sense of community and knowing that the actions we take in our day to day lives has implications for the broader community. In thinking about this we can draw parallels between this sense of community and the oncology community to which we also belong. The current pandemic highlights that we need to continue to take care of each other, irrespective of discipline/role, work context or seniority. Working collaboratively to look after the needs of our oncology patients and their families in this pandemic has provided

opportunity to appreciate and be grateful for the skills, expertise and kindness of our colleagues.

The current pandemic has also launched a range of research ideas. Psycho-oncology has a number of research projects that are currently happening. Please get in contact if you would like further information.

While events such as the International Psycho-oncology Society scientific meeting scheduled for June 2020 in Japan has been postponed to May, 2021, the current plan, at time of writing, is for the COSA ASM to go ahead in Brisbane 11–13 November (starting on a Wednesday this year!). Professor Jane Turner has been our psycho-oncology representative on the organising committee and, on reviewing the program, Jane has worked hard to ensure some high-quality psycho-oncology content. The themes of 2020 COSA ASM are Quality and Safety, Implementation Science and Cardio-oncology. Some key sessions of interest include *Implementation and outreach: initiatives to extend reach across diverse and underserved clinical populations; Focussing on the Implementation Science for PROMS and PREMS Excellence; Cancer prevention for cancer patients; and Implementation science in Australian cancer care: What's happening now...* There will be a breakfast session hosted by Professor Maggie Watson titled *Getting Published: The how, what and where*. There are also a couple of pre-conference workshops that are of interest to our Group: *Implementation Science: Implementing COSA position statements; and Cancer Survivorship Masterclass: Implementing quality cancer survivorship care.*

Key dates for COSA 2020 are 3 July: Symposia submissions close; 14 August: Abstract submissions close; 21 August: Travel grants close; 18 September: Early bird registration closes; and 11 November: COSA ASM 2020 commences.



I look forward to seeing you in sunny Brisbane in November. Please do not hesitate to get in contact with me if you have any ideas you would like to share.

**Laura Kirsten**

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

## Regional and Rural Group

It seems every moment over the past two months has been consumed with everything COVID-19 or SARS-CoV-2. There has been a furious effort by all to plan and prepare for the expected influx of COVID-19 patients which never eventuated. The concern was that hospitals would be overwhelmed and our cancer patients would suffer poorer outcomes due to less service and staff availability. Despite Australia not experiencing a surge of inpatients, there was still a lot going on in regional cancer centres that I thought I would share.

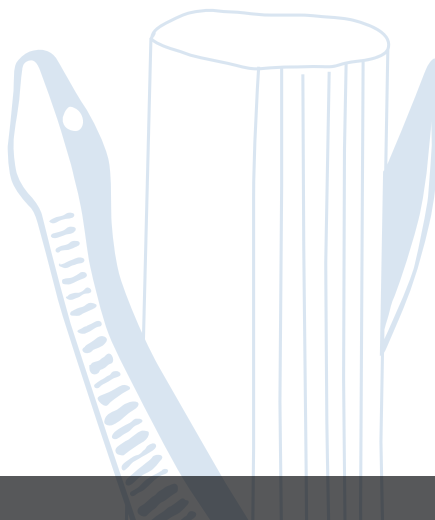
Regional hospitals and regional cancer centres are sadly less resourced to plan for disasters, so an equivalently large workload falls onto fewer individuals to handle. Many of us were involved in multiple hospital committees and Zoom meetings became our second home. Contingency plans were formed and regularly revised as the situation constantly evolved. We needed to rapidly determine how to decant cancer patients from hospitals given the heightened risk and harm our patients were facing. The Australian cancer community collectively tried to work out which patients should receive usual standard of care and which patients should have their treatment de-escalated or stopped. This, as you can imagine, was stressful for all involved, including to our patients. Anxiety has been an omnipresent emotion and we really need to take time to check in on our colleagues and patients over the next few months.

There are always positives that are born out of crises. The biggest I believe has been the government's rapid support to expand telehealth MBS item codes. Regional clinicians have been using telehealth for a very long time but where our utilisation rates were 10 to 15 per cent pre COVID-19, they have suddenly leapt to 60 to 80 per cent of all patient reviews. This has protected both staff and patients, but it has also given everyone so much confidence in telehealth. This will be important for regional cancer patients as protecting and hopefully expanding on telehealth access will drive better outcomes and better quality of life. The looming MBS proposal to wind back the 50 per cent incentive on telehealth must be resisted. Cancer Council Australia and COSA are continuing this conversation with the Department of Health. There have been many other benefits of decentralising cancer care including direct delivery of drugs to patients' homes, an increased appetite for pharmaceuticals to support patients by funding home nursing services to administer cancer drugs and many more positive initiatives.

So, in closing, the regional response to the threat of SARS-CoV-2 demonstrates once again that regional patients are cared for by a group of passionate regional clinicians who continue to demonstrate wonderful leadership and determination.

**Rob Zielinski**

**Chair, Regional and Rural Group**  
[Rob.Zielinski@health.nsw.gov.au](mailto:Rob.Zielinski@health.nsw.gov.au)



## Survivorship Group

2020 has brought with it many challenges, most notably the COVID-19 pandemic. The Survivorship Executive has been considering how models of care might be affected by the pandemic, and how we can advocate for improved survivorship care and services for all Australians living with and beyond cancer.

We are currently lobbying for continuation of telehealth and MBS reforms introduced in response to COVID-19. These changes have produced benefits for many survivors, with reduced travel, less time away from work, more comprehensive care, as well as greater flexibility regarding models of care, supporting shared care with GPs and greater involvement of nursing and allied health. This results in potential benefits for secondary providers, such as less stressed outpatient clinics. Telehealth also supports the safety of patients, family members and health care staff.

May I recommend a recent *Journal of Cancer Survivorship* editorial by Larissa Nekhlyudov and colleagues "Addressing the needs of cancer survivors during the COVID-19 pandemic" ([link.springer.com/article/10.1007/s11764-020-00884-w](https://link.springer.com/article/10.1007/s11764-020-00884-w)) for further insights on how COVID-19 might impact the physical, psychosocial and healthcare delivery concerns of cancer survivors?

As we think beyond COVID and beyond a focus just on telehealth, there is increasing recognition that, for many survivors, models of care should shift toward more care being provided in the community; a greater focus on self-management; and care that is led or coordinated by non-medical health professionals (eg nursing, allied health). These developments are consistent with the COSA model of survivorship care. We continue to work on how we can promote innovative, effective models of care.

Prior to the COVID-19 restrictions, many of our Group members were able to attend and present at the Third Victorian Cancer Survivorship Conference: *Building on learnings...partnering for success*, held in Melbourne in mid-March, [survivorshipconference.com.au](http://survivorshipconference.com.au). Dr Deb Mayer, from UNC Lineberger Comprehensive Cancer Center, and the Office of Cancer Survivorship at the National Cancer Institute was able to join in person, and Professor Adam Glaser from the University of Leeds and Leeds Teaching Hospitals NHS Trust kindly provided recorded videos of his talks. Local invited speakers included Prof Afaf Girgis AM from the Ingham Institute for Applied Medical Research and UNSW Australia and Mr Anton Enus, news anchor with SBS World News Australia. The conference provided the opportunity to learn more about survivorship care and research and recognised the importance of broad partnerships and collaboration.



Deb Mayer, Helana Kelly, Kyleigh Smith, Anton Enus, Jon Emery, Michael Jefford, Michelle Barrett – at the Third Victorian Cancer Survivorship Conference

Over the last few months, we have also continued to work on our longer-term priorities as set out in our Group's strategic plan. We are very pleased to announce that Raymond Chan has been appointed as Group Deputy Chair. We congratulate Ray on this appointment and look forward to working with him in this role.

We have published a further paper in the *Australian Journal of General Practice (AJGP)* focusing on the important role of general practice in the care of cancer survivors <https://www1.racgp.org.au/ajgp/2020/may/general-practice-care-of-cancer-survivors>. This builds upon the recent COSA model of survivorship care paper featured in the December 2019 edition of AJGP ([ncbi.nlm.nih.gov/pubmed/31774985](https://pubmed.ncbi.nlm.nih.gov/pubmed/31774985)).

Building capacity in survivorship research is a key element of our strategic plan. We have recently called for expressions of interest for an early-career researcher to coordinate a study that aims to establish cancer survivorship research priorities within Australia. The Survivorship Executive will provide mentorship and guidance for the project, and we anticipate gathering information from all our members and key stakeholders to develop a cancer survivorship research framework. We

look forward to keeping you up to date with the progress of this work.

Bogda Koczwara has continued leading the Patient Reported Outcomes (PRO) Working Group, which has recently submitted

a perspective piece to the *Medical Journal of Australia* on incorporating PRO collection as part of routine clinical care. This paper provides the foundation for an advocacy approach and outlines the principles of clinical use of PROs in cancer care: core data; communication framework; access; standards of care; and patient involvement. The Working Group will now use these principles to develop a guideline consensus

document that provides practical steps for implementing PROs in routine clinical practice.

Our members are well linked internationally, including with the ASCO and MASCC survivorship groups, and we are cognisant of international initiatives that may inform or complement our model of care agenda. This includes work being undertaken by ASCO on their Survivorship Compendium, and we hope to soon provide members with an opportunity to contribute to ASCO's review of this resource.

We aim to promote existing survivorship-focused educational resources for health professionals and new online resources from other organisations are now available on our Group page [cosa.org.au/groups/survivorship/resources/](http://cosa.org.au/groups/survivorship/resources/). Please get in touch if you want to suggest other educational resources we should share with members.

The Group has also been developing ideas to deliver practical workshops that focus on implementation of enhanced survivorship care. We hope we will soon be in position to provide details of workshops as part of the 2020 COSA ASM program in Brisbane – or at a future time if necessary. We have promoted the inclusion of survivorship themes in the 2020 COSA ASM agenda, and encourage members to submit abstracts to further contribute to this program. Work is also already underway for the Flinders-COSA Survivorship meeting in 2021 and we will keep you updated as this program develops.

If you have received this newsletter and are not already a member of the Survivorship Group, I encourage you to join. Please also feel free to email me for further information.

**Michael Jefford**  
Chair, Survivorship Group  
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## Other Reports

### The COSA tele-trials project - a pilot implementation of the Australasian tele-trial model



Exciting progress towards the adoption of the Tele-Trial Model nationally has been made in the last six months. The Australian ICH GCP (including Teletrials) SOPs and Supervision Plan developed by Queensland Health (QH) in collaboration with COSA along with a Tele-Trials Consultation Guide have been approved for National Mutual Acceptance and are now available as generic national documents. This is a significant step forward for tele-trials and an important milestone for the Tele-Trials Project. The documents are available here <https://www2.health.vic.gov.au/about/clinical-trials-and-research/clinical-trial-research/national-mutual-acceptance>.

NSW and Victoria have also released SOPs including tele-trials and Victoria has released a Victorian specific Tele-Trials Subcontract. We are still waiting for a tele-trials subcontract that can be used outside of Queensland and Victoria to be approved and are pleased that Medicines Australia have agreed to progress this with regulatory bodies.

While the COVID-19 pandemic has meant clinical trial resources at sites are channelled into COVID-19 related research and some planned tele-trials are now on hold it has also highlighted the significant advantages and utility of the Tele-Trial Model. Tele-Trials ensure patients can continue to access clinical trials closer to home during travel restrictions and they allow greater flexibility in clinical trial delivery while maintaining ethical and safety standards.

Tele-Trials remove barriers to clinical trial participation and just how quickly and efficiently a tele-trial can be initiated when the sponsor, sites and research governance officers work together was highlighted recently. The initiation of a tele-trial cluster between the Alfred Hospital and the Royal Hobart Hospital was accomplished in just four weeks allowing a clinical trial participant, a young woman who was responding well to the study drug on a Phase 1 trial to continue receiving study treatment in Hobart instead of travelling to the Alfred thus avoiding the border and travel restrictions imposed by the pandemic.

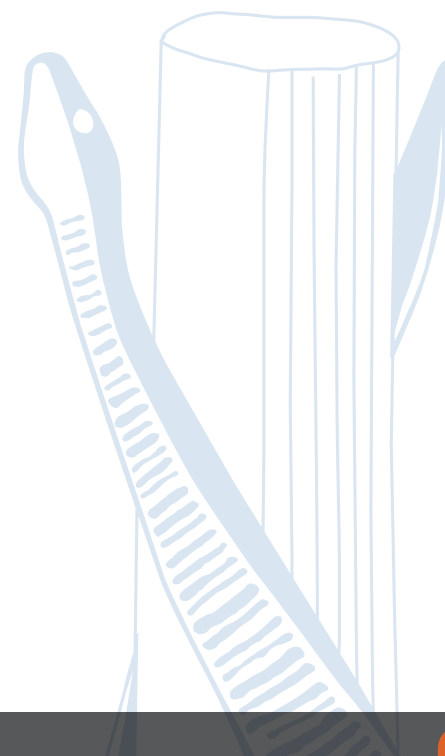
This good news story was picked up by *The Herald Sun*, *Daily Telegraph* and *The Mercury*. The Herald Sun article is available here [Medical trial lifeline brings fresh hope for cancer patient](#).

In addition to the tele-trial SOPs that are now readily available there are a range of resources that have been developed to support the Tele-Trial Model. These are available on the COSA website [cosa.org.au/groups/regional-rural-oncology/tele-trials/](https://cosa.org.au/groups/regional-rural-oncology/tele-trials/). The resources have been developed in collaboration with the project's advisory groups, sites and COSA Groups. They include checklists to establish tele-trials for sponsors and sites, RGO submission

guidelines, IMP management documents, guidance for the remote consent process, a sample tele-trial cluster PICF and question and answer documents for sites and sponsors plus many other useful resources and templates. Links are included to all SOPs and subcontracts as well as a link to the VCCC tele-trials resources which include an online tele-trial learning module.

Once again we would like to take this opportunity to thank MTPConnect who provided matched funding for the first two years of the project and our funding consortium partners for this project; Rare Cancers Australia, Cancer Voices NSW, Australian Institute of Tropical Health and Medicine, The Garvan Institute of Medical Research, The Walter and Eliza Hall Institute of Medical Research, Icon Group, St John of God Hospital, Medicines Australia, AbbVie, Jansen, Novartis, Pfizer, BMS, AstraZeneca, MSD and COSA.

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





# COSA Affiliated Organisation Reports

## Australasian Gastro-Intestinal Trials Group



Australasian Gastro-Intestinal Trials Group (AGITG) conducts clinical trials in gastro-intestinal (GI) cancer, and supports research through awards, grants, and events including our Annual Scientific Meeting.

As the COVID-19 pandemic continues to evolve, we are also continuing to evolve the way we work – from the running of our trials to the way we fundraise. Our priority is to ensure our research continues to help those affected by GI cancer now and in the future.

COVID-19 has had a tremendous impact on clinicians and medical professionals on the frontline. While a small number of our trials have temporarily suspended recruitment to ensure patient safety, we are happy to report the majority of our trials continue to recruit patients. Great efforts are being made to ensure patients are kept informed and continue with study treatments. We are working closely with study chairs, coordinating centres and drug suppliers to minimise any potential impacts, and maintain the safety of patients and research personnel.

Despite the challenges presented by COVID-19, there has been progress in the GI cancer research space. The final patient participating in the MODULATE trial joined the study in March, meaning that all 90 patients are enrolled in the study. MODULATE is testing whether it is possible to reverse the

resistance of most colorectal cancers to immunotherapy treatments. The patients who have joined the trial have advanced colorectal cancer, and all standard treatments have previously failed for them. All patients are now in follow-up and the study team is gathering data to analyse the results of the study.

To facilitate future research, the AGITG is offering the annual Innovation Fund grant again in 2020. This is a grant of up to \$200,000, to be awarded for a research proposal investigating an original scientific idea with the potential to impact future clinical practice. This research can be an AGITG-sponsored pilot phase interventional study, a translational or biomarker study, or an activity that aims to develop AGITG methodology, capacity or infrastructure. Find out more at [gicancer.org.au/agitg/agitg-innovation-fund/](http://gicancer.org.au/agitg/agitg-innovation-fund/).

## AGITG event updates

- **The Idea Generation Workshop** originally scheduled for 26 June has been postponed and, if possible, will be held later in 2020.
- **The 22nd Annual Scientific Meeting** will be held as a one-day virtual meeting on 28 August. Details are available at [asm.gicancer.org.au](http://asm.gicancer.org.au).

## AGITG trials open to recruitment

- **ACTICCA-1\***: Adjuvant chemotherapy with gemcitabine and cisplatin compared to standard of care after curative intent resection of cholangiocarcinoma and muscle invasive gallbladder carcinoma.

# AGITG ONLINE

## Annual Scientific Meeting Friday 28 August 2020

- Opening Keynote: Gastric Cancer
- AGITG Upper GI Trials
- New Concepts Symposium
- Best of Posters
- Award Presentations
- AGITG Lower GI Trials
- Closing Keynote: Colorectal Cancer

**Register now at**  
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- **ASCOLT:** Aspirin for Dukes C and high-risk Dukes B colorectal cancers: An international, multi-centre, double blind, randomised placebo controlled phase III trial.
- **DYNAMIC-III:** Circulating tumour DNA analysis informing adjuvant chemotherapy in stage III colon cancer: A multi-centre phase II/III randomised controlled study.
- **DYNAMIC-PANCREAS:** Circulating tumour DNA analysis informing adjuvant chemotherapy in stage III colon cancer: A multi-centre phase II/III randomised controlled study.
- **DYNAMIC-RECTAL:** Circulating tumour DNA analysis informing adjuvant chemotherapy in locally advanced rectal cancer: A multicentre randomised study.
- **INTEGRATE II:** A randomised phase III double-blind placebo-controlled study of regorafenib in refractory advanced gastro-oesophageal cancer.
- **LIBERATE:** A phase II study evaluating liquid biopsies to profile metastatic colorectal cancer.
- **MASTERPLAN\*:** A randomised phase II study of MFOLFIRINOX and stereotactic radiotherapy (SBRT) for pancreatic cancer with high risk and locally advanced disease.
- **MONARCC:** A randomised phase II study of panitumumab monotherapy and panitumumab plus 5-fluorouracil as first line therapy for RAS and BRAF wild-type metastatic colorectal cancer.
- **NABNEC:** A randomised phase II study of nab-paclitaxel in combination with carboplatin as first line treatment of gastro-intestinal neuroendocrine carcinomas.
- **RENO:** A prospective study of "Watch and Wait" strategy in patients with

rectal cancer who have developed a clinical complete response with concurrent chemo-radiotherapy.

- **SPAR:** A randomised, placebo-controlled phase II trial of simvastatin in addition to standard chemotherapy and radiation in preoperative treatment for rectal cancer.
- **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.

\*As of 1 May, recruitment to these trials is temporarily on hold as a safety measure during the COVID-19 pandemic. Detailed information about each trial is available at [gicancer.org.au/clinical-trial/status/open](http://gicancer.org.au/clinical-trial/status/open).

## The Gutsy Challenge and community fundraising

The funds raised through the Gutsy Challenge support the AGITG Innovation Fund grant, facilitating the development of better treatments for GI cancer. The people who take on the Gutsy Challenge raise funds for vital research to find a cure for the 28,900 Australians diagnosed each year.

The community has come together to fundraise without compromising physical distancing guidelines through the #FightForTheFrontline campaign. Community members can raise funds to support GI cancer research during the COVID-19 pandemic through solo runs, read-a-thons, virtual dinner parties and head shaves.

To minimise risks to the community, the Gutsy Challenge Adventure trek through Kakadu and the Treasure Road car rally have been postponed and will be held in 2021. The Mt Himlung Gutsy Challenge team have also postponed their Himalayan ascent until 2021.

## Welcoming incoming AGITG Chair, Dr Lorraine Chantrill



The AGITG Annual General Meeting was held as a virtual meeting on 15 May, and Dr Lorraine

Chantrill was ratified as the new Chair of the AGITG. Dr Chantrill took over the role from Professor Tim Price, who has led the Group for the past seven years. Professor Price led the organisation with a commitment to improving the lives of patients that never faltered, and we look forward to supporting Dr Chantrill as she continues to drive the Group's research. Dr Chantrill is a medical oncologist, and Head of the Department of Medical Oncology at Illawarra Cancer Care Centre at Wollongong Hospital. She is also the Chair of the AGITG Scientific Advisory Committee, and was previously the Chair of our Upper GI Working Party.

## A message from Dr Chantrill

I am proud to address you as AGITG Chair, and look forward to solving the challenges presented by GI cancer with the Group in this role.

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, trial coordinators and allied health specialists.

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

*Tim Price*  
**Outgoing Chairperson, AGITG**

## Australasian Leukaemia & Lymphoma Group



The Australasian Leukaemia & Lymphoma Group (ALLG) has had an extremely active first half of 2020.

For the first time in over 40 consecutive meetings, due to the COVID-19 pandemic, the ALLG May Scientific Meeting, which had been planned as a face-to-face meeting in Melbourne, was shifted to a virtual format. The expanded ALLG Virtual Scientific Meeting, held between Monday 11 May and Saturday 16 May, was a resounding success, with over 400 ALLG Members attending the week-long event. The Welcome/Opening Session saw a range of pre-recorded messages from the Chair of the ALLG Scientific Advisory Committee A/Prof Peter Mollee; Chair of the ALLG Member Relations Working Group Dr Robert Weinkove; and a range of guest speakers, including Mr Anthony Carbin MP, Victorian Parliamentary Secretary for Health and Parliamentary Secretary for Carers and Volunteers; Prof Anne Kelso AO CEO of the NHMRC; A/Prof Kate Stern Onco-Fertility Specialist; and a range of international clinical trial collaborators.

The ALLG held several innovative sessions, including a combined HSAZ-ALLG Supporting Members with Resilience and Coping Techniques in Challenging Times, with Prof Michael Reade AM discussing leadership and teamwork, Dr Monique Crane presenting on psychological

resilience and Pauline McKinnon discussing Meares' medical approach to "stillness." The ALLG also hosted a Special COVID-19 Event focusing on practical experiences in Australia and New Zealand, chaired by Dr Robert Weinkove, A/Prof Zoe McQuilten and A/Prof Peter Mollee. ALLG Members received insightful presentations from guest speakers Prof Allen Cheng on the epidemiology of COVID-19, Dr Azhar Munas on his experience with COVID-19 in the laboratory, Dr Colin McArthur about the REMAP-CAP clinical trial and a pre-recorded interview with Prof Michael Joyner, Principal of the US National Convalescent Plasma Program.

Also launched at the ALLG Virtual Scientific Meeting was the ALLG's 2019 **Research Report**. In the *Research Report* you can find full trial updates from the various disease-focussed working parties including Acute Leukemia and MDS, CLL, CML/MPN, Laboratory Sciences, Lymphoma, Myeloma, Supportive Care, Transplantation and Cell Therapies Working Parties.

On the COVID-19 front, Dr Robert Weinkove was among a group of haematologists, oncologists and infectious disease physicians to publish interim guidance for haematology and oncology in the *Medical Journal of Australia* (**Weinkove et al, Med J Austr, 20 March 2020**). The ALLG has been collaborating with over 14 charities converged by Cancer Council Australia to improve patient and physician communication during the emergence of the COVID-19 crisis.

The ALLG is continuing planning for its October Scientific Meeting, whether in the originally planned Brisbane location or in a virtual format if required.

**Delaine Smith**  
CEO, ALLG



**The ALLG 2019  
Research Report  
now available**

## Australasian Lung Cancer Trials Group



Despite the recent challenges of COVID-19, the Australasian Lung Cancer Trials Group (ALTG) has continued to offer a full program of events to share knowledge and enhance clinical trial development, as well as maintaining our active clinical trial program.

### Clinical Trial Program Highlights

#### ASPiRATION

The ASPiRATION study was successfully awarded more than \$12 million through support by the Australian Government and Roche Pty Ltd. ASPiRATION is a collaborative project, led by the ALTG in partnership and utilising the existing infrastructure and expertise of the Australian Genomic Cancer Medicine Centre's (AGCMC trading as Omico) Molecular Screening and Therapeutics (MoST) study, co-ordinated through the NHMRC Clinical Trials Centre. ASPiRATION will evaluate the benefit of routine up-front comprehensive genomic profiling in 1000 newly diagnosed metastatic, non-squamous, non-small cell lung cancer (NSCLC) patients in Australia.

ASPiRATION is designed to flow into treatment-specific pathways that enable access to targeted NSCLC treatments. The opening of ASPiRATION will be accompanied by four interventional substudies that will provide and evaluate targeted therapies in NSCLC patients who possess BRAF, HER2, ALK, ROS, NTRK or MET-ex14 mutations identified by CGP. Each

substudy is a signal-seeking study in the respective selected population of patients, that can provide evidence to support further studies.



#### ILLUMINATE

ILLUMINATE, led by Dr Chee Koon Lee, is a Phase II, single arm trial to assess the efficacy and tolerability for patients with the use of durvalumab and tremelimumab with chemotherapy in metastatic EGFR NSCLC following progression on EGFR tyrosine kinase inhibitors. Recruitment to ILLUMINATE in Taiwan has commenced, with two patients accrued in April.

#### DREAM and DREAM3R

DREAM and DREAM3R are Phase II and Phase III trials respectively, both led by Professor Anna Nowak, that examine the efficacy of the addition of immunotherapy to chemotherapy in malignant pleural mesothelioma patients. The positive outcome of the Phase II DREAM study, (In Press, *Lancet Oncology*), has led to a successful collaboration with PreCOG, a US-based clinical trials group, to conduct a Phase III randomised study, referred to as DREAM3R. DREAM3R is currently undergoing startup activities and is expected to open to recruitment in the second half of 2020. To read more about the DREAM and DREAM3R studies in Professor Nowak's words, see [lungfoundation.com.au/news/australian-researcher-trailblazing-mesothelioma-trial/](http://lungfoundation.com.au/news/australian-researcher-trailblazing-mesothelioma-trial/).

### COVID-19 initiatives

ALTG, together with various other expert groups, responded quickly to the COVID-19 pandemic by endorsing an interim consensus guideline, available in *Medical Journal of Australia* on-line. The guidance covers risk factors for severe COVID-19 disease, considerations for cancer patients who contract COVID-19 disease or develop symptoms of COVID-19 disease, actions to consider phased according to the presence or absence of community transmission of COVID-19 disease and capacity of healthcare services, and suggested patient communications. The publication emphasises the need for proportionate, equitable and transparent measures and includes considerations for radiation oncology, clinical trial participation, palliative care and supportive care.

### Events

#### Australian Lung Cancer Conference 2020

In February, international and national experts, representing the full range of professional disciplines involved in caring for patients with thoracic malignancies, gathered in Melbourne for the joint Australasian Lung Cancer Trials Group (ALTG) Annual Scientific Meeting and Lung Foundation Australia's Eighth Biennial Australian Lung Cancer Conference 2020: A Time of Hope in Lung Cancer. The three-day program detailed advances in novel treatments and quality and equitable health care, interspersed with ALTG member meetings and discipline-specific workshops.

The introduction of immunotherapy and targeted therapies in lung cancer has seen better outcomes for thoracic cancer patients in recent years, but also challenged the previous



paradigm of care. The changing role of immunotherapy, radiation therapy and surgery in NSCLC and mesothelioma was a recurring theme in conference presentations. With data from the International Lung Screen Trial, panels of experts discussed local implementation issues of a national lung cancer screening program, including equitable access and speculation over the cost-effectiveness of a lung cancer screening program in the Australian setting.

The success of novel treatments for lung cancer in recent years has identified a growing need for models of care that integrate GPs, psychosocial support and allied health providers. Dedicated sessions presenting the benefits of exercise, palliative care and survivorship experiences, illustrated many areas where lung cancer care could be further optimised.

## Consumer workshops

The ALTG is committed to consumer involvement in the development of ALTG clinical trials and has a long-standing Consumer Advisory Panel (CAP), as well as consumer representatives on all its committees. Recently, ALTG has identified a need to expand the membership of the CAP and is conducting induction programs and training workshops to enhance knowledge in existing members and to

diversify expertise through the inclusion of new members. The workshops will be conducted remotely in July and August.

## Lung cancer nurse training: compilation of a systematic review

In partnership with the Australia and New Zealand Lung Cancer Nurses' Forum (ANZ-LCNF), and Lung Foundation Australia (LFA), ALTG is conducting a series of training workshops aimed at thoracic oncology nurses completing or considering post graduate study, to assist with completion of a systematic review. These remote workshops will be conducted in August 2020. See [altg.com.au/event/conducting-systematic-reviews-a-short-course-for-thoracic-oncology-nurses/](http://altg.com.au/event/conducting-systematic-reviews-a-short-course-for-thoracic-oncology-nurses/) for more details.

## ALTG Sixth Lung Cancer Preceptorship

The ALTG is committed to running the annual Lung Cancer Preceptorship in October 2020. The ALTG Lung Cancer Preceptorship, a highlight of the local lung cancer events calendar, is a two-day intensive and active learning program for medical trainees, fellows and a limited number of nurses, consumers and allied health professionals interested in developing their clinical knowledge and expertise

in lung cancer management. Under the mentorship of a preceptor, each attendee conducts a critical appraisal of evidence from a published paper that has contributed to current treatment. The program is interspersed with opportunities for networking and career development.

Please visit [altg.com.au/](http://altg.com.au/) or contact [ALTG@lungfoundation.com.au](mailto:ALTG@lungfoundation.com.au) to register your interest or to find out more about any of the upcoming ALTG workshops.

**Nick Pavlakis**  
President, ALTG



ALTG, in partnership with LFA and ANZ-LCNF, delivered a highly successful Australian Lung Cancer Conference in February 2020.



# Australian & New Zealand Children's Haematology Oncology Group



Similar to other trials groups, the COVID-19 pandemic has affected a number of planned activities for Australian & New Zealand children's Haematology Oncology Group (ANZCHOG) and our members. As the situation continues to evolve, each of our paediatric oncology centres are responding as necessary to protect their staff and patients, and we continue to adjust our trial conduct in line with local and international sponsor requirements. ANZCHOG staff are currently working from home and will continue to do so for the foreseeable future.

We would like to emphasise that access to clinical trials and patient safety remains a priority for our Australian and New Zealand children's oncology centres. This means that while certain elements of trials may be slower (eg sample shipment, non-essential paperwork), centres remain committed to enrolling and conducting clinical trials to ensure continued access to the latest therapeutic options.

Our participating centres are currently putting preventative and contingency plans in place; however, they do not expect to be impacted as significantly as the adult sector due to the older age propensity of COVID-19 infections. ANZCHOG staff will continue to work closely with trials staff across Australia and New Zealand to ensure communication and advice pathways are consistent and highly accessible as they move through implementing necessary changes.

## ANZCHOG's Annual Scientific Meetings

Due to the situation caused by COVID-19, we have made the unfortunate but inevitable decision to cancel ANZCHOG's 2020 ASM and the associated pre-conference workshops and Parent Day, originally scheduled for June 2020.

We are now looking forward to our 2021 ASM, which will be held in Melbourne (10–12 June 2021). The theme will be "Clinical decision-making in a time of precision, hope and uncertainty" and we welcome interest from health professionals, researchers and sponsors to build a diverse and high-quality program. Further information will be available in the coming months.

## Advice for paediatric oncology and bone marrow transplant (BMT) patients during COVID-19 pandemic

We understand that the COVID-19 pandemic has significantly compounded the anxieties that families with a child undergoing treatment for cancer or a BMT already face.

Fortunately, the public health measures instituted by the Australian and New Zealand governments thus far have been very successful in controlling the spread of COVID-19 and currently there are very low rates of community transmission. This means that we are in the fortunate position where plans are being made nationally to ease the current restrictions. Schools are re-opening in all states of Australia and in New Zealand. For parents of more vulnerable children, including paediatric oncology and BMT patients, the decision as to whether or not to send their children back to school is more complex.

We have been able to draw upon the experience of our colleagues in countries that have been severely affected by the pandemic to help us make an informed recommendation that the currently available evidence suggests it is safe for the vast majority of paediatric oncology patients to return to school in Australia and New Zealand.

For further information and guidance ANZCHOG has created "**Updated advice for paediatric oncology and BMT patients during the COVID-19 pandemic**". We will update this advice as required.

## COVID-19 Research

Infectious Diseases Physician Dr Gabrielle Haeusler is leading a multi-centre surveillance study of COVID-19 in children with cancer, are otherwise immunocompromised or following stem cell transplant, in collaboration with the Murdoch Children's Research Institute (MCRI) and the Australian National Centre for Infections in Cancer (NCIC).

This study aims to evaluate the signs, symptoms and outcomes of COVID-19 in these children and also to identify risk factors for severe illness. Information will be collected on children in Australia and New Zealand with a number of international sites also taking part to ensure that accurate and reliable information on COVID-19 is gathered as quickly and efficiently as possible.

For more information go to [anzchog.org/a-multicentre-study-of-sars-cov-2-infection-in-children-with-cancer-immunodeficiency-or-following-stem-cell-transplant/](https://anzchog.org/a-multicentre-study-of-sars-cov-2-infection-in-children-with-cancer-immunodeficiency-or-following-stem-cell-transplant/).

## Australian Brain Cancer Mission

On a positive note, funding from the Australian Brain Cancer Mission has been pivotal in enabling ANZCHOG to build collaborative links with our international colleagues and support

the activation and conduct of new paediatric brain cancer clinical trials in Australia. Over the last 18 months, we have utilised this funding to open four new trials at multiple centres, with a further two trials in preparation. Each trial represents an enhanced opportunity for Australian children to access the latest, innovative agents or strategies available to treat brain cancer and is vital for improving outcomes for our children.

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

**Chris Fraser**  
*Chair, ANZCHOG*

## Australia New Zealand Gynaecological Oncology Group



Improving life for  
women through  
cancer research

### ANZGOG's trial approach during COVID-19

COVID-19 represents an unprecedented challenge to the health and research sectors. ANZGOG is regularly reviewing the status of its clinical trials across Australia and New Zealand during COVID-19 and updating its recommended best practice according to feedback from trial sites and clinicians.

The safety and well-being of patients, research participants and their families, and health care professionals, researchers and other staff involved in patient care and research are paramount. ANZGOG has consulted widely with its Trial Investigators, hospital sites and operating centres to ensure it is taking the best possible approach to its care of patients participating in ANZGOG clinical trials. Because of the outstanding response we have had through members, we have been able to continue to effectively treat patients with gynaecological cancer.

Due to the success of managing the COVID-19 challenge in Australia and New Zealand, we are quietly confident about the next phase of ANZGOG's pipeline studies. Further information on ANZGOG's trials and research programs can be found at [anzgog.org.au/research/](http://anzgog.org.au/research/).

## ANZ GOG ANNUAL SCIENTIFIC MEETING 2021

From Research to Clinical Practice –  
*Patient Reported Outcomes in  
Gynaecological Cancers*

**10-13 February**  
Crown Promenade  
Melbourne

## New trials opened in 2020

STICs and STONeS, a study that is assessing use aspirin for prevention of ovarian cancer in women with BRCA1 and BCRA2 mutations, opened for recruitment in November 2019. The study is internationally led by the Canadian Cancer Trials Group (CCTG) and by ANZGOG in Australia, where it will be available at seven sites.

IGNITE is another trial that we are pleased to be opening to recruitment. This phase II ovarian cancer trial opened for recruitment in January at Peter MacCallum Cancer Centre and is looking at adavosertib targeting Cyclin E1 altered high grade serous ovarian cancer (HGSC). The study will be recruiting patients at 10 sites across Australia.

We are also delighted to report that MOCCA, an international study with NUHS in Singapore and led by ANZGOG in Australia, focusing on recurrent ovarian clear cell carcinoma cancer, achieved its required patient accrual and has consequently closed to recruitment.

Visit [anzgog.org.au/research/trials/](http://anzgog.org.au/research/trials/) for further information on our trials.

## ANZGOG's Annual Scientific Meeting program postponed to 2021

The ANZGOG Annual Scientific Meeting (ASM), scheduled for 25–28 March 2020, was cancelled and has been rescheduled to be held next year, again in Melbourne at the Crown Promenade, 10–13 February 2021. Please save the date in your diaries.

A number of meetings that were due to take place at this year's ASM are being held online in the coming weeks to ensure the continuance of our research work.

For more information regarding the ASM, please visit [anzgog-2020.w.yrd.currinda.com](http://anzgog-2020.w.yrd.currinda.com).

## Team Teal

The **2020 Team Teal campaign** was an outstanding success. Via an incredible effort by the 287 reinswomen and a final tally of 453 wins, a total of \$165,000 was raised to support ANZGOG's Research Nurse Grant Program and the Survivors Teaching Students Program.

Thank you to our Team Teal partners; all the Harness Racing bodies in Australian and New Zealand and Tabcorp for your generous donations. We are thrilled with the result and everyone involved should be immensely proud of their contribution. #getrealsupportteal



Thanks to the support and resilience of our STS volunteers in the face of COVID-19, the presentations have continued almost uninterrupted with full student attendance online, reaching over 500 students and receiving positive feedback from attendees. ANZGOG would like to thank everybody involved for their determination and perseverance, as the program can continue to increase awareness of ovarian cancer symptoms among our future doctors.

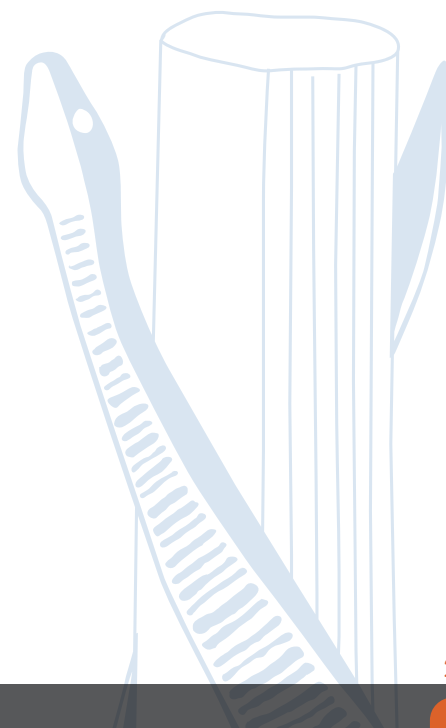
ANZGOG's COVID-19 response was swift and measured. We would like to thank our research teams for their contribution to the effective management of all our trials to ensure the safety and wellbeing of the women participating. The outstanding collaboration of our investigators, sites, and operating centres has meant that we were ready to move to re-opening for recruitment as sites came back on line and are confident about the management of our trials over the coming months and into 2021.

**Philip Beale**  
Chair, ANZGOG

## Survivors Teaching Students (STS)

All live face-to-face presentations by our STS volunteers were paused on campuses across Australia, due to the COVID-19 crisis and ANZGOG's focus on health and safety.

The many universities we are working with across Australia so value our **STS program** and our women and caregivers sharing their stories, that they invited us to continue our STS presentations with them via online delivery. So rather than delay our STS program, we moved to Zoom presentations for the majority of our scheduled medical students' sessions.





## Australian And New Zealand Head And Neck Cancer Society



The vision of the Australian and New Zealand Head and Neck Cancer Society (ANZHNCs) is to promote quality care for all head and neck cancer patients. Through leading a multi-disciplinary approach to education, research, care and advocacy, we aim to minimise the impact of head and neck cancer.

Unfortunately, like many other societies, the scheduled activities have been somewhat stifled this year by COVID-19. We had planned our ASM to take place in Queenstown, 5–9 August, in conjunction with the New Zealand Association of Plastic Surgeons. A decision was made early in the pandemic to defer this meeting until 2021 to minimise financial loss and disruption for our invited speakers. The organisers of the event have done an outstanding job in liaising with our invited keynote speakers and the event location to seamlessly secure bookings for next year. We are certain that the lure of beautiful Queenstown and our desire to travel will make this a very successful event in August 2021. We warmly welcome any members of COSA who are interested to join us, and we will continue to post updates regarding this meeting on our website at [anzhnscs.org](http://anzhnscs.org).

The Australian Research Foundation of the ANZHNCs has been continuing to support research efforts. The Australian Research Fund is now chaired by Dr Kerwin Shannon. Again, like many organisations, some researchers have

had to suspend research activity due to COVID-19 which may extend some of the project timelines. Research applications are currently being sought and will be assessed by the Scientific Committee in the coming months. The New Zealand Foundation is chaired by Professor Swee Tan. Like many charities, we have seen a reduction in recent donations to the Research Foundations.

With regard to education and advocacy, again we have had to defer our regular grants. The Developing Nations Visitors Scheme and Travelling Lectureship grants will be deferred until 2021 when we will seek applications to attend our meeting in Queenstown.

Every four years, the American Head and Neck Society (AHNS) awards an early career Doctor in the field of head and neck oncology the prestigious Chris O'Brien Travelling Fellowship. This is a joint society award between the AHNS and ANZHNCs to honour the outstanding work of Professor Chris O'Brien. This was awarded to Dr Julia Crawford, a Head and Neck Surgeon from Sydney late last year. Unfortunately, the plans for the AHNS meeting, to be held in Chicago in July 2020, were cancelled. Dr Crawford is planning to travel to the USA in 2021 to attend the AHNS meeting and visit leading American Head and Neck Cancer units to further her knowledge and collaborations in the fields of robotic surgery in the management of HPV related head and neck cancer. Although these visits have been postponed I know that Dr Crawford is looking forward to completing these trips next year.

The current COVID-19 situation has had a direct impact on many of our clinicians, with operating lists being cancelled and alteration to how we perform our standard care. In particular, ENT surgeons have had to make significant changes to their practice. Although for many of our

head and neck patients chemotherapy and radiotherapy have continued, there have obviously been variations with regard to the new screening procedures and how patients have been treated. All of our members have also had a steep learning curve to quickly adopt telehealth to facilitate follow up appointments. Virtual Meeting Rooms and Zoom have become our new normal to enable our crucial multidisciplinary meetings still to occur.

We believe there will be some positives from this experience that we hope will remain including the flexibility in being able to provide Telehealth services and the investment that has been made in infrastructure to enable this new technology.

We are presently planning for World Head and Neck Cancer Day which will be celebrated on 27 July. It is unlikely that we will have the usual focus on screening activities, due to the likely need to continue with physical distancing and crowd avoidance, however, we are looking at novel ways still to celebrate this event. All of our plans will be publicised, so please visit our website at [anzhnscs.org](http://anzhnscs.org) which will have links to Facebook and Twitter and links to all of our activities.

2020 is certainly shaping up to be a year like no other but it has afforded us an opportunity to challenge and change some of our practice. We have been fortunate to be in the position of being well prepared for the impact that COVID-19 may have (or have had) on our ability to provide comprehensive head and neck oncology services. We will continue to build on our existing evidence of how we need to respond in the event of a pandemic and the modifications to services that need to happen to services to keep our patients and clinicians safe. We have been in a privileged position thus far; we remain ever mindful of our colleagues overseas who have been working in the midst of high numbers of COVID-19 cases. As a



Society, we will advocate to keep some of our new technology and service delivery models moving forward to allow better flexibility for our patients. Certainly travel and conference plans have been severely affected this year and we hope that it is not too long before we are able to collaborate with our multidisciplinary colleagues at international meetings and continue to share and learn together again.

**Julia Maclean**

*Immediate Past President, ANZHNCs*

## Australia And New Zealand Sarcoma Association



While COVID-19 is a challenging time for many, the Australia and New Zealand Sarcoma Association (ANZSA) continues to operate as usual with our research and clinical trials our priority.

Further to that, we have been actively looking to increase our engagements with consumers (sarcoma patients, survivors, families and carers) to help us with new research and clinical trial projects.

### Virtual ANZSA 2020 ASM

Due to COVID-19, the ANZSA Board and the ANZSA Annual Scientific Meeting (ASM) Organising Committee have decided to transition the ANZSA 2020 ASM, scheduled for October in Melbourne, to a virtual meeting (video conferencing) so that the organisation

can still share updates and progress with the sarcoma community.

The decision to not have a face-to-face meeting is a precautionary measure for the health and wellbeing of our delegates – many who are international and interstate travellers.

Stay tuned for more details on the date and agenda of the meeting.



### ANZSA Clinical Trials and Research

While many clinical trials have been affected by COVID-19, all ANZSA clinical trials have managed to continue with little disruption. We are thankful that all the clinicians and patients were quick to adapt to the changes.

We are pleased to share some updates on our ongoing projects:

- **SARC032** – A Phase II randomised controlled trial of neoadjuvant pembrolizumab with radiotherapy and adjuvant pembrolizumab in patients with high-risk, localised soft tissue sarcoma of the extremity. This is a collaboration with the Sarcoma Alliance for Research through Collaboration (SARC) and is now open for patient recruitment in three sites in Australia – Peter MacCallum Cancer Centre (VIC), Chris O'Brien Lifehouse (NSW), Princess Alexandra Hospital (QLD).

- **NORTH** – A Phase II study of panobinostat in paediatric adolescent and young adult patients with solid tumours including osteosarcoma, malignant rhabdoid tumour and neuroblastoma. This clinical trial is funded by the NH&MRC and jointly run with ANZCHOG. It is now open for patient recruitment in 14 sites – Peter MacCallum Cancer Centre (VIC), Chris O'Brien Lifehouse (NSW), Royal Adelaide Hospital (SA), Princess Alexandra Hospital (QLD), Monash Children's Hospital (VIC), Starship Children's Hospital (NZ), Sydney Children's Hospital (NSW), Queensland Children's Hospital (QLD), Christchurch Hospital (NZ), Royal Children's Hospital (VIC), Perth Children's Hospital (WA), Children's Hospital Westmead (NSW), Royal Hobart Hospital (TAS), Women's and Children's Hospital (SA).

- **rEECur** – International randomised controlled trial of chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma. This clinical trial is funded by a grant from CanTeen and is now open for patient recruitment in both adult and paediatric sarcoma centres across ANZ. The participating sites are Peter MacCallum Cancer Centre (VIC), Monash Children's Hospital (VIC), Prince of Wales Hospital (NSW), Sydney Children's Hospital (NSW), Starship Children's Hospital (Auckland, NZ), Perth Children's Hospital (WA), Queensland Children's Hospital (QLD), Christchurch Hospital (NZ), Princess Alexandra Hospital (QLD), Chris O'Brien Lifehouse (NSW), John Hunter Children's Hospital (NSW).

For more details about the projects or if you want to be involved in the patient recruitment process, write to us at [contact@sarcoma.org.au](mailto:contact@sarcoma.org.au).

## ANZSA Sarcoma Research Grant

We are proud to announce the funding of two Australian researchers for our ANZSA 2020 Sarcoma Research Grants:

- The Johanna Sewell Sarcoma Research Grant was awarded to Dr James Blackburn from the Garvan Institute of Medical Research. Dr Blackburn's research will look to improve fusion gene detection and immune response assessment in sarcoma patients.
- The Xavier Krikori Sarcoma Research Grant was awarded to Dr Rachael Terry from the Children's Cancer Institute, Lowy Cancer Research Centre at the University of New South Wales and Prince of Wales Hospital. Dr Terry's research will look into new immunotherapy strategies for paediatric rhabdomyosarcomas.

## July is Sarcoma Awareness Month

As part of this year's Sarcoma Awareness Month in July, ANZSA will be organising a series of four webinars covering a range of topics for healthcare professionals and consumers. The four topics include:

- Clinical Trial – why I Should Participate in One
- Managing the Practical Issues whilst Undergoing Sarcoma Treatment
- Survivorship – Life After Treatment
- Sarcoma Patient Referral Pathway

We hope you can join us for the webinars, and to support the awareness of sarcoma research. For more information, follow us on Facebook ([ANZSarcoma](#)) and Twitter ([@anzsarcoma](#)).

While we continue to navigate through the challenges of COVID-19, we are looking ahead to a productive next half of the year. We are thankful to our patients, collaborators, donors and members for their continued support, generosity and trust in us and the work we do despite the challenges. We are all in this together.

*Denise Caruso*  
CEO, ANZSA

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



Since the impact of COVID-19, ANZUP has been working with our Study Chairs, Trial Management Committees, Sites and Coordinating Centres to undertake contingency planning for our trials while ensuring the safety and wellbeing of patients, health care professionals, researchers and other staff involved in patient care remained paramount.

Despite COVID-19, we were delighted to activate our latest ANZUP led trial: DASL-HiCaP (ANZUP 1801). This is a randomised phase III trial adding darolutamide to androgen deprivation therapy and definitive or salvage radiation in high risk, clinically localised prostate cancer. The study aims to recruit 1100 patients from close to 100 sites across Australia, New Zealand, US, Canada, UK and Ireland. DASL will

be a collaboration with our friends and colleagues at the Canadian Cancer Trials Group, Dana-Farber Cancer Institute, Prostate Cancer Clinical Trials Consortium and Cancer Trials Ireland. The University of Sydney's NHMRC Clinical Trials Centre will act as the central coordinating centre. We thank and acknowledge Bayer for their provision of drug and financial support. Congratulations to Chris Sweeney and Tamim Niazi and the entire DASL team on this achievement.

We held our first combined investigator meetings for ENZA-p and UpFrontPSMA in February. Both ENZA-p and UpFrontPSMA received funding from the Prostate Cancer Research Alliance (PCRA): An Australian Government and Movember Foundation Collaboration.

The soon to be opened ENZA-p trial (ANZUP 1901) is an ANZUP-led randomised phase II trial using PSMA as a therapeutic agent (Lutetium-PSMA) and prognostic indicator (PSMA-PET) in men with metastatic castrate-resistant prostate cancer treated with enzalutamide (ANZUP 1901). This study is being led by Louise Emmett from St Vincent's Hospital in Sydney. The study aims to recruit 160 patients, across 12 sites.

The UpFrontPSMA (ANZUP co-badged) trial is a randomised phase II study of sequential 177Lu-PSMA-617 and docetaxel versus docetaxel in metastatic hormone-naive prostate cancer. It also randomised its first patient. Congratulations to Arun Azad and Michael Hofman and the entire UpFront team on this achievement.

ANZUP was also fortunate to have five Trials in Progress featured at ASCO GU in February; which, in hindsight, was one of the last major face-to-face oncology meetings. They included:

- **DASL-HiCaP (ANZUP 1801)** Study Co-Chair Tamim Niazi presented the DASL-HiCaP poster.

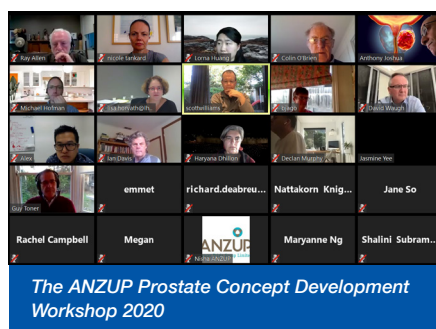
- **PCR-MIB (ANZUP 1502)** Study Chair Andrew Weickhardt presented the poster on pembrolizumab with chemoradiotherapy as treatment for muscle invasive bladder cancer: a planned interim analysis of safety and efficacy of the PCR-MIB phase II clinical trial.
- **P3BEP (ANZUP 1302):** an international randomised phase III trial of accelerated versus standard BEP chemotherapy for adult and pediatric male and female patients with intermediate and poor-risk metastatic germ cell tumors (GCTs). ANZUP Fellow Shalini Subramaniam presented the P3BEP poster.
- **BCGMM (ANZUP 1301):** adding mitomycin to Bacillus Calmette-Guérin as adjuvant intravesical therapy for high-risk, nonmuscle-invasive urothelial bladder cancer. ANZUP Fellow Elizabeth Liow presented the BCGMM poster.
- **UNISON (ANZUP 1602)** Study Chair Craig Gedye presented the UNISoN poster: nivolumab then ipilimumab + nivolumab in advanced nonclear cell renal cell carcinoma.

Congratulations to everyone involved in these important ANZUP studies.

We were delighted to announce our TheraP trial (ANZUP 1603) will feature as an oral presentation in the ASCO 2020 virtual meeting Friday 29 May with Michael Hofman presenting the interim results. TheraP is the first randomised trial comparing 177Lu-PSMA-617 (Lu-PSMA), a novel radioactive treatment, to the current standard-of-care chemotherapy, called cabazitaxel, for men with metastatic castration-resistant prostate cancer. TheraP is a partnership between ANZUP and the Prostate Cancer Foundation of Australia (PCFA) with support from the Australian Nuclear Science and Technology Organisation (ANSTO), Endocyte, It's a Bloke Thing, Movember, CAN4CANCER

and the University of Sydney's NHMRC Clinical Trials Centre provided central study coordination. We are very grateful to all the investigators, trial coordinators and patients and their families for their participation. You can read more about TheraP and all our other trials on the ANZUP website at [anzup.org.au/content.aspx?page=clinicaltrials](http://anzup.org.au/content.aspx?page=clinicaltrials).

ANZUP has partnered with COSA and MDBriefCase to develop an online education module discussing the advances in therapy for patients with renal cell carcinoma. ANZUP members Drs Laurence Krieger and Carole Harris did a superb job as the expert faculty for this program, which features case studies, insightful videos and clear guidance exploring RCC prognostication, treatment selection and managing the adverse effects of checkpoint inhibitor immunotherapy. You can access the program on the [MDBriefCase website](http://MDBriefCase website).



We recently held our first two virtual Concept Development Workshops (CDW) where 14 concepts were presented to our multidisciplinary members. It was great to see how engaged and enthusiastic our members are in this new virtual format. These CDWs are important to grow and foster a pipeline of innovative ideas to be considered and prioritised, with support from ANZUP, over the next 12 months.

The ANZUP membership has continued to grow with now over 1735 members across more than 20 disciplines, showing we remain relevant and useful to our members. We could not achieve

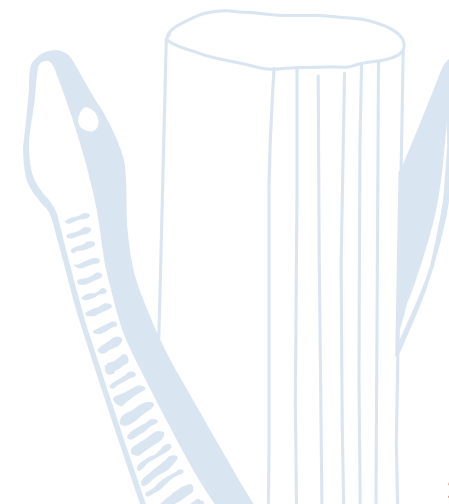
what we do without the commitment and the generosity of our members and supporters, as well as our Board, SAC and Subcommittees.



*Guy Toner has made an enormous contribution to Genitourinary Oncology*

Earlier this month A/Professor Guy Toner retired from clinical practice and will stand down from the ANZUP Board at the virtual AGM in July. Guy was pivotal in the initial establishment of ANZUP, having for many years chaired one of its predecessor organisations, ANZGCTG. Guy has been a director and deputy chair of the ANZUP Board since its beginning, and through this time has guided the organisation to where it is today. He has also been the quiet but effective force behind many of our initiatives, including the highly successful Below the Belt Research Fund. Guy's wise advice and mentorship has positively influenced clinicians and researchers all over the world. We are planning a celebration at our "mini ASM" in November to recognise Guy's enormous contribution to ANZUP and to GU oncology.

**Margaret McJannett**  
CEO, ANZUP





## Breast Cancer Trials



### COVID-19 Update

The dynamic situation around the COVID-19 pandemic seems to have eased and while conducting clinical trials is by no means normal, we are continually assessing how to approach each individual clinical trial to ensure the safety of trial participants while maintaining compliance with GCP and minimising risks to trial integrity. Trial specific communications have been developed and circulated. Updates will continue to be forwarded as and when necessary. Many institutions initially took the precautionary step to suspend recruitment to all trials during the height of the COVID-19 outbreak, however, many are now reinstating recruitment activities on a trial by trial basis where it is safe and possible to do so in the current environment.

### Concept Development Workshop

Despite the cancellation of the Breast Cancer Trials (BCT) Annual Scientific Meeting, a virtual Concept Developing Workshop and Scientific Advisory Committee (SAC) meeting will be held on 24 July 2020. The Concept Development Workshop is aimed at providing an opportunity for investigators to present new research ideas to SAC members and other members skilled in conducting trials, to receive feedback and suggestions/support to further develop their concept. A call for concepts to the Workshop has been sent to BCT members.

### Blogs and Podcasts

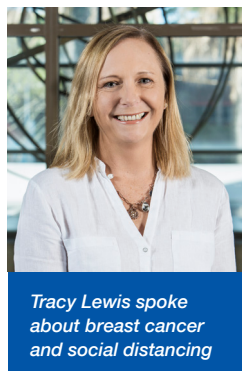
Over recent months, Breast Cancer Trials (BCT) has been producing a number of blogs and podcasts on the topic of COVID-19, which are available on the BCT website at [breastcancertrials.org.au/research-blog](https://breastcancertrials.org.au/research-blog).

- Board Director, Associate Professor Nicholas Wilcken, and member of the Scientific Advisory Committee (SAC), Professor Fran Boyle AM, **provided an insight into working in the new COVID-19 environment for health professionals and BCT members.**



*Fran Boyle and Nicholas Wilcken looked at how researchers are responding to COVID-19*

- **We asked several BCT members to tell us how life has changed in their hospitals** due to COVID-19 and how they are looking after patients. Dr Janine Lombard and Professor Fran Boyle AM, both members of SAC, and Ms Vicki Sproule, a clinical trials coordinator, share their experience.
- Incoming member of the Consumer Advisory Panel, Ms Tracey Lewis, has metastatic breast cancer and shared **why social distancing is important to her and her family.**



*Tracy Lewis spoke about breast cancer and social distancing*

- IMPACT member Marie Pandeloglou is currently undergoing treatment for stage IV breast cancer, which has spread to her liver, lungs and brain. She shared how her **treatment has changed in the current COVID-19 environment and the precautions that both she and her treatment team have been taking.**
- In the early days of the spread of COVID-19, BCT's Medical Adviser Dr Nicholas Zdenkowski helped to collate some **information for those who are undergoing cancer treatment and may have compromised immune systems.**

**Bruce Mann**  
*Chair, BCT*

## Cancer Nurses Society of Australia



It's been a busy six months for the CNSA, with planning well underway for our 2020 Congress prior to the COVID-19 pandemic. As we continued to realise the seriousness of the spread of the virus and the government restrictions came in to play, we made the decision to postpone this event to the same date and venue in 2021. CNSA's 23rd Annual Congress will now be held from 17 – 19 June 2021 at the Brisbane Convention Centre.

### Cancer Nursing Matters

The impact of the pandemic has allowed a rethink of CNSA's operational priorities and has led to an increased focus on developing a sustainable



business model and a wider reach. The introduction of our new eNewsletter – *Cancer Nursing Matters* – has moved our regular communications from a quarterly publication to a weekly bulletin full of relevant and timely information for members and stakeholders. This was launched on World Cancer Day, and is one of many initiatives we are rolling out in 2020, as we also celebrate the Year of the Nurse and Midwife, as designated by the World Health Organization in honour of the 200th birth anniversary of Florence Nightingale.

Since launching *Cancer Nursing Matters* in February, we have been able to provide our members with a range of COVID-19 resources and be on the front foot in terms of information flow. This process has kept our members up to date with fact sheets, research, patient information, government updates and education. We also now allow for external subscribers to this publication – if you're interested in receiving a copy, you can subscribe at [cnsa.org.au](http://cnsa.org.au).

## National Webinar Series

CNSA has also introduced a series of webinars for our members and the wider nursing workforce on wide-ranging topics, including:

- CNSA Wellbeing Series: A three-part online program
- Developing and Sustaining a Telehealth solution
- Impacts of COVID-19 on Cancer and Cancer Nursing
- Advance Care Planning for Cancer Nurses
- Investigating symptoms of lung cancer
- NeuroEndocrine Cancers: Treatment, Research and Clinical Trials



## ONLINE WEBINARS



### WELLBEING: a 3-part series for Cancer Nurses



### Advance Care Planning for Cancer Nurses



### Use of PROMs and PREMs in outpatient oncology settings



### NeuroEndocrine Cancers: Treatment, Research and Clinical Trials

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

- Benefits, barriers and enablers to real-time collection and use of PROMs and PREMs in outpatient oncology settings
- Bladder Cancer – A Shared Perspective
- Immunotherapy – Treatment and Advances – Where are we now?

This online engagement has been very positively received by CNSA members who now have access to consistent national CPD regardless of location – all included in their annual membership subscription.

## Global Nursing Alliance on COVID-19

To celebrate World Health Day, CNSA announced the formation of a new community on Sosido – the Global Nursing Alliance on COVID-19 (GNAC-19). It connects all of the 7500+ nurses currently on Sosido from Canada, the USA, the UK and other countries, to support the sharing of research, experience and ideas about the best ways to manage the challenges of the COVID-19 crisis. This initiative was spearheaded by CNSA, with the support of Sosido, and we believe it will grow in scale as more nursing organisations are invited to participate.

## Cancer Nurses Demonstrate Courage and Leadership During COVID-19

CNSA published a statement in April highlighting the role of members and the wider nursing workforce in the response to the unique set of circumstances that have arisen as a result of the virus. “Nurses tend to be unsung heroes within healthcare settings, yet are generally the first port of call for patients and their families requesting information and surety during clinical trials and treatment”,

said Lucy Gent, CNSA President. “Their role is even more paramount during times of pandemic, and the calm, caring and collaborative approach shown to date will be a welcome response for those whose health is compromised”.

## Q&A with CNSA

On Tuesday 12 May, we celebrated International Nurses Day. We celebrated the role of all Nurses globally – of which they number more than 20 million. But we also celebrated our own members, and the role they undertake every day to save lives, provide compassionate care, advocate for their patients and contribute to research, as they strive for the best possible outcomes and experiences for all people affected by cancer.

To recognise this, we hosted a live and interactive Q&A session with CNSA President Lucy Gent, CNSA Director Mei Krishnasamy and ISNCC President Patsy Yates, and invited them to discuss why they became nurses, what they’ve learnt during their career, what advice they have for emerging nurse leaders, and what they love most about their job. The response to the live session was overwhelmingly positive, with more than 1000 views to date.

## Advocacy and Representation

From an advocacy point of view, we have been busy working on a range of consultations and position statements, including:

- Cancer Australia Palliative Care Consultation
- PCFA Publications Review Expert Oversight Panel
- Cancer Survivorship in the NGO Sector Forum

- Establishing and Sustaining Regional and Rural Radiation Therapy Centres
- Cancer Australia’s model of shared follow-up and survivorship care for early breast cancer
- McGrath Foundation Model of Care for Breast Care Nursing in Australia
- Cancer Australia’s Standard for Informed Financial Consent
- Cancer Australia’s Investigating symptoms of lung cancer
- National Strategic Action Plan for Blood Cancer

As an active member of the Radiation Oncology Alliance, a collaboration between the radiation therapy professions in the areas of quality, standards, workforce and public interest, CNSA has also been given an opportunity to progress shared interests with constituent members. To support this, the CNSA Radiation Oncology SPN has commenced a partnership with colleagues in New Zealand to better understand and articulate nursing workforce needs in the context of safe quality radiation oncology care delivery. This work is in its formative stages and we look forward to being able to report as work progresses.

We are now looking forward to a big six months as we tackle the effects of COVID-19 on the cancer nursing workforce, and assess the supportive care needs of people affected by cancer both now and into the future. It will be important for CNSA to work with COSA and their Affiliated Organisations to assess policy and advocacy priorities as we examine and prepare for the impact of COVID-19 on cancer incidence.

**Lucy Gent**  
**President, CNSA**

## Cancer Symptom Trials



### CST Annual Research Forum 2020

We started 2020 on a high note with the Cancer Symptom Trials (CST) Annual Research Forum on 18 February, which was a great success. The forum was opened by Professor Dorothy Keefe, CEO of Cancer Australia and we were thrilled to welcome our keynote speaker, Professor Vickie Baracos, Alberta Cancer Foundation Chair in Palliative Medicine in the Department of Oncology, University of Alberta.



Professor Baracos inspired an enthusiastic group of delegates with her presentation on Cancer Anorexia Cachexia Syndrome, and Health Economist, Associate Professor Richard De Abreu Lourenço, talked about how the outcomes of cancer care are important for assessing both the burden of symptoms and cost effectiveness of treatments.

Delegates were inspired and engaged by discussions led by consumer representatives who talked about why

cancer symptoms trials matter for the experience and quality of life of both patients and carers, as well as an expert panel who presented their views on the opportunities and challenges of medication repurposing.

The CST Annual Research Forum 2020 sparked new ideas and highlighted future possibilities for collaboration in cancer symptom trials.

## Workshop: Cancer Anorexia Cachexia Syndrome

CST, the Cancer Clinical Academic Group, and the Multinational Association of Supportive Care in Cancer (MASCC) conducted a workshop focussed on Cancer Anorexia Cachexia Syndrome at the Aerial UTS Function Centre in Sydney on 17 February.

This world leading think tank brought together national and international scientists, clinical trialists, and clinician researchers with the aim of bridging the gap between these experts and to foster collaborative relationships in order to progress the development of a trial agenda in cancer cachexia.

The workshop featured keynote speaker Professor Vickie Baracos, Alberta Cancer Foundation Chair in Palliative Medicine, Department of Oncology, University of Alberta, and was facilitated by Associate Professor Phoebe Phillips, Leader of the Pancreatic Cancer Translational Research Group, Deputy Director of the Adult Cancer Program at the Lowy Cancer Research Centre, and Deputy Principal of the Cancer Theme at UNSW Sydney.

CST are excited to be enhancing Australia's position and contribution within this critical area of research, and a recent post-doctoral research fellow has been appointed specifically to grow the program of work in this area.

## The ImPACCT on clinical trials at Probus Club Crows Nest

Community engagement provides a platform to promote our research program and gauge consumer insights. Sydney Vital, a Translational Cancer Research Centre based at the Royal North Shore Hospital invited Dr Vanessa Yenson and Dr Rayan Saleh Moussa to present on "The ImPACCT of clinical trials" at their first community event. This event was part of a new initiative, Vital Talk, that provides the community with an opportunity to learn about the latest cancer research.

Over 20 Probus Club Crows Nest members attended the event and heard the presentation on the importance of clinical trials, repurposing therapeutics, and the role of consumers. Attendees were genuinely interested in our program of research and felt they had gained a greater understanding and appreciation of clinical trials.

## PACCSC update



## Workshop: Building Palliative Care Research in New Zealand



The ImPACCT, PaCCSC, CST palliative care research workshop in New Zealand

IMPACCT, PaCCSC and CST co-facilitated this workshop in collaboration with Capital and Coast District Health Board (CCDHB) on 14 February. Facilitated by Dr Fiona Bailey and Dr Emma McMenamin, the workshop focussed on the what, where and why of conducting clinical trials in palliative care.

Discussion highlighted the need for speciality palliative care that prioritises patients and caregivers and considers the substantial emotional and economic burden on families in New Zealand. Attendees were interested to explore future collaboration opportunities for research and clinical trials that draw on international expertise with a New Zealand focus that recognises local expertise and local challenges.

## Our people

Mariana Sousa joined us as a PaCCSC Postdoctoral Research Fellow in March. Her research aims to identify cancer interventions that benefit people with cancer cachexia, utilising her expertise in the conceptualisation and strategic planning of qualitative and quantitative clinical research with direct relevance to cancer care and services, as well as in the development and implementation of research protocols in Australia and internationally for not-for-profit, government, academic and clinical settings.

## Seed funding for PaCCSC Postdoctoral Research Fellow

Dr Slavica Kochovska was awarded UTS Faculty of Health Seed Funding for her study, *Delineating the impact of chronic breathlessness: a cross-sectional, population study*. Chronic breathlessness is a distressing symptom that affects people's quality of life, compromising their functionality, and leading to increased anxiety and depression. Slavica's research will enable a better understanding of

the predictors and impact of chronic breathlessness to facilitate more effective assessment of symptom burden in clinical consultations, leading to better symptom management and care provision aligned with people's unmet needs.

## RAPID Evaluation

RAPID is a quality improvement program looking at the prospective use of medications and non-pharmacological interventions commonly used in palliative care and cancer symptom management.

In January 2020, a formal evaluation of the RAPID program was undertaken. The evaluation survey was sent to 61 site investigators via email and results have been collated from the 33 investigators who completed the online survey in REDCap.

Results were positive with some minor areas noted for improvement including communication and Case Report Forms (CRFs). A new distribution list has been created to ensure investigators receive regular updates and newsletters. Work is underway to streamline the CRFs to better align with REDCap CRFs and make data entry easier.

The evaluation also noted the recent publication from the RAPID series 9, Oxycodone/Naloxone (Targin) in the *Journal of Palliative Medicine* on 3 January 2020.

## RAPID response to COVID-19

The RAPID program has launched a global data collection series focussed on COVID-19 symptoms and treatments. The COVID-19 series will prospectively collect data from a small number of patients who are receiving palliative care at multiple centres across the world. It will generate unique evidence around symptom trajectories that include the incidence and severity of key symptoms as death approached, to complement the evidence around the virus and other aspects of clinical care. It will also evaluate the symptomatic interventions being used for these patients, and their outcomes, as well as recording the level and ways that families can stay in touch with patients as they die.

## Publications

Professor David Currow, PaCCSC Chief Investigator, has contributed to an article published in the *European Respiratory Journal*. The article, **"Managing the supportive care needs of those affected by COVID-19"**, aims to provide a succinct informative overview to guide respiratory health professionals working on the frontline during the pandemic.

A team of IMPACCT researchers have an article published in the *Translational Lung Cancer Research (TLCR)* issue focussed on lung cancer multidisciplinary care. The article is "Earlier multidisciplinary palliative care intervention for people with lung cancer: a systematic review and meta-analysis". The team includes PaCCSC Postdoctoral Research Fellow, Dr Slavica Kochovska as well as, Dr Diana Ferreira, Dr Tim Luckett, Professor Jane Phillips and PaCCSC Chief Investigator, Professor David Currow.

**Linda Brown**  
National Manager, PaCCSC/CST

## Faculty of Radiation Oncology



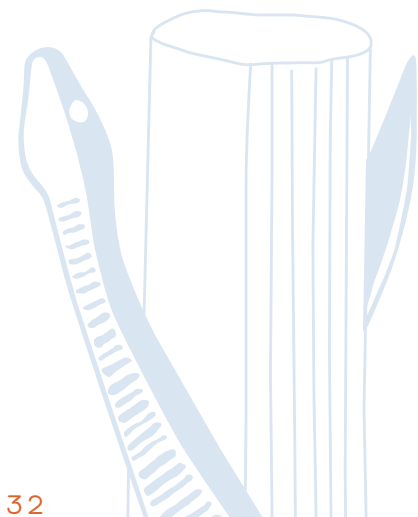
The Royal Australian and New Zealand  
College of Radiologists\*  
The Faculty of Radiation Oncology

The COVID-19 pandemic has had a significant impact on us all. We are seeing so much information being provided by organisations – for the professions and for our patients. What is reassuring is that the messaging coming out of organisations for cancer patients is consistent. It is crucial that our patients speak to their treating oncologist to get the most accurate information for their individual circumstance. Those who need to have treatment must still be able to access it.

For radiation therapy, our centres are still open, although our practice may have changed to adapt to the "new normal". I have heard of several strategies being employed by centres, including splitting staff into teams to avoid risk of infection, and having a dedicated linac for the treatment of COVID-19 positive patients. It has been reassuring to see the Government move to support telehealth services, including telehealth consultations.

RANZCR formed a high-level COVID-19 Taskforce, chaired by our CEO, Natalia Vukolova. The Taskforce has been exceptionally busy (in addition to their day jobs) reviewing literature, developing advice and keeping our membership updated. RANZCR advice can be found at [ranzcr.com/our-work/coronavirus](https://www.ranzcr.com/our-work/coronavirus).

Throughout this, our members are still finding time to continue business as usual activities of the Faculty, albeit some activities are being slowed down. We are continuing to consult on relevant external documents, as well as reviewing our own existing ones.





## Medicare Benefits Schedule (MBS) Review

The Faculty has continued to engage closely with the Department of Health with regard to the MBS Review recommendations from the Oncology Clinical Committee. The Committee recommended that the existing radiation oncology schedule be re-written to take into account significant changes in practice and technologies since the schedule was first introduced. Implementation of the revised schedule will not occur overnight. The Department, with assistance from the Faculty, have developed guidance material ahead of a four-week prospective billing data collection exercise. This will see departments/centres “dummy bill” patients against the new schedule. Data collected will be analysed and used to inform the pricing of the new items.

## Regional Practice

In 2016, the then Tripartite Committee developed a position paper to assist new and existing regional radiation therapy centres. *Establishing and Sustaining Regional, Rural and Remote Radiation Therapy Centres* has been a widely downloaded and referenced paper. In 2019, the Radiation Oncology Alliance (RANZCR, Australasian College of Physical Scientists and Engineers in Medicine, Australian Society of Medical Imaging and Radiation Therapy, Cancer Nurses Society of Australia) commenced a review of this document. The second version of the document (renamed *Establishing and Sustaining Regional and Rural Radiation Therapy Centres*) will soon be published and made available from the RANZCR website at [ranzcr.com](http://ranzcr.com).

Thank you to all the individuals and organisations that provided feedback during the consultation period. We hope that this will provide timely guidance to the Morrison Government as it rolls out its plan to invest in new regional radiation therapy centres.

## Radiation Oncology: Targeting Cancer

Targeting Cancer ([targetingcancer.com.au](http://targetingcancer.com.au)) contains information for both patients and health professionals, covering a range of tumour sites and treatment techniques, as well as patient stories. In late 2019, a factsheet that includes a list of questions patients should ask their radiation therapy provider about the costs of treatment was developed. This can be viewed online or downloaded from [targetingcancer.com.au/faqs/what-you-need-to-know-about-the-costs-of-radiation-therapy-in-australia/](http://targetingcancer.com.au/faqs/what-you-need-to-know-about-the-costs-of-radiation-therapy-in-australia/).

I encourage COSA members become involved in the campaign by using #targetingcancer on social media or recommending the website as a resource to colleagues and patients.

**Madhavi Chilkuri**  
**Dean, Faculty of Radiation Oncology**

## MASC Trials



It's a pleasure to update the COSA members about the progress of MASC Trials so far this year. MASC Trials has continued to operate throughout the COVID-19 period, supporting our members and institutions to get through this challenging time.

Our recently established Melbourne team continues to grow and compliment

the Sydney team. All staff have quite seamlessly transitioned to a home-based arrangement in response to recent events, supported by daily team meetings and frequent routine communications, ensuring that as far as possible, it has been business as usual. I am surprised and pleased to report that MASC Trials has continued to recruit new patients with 89 participants across six protocols so far this year. Even more astounding is the willingness of several sites (in Australia and abroad) to open our protocols during this period. This is a great reminder that cancer treatment and research is still continuing despite COVID-19.

I am pleased to warmly invite all members and associates to attend the upcoming MASC Trials Annual Research and General Meeting which will be taking place in virtual format on the weekend of 23–24 October 2020. Our members will have the opportunity to hear about the many research highlights from the last year and gain an insight into our future direction. We are excited that the program will engage the Scientific Advisory Committee, as well as the various Discipline Specific Advisory Groups, which work closely to develop and review the research portfolio.

Our members and team continue to develop new trials and apply for grants. We have recently secured four project-related grants to support new research. I am especially delighted to report a recent collaboration with the Canadian Cooperative Trials Group linked to the MelMarT-II trial has led to funding success! Further grant applications for MelMarT-II in the UK and Ireland are in progress. We continue to actively progress a number of other international collaborations on this study including USA, Sweden, Denmark, Ireland and New Zealand.

The MASC Trials team are currently finalising approvals for new trials to be opened in coming months:



- **07.17 AOMA Uveal melanoma registry** – Investigator: A/Prof Anthony Joshua; Currently open to US enrolment, opening across five Australian sites in coming months.
- **10.17 GoTHAM** (A phase Ib/II study of combination avelumab with peptide receptor radionuclide therapy or conventional fractionated radiotherapy in patients with metastatic Merkel cell carcinoma) – Investigator: Prof Shahneen Sandhu; NCT04261855; Due to open at Peter Mac in July/August, followed by six to eight Australian sites.
- **02.18 I-MAT** (A randomised, placebo-controlled, phase II trial of adjuvant Avelumab in patients with stage I-III Merkel cell carcinoma) – Investigator: Dr Wen Xu; NCT04291885; Due to open at Princess Alexandra Hospital in August, followed by another 10 to 12 Australian sites.
- **02.19 IMAGE** (Melanoma Surveillance Photography to improve early detection of melanoma in very high risk (or high risk) patients – Investigator: A/Prof Victoria Mar; NCT04385732; Due to open in Q3 across six to eight sites in Australia.
- **NRP 11.19** Improving awareness and outcomes for Australians living in regional and remote areas – Investigator: A/Prof Victoria Mar; National collaboration with consumers and researchers.

We are excited to have a number of trials which are now actively recruiting at sites nationally and internationally including:

- **02.18 MelMarT-II** (A Phase III, multi-centre, multi-national randomised control trial investigating 1cm v 2cm wide excision margins for primary cutaneous melanoma) – Investigators: Prof Michael Henderson and Prof Marc Moncrieff; NCT03860883; Opened its first site at Peter Mac in

January and has since recruited eight patients. Sites to be opened nationally and internationally in the coming months, with 50+ sites expected to open in Australia, the UK, USA, Ireland, the Netherlands, Denmark, Sweden, Brazil and New Zealand.

- **02.12 RADICAL** (RADiotherapy or Imiquimod in Complex Lentigo Maligna) – Investigator: A/Prof Pascale Guitera; ACTRN12615000266561; 113 patients are enrolled in the pilot study across Australia, NZ and Brazil. We will reapply for extension funding shortly to support the full protocol to expand activity in to the UK.
- **01.15 CHARLI** (A Phase Ib/II Trial of Ipilimumab-Nivolumab-Denosumab and Nivolumab-Denosumab in Patients with Unresectable Stage III and IV Melanoma) – Investigator: Prof Shahneen Sandhu; ACTRN12617000772347; Currently recruiting at seven sites across Australia and has enrolled 34 patients to date with a target of 72 patients.
- **04.17 SMARTI** (A Pilot Study of an Artificial Intelligence System as a Diagnostic Aide for Better Skin Cancer Management) – Investigator: A/Prof Victoria Mar; NCT04040114; 95 patients enrolled from two sites in VIC are in lead-in phase; the active phase will commence shortly.

We have a number of trials which have recently closed to recruitment and/or longer term follow up, the final analyses and manuscripts of which are being planned. I look forward to sharing the results of these important studies with COSA members in due course. These trials include the following:

- **02.09 Mel-D** (Vitamin D following primary treatment of melanoma at high risk of recurrence – a pilot placebo controlled randomised phase II trial) – Investigator: A/Prof Robyn Saw; ACTRN12609000351213.

- **02.14 CombiRT** (An open-label, single-arm, phase I/II, multicentre study to evaluate the safety and efficacy of the combination of dabrafenib, trametinib and palliative radiotherapy in patients with unresectable [stage IIIc] and metastatic [stage IV] BRAF V600E/k mutation-positive cutaneous melanoma) – Investigator: Dr Tim Wang; ACTRN12615000292572. Congratulations to Dr Wang as the trial has been selected for virtual presentation at the upcoming ASTRO 2020 Annual Scientific Meeting hosted in Miami, USA.
- **01.12 EAGLE FM** (Evaluation of Groin Lymphadenectomy Extent for Metastatic Melanoma) – Investigator: Prof Andrew Spillane; ACTRN12614000721606.
- **01.09 RTN2** (A randomised trial of post-operative radiation therapy following wide excision of neurotropic melanoma of the head and neck) – Investigator: A/Prof Matthew Foote; ACTRN12610000478011.
- **01.07 SS01.13 Hair Spare** (A feasibility study of hair sparing whole brain radiotherapy with volumetric modulated arc therapy for patients who have brain metastases from any malignancy) – Investigator: Prof Gerard Fogarty; ACTRN12617000507381.

Finally, we are excited to be preparing several new research proposals that have been identified by members so far in 2020, with an additional 38 new research proposals (four recently endorsed) in different stages of development. We welcome new research ideas at any time – feel free to contact our team.

I am also pleased to welcome several new talented and friendly faces to the MASC Trials Research Centre. All of the team look forward to continuing to serve our membership to develop

and undertake the highest quality investigator-initiated clinical research in melanoma and skin cancer research. There will be several new roles opening shortly so please feel welcome to contact Libby Paton ([Elizabeth.Paton@melanoma.org.au](mailto:Elizabeth.Paton@melanoma.org.au)) in case you would like to learn more about the new roles in our team.

Further, MASC Trials is currently undertaking a strategic review aligning with the improved governance structure of our group which will include expansion of governance, contracting and research expertise as well as expansion of our marketing and communications. I look forward to providing more updates as these core business functions mature.

MASC Trials is in a period of consolidation and growth, and I sincerely thank our members, funding supporters (particularly Cancer Australia and Monash University) and look forward to continuing to deliver on the vision of the group to improve outcomes for melanoma and skin cancer patients and their families via supporting and conducting clinical trials.

**Mark Shackleton**  
Chair, MASC Trials

## Medical Oncology Group Of Australia



While we have all faced many professional and personal challenges over the last few months as a result of the COVID-19 pandemic, the national and international oncology sector has demonstrated strong leadership and a commitment to addressing the impact of the pandemic on people with cancer. As



### 2021 ANNUAL SCIENTIFIC MEETING



#### Future of Oncology – Improving Outcomes Through Innovation

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the national professional organisation for medical oncology, the Medical Oncology Group of Australia (MOGA) has both received and provided strong support throughout these testing times. As a special society, we have worked closely with the Royal Australasian College of Physicians and numerous other Australian and international professional agencies to proactively develop, share information and provide regular updates on national and international COVID-19 resources to support our members.

MOGA has received countless enquiries from members during the pandemic, reporting similar experiences and challenges with regards to the protection of patients and staff, workforce management, development of contingency plans and adapting to telehealth. MOGA endorsed the work of our members in the development of specific clinical or workforce guidelines, notably, “Practical Considerations for Treating

Patients with Cancer in the COVID-19 Pandemic” (DOI: 10.1200/OP.20.00229 *JCO Oncology Practice*, published online 13 May 2020. PMID: 32401686) co-ordinated by Prof Eva Segelov with various MOGA members as co-authors (including Executive members Prof Chris Karapetis and Dr Deme Karikios).

MOGA has also actively encouraged and facilitated members sharing information, experiences, and local policies and procedures to learn from each other. Local contingency plans are a good example where members benefitted from knowing how other facilities, health districts, and states approached emerging issues: including the Sir Peter MacCallum Cancer Centre’s *Medical Oncology Clinical Response Plan* generously provided by Prof Danny Rischin.

In response to COVID-19, MOGA made the difficult decision to reschedule all face-to-face meetings this year



including the *Young Oncologists Workshop*, *Annual Scientific Meeting (ASM)*, *Sciences of Oncology Program*, *Communications Skills Training* and a yet-to-be-announced leadership skills course. We anticipate that all these meetings will take place in 2021. Although not resourced to conduct the entirety of the ASM and other meetings as virtual meetings, MOGA was mindful, however, that the pandemic meant a rethink of how we conduct meetings in the future, and this challenge presented an opportunity to explore and trial virtual options where appropriate.

To this end, MOGA is presenting the *2020 MOGA Abstract and Poster Program for Medical Oncology Advanced Trainees and Young Oncologists* in August to support medical oncology trainees and young oncologists in completing their training requirements, maintaining and developing research activities and ongoing professional development. This initiative has been strongly supported and will incorporate an online Poster Exhibition and two virtual 90-minute Oral Presentation Sessions: Trainees' Proffered Papers and Young Oncologists Proffered Papers. The oral sessions will be moderated by a Chair and include Q&A time. Every abstract (anticipated 30 to 40) accepted by the Abstract Review Committee will be published in an online supplement of the *Asia-Pacific Journal of Clinical Oncology*. Four awards to support travel to attend a major international oncology meeting in 2021 will be made for the Best Trainee Poster, Best Trainee Oral, Best Young Oncologist Poster and Best Young Oncologist Oral Presentation.

Prof Martin Stockler, as convenor of the ACORD20 Protocol Development Workshop (PDW), is working towards running a virtual version of this workshop from Sunday 27 September to Saturday 3 October 2020. He states, "We are planning to run the ACORD20

PDW as an entirely online, web-based, distance-learning activity. It will remain an intensive, interactive, one-week workshop in clinical trials protocol development based on the educational principles of active, problem-based, collaborative, networked, adult learning".

The curriculum, program, and activities will be much the same as for our previous eight workshops. The ACORD International Steering Committee is confident that it can run a successful workshop online, and that the activity will be even more formative and important for participants in these difficult times. The program will seek to provide all participants with a range of innovative opportunities to learn, debate, discuss, network and socialise in a virtual environment.

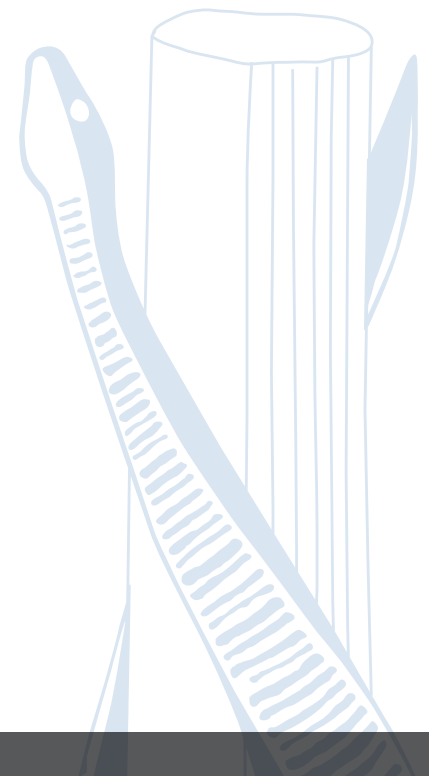
As a major stakeholder, MOGA plays an important role in facilitating wider and faster adoption of recommendations from emerging evidence-based best practice guidance into national clinical practice. The MOGA Guidance Statement, *Nine Steps to Personalised Therapy: The Art and Science of Anti-Cancer Drug Dosing*, developed under the tireless direction of Prof Steve Ackland, along with some of our most senior members Profs Michael Michael, Paul de Souza, Jennifer H Martin, Stephen Clarke, Chris Karapetis and Howard Gurney, has been accepted for publication in the *Internal Medicine Journal*. We also strongly supported the new publication on *Smoking Cessation in Cancer Patients: Embedding Smoking Cessation Care in Australian Oncology Health Services* (Clinical Oncology Society of Australia). This publication provides a practical, evidence-based resource for oncology health services, oncology MDTs and health professionals working within the Australian healthcare system.

Looking forward, MOGA has participated in the Cancer Australia Palliative Care Consultation on proposed palliative care measures for

the *National Cancer Control Indicators* website – a single national framework which reports key Australian cancer control data across the continuum of cancer care. We have also been invited to participate again in the next ASCO Breakthrough Meeting (26–28 August 2021) in Yokohama, Japan, in cooperation with the Japanese Society of Medical Oncology and the Japan Society of Clinical Oncology. I will be representing MOGA on the Meeting Advisory Group of this meeting and expect to begin engaging with the planning process in the next few months.

MOGA continues to support our commitment to diversity by working in collaboration with the *Women for Oncology Committee* of the European Society for Medical Oncology (ESMO) to monitor the representation of female invited speakers at international and major national oncology meetings, as well as on societies boards; and, to evaluate if this representation changes over the years. The results of the most recent study supported by MOGA will be presented at the Women for Oncology Forum, at the ESMO 2020 Congress in September.

**Prunella Blinman**  
**Chair, MOGA**





## Oncology Social Work Australia New Zealand



Like so many other organisations, the impact of the Coronavirus Pandemic has encouraged Oncology Social Work Australia New Zealand (OSWANZ) to look at novel ways of providing services and resources to our members.

The annual conference planned for 2020 was an early casualty of global shutdowns and it has now been tentatively rescheduled to September 2021 in Sydney. The existing planning committee has agreed to stay on and will move ahead once there is clarity about the viability of large events. Subject to the lifting of restrictions, the venue is secured and the program is well developed.

In lieu of the conference this year, OSWANZ has decided to hold two webinars later in the year which will be offered free of charge to members and at a reasonable cost to non-members. The first of these will be a presentation on Meaning and Purpose Therapy by Dr Carrie Lethborg. Carrie and her Melbourne-based colleagues have some interesting research findings that will highlight for oncology social work practitioners the clinical utility of this intervention for enhancing dignity, especially at end of life. The second webinar topic is not yet finalised but we are hoping to make it a collaborative event with our Trans-Tasman colleagues. Negotiations are underway to secure a New Zealand presenter. Once completed both webinars will be uploaded to the OSWANZ website in the members only section. All presentations from our successful 2019 Hobart conference are now also available to members at [oswa.net.au](http://oswa.net.au).

In ongoing advocacy work, OSWANZ is continuing our collaboration with our colleagues at Cancer Council Australia. Last year we submitted a co-badged report to the Senate Standing Committee of Community Affairs Inquiry on the Adequacy of Newstart and related payments and alternative mechanisms to determine the level of income support payments in Australia. In April the Committee reported its findings, including a set of 27 recommendations. Recently, a “Coronavirus Supplement” has been added to the existing Newstart (now called JobSeeker) rate, doubling the income support payment. The supplement is set to cease later this year and OSWANZ is in agreement with Cancer Council Australia that reverting back to the original amount would be a retrograde step.

Cancer Council Australia is working with the Australian Council of Social Services (ACOSS) in its efforts to increase the rate of Newstart/JobSeeker, as well as the provision of an appropriate program for people who find themselves out of work due to a cancer diagnosis. In addition to JobSeeker, a new payment called JobKeeper has been introduced for people who have lost employment due to COVID 19. OSWANZ members have been invited to contribute insights expressed to them by people with cancer about the impact of both these payments. Oncology social workers are seeking people who would be willing to share their experiences (remaining de-identified) of receiving JobSeeker or JobKeeper payments while undergoing cancer treatment.

OSWANZ's recent research effort is coming to fruition with our current project ‘Social work interventions in cancer care: a quality assurance project’ having been accepted for publication in the AASW journal *Australian Social Work*. Dr Rosalie Pockett from the University of Sydney is the Chief Investigator and each

of the project leads in the six health facilities across three states is a Principal Investigator. The specific sites reflected the range of facilities in which cancer care is delivered: two metropolitan tertiary cancer centres, one large regional cancer hospital, a smaller regional cancer centre and two community-based outpatient facilities, one of which is regional.

In further research news, Dr Rosalie Pockett and Kim Hobbs were successful in a submission to *Australian Social Work* for a Special Issue on social work in cancer care. A call for papers is now current, with a closing date of 30 November 2020. It has been widely distributed to local and international colleagues. The International Research Conference for Social Work Practice planned for Melbourne in May 2020 is another victim of the pandemic. It has been rescheduled to July 2021, but unfortunately some of the presentations from that event that may have been targeted for the journal issue will now not be eligible due to the timeline. For further details go to [tandfonline.com/rasw](http://tandfonline.com/rasw). The Special Issue is anticipated to be released in the first edition of the journal in 2022.

The OSWANZ Executive and Management Committees continue to be the dynamic forces behind the day to day administration of the organisation. Monthly teleconferences are lively and well attended. I would like to acknowledge in particular our President, Nick Hobbs, our Treasurer Kate Lindberg, our Secretary, Olga Gountras and our New Zealand Committee Member Justin Gulliver. Along with state representatives and sub-group chairs, there is a wealth of talent which will see the organisation continue to grow and prosper. As a group we look forward to a continuation of the fruitful collaboration with COSA and with our colleagues from all disciplines.

**Kim Hobbs**  
**Council Representative, OSWANZ**

## Australasian Metastasis Research Society



### The Australasian Metastasis Research Society gets a new look

Like many organisations across the Australasian region, the activities of the Australasian Metastasis Research Society (OzMRS) have been impacted by the COVID-19 pandemic. Many research institutions have been busy putting in place contingency plans to minimise the risk of infection and ensure the safety of their workforce and patients. Nevertheless, this has not stopped the OzMRS from continuing to promote metastasis research and encourage research collaboration in the region.

The OzMRS committee has focussed on updating its website ([ozmrs.com](http://ozmrs.com)) to feature recent publications from its members, recent events and upcoming scientific meetings. The committee encourages all researchers and clinician scientists with an interest in metastasis research to visit our website and register as a new member (membership is free). There you will also find out more about the organisation and profiles of its board members as well as ongoing metastasis research from our active members. Thanks to the creative talent of Dr Amy Wilson, an ovarian cancer researcher at the Hudson Institute of Medical Research, OzMRS is proud to showcase its new look with the design of a new logo.

Given its affiliation with the international Metastasis Research Society, the OzMRS is keen to ensure good representation of our region across the globe. For this, Dr Jwohn Price (Victoria University, Melbourne) and Dr Thomas Cox (Garvan Institute of Medical Research, Sydney) have been on the MRS Board of Directors since 2016 and 2018 respectively. We are also pleased to report that our OzMRS Treasurer, Dr Carmela Ricciardelli (Robinson Research Institute, University of Adelaide) has recently been nominated to join the MRS Board of Directors. Dr Ricciardelli's research in breast, ovarian and prostate cancer metastasis has led to the development of several clinically relevant models. Over the last five years her major research focus has been on understanding interactions of ovarian cancer cells and the peritoneal tumour microenvironment. Her current research work focuses on understanding the mechanisms of chemotherapy resistance and developing novel therapies for advanced stage ovarian cancer. Her nomination is strongly endorsed by the OzMRS.

The 2020 International Biennial Congress of the Metastasis Research Society ([metastasis-research-conferences.org/](http://metastasis-research-conferences.org/)) is planned to take place 7–10 November 2020 in Buenos Aires, Argentina. However, given the uncertainties surrounding the current COVID-19 pandemic, the MRS board is currently evaluating the options and is expected to provide an update on their decision shortly.

**Normand Pouliot**  
Council Representative, OzMRS



## 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.

### What's been happening?

#### Welcome Prof Ross Lawrenson

We would like to welcome Prof Ross Lawrenson, University of Waikato, to our PC4 Scientific Committee. Ross is an academic GP and primary health physician whose research focuses on inequities in outcomes for prostate, breast, colorectal and lung cancer for Maori and Pacific patients in New Zealand. He works with the community to co-design programs to help address late diagnosis, particularly in Maori with lung cancer.

#### Funding success



Jennifer McIntosh, Nicole Rankin, Jon Emery



Ray Chan and Joel Rhee

**Dr Jennifer McIntosh**

Smart Screen: An RCT of SMS-based narratives to increase bowel cancer screening

**Dr Nicole Rankin**

Accelerating translation of participation in lung cancer screening: Preparing Australia for real-world implementation

**Prof Jon Emery**

- 1) SITA: Should I take Aspirin decision aid RCT
- 2) SCRIPT trial: a RCT of genomic-based stratified colorectal cancer screening in primary care

**Prof Ray Chan**

- 1) Implementation of a nurse-enabled, shared-care follow-up model for early Breast cancer survivors: The IBIS-Survivorship study,
- 2) GOSPEL: Optimising primary care in cancer survivorship

**A/Prof Joel Rhee**

Rural survival not getting a fair go

Congratulations all round to PC4 members on their successful funding applications for the NHMRC Ideas Grants, NHMRC Partnership Grants, Victorian Cancer Agency's Research Grants and Cancer Australia's Priority-driven Collaborative Cancer Research Scheme.

**Farewell Prof Geoff Mitchell**

We recently farewelled Prof Geoff Mitchell, who retired from academia after a stellar 25-year career in palliative care research. Geoff is a founding member of PC4 who led our Palliative Care Stream for nearly a decade.

# Interested in cancer in primary care research?

## SUBSCRIBE TO PC4'S RESEARCH ROUND-UP

A monthly podcast conversation that deep dives into recently published cancer in primary care research.

VISIT [PC4TG.COM.AU/PODCASTS](http://PC4TG.COM.AU/PODCASTS)



## Podcasts

**Cheers with Peers season 2**

In July 2019, we launched season 2 of *Cheers with Peers*. Dr Jennifer Walker interviews senior researchers about issues and challenges that face mid-career researchers. Available on [iTunes](#), [SoundCloud](#) and your favourite podcast players. [Visit our website](#) for show notes.

**Research Round-Up season 2**

We continue to stream our monthly research podcast which highlights new publications about cancer in primary care. We talk to senior authors and discuss the impact this research may have on clinical practice. Recent episodes include our chat with A/Prof Julia Brotherton about changes to the

renewed cervical screening program and Dr Alison Beauchamp who co-created mammography resources that better meet the needs of women from Italian and Arabic speaking communities. Available on [iTunes](#), [Soundcloud](#) and your favourite podcast players. [Visit our website](#) for show notes.

## 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/join-us](http://pc4tg.com.au/join-us) for more information.

**Jon Emery**  
**Chair, PC4**

## The Psycho- Oncology Co-Operative Research Group



Psycho-oncology Co-operative Research Group

It's been a hectic few months for the Psycho-oncology Co-operative Research Group PoCoG. COVID-19 drastically changed the plan we had for 2020. Along with most of our colleagues, we made a rapid adjustment to working from home, and the suspension of trials and access to hospitals and patients has prompted a rapid rethink of current research priorities.

During this time we have continued our research and capacity building activities focussed on developing interventions addressing the psychosocial challenges faced by patients, families, caregivers, health care professionals as well as health systems. COVID-19 has impacted patients and families, cancer teams and how we deliver cancer care.

In line with this, and in consultation with our Scientific Advisory Committee, we have initiated a handful of new research projects looking at some of the impacts of COVID-19 on psycho-oncology.

Professor Phyllis Butow is leading a PoCoG team conducting a mixed methods longitudinal study exploring the experiences and perspectives of cancer patients/survivors and their family members, health professionals working in cancer care, and non-government cancer services, with particular focus on treatment decisions during the COVID-19 pandemic and the longer term impact of COVID-19.

PoCoG Executive Director Dr Joanne Shaw is leading a PoCoG Team exploring psycho-oncology clinicians' experiences delivering psycho-oncology services using telehealth during the COVID-19 pandemic to identify the barriers and enablers to implementation. This will inform future implementation strategies for use of telehealth as a model of care in psycho-oncology.

SAC member Dr Laura Kirsten is conducting an audit of psychological services related to the pandemic to document the number of COVID-19 related contacts with clients, psychological responses of those clients (ie the COVID-19 related symptoms, fears, thoughts and behaviours) and the interventions provided or recommended by the treating clinicians. It's hoped this research will provide an understanding of the demands on the psychology workforce during this pandemic and offer insights into the experiences and concerns of the clients seen by psychologists during the pandemic.

Finally, the joint PC4-PoCoG multimorbidity interest group, led by PoCoG SAC Chair Associate Professor Haryana Dhillon is exploring patient perceptions and concerns resulting from the rapid transition to telehealth as a result of COVID-19. The plan for this study is to conduct a survey of patients with co-morbidities to see whether COVID-19 has affected their cancer care.

We are working hard to move these projects through the planning stages and look forward to seeing them progress.

In March we hosted our first online concept development workshop. While we had some initial trepidations about how effective videoconferencing would be for this type of event, it was a highly productive meeting, which has resulted in a new supported study for the PoCoG portfolio.

We also officially launched our implementation research in psycho-oncology special interest group INSPIRE. Our existing interest groups have also been active and we have a program of webinars planned for the coming months to keep our members engaged and excited about the research opportunities in psycho-oncology.

To learn more about PoCoG activities and to join visit [pocog.org.au](http://pocog.org.au).

**Brian Kelly**  
*Chair, PoCoG*

Save the date!



Clinical  
Oncology  
Society of  
Australia

COSA's 48TH ANNUAL SCIENTIFIC MEETING

**16-18 November 2021**

**Melbourne Convention & Exhibition Centre**

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



## Royal College Of Pathologists Of Australasia



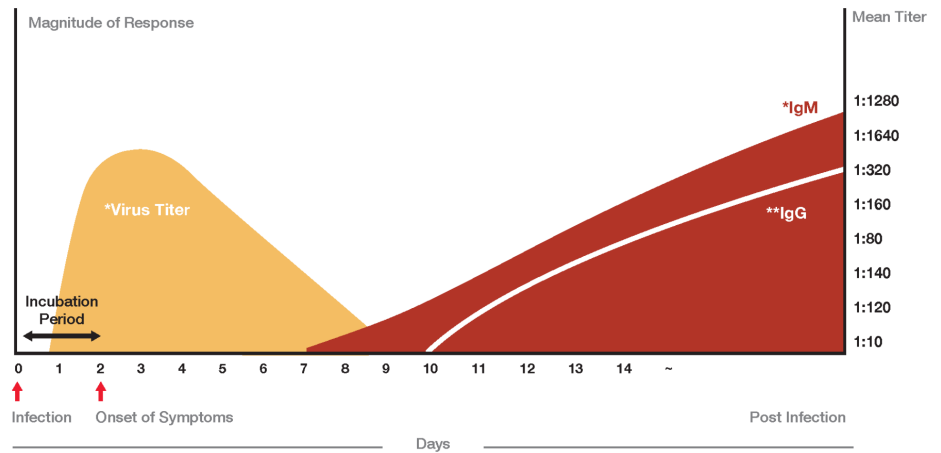
The Royal College of Pathologists of Australasia (RCPA) principle objectives are to train and support pathologists and senior scientists to improve the use of pathology testing, utilising the highest quality evidence and expert collaboration.

### RCPA and the COVID-19 pandemic

The COVID-19 pandemic continues to impact organisations, businesses and individuals globally. The RCPA has faced many operational challenges during this time. In March the RCPA announced the cancellation of its annual conference, Pathology Update 2020. There is significant planning and coordination involved in the event each year, with speakers and delegates coming from around the world. It was unfortunate for the RCPA to have to make this announcement, but the decision was made in the interests of the health of all involved and to align with government-imposed restrictions. Likewise, RCPA Trainees have faced rescheduling of their examinations and RCPA courses and events have been cancelled, postponed or made virtual.

The pandemic has seen the RCPA's advocacy role in the community highlighted, particularly surrounding rapid point-of-care testing (PoCT), the safety of collection centres and the importance of routine and diagnostic testing. The RCPA welcomes this opportunity to speak on behalf of the Fellowship and continues to support and heed the advice of government during this time. For more information

### Disease and Reaction Time



The timing and level of antibodies is uncertain after SARS-CoV-2 infection, and varies between patient populations. This graphic depicts one scenario based on the limited published evidence.



Incubation period for IgG and IgM antibodies vs COVID-19 virus titre

on the RCPA operational changes, please visit our [rcpa.edu.au/Library/COVID-19-Updates/Courses,-Workshops-Other-FAQs](https://rcpa.edu.au/Library/COVID-19-Updates/Courses,-Workshops-Other-FAQs).

### RCPA welcomes new Deputy Chief Executive Officer (DCEO)

The RCPA is very pleased to announce the appointment of Dr Helen Freeborn as the new DCEO. Dr Freeborn is a Medical Graduate from the University of Wollongong and a Fellow of the Royal Australasian College of Medical Administrators. Her previous roles were as a clinical advisor for NSW eHealth and in the Medical Administration team at Royal North Shore Hospital. She holds a Master's in Public Health and, before entering into a career in Medical Administration, she worked as an advisor to a number of politicians and also as a surgical registrar. She is also a council member on the Medical Benevolent Association of NSW.

Chief Executive Officer of the RCPA, Dr Debra Graves said "We are delighted to welcome Dr Freeborn into her new role as Deputy CEO. The RCPA Board, the RCPA President Dr Michael Dray and I, very much look forward to working with her. Dr Freeborn's experience will

be invaluable to the College and she will no doubt play an integral role in maintaining the highest standards in pathology."



New Deputy CEO appointed for the RCPA - Dr Helen Freeborn

### RCPA Cancer Services Advisory Committee

The work of the Cancer Services Advisory Committee (CanSAC) is to raise the standard of pathology and cancer information. CanSAC is a multidisciplinary committee which has oversight for all cancer related activities within the RCPA. CanSAC lends its expertise and provides an important link to other external cancer related organisations such as the Cancer Monitoring Advisory Group (CMAG), the Intercollegiate Committee on Cancer (ICC), Cancer Australia as well as COSA.

CanSAC was recently pleased to see MSAC funding approval for a number of important genetic tests for somatic markers for diagnosis and classification of specific tumours (go to [rcpa.edu.au/News-and-Media-Releases/Media-Releases/Docs/Genetic-testing-for-familial-hypercholesterolemia](http://rcpa.edu.au/News-and-Media-Releases/Media-Releases/Docs/Genetic-testing-for-familial-hypercholesterolemia)). CanSAC was a passionate advocate for funding of these important genetic tests, which will support timely and appropriate management of patients with a range of specific, relatively rare cancers.

## Structured Pathology Reporting of Cancer Project

The Structured Pathology Reporting of Cancer (SPRC) Project continues to expand, having now published 46 protocols. Recent editions include updated and new protocols for endocrine cancers with gastrointestinal cancer protocols, which are in the final stages of development and will be released shortly.

SPRC protocols are the result of expert multi-disciplinary input and independent peer review, and are authored by a volunteer group of expert pathologists, clinicians and scientists. The resources and protocols are made free to access on the RCPA website at [rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/](http://rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/).

The SPRC Project is planning to pilot digital software to help pathologists implement SPRC structured reporting protocols in the most efficient and practical way. The ultimate goal is to progress the use of highest quality, interoperable, “atomic” pathology data.

## International Collaboration on Cancer Reporting

The International Collaboration on Cancer Reporting (ICCR) project has produced standardised reporting templates for

cancers available to all countries of the world. Four ICCR Endocrine Datasets, three Gastrointestinal Datasets and the third edition Carcinoma of the Cervix Dataset have been published and available to download on the ICCR website, [iccr-cancer.org/](http://iccr-cancer.org/).

## Terminology standardisation

After more than 25 years working with the RCPA, the Clinical lead of the Pathology Information, Terminology and Units Standardisation (PITUS 18-20) Project – Professor Michael Legg – has retired from College activities. Professor Legg was the Foundation Chair of the Informatics Committee and the founder of the biennial Informatics Workshop. With Cancer Institute NSW, he initiated the Structured Cancer Reporting Project and has served on its Steering Committee ever since. In 2011, Professor Legg started the standardisation project work for safer requesting and reporting which became PITUS. Michael has made significant contributions over the years to the Project and leaves with the best wishes of the RCPA.

The PITUS 18-20 Project Steering Committee met for the fifth time on 11 February 2020. The PITUS 18-20 Reports were given on working group activity progress with feedback sought on a suite of draft documents to assist software vendors and laboratories with implementing and maintaining the RCPA SPIA information models and reference sets.

Working groups are helping to work on the following key pathology concepts: Information structures, Common terminology, Common understanding, and Behavioural alignment. The project aims to align terminology development and cancer dataset development efforts to create truly computable, interoperable cancer reporting tools.

**Kenneth Lee**  
Council representative, RCPA

## TROG Cancer Research



### TROG Cancer Research excel with virtual Annual Scientific Meeting (ASM)

The past six months have been nothing short of busy and successful for TROG Cancer Research. That's not to say we haven't had to overcome some challenges along the way.

With COVID-19 changing the way we operate daily, TROG Cancer Research have had to find innovative solutions to keep the ball rolling.

Most significantly, TROG Cancer Research put their creative minds together to take the Annual Scientific Meeting (ASM) virtual for 2020. Across 17–19 March 2020 more than 300 of Australia and New Zealand's leading radiation oncologists, medical oncologists, radiation therapists, interventional radiologists, medical physicists and clinical trials personnel attended a full program of international and national presentations as well as tumour stream working group discussions by logging in from their home or work office.



TROG Cancer Research Team at headquarters in Newcastle

The live Virtual TROG was preceded by the Statistical Methods and Research Training (SMART) workshop for Radiation Oncology trainees. This annual event, a collaboration between the Royal Australia and NZ College of Radiologists (RANZCR) and TROG, was also delivered via a live virtual format and was well attended by over 40 trainees from across Australia and New Zealand.

Despite limited time to organise the logistics and scheduling, TROG was able to pivot successfully in the face of COVID-19 and deliver to its members the annual scientific meeting and the associated opportunities for maintaining momentum with clinical trial activity.

Co-Convenor of the ASM and TROG Board Director, A/Prof Puma Sundaresan said that while there was the option to reschedule the event, the live virtual ASM was able still to provide a valuable forum for colleagues to collaborate, share ideas and progress cancer research that can have a positive impact globally.

From the attendee records gathered from the live virtual ASM, there was strong engagement from both delegates and sponsors. Almost 220 unique email addresses logged onto the meeting's live stream, with viewer numbers averaging 140 for each session.

Professor Annette Haworth (Medical Physics at the University of Sydney) attended this year's TROG Cancer Research ASM and said while she was initially sceptical of the new approach, after attending the ASM she was positive about attending a similar virtual event again.

TROG CEO, Susan Goode expressed how important it is for clinical trial groups to embrace technology in times of hardship and her advice to other organisers looking to reschedule or reformat their events is to think outside the box.

Susan had joined Dr Lachlan McDowell and A/Prof Puma Sundaresan to evaluate the live virtual ASM

experience. This experience of TROG Cancer Research has been published as a peer reviewed, open access manuscript and is available to read in the *Journal of Medical Imaging and Radiation Oncology (JMIRO)*.

## TROG Cancer Research Annual Scientific Meeting (ASM) 2020 Achievements

Various awards were given out at the TROG 2020 ASM to professionals who have achieved new developments through clinical trials and to those who have shown leadership in their roles.

### Trial Excellence Award

Professor Paul Keall and Professor Jarad Martin were awarded the TROG Trial Excellence Awards for their work with the TROG 15.01 SPARK Trial.

The trial focussed on the Efficacy of Kilovoltage Intrafraction Monitoring (KIM) in men with prostate cancer undergoing stereotactic prostate radiotherapy.

This is a Phase 2 trial which has been developed, competitively funded and activated at a remarkable pace. It has six publications and six presentations in the lead up to their manuscript reporting primary outcome analyses.

### Outstanding Contributions to TROG

Professor David Christie was awarded the "Outstanding Contributions to TROG" award for his ongoing work to help transform TROG Cancer Research into an internationally recognised world class clinical trials group.

Over his time with TROG Cancer Research, David has filled many leadership roles including Company Secretary, Scientific Committee member and Chair, Publications Committee Chair and Board Director.

We are proud and grateful for the contributions Professor Christie has made over the years. The legacy of his

work will remain evident in the work we continue to do every day for cancer patients around the world.

## TROG Head, Neck and Skin Working Party appoint new Deputy Chair

Earlier this year, TROG Cancer Research welcomed Dr Lachlan McDowell as the Deputy Chair of the TROG Head, Neck and Skin Cancer Working Party.

Dr McDowell is a Consultant Radiation Oncologist at the Peter MacCallum Cancer Centre specialising in the treatment of head and neck cancers.

His main research interests include clinical outcomes and health related quality of life in head and neck cancers.

Dr McDowell is currently enrolled in a Doctor of Philosophy at the University of Melbourne, with a focus on the long-term quality of life and unmet needs of survivors with human papillomavirus-associated (HPV) oropharyngeal cancer.

### InTouch magazine

In January our CEO Susan Goode and Professor Jarad Martin were featured in *InTouch* magazine which described the research, trials, and successes of TROG Cancer Research in Newcastle. The article also included commentary around TROG's 30th anniversary celebrations.



Professor Jarad Martin

You can access the full spread at [intouchmagazine.com.au/single-post/2020/01/31/Celebrating-30-Years-of-TROG-Cancer-Research](https://intouchmagazine.com.au/single-post/2020/01/31/Celebrating-30-Years-of-TROG-Cancer-Research).

**Puma Sundaresan**  
Council representative, TROG

## Did you know COSA is on social media?



Please follow us on Twitter  
<https://twitter.com/COSAoncology>



Link to us on LinkedIn  
<https://www.linkedin.com/company/clinical-oncology-society-of-australia-cosa>



Like our Facebook Page  
<https://www.facebook.com/COSAoncology/>



## Calendar of Events 2020

Date	Event	Venue
28 August	AGITG 22nd Annual Scientific Meeting <a href="http://asm.gicancer.org.au/">asm.gicancer.org.au/</a>	Virtual Meeting
17-20 September	ANZSPM Conference <a href="http://willorganise.eventsair.com/2020-anzspm-conference/">willorganise.eventsair.com/2020-anzspm-conference/</a>	Virtual Meeting
18-22 September	ESMO 2020 Congress <a href="http://esmo.org/Conferences/ESMO-Congress-2020">esmo.org/Conferences/ESMO-Congress-2020</a>	Virtual Meeting
25-28 October	ASTRO Annual Meeting <a href="http://astro.org/Meetings-and-Education/Live-Meetings/2020/Annual-Meeting">astro.org/Meetings-and-Education/Live-Meetings/2020/Annual-Meeting</a>	Virtual Meeting
<b>11-13 November</b>	<b>COSA's 47th Annual Scientific Meeting 2020</b> <a href="http://cosa2020.org">cosa2020.org</a>	<b>Brisbane, QLD</b>
15-18 November	Global Academic Programs <a href="http://gap2020.com.au/">gap2020.com.au/</a>	Melbourne, VIC
18-19 November	European Cancer Summit 2020 <a href="http://ecco-org.eu/summit">ecco-org.eu/summit</a>	Brussels or Virtual Meeting (TBC)
8-12 December	San Antonio Breast Cancer Symposium 2020 <a href="http://sabcs.org/">sabcs.org/</a>	San Antonio, USA
14-16 December	Eradicate Cancer 2020 <a href="http://eradicatecancer2020.org/">eradicatecancer2020.org/</a>	Melbourne, VIC



# Calendar of Events 2021

Date	Event	Venue
12-14 January	SIOG Advanced Course <a href="http://eventbank.com/event/siog-2020-advanced-course-canberra-14744/">eventbank.com/event/siog-2020-advanced-course-canberra-14744/</a>	Canberra, ACT
<b>22-24 January</b>	<b>COSA CPG Foundation Course</b> <a href="http://cosacpgcourses.org.au/">cosacpgcourses.org.au/</a>	<b>Brisbane, QLD</b>
4-5 February	Better Care Everywhere: Healthcare Variation in Conference <a href="http://events.catalystevents.com.au/website/8086/">events.catalystevents.com.au/website/8086/</a>	Sydney, NSW
10-13 February	ANZGOG Annual Scientific Meeting <a href="http://anzgog-2020.w.yrd.currinda.com/">anzgog-2020.w.yrd.currinda.com/</a>	Melbourne, VIC
<b>18-19 March</b>	<b>2021 Cancer Survivorship Conference</b> <a href="http://survivorship2021.org">survivorship2021.org</a>	<b>Adelaide, SA</b>
23-26 March	Value Based Healthcare Conference <a href="http://ciccancer.com/vbhconf">ciccancer.com/vbhconf</a>	Perth, WA
27-28 March	ARGANZ 2021 Annual Meeting <a href="http://arganz.org/index.php/annual-meeting/home/welcome.html">arganz.org/index.php/annual-meeting/home/welcome.html</a>	Brisbane, QLD
28-31 March	International Conference on Cancer Nursing (ICCN) <a href="http://iccn2021.org/postponement/">iccn2021.org/postponement/</a>	London, UK
18-21 April	2021 Australian Pain Society 40th ASM <a href="http://dconferences.com.au/aps2021/">dconferences.com.au/aps2021/</a>	Canberra, ACT
19-21 May	ANZSGM ASM 2021 <a href="http://anzsgmconference.org/">anzsgmconference.org/</a>	Melbourne, VIC
27-29 May	IPOS 2021 World Congress <a href="http://ipos2020.com/index.html">ipos2020.com/index.html</a>	Kyoto, Japan
4-8 June	ASCO 2021 <a href="http://meetings.asco.org/">meetings.asco.org/</a>	Chicago, USA
10-12 June	ANZCHOG ASM <a href="http://anzchog.org/asm/">anzchog.org/asm/</a>	Melbourne, VIC
17-19 June	CNSA Annual Congress <a href="http://cnsacongress.com.au/">cnsacongress.com.au/</a>	Brisbane, QLD
24-26 June	MASCC/ISOO Annual Meeting on Supportive Care in Cancer <a href="http://2021.masccmeeting.org/">2021.masccmeeting.org/</a>	Seville, Spain
18-20 July	ANZUP ASM <a href="http://anzup.org.au/content.aspx?page=asm-preview2020">anzup.org.au/content.aspx?page=asm-preview2020</a>	Adelaide, SA
6-8 August	RANZCR 2021 New Zealand ASM <a href="http://ranzcr2021.co.nz/">ranzcr2021.co.nz/</a>	Wellington, New Zealand
14-18 August	HGSA 44th ASM <a href="http://aacb.eventsair.com/hgsa-44th-annual-scientific-meeting/">aacb.eventsair.com/hgsa-44th-annual-scientific-meeting/</a>	Adelaide, SA
25-27 August	2021 MOGA ASM <a href="http://moga.org.au/annual-scientific-meeting">moga.org.au/annual-scientific-meeting</a>	Perth, WA
17-21 September	ESMO Congress 2021 <a href="http://esmo.org/meetings/esmo-congress-2021">esmo.org/meetings/esmo-congress-2021</a>	Paris, France
4-6 October	25th Human Genome Meeting <a href="http://hugo-hgm2021.org/">hugo-hgm2021.org/</a>	Tel Aviv, Israel
24-26 October	13th COGNO ASM <a href="http://cogno.org.au/content.aspx?page=cognoasm-home">cogno.org.au/content.aspx?page=cognoasm-home</a>	Melbourne, VIC
24-27 October	ASTRO's 63rd Annual Meeting <a href="http://astro.org/Meetings-and-Education">astro.org/Meetings-and-Education</a>	TBC
3-6 November	18th World Congress of Skin Cancer <a href="http://wccs2020.com/">wccs2020.com/</a>	Buenos Aires, Argentina
8-10 November	ESSO 40 <a href="http://esso40.org/">esso40.org/</a>	Lisbon, Portugal
<b>16-18 November</b>	<b>COSA's 48th Annual Scientific Meeting 2021</b>	<b>Melbourne, VIC</b>
7-11 December	San Antonio Breast Cancer Symposium 2021 <a href="http://sabcs.org/">sabcs.org/</a>	San Antonio, USA

For additional events please see the COSA website.

# COSA20 ASM20

COSA'S 47TH ANNUAL  
SCIENTIFIC MEETING

I am extremely humbled and honoured to be convening the 2020 COSA ASM in Brisbane. As convenor I'm following in the footsteps of COSA doyens, including COSA Presidents past and present, so I feel expectations are high. However, I am confident that together with an excellent committee, we will deliver an exciting and highly educational program.

In 2020 we are moving away from COSA's tradition of focussing on one or two cancers, and featuring **Quality & Safety, Implementation Science** and **Cardio-oncology** as program themes – something for everyone in our multi-disciplinary membership!

We are currently planning for the ASM to proceed as a "hybrid" event with face-to-face and virtual content.

**Quality & safety** was a subtheme for the 2017 COSA ASM in Sydney. Feedback on that program was excellent, with many asking for it to be included again, so the time is now! The translation of research into practice combines the dissemination of evidence and the implementation of it into clinical practice. **Implementation science** is currently recognised as a significant gap in research and practice, and delays in the translation of evidence into practice lead to inferior outcomes for patients and increased costs of care. Value-based care and optimised care strategies are rapidly emerging in this era of ever-increasing costs in oncology. The themes of Quality & Safety and Implementation Science complement each other perfectly. In addition to didactic sessions there will also be hands-on opportunities to enable you to better understand these expanding fields, and provide you with some valuable tools and resources to assist you to implement evidence-based practices in your workplace.

QUALITY AND SAFETY  
IMPLEMENTATION SCIENCE  
CARDIO-ONCOLOGY

BRISBANE CONVENTION  
AND EXHIBITION CENTRE  
QUEENSLAND



Clinical  
Oncology  
Society of  
Australia

SAVE  
THE DATE

WEDNESDAY-FRIDAY

11 - 13  
NOVEMBER  
2020

The cardiovascular health of cancer patients is a very significant issue for patients and survivors, where gains in survival may be countered by increased mortality and morbidity due to cardiovascular (CV) toxicity.

**Cardio-oncology** is an emerging discipline that identifies, prevents and treats CV disease related to cancer therapies. Potential toxicities have moved beyond traditionally acknowledged anthracycline-related toxicity and effects after intra-thoracic radiotherapy, to the appreciation of the risks of immunotherapy agents and targeted therapies. There can also be synergistic impacts on CV health due to the interaction of a patient's pre-existing risk factors and co-morbidities, as well as cancer treatment exposures. As such, CV toxicity is relevant across the age spectrum in cancer patients and across multiple tumour sites- allowing us to feature many cancers in the ASM program. Whilst cardio-oncology has progressed as a field internationally, with dedicated services, research and training programs; in Australia, progress has been constrained by a lack of clinical services and limited research collaboration between cardiologists and cancer professionals. The 2020 COSA ASM is one step to addressing this gap and will hopefully also attract some new delegates.

We warmly welcome you all and hope that you can join us in Brisbane, 11-13 November 2020 for this stimulating conference. Please note the dates carefully – the main program will run Wednesday 11 to Friday 13 November (with pre-conference workshops on Tuesday 10 November).

Bryan Chan  
2020 COSA ASM Convenor

