

COSA Exercise and Cancer Group

2025 Annual General Meeting



MINUTES

Date: Friday 14 November 2025

Time: 12.30-1.30pm

Adelaide Convention Centre

Attendees:

Carolina Sandler	Grace Rose	Kate Bolam
Briana Clifford	Jasmine Yee	Jess Collings
Eliza Macdonald	Shelley Kay	Meegan Walker
Ash Bigaran	Greta Ishak	Blake Binion
Jesse Turner	Christie Mellerick	Morgan Farley
Rosa Spence	Tamara Jones	

AGENDA ITEM	DISCUSSION
1. Welcome & Introductions	<ul style="list-style-type: none">Tina Skinner welcomed all members to the AGM and acknowledged the traditional owners of the lands on which members are joining from today.Tina Skinner invited members to introduce themselves.
2. Conflicts of Interest	<ul style="list-style-type: none">None declared.
3. Membership 3.1. Membership statistics 3.2. New executive members 3.3. Chair and Deputy Chair positions	<p>3.1 Membership statistics</p> <ul style="list-style-type: none">Approximately 228 members in November 2025, which is the fourth largest COSA Group (27 COSA groups in total: 1=Survivorship, 2=Breast, 3=Psycho-oncology)Attendees discussed strategies to support current members and grow membership numbers. <p>3.2 New executive members</p> <ul style="list-style-type: none">Welcome to Kim Alexander, our new nursing representative, replacing Sandie McCarthy who stepped down earlier this year as a long-term committee member. <p>3.3 Chair and Deputy Chair positions</p> <ul style="list-style-type: none">Acknowledgement and thanks to David Mizrahi for his contributions as Chair of the COSA Exercise and Cancer Group and his ongoing active membership on the Executive Committee.Congratulations to Kellie Toohey, the new Deputy Chair of the COSA Exercise and Cancer Group.

4. Update on 2025 activities 4.1. 2025 ASM Organising committee representatives and concurrent sessions	<ul style="list-style-type: none"> • Huge thank you to Kate Bolam, Ash Bigaran and Morgan Farley for their contributions to the 2025 ASM program committee. • Multiple concurrent, plenary and breakfast sessions where exercise specialists presented. Congratulations to all those involved. • Acknowledgement also to those who chaired sessions.
4.2. Group Plan	<ul style="list-style-type: none"> • 2025-26 group plan was prepared and submitted to COSA earlier in 2025 – progressing well against all activities.
4.3. Fellowships	<ul style="list-style-type: none"> • Congratulations to Dr Kim Edmunds who was the 2025 COSA Exercise and Cancer Fellowship recipient. Kim recently completed her project exploring the cost-effectiveness of implementing the exercise oncology guidelines in cancer care. She aims to submit her manuscript for publication in early 2026. • Congratulations to Alanah Pike who is the 2026 COSA Exercise and Cancer Fellowship recipient. Alannah will explore exercise oncology initiatives in the Solomon Islands and will be supervised by David Mizrahi, Kellie Toohey and Jasmine Yee.
5. Plans for 2026 activities 5.1. Member Survey	<ul style="list-style-type: none"> • The Exercise and Cancer Executive created a survey to help inform the needs of the Group members and strategic priorities for 2026. • The survey questions were discussed, with specific topics selected for discussion during the AGM. • Specifically: <ul style="list-style-type: none"> i. What do you think are the greatest challenges for clinicians working in exercise oncology within Australia? ii. What do you think are the most important research questions to address to improve exercise oncology within Australia? iii. If the COSA Exercise and Cancer Group were to provide professional development opportunities to its members, what topics would you like to hear about?
5.2. Exercise Oncology Clinician-identified Challenges and Opportunities	AGM summary of discussion from exercise oncology clinicians on: (i) the greatest challenges for clinicians working in exercise oncology within Australia: <ol style="list-style-type: none"> 1. Funding <ol style="list-style-type: none"> a. Public system faces funding shortages. Gaps filled by philanthropy, which is unreliable and unsustainable. EP roles and exercise oncology services lack permanency. b. Privately provided services are not adequately covered by private health care policies, limiting accessibility. c. Insufficient FTE to meet demand. 2. Eligibility and referrals <ol style="list-style-type: none"> a. Not all people with cancer meet inclusion criteria for existing cancer services. b. Not all people with cancer are referred to exercise oncology services where available.

	<p>c. Lack of suitable options for referral into the community – patients express preference for exercise professionals with oncology experience, though this is not always available.</p> <p>3. Physical needs</p> <p>a. Inadequate space to meet service requirements. For example, unable to conduct 1-1 exercise sessions and group exercise sessions concurrently in existing space, which limits service capacity.</p> <p>4. Advocacy</p> <p>a. Clinicians and management are not necessarily equipped with the skills, resources, opportunity to advocate for service. For example, building and presenting business case to hospital management.</p> <p>Opportunities for the Exercise and Cancer Group</p> <ul style="list-style-type: none"> - Sharing advocacy resources and success stories <ul style="list-style-type: none"> o What data are useful to collect and report to Executive? How to demonstrate value and capacity? - Leverage expertise within Exercise and Cancer Group to educate and upskill community EP workforce in exercise oncology. - Survey clinicians on current service provision: <ul style="list-style-type: none"> o Who is eligible for their service (and who utilises it)? o What are the funding structures in place? o What are the referral processes? o What are their physical requirements? Space, Equipment? o What is their current FTE?
<p>5.3. Exercise Oncology Researcher-identified Challenges and Opportunities</p>	<p>AGM summary of discussion from exercise oncology researchers on:</p> <p>(ii) the most important research questions to address to improve exercise oncology within Australia:</p> <ul style="list-style-type: none"> • Low hanging fruit = networking opportunity within the Group i.e. learning more about what each other are doing fosters engagement within the group, linking ideas, and building research capacity. • A strength of COSA is the diversity of membership (researchers, clinicians, people with lived experience). Suggest the Exercise Group draw these people together for the benefit of co-designed projects that are founded in clinical need. • Need to develop priority areas (e.g. rural/regional, indigenous, and poor-prognosis cancers) and then set an agenda (5-year plan) around these priority areas. • Generate momentum with regular meetings.

5.4. COSA ASM 2026	<ul style="list-style-type: none"> • COSA ASM will be held in Sydney in 2026. • Theme - Precision generation: from cancer prevention to personalised care (focus on novel therapies and personalised care, including multidisciplinary, holistic management, and innovative cancer care). • Tina Skinner will be Exercise and Cancer Group representative. • If you have any 2026 COSA ASM speaker or session ideas, please email to Tina – tina.skinner@unsw.edu.au
6. Other Business	Not discussed
7. Next Meeting	February 2026 (Exercise Group Executive Committee) Di Adams Kim Alexander Lara Edbrooke Steve Fraser David Mizrahi Rob Newton Elizabeth Pinkham Lina Pugliano Tina Skinner (Chair) Kellie Toohey (Deputy Chair) Rhonda DeSouza (COSA Project Manager)