



Clinical
Oncology
Society of
Australia

CCOSA

ANNUAL REPORT 2018

EDUCATION

COLLABORATION

ADVOCACY

RESEARCH

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PRESIDENTS OF COSA

1973 - 1976	Mr WB Fleming AM - <i>Deceased</i>	MBBS FRACS FRCS(Eng) FACS
1976 - 1979	Professor L Atkinson - <i>Deceased</i>	FRCS FRACS FACR
1979 - 1981	Dr RP Melville - <i>Deceased</i>	MBBS FRCS FRACS FACS
1981 - 1983	Professor MHN Tattersall AO	MA MD MSc FRCP FRACP
1983 - 1985	Professor GJ Clunie - <i>Deceased</i>	CHM(Ed) FRCS(Ed) FRCS FRACS
1985 - 1987	Dr JVM Coppleson AO - <i>Deceased</i>	MBBS(Hons) MD FRCOG FRACOG
1988 - 1989	Dr JA Levi	MBBS FRACP
1990 - 1991	Professor RM Fox AM	BSc(Med) PhD MBBS FRACP
1992 - 1993	Professor WH McCarthy AM	MEd FRACS
1994 - 1995	Professor AS Coates AM	MD FRACP
1996 - 1997	Professor RJS Thomas	MBBS MS FRACS FRCS
1998 - 1999	Professor H Ekert AM	MBBS MD FRACP FRCPA
2000 - 2001	Professor J Zalcborg OAM	MBBS PhD FRACP GAICD MRACMA
2002 - 2003	Professor L Kenny AO	MBBS FRANZCR
2004 - 2005	Dr S Ackland	MBBS FRACP
2006 - Jul 2006	Professor D Currow	BMed FRACP MPH
2006 - 2008	Professor D Goldstein	MBBS FRACP FRCP
2009 - 2010	Professor GB Mann	MBBS PhD FRACS
2011 - 2012	Professor B Koczwara AM	BM BS FRACP MBioethics FAICD
2013 - 2014	Professor SV Porceddu	BSc MBBS (Hons) MD FRANZCR
2015 - 2016	Professor M Krishnasamy	BA RGN DipN MSc PhD
2017 - 2018	Professor P Butow AM	BA(Hons) Dip Ed MCLinPsych MPH PhD

COSA VISION AND MISSION

QUALITY MULTIDISCIPLINARY CANCER CARE FOR ALL

The overarching mission of COSA is to improve cancer care and control through collaboration.

COSA achieves this by:

- supporting the professional and educational needs of cancer health professionals
- enhancing cancer care and control through network development
- advocating for improvements in cancer care and control
- facilitating research across the spectrum of cancer

COSA MEMBERSHIP

As at 31 December 2018 there were 777 registered members of COSA. Members are drawn from the many disciplines in medicine engaged in cancer treatment and from associated research, patient care and support areas. They come from universities, private practice, government and private laboratories and other health services.

There are 2 types of COSA membership:

Individual membership –
COSA Members

Organisational membership –
Affiliated and Associated
Organisations

The categories of membership of COSA are:

1 ORDINARY MEMBERS

A person with a specific interest in oncology and with professional qualifications is eligible for admission as an ordinary member.

- **Medical Member:** Medical members are qualified clinical practitioners or scientists with a specific interest in oncology. Medical members hold a

postgraduate degree or fellowship from a recognised College or Society that is relevant to the vision and mission of COSA.

- Non-medical members have a specific interest in oncology and a professional qualification relevant to COSA's vision and mission.

2 RETIREE MEMBERS

A person who has retired from their professional employment, who has held COSA membership for 10 years prior to retirement, and who has a continued personal interest in cancer care is eligible as a retiree member, subject to Board approval.

3 HONORARY MEMBERS

A person who has made significant and sustained contributions to COSA or to cancer care in general is eligible

for admission as an honorary member. This membership category is offered to past Presidents of COSA and nominees and must be approved by the COSA Board.

4 STUDENT MEMBERS

A person who is undertaking full time undergraduate or post-graduate studies with a stream of cancer care is eligible as a student member. Documented evidence of their status is required upon application annually and membership is subject to Board approval.

5 AFFILIATED AND ASSOCIATED ORGANISATIONS

Affiliated and Associated organisations include not for profit companies, institutions or organisations that have a similar vision to COSA.



COSA BOARD

**Phyllis
Butow AM**
President



**Nick
Pavlakis**
President-Elect



**Sandie
Angus**
Director
(appointed 20
March 2018)



**Sanchia
Aranda**
Director



**Christine
Carrington**
Director



**Haryana
Dhillon**
Director



#COSA18





Peter Dowding
Director



Mei Krishnasamy
Director



Sandra McKiernan
Director



Wayne Nicholls
Director



Felicity Shaw
Director
(retired 8 March 2018)



Nik Zeps
Director



Marie Malica
Chief Executive Officer



COSA COUNCIL

Council comprises the President, President Elect, Immediate Past President, Chair of each COSA Group and the nominee of each Affiliated Organisation.

PRESIDENT

Professor P Butow AM BA (Hons) Dip Ed MCLinPsych MPH PhD

PRESIDENT ELECT

A/Professor N Pavlakis BSc MBBS MMed (Clin.Epi) PhD FRACP

COSA GROUP REPRESENTATIVES

ADOLESCENT AND YOUNG ADULT GROUP

Chair: Dr W Nicholls MBChB FRACP

BREAST CANCER GROUP

Chair: Dr S Fraser MBBS FASBP

CANCER BIOLOGY GROUP

Chair: Professor N Zeps BSc (Hons) PhD

CANCER CARE COORDINATION GROUP

Chair: Professor P Yates PhD RN FAAN FACN

CANCER PHARMACISTS GROUP

Chair: Mr M Powell BPharm DipPharmPrac MSHP

CANCER PREVENTION

Professor B Stewart AM MSc PhD FRACI DipLaw GradDipLegalPract

CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

Chair: Mrs D Lindsay BAppSc (Hons)

EPIDEMIOLOGY GROUP

Chair: Dr H Tuffaha BPharm MBA MSci PhD

EXERCISE & CANCER GROUP

Chair: A/Professor P Cormie PhD AEP

FAMILIAL CANCER GROUP

Chair: A/Professor N Pachter MBChB FRACP

Ms Lucinda Salmon BSc Grad Dip Genetic Counselling FHGSA

GASTROINTESTINAL ONCOLOGY GROUP

Chair: Professor E Segelov MBBS (Hons) FRACP PhD

GERIATRIC ONCOLOGY GROUP

Chair: Professor M Agar MBBS FRACP FaChPM MPC PhD

GYNAECOLOGICAL ONCOLOGY GROUP

Chair: Position vacant

INTEGRATIVE ONCOLOGY GROUP

Chair: Dr J Lacey MBBS FRACGP FACHPM (FRACP)

LUNG CANCER GROUP

Chair: A/Professor N Pavlakis BSc MBBS MMed (Clin.Epi) PhD FRACP

MELANOMA AND SKIN GROUP

Chair: Dr D Speakman MBBS FRACS

NEUROENDOCRINE TUMOURS GROUP

Chair: Dr Y Chua FRACP
Position vacant

NEURO-ONCOLOGY GROUP

Chair: Dr ES Koh MBBS FRANZCR

NUTRITION GROUP

Chair: Dr N Kiss PhD Adv APD

PAEDEATRIC ONCOLOGY GROUP

Chair: Position vacant

PALLIATIVE CARE GROUP

Chair: Professor J Phillips RN PhD FACN

PSYCHO-ONCOLOGY GROUP

Chair: Dr L Kirsten DPsyc(Clinical) PhD

RADIATION ONCOLOGY GROUP

Chair: Position Vacant

RARE CANCERS GROUP

Chair: A/Professor C Scott MBBS PhD FRACP

REGIONAL & RURAL ONCOLOGY GROUP

Chair: Professor S Sabesan BMBS(Flinders) PhD FRACP
Dr R Zielinski MB.BS Hons (Sydney) BE Hons (Sydney)

SURGICAL ONCOLOGY GROUP

Chair: Position Vacant

SURVIVORSHIP GROUP

Chair: Professor B Koczwara AM BM BS FRACP MBioethics FAICD

UROLOGIC ONCOLOGY GROUP

Chair: Professor I Davis MBBS (Hons) PhD FRACP FACHPM

CONSUMER REPRESENTATIVE

Position vacant



AFFILIATED ORGANISATION REPRESENTATIVES

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

Professor T Price MBBS FRACP
DHlthSc (Medicine)

AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP

(Jan-May) Professor M Hertzberg MBBS PhD FRACP FRCPA
(May-Dec) A/Professor P Mollee MBBS(Hons) MMedSc FRACP FRCPA

AUSTRALASIAN LUNG CANCER TRIALS GROUP

A/Professor N Pavlakis BSc MBBS MMed (Clin.Epi) PhD FRACP

AUSTRALASIAN METASTASIS RESEARCH SOCIETY

Professor E Thompson PhD

AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION

Dr J Desai MBBS FRACP

AUSTRALIAN & NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP

Dr C Fraser FRACP MBBS MPH

AUSTRALIAN AND NEW ZEALAND HEAD & NECK CANCER SOCIETY

A/Professor M Batstone MBBS BSc(Hons) MPhil(Surg) FRACDS(OMS) FRCA(OMFS)

AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP

Professor I Davis MBBS (Hons) PhD FRACP FACHPM

AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP

(Jan-Apr) A/Professor A Brand MD MMed FRCS(C) FRANZCOG CGO
(Apr-Dec) A/Professor P Beale BSc MBBS FRACP PhD

BREAST CANCER TRIALS

Professor G B Mann MBBS PhD FRACS

CANCER NURSES SOCIETY OF AUSTRALIA

(Jan-Jun): Ms J Campbell CCN
(Jun-Dec): Ms C O'Kane Cancer Nurse Practitioner

CANCER SYMPTON TRIALS and PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE

Dr P Allcroft BMBS FRACP M Pall Care

COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

Professor A Nowak MBBS FRACP PhD

FACULTY OF RADIATION ONCOLOGY

Dr D Forstner MBBS (Hons) FRANZCR

HUMAN GENETICS SOCIETY OF AUSTRALASIA

(Jan-Mar) Ms M Young GradDip SocSci (Fam Therapy) MHSc (Gen Couns) FHGSA
(Mar-Dec) A/Professor N Pachter MBChB FRACP

MEDICAL ONCOLOGY GROUP OF AUSTRALIA

Professor C Karapetis MBBS FRACP MMedSc

MELANOMA AND SKIN CANCER TRIALS LIMITED

Professor M Shackleton MBBS PhD FRACP

ONCOLOGY SOCIAL WORK AUSTRALIA

Ms K Hobbs MSW MAASW

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP

(Jan-Oct) Professor L Trevena MBBS(Hons) MPhilPH PhD
(Oct-Dec) A/professor J Rhee BSc(Med) MBBS(Hons) GCULT PhD FRACGP

PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP

(Jan-May) Dr J Couper MBBS MD MMed(psych) FRANZCP
(May-Dec) Dr J Shaw BAppSc BPsych(Hons) PhD

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

Dr K Lee MB ChB FRCPA

TROG CANCER RESEARCH

Dr P Sundaresan BSc(Hons) MBBS FRANZCR PhD

AUDITORS

BDO
Level 11
1 Margaret St
Sydney NSW 2000



REPORT OF THE PRESIDENT

I am pleased to present my second and final annual report contribution as COSA President. I am proud to say COSA continues to hold high standing in the oncology community, building on partnerships and collaborations. We have an important seat at the table of the National Cancer Expert Reference Group and the Cancer Australia Intercollegiate Advisory Group. In 2018 we were invited by the Australian Council on Healthcare Standards (ACHS) to lead the working group in the development of a new oncology clinical indicators, and I am grateful to Professor Eva Segelov for agreeing to chair this important work.

Achievements in 2018

Some of our noteworthy achievements in 2018 include:

- Financial surplus against a Board approved small budget deficit
- The official launch of the COSA Exercise in Cancer Care position statement in May 2018
- The successful completion of the first year of the two-year pilot implementation project for the Australasian Tele-Trial Model
- Record attendance and sponsorship for the Cancer Pharmacists Group courses
- Oversubscribed inaugural Breast Cancer Masterclass
- Excellent attendance at events for advanced trainees in medical oncology
- Introduction of online educational modules
- Four government submissions, most in partnership with Cancer Council Australia

Annual Scientific Meeting

As always, the culmination of another busy year for COSA was the ASM in Perth. The 2018 ASM was a successful event with 745 delegates in attendance. We always plan for lower numbers on the west coast as some of our members find the travel time and expense challenging, and of course we have fewer local members in Perth. However, attendance exceeded our expectations and the vibe was high and the feedback on the program excellent.

In the opening ceremony we were pleased to recognise the legacy of Paul Katris who sadly died unexpectedly on Saturday 18 November 2017 as he

was returning home to Perth after attending the COSA ASM in Sydney. Paul was a beloved member of the cancer community, especially of COSA. Many members of Paul's family and colleagues from Cancer Council WA attended the opening so they could witness us honouring Paul in this small way. The Governor of Western Australia, the Honourable Kim Beazley AC, officially opened the ASM and also recognised Paul and his family in his speech. Mr Beazley brought his personal style and rhetoric from his days as Federal Minister for Defence (1984 to 1990) and the government's response to the discovery of asbestos in the naval fleet, which was a perfect introduction to the inclusion of mesothelioma in the COSA program.

Recognising the importance of the Tom Reeve Award for Outstanding Contributions to Cancer Care, we moved the recipient oration from the conference dinner into the main program. Professor Grant McArthur was the very deserving recipient in 2018 and delivered an inspiring oration on the critical role of collaboration across his career. Professor McArthur believes that advancement in cancer knowledge and treatment development comes from working together to achieve progress faster. He also emphasised the critical role of clinician-scientists like him who work in the clinic and the lab ensuring that the real experiences of patients drive the focus of research.

As is COSA practice we closed out the ASM with the COSA Presidential Lecture, given by Mr Tim Hammond on "The Politics of Cancer". When he accepted the invitation, he was the Federal Labor Member for Perth. When he resigned from Parliament in May 2018 (to spend more time with his young family) Mr Hammond confirmed his commitment to present at COSA. Before entering

Parliament, Mr Hammond practised as a barrister, predominantly advising and appearing on behalf of victims of asbestos diseases. This combination of his political career and working with mesothelioma patients, made him an ideal candidate for the Lecture. Mr Hammond spoke passionately about his experience representing mesothelioma patients when practising law, providing the perfect end to the conference.

For those members that could not attend, you missed another excellent and highly educational conference, but you will be pleased to know that the videos of all presentations delivered in the plenary hall and one of the concurrent rooms are now available for member only access on the COSA website.

Government Submissions

COSA members contributed to four government submissions throughout 2018, three of which were in partnership with Cancer Council Australia (CCA).

- Response to the Draft Implementation Plan for the National Health Genomics Policy Framework, January 2018, CCA and COSA
- Response to the TGA public consultation on the Management and Communication of Medicines Shortages in Australia, April 2018, CCA and COSA
- MBS Review taskforce – Oncology Clinical Committee report, July 2018, COSA
- Feedback on the TGA Discussion Paper on Communication plan for patients and health professionals on priority and provisionally registered medicines, July 2018, CCA and COSA

Governance

In March 2018 we farewelled one of our inaugural co-opted directors, Ms Felicity Shaw. Ms Shaw joined the COSA Board in May 2014 when we were implementing our new governance strategy. Her background as a lawyer brought us much needed and valuable skills. Ms Shaw made significant contributions to COSA, notably as a member of the Audit, Risk and Finance Committee and providing guidance on the 2017 Constitution review and contractual arrangements with ASN Events, COSA's conference organiser. In June 2018 we welcomed new co-opted director Ms Sandie Angus who also brings valuable legal qualifications. 2019 will see the end of the third term for a number of our inaugural directors, thus opening the way for new candidates.

Thanks and Acknowledgments

In closing I would like to thank the COSA Board and Council members for their support throughout 2018. Thanks to Professor Sanchia Aranda and Cancer Council Australia for continuing our mutually beneficial relationship. My sincere thanks to the COSA members who continue to support the organisation and our important work. And finally, thanks to Marie Malica and the COSA staff who work tirelessly to ensure COSA continues to meet the needs of our members.



As always, the culmination of another busy year for COSA was the ASM in Perth. The 2018 ASM was a successful event with 745 delegates in attendance.



Phyllis Butow AM
COSA President
2017-2018



REPORT OF THE CHIEF EXECUTIVE OFFICER

Once again 2018 was a very busy year for the COSA team. I will leave it to the COSA Group Chairs to report on the activities of their Groups and will concentrate on the ASM on other activities not featured elsewhere for my report.

Annual Scientific Meeting

The culmination of COSA's efforts each year is the ASM. It is not only our premier educational event, it also provides the best professional networking opportunity in oncology. In fact, 64% of respondents to the event evaluation reported their motivation for attending as "the opportunity to network with other health professionals". The next highest response at 63% being "to hear expert speakers from a variety of cancer fields" and 58% for both "to attend key sessions in the conference program relevant to my practice" and "to learn about new research, trials and innovative programs in cancer care and control".

Prior to start of the 2018 ASM, we hosted the Advanced Trainees Weekend on the Saturday and Sunday. This intensive 2-day course attracts advanced trainees in surgery, medical and radiation oncology; as well as junior medical staff and allied health professionals. This year's program was jam packed, focusing on "Everything you need to know about upper GI cancers". It was encouraging to know that delegates reported in the evaluation they were satisfied that the event delivered high-quality content, and a resounding 100% stated they would attend again or suggest others do so.

On Monday we hosted four diverse and well attended pre-conference workshops. These have become an important component of COSA's

function in providing professional development for our members.

- Health Technology Assessment in Oncology: Challenges and Opportunities Difficult decisions and the challenging patient in cancer care – strategies for the cancer clinician. Hosted by the COSA Epidemiology Group and held in partnership with the International Society for Pharmacoeconomics and Outcomes Research
- The Changing Landscape of Clinical Trials. Hosted by the COSA Clinical Trials Research Professionals Group, and sponsored by St John of God Hospital Subiaco
- The Cancer Pharmacists Clinical Development Workshop. Hosted by the COSA Cancer Pharmacists Group and sponsored by Slade Health
- Difficult decisions and the challenging patient in cancer care – strategies for the cancer clinician. Led by senior members of the COSA Psycho-oncology Group

Our ASM themes of gastro-intestinal cancers, mesothelioma, technology, genomics and prevention were all featured throughout the program. The Committee ensured COSA's multidisciplinary focus was included in every session, and the speakers were of the highest calibre. Unfortunately, our international expert in GI cancer, Dirk Arnold withdrew late due to unforeseen personal circumstances. But thanks to our national experts in GI cancer who stepped in –Eva Segelov, David Goldstein, Chris

Karapetis and Nick Pavlakis – the content was capably presented.

We included mesothelioma in the program as we have many talented local WA clinicians contributing to the understanding and treatment of this deadly disease, including Anna Nowak who brought that expertise to the committee. Anna guided the mesothelioma content which looked at the latest evidence on some of the critical issues like whether all patients should be biopsied, the role of immunotherapy, and the role of genetics.

Tim Clay did an amazing job as the 2018 ASM convenor. Not only did he lead the ASM program, he also planned and chaired the Trainees Weekend. We are extremely grateful to Tim (and his patient and understanding wife) for his enormous role in the success of the ASM.

We were delighted that 97% of survey respondents indicated they would attend or recommend others to attend future COSA ASMs – almost as high as the result last year of 98%. We are confident COSA members and delegates continue to be invested in keeping up with trends in oncology research and treatment, as well as engaging with areas not traditionally considered as part of the COSA program. Therefore, we are eager to ensure this continues and grows further.

Trainee Events

In addition to the COSA Trainees Weekend, once again COSA hosted a number of other events specifically for Advanced Trainees in 2018.

- **ATOM – the Advanced Trainees Oncology Meeting** held in Sydney in March 2018. This Roche sponsored meeting, with a program developed by trainees for trainees, provides a comprehensive review of current oncology practices and includes presentations on topics not covered in traditional meetings. Comments from the evaluation included “Most useful/practical education event so far!” and “Very helpful and useful for training, information pitched at AT level is always great!” Suffice to say we are already planning the 2019 event.
- **Breast Cancer Preceptorship.** Identifying a gap in educational needs for breast cancer management, this inaugural event was held in September 2018 with sponsorship from Amgen. Guided by Nick Zdenkowksi and Janine Lombard, the program was tailored to meet the needs of medical oncology advanced trainees and junior consultants. Registration reached capacity prior to close, indicating the necessity in this area. We were encouraged by the excellent feedback and have secured sponsorship for the 2019 event. Based on delegate feedback and the structure of the program we have decided to change the name to “Breast Cancer Masterclass” in 2019.

professional interests might be in health psychology, but she can now add proficiency in governance to her bailiwick. Phyllis was the fourth President I have worked with during my time at COSA, the second non-clinical doctor and the third woman! I think COSA is leading the way in diversity – even our Board has more than 50% women.

I have been working in oncology for nearing 20 years now and (almost) every day at COSA is a highlight. This is in no small part due to the enthusiastic and dedicated people I am surrounded by. My sincere thanks to the COSA Board, Council and Audit, Risk and Finance Committee for their continued support and guidance, and to the COSA members that contribute to our activities. But most importantly, it is the staff that continue to inspire me. The team remained stable throughout 2018, with no changes from last year. COSA Project Managers Rhonda DeSouza, Chantal Gebbie, Hayley Griffin, Jessica Harris and Gillian Mackay continue to excel. My endless thanks to Fran Doughton who not only supports myself, but everyone else around her, and always with great humour.

I look forward to working more closely with our new President Nick Pavlakis and am excited about the possibilities that 2019 will bring for us all.

We were delighted that 97% of survey respondents indicated they would attend or recommend others to attend future COSA ASMs – almost as high as the result last year of 98%.



Marie Malica
Chief Executive Officer

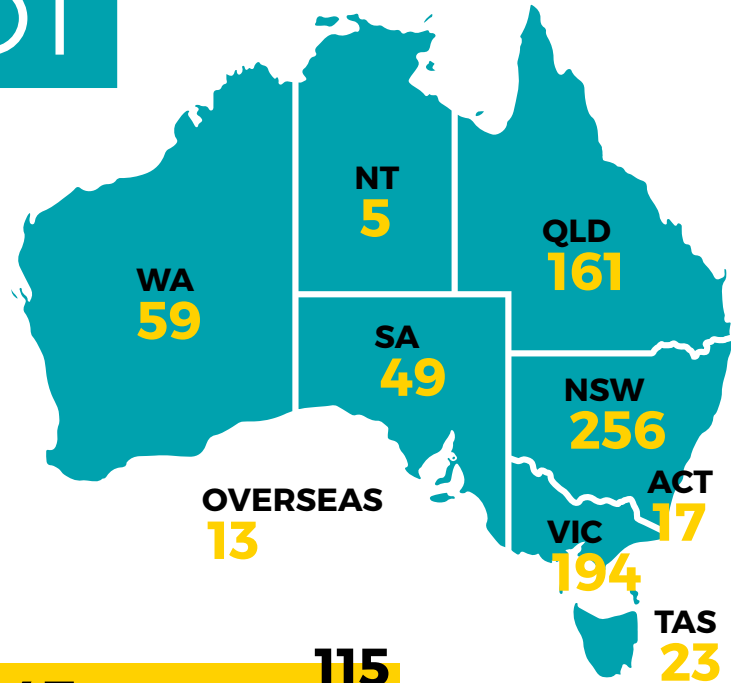
Thank you and acknowledgements

Once again, I am lamenting the departure of another President. It has been an absolute pleasure working with Phyllis Butow during her tenure as COSA President. Phyllis's

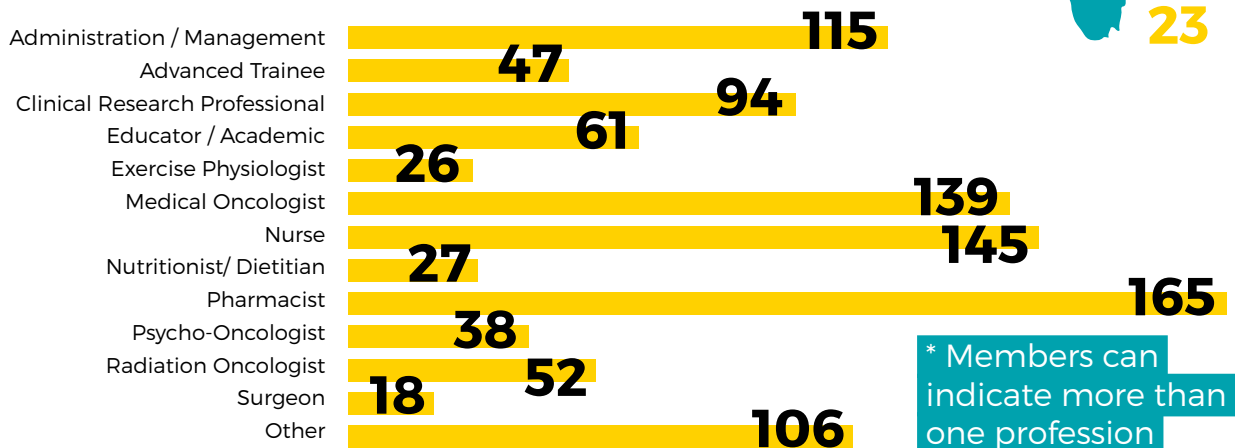


COSA SNAPSHOT

WHERE ARE YOU?



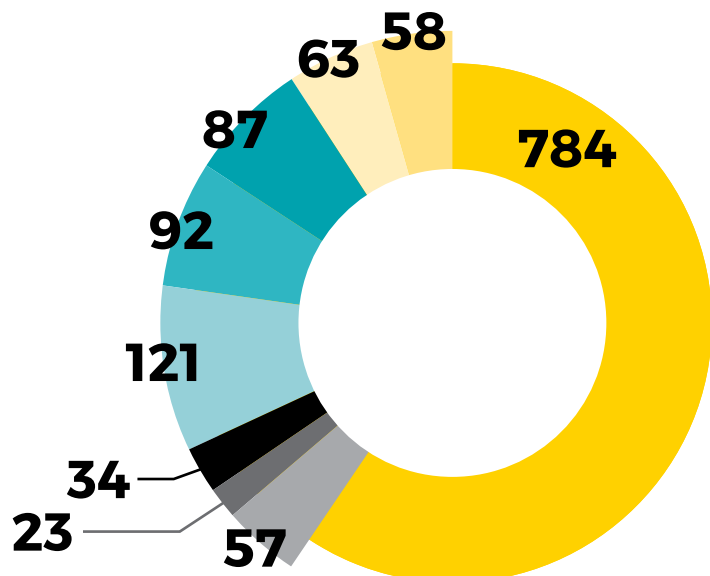
WHO ARE YOU?



WHAT DID YOU ATTEND?

2018 COSA education opportunities

- ACTNOW (58)
- ASM (784)
- ATOM (63)
- Breast Cancer Preceptorship (87)
- CPG Foundation Course (92)
- CPG Advanced Course (121)
- Online Education Modules (34)
- Pharmacology of Cancer Chemotherapy Course (23)
- Trainees Weekend (57)
- Total (1319)**



COSA GROUP REPORTS

BREAST CANCER GROUP

2018 has been an extremely busy year. COSA has been invited to be involved in several new breast cancer projects with Cancer Australia and I, as Chair of the Breast Cancer Group have been privileged to represent COSA at the following:

Shared follow up and survivorship model of care for early breast cancer patients

Cancer Australia ran a series of workshops in Sydney in early 2018 with the aim to develop a shared care plan and consider the input from all stakeholders and consumer groups. The project involves handing over follow-up care to a patients GP upon completion of their treatment for early breast cancer. My role included reviewing all the available on-line education on breast cancer and breast imaging currently available to General Practitioners. This project continues into 2019 and will be rolled out upon completion.

Breast Screening Technical Reference Group (BSTRG)

Meeting 2 – 4 times a year the BSTRG is responsible for providing expert advice and guidance to the Department of Health on a range of research outputs commissioned or being considered by the Department. These include:

- Providing guidance on the direction, scope and methodology to be used in research outputs relating to breast cancer.
- Reviewing and commenting on the outputs of research on breast cancer screening for methodological rigour and application to the Australian screening context.

- Breast density has been a huge or major focus of discussion in this group (something COSA is also working on in conjunction with other bodies).

Optimising early detection of breast cancer in Australia

A project which looks at the feasibility of a tailored screening service or 'risk stratified breast screening'. The chairs for this project are Surgeon Bruce Mann and Program Manager (Victoria BreastScreen), Vicki Pridimore. Topics discussed include:

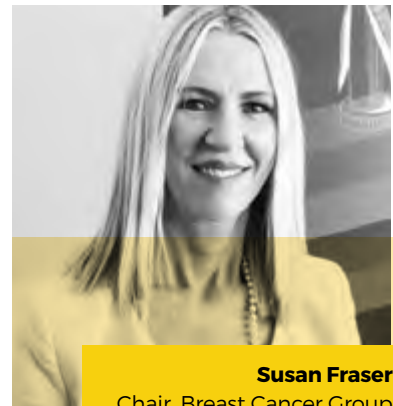
- Risk assessment (looking at various models).
- Over-diagnosis.
- Alternative screening modalities.
- Costs benefits and harm of risk-based breast cancer screening.
- Reviewing current clinical practice related to tailored screening and early detection services in Australia.

Influencing best practice in metastatic breast cancer project

The project chaired by Fran Boyle is part of the overall strategy of Cancer Australia. It aims to develop a list of appropriate and inappropriate oncology practices to influence best practice in the setting of metastatic breast cancer in Australia. It also aims to influence and support clinicians and patients in making wise decisions about the most appropriate care.

2019 is shaping up to be another very busy year in the breast cancer realm and I am looking forward to representing COSA. Following approval from COSA Council Professor Rik Thompson and myself are hoping to further advance our breast density position statement along with and in conjunction with other groups.

I would like to thank COSA Council for its support and giving me the opportunity to be involved in so many wonderful projects.



Susan Fraser
Chair, Breast Cancer Group

CANCER CARE COORDINATION GROUP

The Cancer Care Coordination Group have been working behind the scenes to set up a membership survey that will inform our future directions. We are fortunate to have received in-kind research support from the Queensland University of Technology, which helped us to draft a research protocol and ethics application for the Group survey. The survey will build upon a previous survey that was distributed to our Group ten years ago. We expect the results will provide insights into the changing nature of the cancer care coordination environment and the professional development needs of health professionals in dedicated coordination roles. The data gathered will support our advocacy efforts to improve coordination of care at system, service and individual patient level. It will also provide important data to update COSA's Position Statement on Care Coordination in 2019 and develop professional development activities for our members.

We continue to recognise the importance of facilitating communication amongst cancer care

coordinators and we are pleased to advise that in late 2018 we appointed an editor for The Coordinator - Claire Kelly. We are looking forward to working with Claire to produce this newsletter and encourage our members to get in touch if you have information about your activities to share with your care coordination colleagues.

A number of Group members attended the 2018 COSA ASM where we were pleased to see a number of presentations and posters on topics related to care coordination. The Group is now planning another of its very successful webinars on the topic of digital innovations in cancer care that is based on one of the concurrent sessions held at the ASM.



Patsy Yates
Chair, Cancer Care
Coordination Group

CANCER PHARMACISTS GROUP



Committee: Jenny Casanova, Kimberley-Ann Kerr, Dan McKavanagh (Deputy Chair), Courtney Oar, Michael Powell (Chair), Gail Rowan, Geeta Sandhu, Jim Siderov

An extremely busy year of activities for the Cancer Pharmacists Group began with the election of new members to the CPG executive committee and ended with a highly successful COSA ASM in Perth with significant pharmacist involvement.

Educational activities in 2018

During 2018, the CPG provided significant education and training opportunities to a wide variety of cancer health professionals from across Australia:

- CPG Foundation Clinical Practice for Cancer Pharmacists Course – 25-27 May
- Cancer Nursing Society of Australia Annual Congress – 20-23 June
- Advanced Trainee Pharmacology of Chemotherapy Education Modules – 11 August
- CPG Advanced Clinical Practice for Cancer Pharmacists Course – 1-2 September
- CPG Pre-ASM Clinical Development Workshop – 12 November

These events were very well attended with record numbers attending both the Foundation and Advanced Cancer Pharmacist courses. This demonstrates an ongoing requirement to meet the educational needs of those working in cancer care as well as a significant commitment by cancer health care professionals to further their knowledge and skills. I would like to once again thank the numerous CPG members for their enthusiasm and passion in getting involved with education at these events including all members of the CPG committee. We look forward to continuing our commitment to education in 2019.

Other activities during 2018

Other activities have included key contributions from CPG members to the PBAC consultation on pan-tumour indications for immunotherapies, the eviQ Renal and Hepatic Dose Modification Reference Group and the ACSQHC/NCERG National Chemotherapy Governance Framework Working Group.

COSA ASM: 13-15 November 2018, Perth

Many CPG members attended and were heavily involved in the COSA ASM in November. The Medicine Matters concurrent session with a theme of "getting the dose right" in cancer therapeutics was very well attended – topics covered included anti-cancer therapy in the older patient, the significance of sarcopenia

in drug dosing, how liver impairment influences dosing considerations and the impact of electronic medicines management in cancer therapy. Many pharmacists submitted oral abstracts or gave poster presentations outlining their research and were of a very high quality, with a number being nominated for Best of the Best poster discussion sessions. The CPG representative on the ASM organising committee was Michael Cain from WA who did a fantastic job in ensuring pharmacist involvement in the program.

CPG Executive Committee and Membership Update

At the beginning of 2018, the CPG committee grew to eight members with the election of Kimberley-Ann Kerr, Courtney Oar and Jim Siderov AM. Kimberley-Ann, Courtney and Jim have been fantastic in providing their expertise and fresh ideas during 2018 and we look forward to their continued involvement over the next 12 months. As at November 2018, our membership stood at 222 (either group members or COSA members with cancer pharmacy as an area of interest) which makes us one of the larger groups within COSA. Additionally, we have updated our group terms of reference to ensure they are fit for purpose – these were endorsed by COSA Council at their November meeting and will soon be available on the COSA website.



Michael Powell
Chair, Cancer
Pharmacists Group

CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

During 2018 the Clinical Trials Research Professionals Group Executive Committee aimed to increase the profile of the group and to provide members with high quality opportunities to enhance professional development. We decided to reach out to our members via an online survey to obtain feedback on how to further improve the effectiveness of the CTRPG. The results of the survey indicated that members welcome further education in areas impacting on trial conduct including ICH-GCP, research ethics and governance, protocol development, translational research and patient reported outcome measures, as well as the promotion of networking opportunities. We realised that the COSA website is a key resource, as 70% of our members learned about the CTRPG online. Members provided links to helpful websites and resources which will be added to our area of the website.

I am delighted to report that another highly successful Clinical Professional Day Workshop was held 12 November in Perth. A local subcommittee was formed to prepare for the workshop, led by Sanela Bilic and including Tammy Corica, Claire Howarth and Joanne Youd. They did a wonderful job to pull together an exciting agenda under the theme "The Changing Landscape of Clinical Trials" with support from the Executive Committee. The workshop was sponsored by St John of God Subiaco Hospital and COSA and a number of stimulating and educational presentations were given by invited guest speakers who very generously contributed their time and expertise.

The first session "Patient's Journey from Diagnosis to Cancer Treatment" was presented by clinicians from St John of God Subiaco Hospital and Western Diagnostic Pathology/ Western Women's Pathology. Dr Tarek Meniawy shared two patient case studies in ovarian and cervical cancer to demonstrate the link between emerging data and the real world, highlighting the importance and

relevance of clinical trials in everyday practice, challenges in identifying targets, and future directions. Dr Adeline Tan gave a fascinating insight into the preparation, analysis and classification of tissue samples, the provision of intraoperative diagnoses and tissue banking. The importance of frozen section diagnoses during surgery was also highlighted by Dr Raj Mohan, who outlined pre-operative evaluation and staging procedures for ovarian cancer; including the aim to achieve optimal cytoreduction and the role of neoadjuvant chemotherapy in the treatment of advanced ovarian cancer.

Ms Annika Andrews, Senior Legal Counsel from St John of God Subiaco Hospital demystified the contractual framework of clinical trial agreements, explaining sponsorship, compensation, indemnity and the differences between general and no-fault insurance. This was followed by an informative talk on phase I trials by Ms Zelda Herbst from Linear Clinical Research who reported that positive health outcomes for patients with advanced disease had been achieved by accelerating the research process and providing life-changing therapies faster. Initiatives to match patients to clinical trials such as the THRIVOR application and ClinTrial Refer have been successful, and capacity is being developed to perform complex studies where patients are matched to clinical trials based on molecular profiling of their disease.

A presentation about the Australasian Health and Research Data Manager's Association was given by Adam Stoneley and Tammy Corica. The purpose of AHRDMA is to foster and promote health research and data management by providing professional development opportunities, educational activities and resource materials.

Dr Helen Atkinson, Executive Officer from Curtin University gave an update on the WA Health Translations Network Clinical Trial and Data Management Centre, a year after it was established. The centre acts as a central node for the conduct of national and international clinical trials, engages with public health system researchers and identifies barriers and enablers to

more efficiently manage research programmes.

Dr Niloufer Johansen (SJOG Subiaco) and Ms Lesley Miller (University of WA) outlined the Continuous Improvement in Care-Cancer Project, which concentrates on the implementation of values-based health care, the key central goal of every health care organization and how to increase patient support through a more coordinated team approach.

In the final session Dr Eva Zopf, from the Australian Catholic University, gave an update on exciting research on the application of exercise as medicine for cancer patients. Increasing evidence from observational studies suggest that regular exercise can reduce the risk of cancer-specific mortality and improve quality of life. A range of mechanisms may be driving this protective effect, a number of physiological adaptations occur when people exercise that may modulate tumour progression and some evidence exists that exercise may enhance a patient's ability to tolerate higher doses of treatment. Exercise improves quality of life; the ideal scenario is that cancer patients not only receive an anti-cancer plan but also a prescription to exercise.

Throughout the year the membership of the Executive Committee changed, we welcomed two new general members, David Mizrahi from Sydney Children's Hospital and Adam Stoneley from ICON Cancer Foundation. Joanne Hakanson stepped down after accepting a new position. Annette Cubitt, from the Royal Brisbane and Women's Hospital continued as Deputy Chair, Alison Richards from Flinders Medical Centre as Secretary, Sanela Bilic from St John of God Subiaco Hospital and Natasha Roberts from Royal Brisbane and Women's Hospital as general members. I am pleased to acknowledge the commitment and high-level support provided by all members of the committee.

We continued to provide support for the COSA Australasian Tele Trials Model by reviewing a supervision plan and subcontract, and Adam Stoneley contributed as a member of the Steering Committee.

During an Annual General Meeting, members were updated about the activities of the CTRPG Executive Committee during 2018 and an invitation was extended for nominations to fill a vacant committee position. A number of excellent suggestions were received to guide new initiatives to be undertaken during 2019. One of these is to hold another Clinical Professional Day prior to the COSA ASM this year in Adelaide and we will aim to include the topics proposed by members who responded to our online survey.

I would like to sincerely thank all of our members and COSA staff for their support during 2018. The CTRPG will continue to promote positive changes through education, networking, the provision of resources and leadership to further improve the excellent standard and conduct of oncology clinical trials research throughout Australia and New Zealand, and beyond.



Dianne Lindsay
Chair, Clinical Trials Research
Professionals Group

EPIDEMIOLOGY GROUP

The Epidemiology Group held a Pre-ASM workshop titled "Health Technology Assessment in Oncology, Challenges and Opportunities" on Monday 12 November 2018 in Perth. The workshop was organised in collaboration with the International Society for Pharmacoeconomics and Outcomes Research-Australian Chapter (ISPOR-AC) and was endorsed by Cancer Voices Australia with a 'Consumer Included' logo.

The workshop gave an overview of the role of health technology assessment and economic evaluation for cancer treatments in a contemporary Australian context. Challenges faced by stakeholders such as consumers, clinicians, decision makers, academics and industry were discussed as well as opportunities to improve current processes and the evidence base using real-world evidence.

The workshop was very interactive and well attended by clinicians, policy makers, epidemiologists, health economists, analysts and researchers. It was chaired by Paul Scuffham, Director of Menzies Health Institute Queensland, and had an excellent line-up of speakers representing various institutions and sectors. Speakers included Anne Cust, the University of Sydney; Richard Norman, Curtin University; Sally Wortley, the University of Sydney; Richard De Abreu Lorenzo, University of Technology Sydney; Claire Vajdic, UNSW Sydney; Greg Cook, BMS Australia; Brian Wall, consumer representative; Sarah Norris, The University of Sydney; Danny Liew, Monash University.

Issuing Epidemiology Group's First Newsletter (Epi-news)

The first edition of Epi-news was circulated in September 2018. The purpose of this newsletter is to share with Group members some of the research and progress being made in cancer epidemiology. Our members have a diverse range of skills and experiences, and we are reaching out to seek their involvement in the Group activities, and to learn about their initiatives and achievements. The newsletter will be issued every six months.

New Executive Committee Members

Two active members have been appointed to the Executive Committee, which reflects increasing interest in the Group:

Dr Susan Jordan

Susan is a Senior Research Fellow and head the Cancer Causes and Care group at QIMR Berghofer Medical Research Institute, Brisbane.

Dr Ashley Hopkins

Ashley is a pharmacist and a National Breast Cancer Foundation of Australia Early Career Research Fellow working in the Precision Medicines Group at the Flinders Centre for Innovation in Cancer, Flinders University.

Active Participation in COSA's Initiatives and Activities

The Group, represented by its Chair and Executive Committee, has been actively involved in COSA events and initiatives. Epidemiology Group was well represented in Council Meetings and ASM sessions and presentations in 2018. We participated in a number of important initiatives including RANZCR position statement on informed decision making in the management of localised prostate cancer, the COSA response to the MBS Review Taskforce Oncology report, and the COSA Mammographic density working group.



Haitham Tuffaha
Chair, Epidemiology Group

EXERCISE AND CANCER GROUP

The Exercise and Cancer Group is committed to progressing a national approach to the implementation of exercise in cancer care.

Group Aims and Objectives

The overarching aim of this Group is to have exercise incorporated as a standard component of care for people with cancer. The primary objectives of the Group are to:

- Promote and progress a national approach to the implementation of evidence-based exercise in cancer care
- Foster and facilitate effective research, education and advocacy of the role of exercise in cancer care
- Engage stakeholders and collaborate with partners to improve the quality of, and access to, exercise in cancer care
- Provide a multidisciplinary forum for discussion and exchange of knowledge and experiences related to exercise in cancer care

Group Membership

The group's membership has remained stable in 2018, with approximately 200 professionals representing exercise physiology, physiotherapy, radiation and medical

oncology, surgery, nursing, nutrition, public health and other disciplines. On behalf of the group I would like to sincerely thank all Executive Committee members for their time and commitment: Di Adams, Morgan Atkinson, Lucy Bucci, Anne Cust, Liz Eakin, Sandi Hayes, Sandie McCarthy, Andrew Murnane and Sharni Patchell. I'd also like to acknowledge the overall contribution of the three retiring committee members during their tenure; thank you Anne Cust, Liz Eakin and Sandi Hayes. The group will be seeking expressions of interest for new committee members in 2019.

COSA Position Statement on Exercise in Cancer Care

Our Group has developed a position statement on exercise in cancer care which can be downloaded from: <https://bit.ly/2whlvom>.

The position statement endorses evidence-based guidelines and applies them to the Australian setting. The statement is intended to provide guidance to all members of the multidisciplinary cancer team and calls for exercise to be viewed as an adjunct therapy and incorporated into routine cancer care. The position statement has been endorsed by the Medical Oncology Group of Australia, Cancer Council Australia, Exercise and Sports Science Australia and the Australian Physiotherapy Association as well as

being supported by over 20 influential cancer and health organisations.

The COSA Position Statement on Exercise in Cancer Care was officially launched on 7 May 2018 at the Peter MacCallum Cancer Centre. At the same time it was highlighted in an article published in the Medical Journal of Australia and an MJA podcast. We were delighted to receive extensive national and international media coverage which helped to disseminate the position statement. COSA would like to sincerely thank the working group who developed the position statement and everyone who provided feedback during the consultation.

The Exercise and Cancer Group is now focussing on implementation of the position statement. COSA called for expressions of interest for an implementation working group in November and we were delighted with the level of interest and multidisciplinary mix. Representatives have been appointed in the following categories: implementation science, medical oncology, radiation oncology, surgical oncology, nursing, exercise physiology, physiotherapy, general practice, dietetics, health economics and a consumer representative. In 2019 work will begin on developing and executing an implementation strategy to integrate exercise within routine cancer care.



COSA POSITION STATEMENT ON EXERCISE IN CANCER CARE

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

EXERCISE SHOULD BE PRESCRIBED AS PART OF ROUTINE CANCER CARE

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

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





COSA 2018 Annual Scientific Meeting

Exercise featured strongly at the 2018 ASM in Perth thanks to the contribution of Carolyn McIntyre on the ASM organising committee. The 'Exercise and Cancer' plenary session was recorded and the presentations are available for COSA members to view on the COSA website (<https://www.cosa.org.au/events/past-annual-scientific-meetings/>):

- Scott Fisher - Mice, Meso and Exercise
- Carolyn McIntyre - Exercise for patients with mesothelioma
- Janette Vardy - Challenges in physical activity for colorectal cancer survivors
- Prue Cormie - Implementing exercise in cancer care abs

A range of abstracts presented exciting new work in the field of exercise oncology. Some of the highlights included:

- the use of technology to track physical activity and symptom response (work led by Michael Marthick)
- haematologist perspectives of the important role of exercise for people with myeloma (work led by Jennifer Nicol)

- the value of nurses in promoting exercise among people with haematological cancer (work led by Matthew Perich)
- using exercise to improve fatigue and quality of life during chemotherapy in colorectal cancer patients (work led by Eva Zopf)
- integrating exercise medicine into cancer care in the hospital setting (work led by James Fletcher and Curtis Forbes) and community-based setting (work led by Prue Cormie)

Calls were made for more research investigating the potential influence of exercise on treatment tolerance; how exercise may aid in preventing sarcopenia; whether technology supported interventions influence common side-effects/symptoms; and how to most effectively implement exercise into routine clinical practice.

The group's AGM was held at the 2018 ASM where discussions centred on the importance of a strategic approach to our implementation work. The focus of the group's work in the coming years will be on implementing the calls made within the COSA Position Statement on Exercise in Cancer Care.



Prue Cormie
Chair, Exercise & Cancer Group



FAMILIAL CANCER GROUP



This report is also on behalf of the Human Genetics Society of Australasia (HGSA)

The activities of the COSA Familial Cancer Group (FCG) in 2018 have focussed on supporting continuing training, education and development of resources and guidelines to achieve consistency of practice. Specific activities undertaken in 2018 included:

- The successful running of the COSA/ Human Genetics Society of Australasia (HGSA) Familial Cancer Clinics Clinical Professional Day, which was held on Tuesday 4 September 2018 at the Mantra resort, Kingscliff, NSW. The day featured presentations on the following themes:
 - CDH1 gene/ Hereditary Diffuse Gastric Cancer Syndrome
 - Colorectal polyposis
 - Models of Care - revisiting the three P's Patients, Practitioners and Panels
 - Breast Cancer Predisposition – beyond high risk genes

The day was well attended and received. The Executive thanks all the speakers who made it such an excellent day with all of their hard work preparing and presenting their talks. I also acknowledge the support provided by Astra Zeneca, COSA and kConFab in making this day happen.

- The selection of Familial Cancer topics and speakers for the 2018 COSA ASM held in Perth in November. The FCG arranged a session entitled "GI Cancers and Mesothelioma" and the following Speakers presented:
 - Hooi Ee – Gastroenterologist – Surveillance of Lynch syndrome
 - Marina Wallace – Colorectal Surgeon – Management of Familial Adenomatous Polyposis

- Mark Jenkins – Epidemiologist – Epidemiology of Inherited GI Cancer disorders
- Kim Hobbs – Psychosocial impact of having an inherited cancer disorder
- Dean Fennell – BAPI and mesothelioma
- The development of a national consensus plan for routine immunohistochemistry (IHC) testing of the mismatch repair (MMR) proteins in colorectal cancer to detect Lynch syndrome. A position statement calling for reflex MMR IHC testing for all newly diagnosed colorectal and endometrial cancer was endorsed at COSA Council and the HGSA Council meeting in 2018. It will appear soon on the COSA website.
- The COSA FCG continues to work with the COSA Mainstreaming Group regarding the development, distribution and evaluation of resources to support Oncologists in discussing and facilitating ovarian cancer treatment-focused genetic testing (TFGT). These resources have been well received by many sites across several states and data from the evaluation project is being analysed. Development of an online educational module is also underway to support the ongoing training of health professionals wishing to upskill in this area.

The COSA FCG Executive and the HGSA Cancer Genetics Special Interest Group (SIG) Executive voted in favour of amalgamating their executive committees. These groups have overlapping interests and thus combining executives allows for a broader inclusion of professional groups on the executive. We believe this will also create opportunities to broaden the reach of work undertaken by the executive which is of benefit for members of both associations. The amalgamated group will seek endorsement of the executive model at upcoming COSA and HGSA council meetings.

In 2019, the COSA FCG/HGSA Cancer SIG executive plans to:

- Develop the program for the 2019 COSA/Human Genetics Society of

Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which will be held on Tuesday 27th August 2018, at the Mantra resort, Kingscliff, NSW.

- Contribute Familial Cancer topics and speakers to the COSA ASM to be held in Adelaide on November 2019.
- Contribute to the Cancer Genetics session at the HGSA conference in Wellington, New Zealand in August 2019.
- Update the prescribing guidelines for medications to lower the risk of breast cancer.
- Review the terms of references and strategic plan for the group.

I wish to thank all those on the Executive in 2018 for their work during the year. I also wish to thank Nicholas Pachter, who has chaired this group for several years, he has made a lasting contribution and provided excellent leadership to the Executive and the Familial Cancer community. Nicholas has decided to step down from the position of Chair but will continue to serve on the Executive.

The 2019 COSA FCG/HGSA Cancer Genetics SIG executive members are:

Lucinda Salmon (VIC) Chair

Rachel Williams (NSW) Deputy chair

Nicholas Pachter (WA) Immediate past chair

Fiona Webb (ACT) Secretary

Susan Dooley (NSW) Treasurer

Members: Nicola Poplawski (SA), Kathy Tucker (NSW), Mary-Anne Young (NSW), Linda Warwick (ACT), Helen Mar Fan (QLD), Simon Troth (QLD), Alexandra Lewis (VIC).

Lucinda Salmon
Chair, Familial Cancer Group

Nicholas Pachter
Council Representative, HGSA

GERIATRIC ONCOLOGY GROUP

The COSA Geriatric Oncology Group continues to focus on priority activities to improve outcomes for older Australians with cancer.

Research Working Group –

The Geriatric Oncology Group established this working group to develop research capacity and collaborative networks to help increase the quality and quantity of geriatric oncology research in Australia. Several research concept development “workshops-by-teleconference” have now been convened by the Group and these proved to be a valuable forum to enable the exchange of ideas while providing a multidisciplinary perspective to help develop research concepts. No submissions were received in 2018 but we plan to offer a further opportunity to support research and project evaluation for our members, but the format will evolve after consultation with members. We are pleased that many of the studies discussed within this forum continue to progress.

Guidelines Development Working

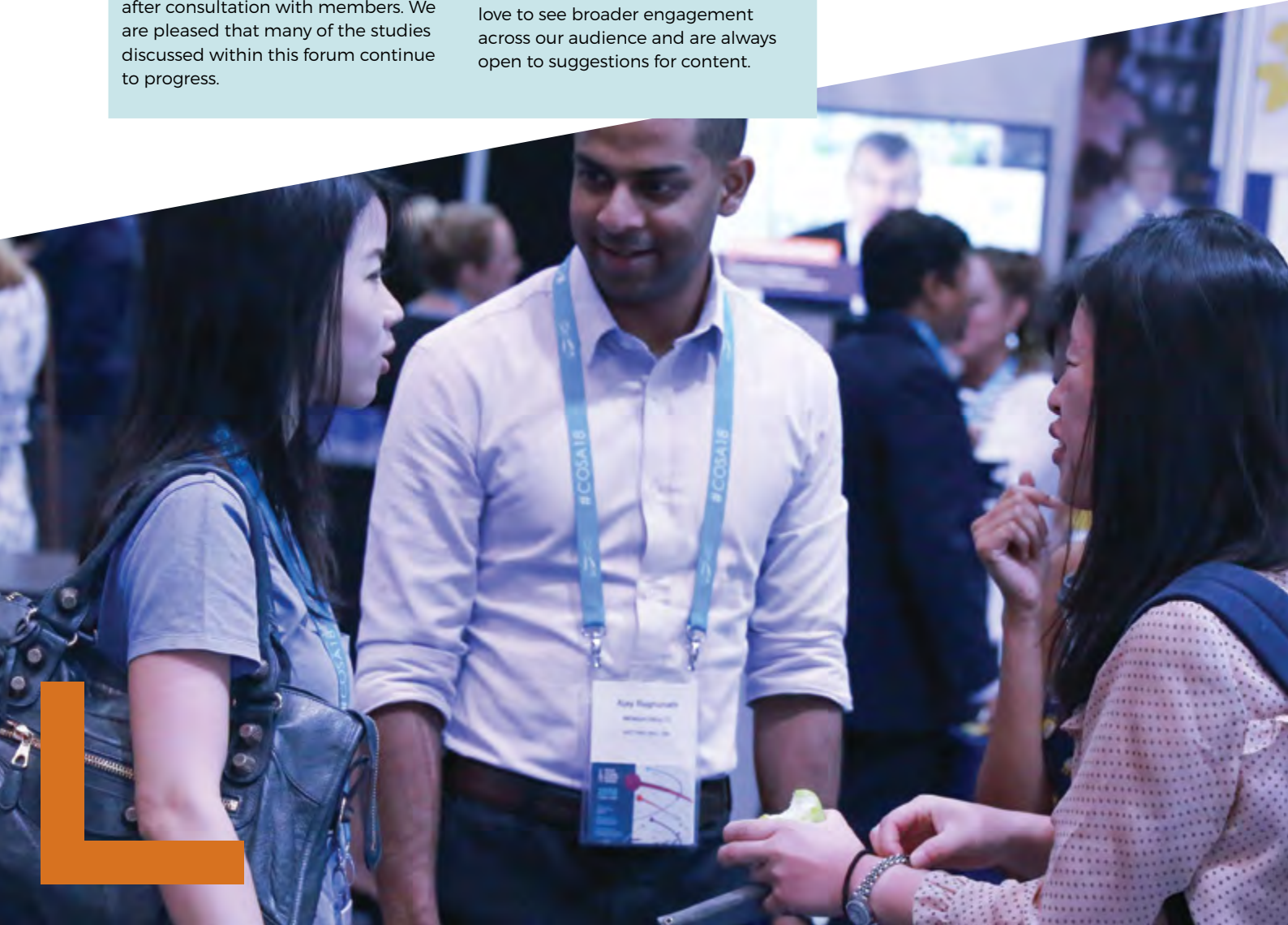
Group – The Group is aiming to develop guidelines/practice points to help improve the clinical management of older adults with cancer. These will provide Australian health professionals with access to an overview of recommended practices required to ensure that older adults with cancer have access to optimal cancer care. The Group experienced some resourcing issues in the support for guideline development during the year, so this has been slower than had hoped, but we are continuing activity in 2019.

Information Sharing – GO eNews, the Group’s online newsletter, continues to be issued bi-annually, and during 2018 two editions were circulated in January and July. We are grateful to Wee-Kheng Soo for his leadership in editing this publication and ensuring our members are kept up-to-date about Group activities as well as national and international initiatives in geriatric oncology. We would love to see broader engagement across our audience and are always open to suggestions for content.

We are also keen to feature more local activities, and to include stories that demonstrate the range of multidisciplinary initiatives that our members are involved with – so please get in touch if you have information that we can share with our readers.



Meera Agar
Chair, Geriatric Oncology Group



NUTRITION GROUP

The Nutrition Group aim to provide a national platform to advocate for and support optimising nutrition for people with cancer.

The e-news initiative, introduced in 2016, continues to be well received. The e-news is circulated to Nutrition Group members quarterly with the aim of keeping members up to date with the activities of the Group, informed about upcoming events of interest, relevant new resources and research in the area of nutrition and cancer, and profiling clinicians and researchers in the area.

One of the highlights of the year was invited speaker, Professor Marian de van der Scheuren from VU University Medical Centre Amsterdam, at the 2018 COSA ASM. Marian put nutrition front and centre at the ASM however, conveyed the strong message that it is with a multimodal and multidisciplinary approach that optimal nutrition (and supportive care) for people with cancer can be

achieved. In the opening plenary Marian highlighted the challenges of recognising cancer-related malnutrition in the age of obesity, noting that body composition is more important than BMI or weight. She shared practical tips in Wednesday's breakfast session for optimising nutritional care, drawing on the recent European Society of Parenteral and Enteral Nutrition (ESPEN) guidelines for nutrition for people with cancer. Joining Marian was Professor Stephen Clarke offering an insightful look at cancer malnutrition from the oncologist's perspective and Jane Stewart who provided an overview of the impressive program of work undertaken within the Victorian Cancer Malnutrition Collaborative. This session was well attended and achieved the highest number of registrations out of the breakfast sessions offered at the ASM.

The Dietitians Association of Australia (DAA) joined COSA as an associated organisation in 2018 following discussions between the two organisations about the mutual

benefit. This partnership will support an increase in collaborative activities between the two organisations to address nutrition and cancer issues. As a first collaborative activity, DAA funded an external research prize for the highest quality abstract presented by a dietitian at the 2018 ASM. Erin Laing was the inaugural recipient of this award for her excellent presentation and quality research into nutrition and neuroendocrine tumours undertaken within her PhD candidature.

At the August COSA Council meeting the group received approval to commence development of a position statement on cancer-related malnutrition and sarcopenia. Work will commence on the position statement early in 2019 including a call for expressions of interest from the broader COSA membership to be involved in its development. To support the development of the position statement the Nutrition Group Executive undertook a survey of multidisciplinary cancer clinicians' awareness, perceptions and practices

Professor Marian de van der Scheuren



regarding cancer-related malnutrition and sarcopenia in December. Results from the survey will support identification of priority areas for the position statement.

Group members continue to be involved with the malnutrition in Victorian Cancer Malnutrition Collaborative, led by the Peter MacCallum Cancer Centre Nutrition department and funded by the Victorian Department of Health and Human Services (DHHS). Further funding was received in 2018 to commence two new projects to develop an optimal care pathway for nutritional management of people with cancer and to translate and culturally adapt the malnutrition screening tool into the top 5 languages other than English in Victoria. Nutrition group members have been involved in project committees, project lead roles and steering groups within the program.

Throughout 2018 the group continued efforts to find funding to revamp of the highly successful evidence-based guidelines for nutritional management of adult patients with head and neck cancer. These guidelines are used by dietitians and multidisciplinary teams nationally and internationally to support nutrition practice in head and neck cancer and locating funds to support their maintenance will remain a priority activity for the group.

The group held an AGM at the 2018 ASM to determine priorities and activities for 2019.

Thank you to all our members for helping to maintain a small but active and motivated group who are passionate about optimising nutrition for people with cancer.



Nicole Kiss
Chair, Nutrition Group

PSYCHO-ONCOLOGY GROUP

The Psycho-oncology Group actively participated in the 2018 COSA ASM in Perth. The conference opening session paid tribute to Paul Katris, who we lost in 2017, and the announcement of the Cancer Council Western Australia Paul Katris Honours/Masters Scholarships in his memory. This scholarship funds cancer researchers in Western Australia. One of the four scholarships available will be given to someone pursuing their studies in psycho-oncology.

Sadly, at the end of 2018, we had another loss in psycho-oncology when Dr Melanie Price died unexpectedly. Mel was the former Executive Director of the Psycho-oncology Co-operative Group (PoCoG). She was a well-loved and respected person in the Australian oncology community as well as an important contributor, mentor, and driving force in the international and national psycho-oncology research community. The Australian Psycho-oncology Community, and broader oncology community have been saddened by her loss. Her contribution over the past 22 years to psycho-oncology and to improving the lives of people with cancer and their families will be her legacy that will continue to live on.

The 2018 COSA ASM provided an opportunity for our group members to connect with each other but also, we had a strong representation of psycho-oncology content from our group members throughout the conference program. There was an excellent pre-conference workshop entitled: Difficult decisions and the challenging patient in cancer care – strategies for the cancer clinician. The distinguished list of speakers at this workshop included Lisa Miller, Jane Turner, Justin Dwyer, Fran Orr, Cathy Mason and Paula Watt. This workshop was followed the next morning by the Breakfast Session: How to manage challenging family interactions and promote effective family involvement in cancer care: Launching the TRIO Guidelines. Led by Ilona Juraskova, Phyllis Butow and Rebekah Laidsaar-Powell, attendees were provided with a summary of the new guidelines, evidence-based strategies for managing challenging

interactions with family members, some of which were demonstrated via short films, with all attendees receiving a copy of the new guideline's booklet.

The Psycho-oncology Annual General Meeting was held during the COSA ASM. At this meeting we discussed our identity as a Group and its future direction. It was unanimously decided that the group would no longer be known as the Australian Psycho-oncology Society (OZPOS) / COSA Psycho-oncology Group and would now be called COSA Psycho-oncology group. The meeting also gave an opportunity to announce that there is now a vacancy in the Executive Committee for which there will be an advertisement in early 2019.

Planning for the 2019 COSA ASM in Adelaide is already underway with Professor Matt Loscalzo, Executive Director, Department of Supportive Care Medicine at City of Hope confirmed to attend. The conference program strongly features areas of interest for psycho-oncology with the theme being: Putting Precision and Personalisation into Practice – Urological cancer, Age and gender in cancer practice, and Digital health in cancer.

I am looking forward to working with all of you in the year ahead and welcome contact from you all.



Laura Kirsten
Chair, Psycho-Oncology Group

RARE CANCERS GROUP

The executive of the Rare Cancers Group (RCG) for 2018 comprised of Clare Scott (Chair), Damien Kee (Deputy Chair), and members Phyllis Butow, Hugh Dawkins, Michelle Harrison, David Goldstein, Sandra O'Toole, Tim Price, David Thomas, Toby Trahair, Alison Trainer and Kate and Richard Vines. Joining the Executive is Michael Brown, who replaces Gillian Mitchell, who served two years on the Executive but has relocated to Canada. The Executive of the Rare Cancers Group was the first COSA group to have both consumers and clinician members.

Group activities

2018 was a significant year for rare cancers in Australia. The importance of research in underpinning access to treatments was recognized by the Australian Government with substantial commitments to rare cancers and diseases announced through the Medical Research Future Fund (MRFF) and the Australian Cancer Genomics Medicine Centre (ACGMC, PI David Thomas).

Genomic testing is especially important for rare cancers as they often lack evidence-based therapies based on histology. The RCG's continuing trials of genomics (NOMINATOR in QLD, SA, VIC, WA and MoST in NSW) will be supercharged in 2019 when they are rolled into the ACGMC. This program will provide genomic sequencing for more than 5,000 patients nationally (one site in each state and territory), with dynamic matched treatment arms developed in partnership with the pharmaceutical industry. The importance of this program was highlighted in the preliminary data from NOMINATOR presented at the 2018 COSA Annual Scientific Meeting. A key finding from this presentation was that one-fifth of the rare cancers tested had genomic aberrations identified that could be matched to an existing drug already proven in another cancer type. A further third of tumours had findings that may be targetable in the future.

The Group is also promoting access to more basic and translational research into rare cancers through the Stafford Fox Rare Cancer Program. This program is active in Victoria through the Peter

MacCallum Cancer Centre and Royal Melbourne Hospital, and will soon open in Western Australia (St John of God Hospital); South Australia (Royal Adelaide Hospital); and Queensland (Royal Brisbane and Women's Hospital). Underpinning the program is a nationally accessible clinical and tumour specimen database developed with BioGrid Australia. The program aims to improve the identification and consolidation of isolated rare cancer cases across Australia allowing more meaningful research to be undertaken.

Key actions from our consumer partners, Rare Cancers Australia (RCA), included hosting the 4th annual CanForum at Parliament House in September 2018. This annual meeting continues to be highly influential, bringing together key leaders in cancer research, treatment, and policy, and has a record of achieving tangible outcomes for patients with rare cancers. RCA also launched their Rare Cancer Knowledge Base. This is a web-based resource for patients with rare cancers in Australia hosting disease information, links to support services, and an evolving database of clinicians with interests in particular rare cancers (www.knowledge.rarecancers.org).

The Rare Cancer Knowledge Base aims to address a major unmet need for patients with rare cancers by facilitating access to verified information and expertise in their specific rare cancer. Complementing this resource, the RCG is developing the National Rare Cancer Portal, under the umbrella of the ACGMC. This Portal will utilize telehealth to provide all Australians with centralised access to nationwide expertise specific to their rare cancer, addressing any potential geographic inequity, and facilitating their optimal diagnosis, molecular testing, management, treatment and support.



Clare Scott
Chair, Rare Cancers Group

REGIONAL AND RURAL GROUP

In 2018 the Regional & Rural Group continued to focus on the unique issues facing cancer service delivery outside metropolitan areas. Fundamentally our goals each year don't change. We remain focused on further identifying the gaps in cancer care and working to find solutions. We principally serve as an advisory group and aim to work with other peak Cancer bodies to operationalise these solutions.

The key strategic event in 2018 was to gather the key leaders from the regional cancer centres. This is a biennial event that aims to build upon previous work and ideas. A face-to-face meeting was held in May 2018 of the Network of Directors and Clinical Leads of Regional Cancer Centres in Sydney. The agenda included discussion of workforce capability requirements at regional sites, defining best practice regional and rural cancer care, an update on implementation of the Australasian Tele-Trial Model, identifying areas of advocacy for regional and rural oncology, training and education initiatives, plus improving communication within the Network and with a wider audience. Key action items from the meeting were to develop a "Regional Clinical Services Report" which can be used for advocacy, a renewed focus on education and regular newsletters to engage COSA members. The day was a great success and provided an excellent forum to facilitate communication and collaboration between regional cancer centres.

A workforce survey was conducted of all the Australian regional cancer centres and in 2018 there were approximately 37 FTE medical oncologists. This is a massive increase from the early days in 2007 when there were closer to 5 FTEs. This reflects several points worth mentioning: 1) a career as a rural oncologist is an increasingly sought-after role, 2) there has been a noteworthy improvement in the level and sophistication of cancer care in the regions, and 3) there is likely still a large unmet need for regional and rural patients and more resourcing is required.

The Regional & Rural Group also had a small but productive AGM at the COSA conference with attendance from members of the Executive Committee and Regional & Rural Network, as well as a number of conference attendees based in regional areas. There was an update on the progress of the tele-trials model and more importantly interest from attendees about rolling the model out across Australia. There is clearly a strong need and desire to move from the pilot phases in QLD and NSW to a wider roll out. For further details on the COSA Tele-Trial Project supported by MTPConnect, please see the information under "Other Reports".

The Regional & Rural Executive Committee got a fresh look in November 2018 with Sabe Sabesan ending his 5-year term as Chair of the Group. Rob Zielinski stepped up from his role as Deputy Chair and Sid Baxi who is a current member of the Regional & Rural Executive Committee was nominated and approved as the new Deputy Chair. Sabe will remain on the Regional & Rural Executive Committee along with Peggy Briggs, Michail Charakidis, Wei Sen Lam and Craig Underhill. Thank you to the Executive Committee for their time and commitment which allows us to work on behalf of our membership.

If you would like to participate in the Regional & Rural Group or be kept informed of our activities, please login to your member profile on the COSA website and select 'Regional and Rural Oncology' as either a 'COSA Group' or 'Area of Interest'. We strongly encourage members from all disciplines to get involved with our group.



Rob Zielinski
Chair, Regional and Rural Group

SURVIVORSHIP GROUP

It has been another busy year for the COSA Survivorship Group with many activities relating to research and delivery of care for cancer survivors in Australia.

The highlight of the year was indisputably the national patient reported outcome (PRO) Think Tank in Sydney, August 2018. The Think Tank, expertly facilitated by Dr Alison Evans, brought together stakeholders from diverse disciplines across Australia to focus our discussion on how we can best implement PROs into routine clinical practice in Australia irrespective of the setting and technology availability. The recommendations of the report (available at <https://www.cosa.org.au/groups/survivorship/resources/>)

provided a roadmap for the work in this area that the Survivorship Group will be leading in 2019 and beyond that will provide a detailed blueprint on implementation of PROs into routine cancer care in Australia. At their November 2018 meeting, COSA Council gave in-principle endorsement for our Group to oversee the implementation of PRO activity, and to create a working group to lead this initiative. The PRO Think Tank discussion has also focused our thinking on what aspects of PRO work need further research and I am sure many grant applications will be strengthened by the deliberations at the meeting.

Many members of the Survivorship Group have also contributed to work in other priority areas including the development of the Digital Health Strategy which is to be released in 2019, and collaborations with PC4 and PoCoG on multimorbidity and cardiac late effects. Last year also focused our thinking on how to disseminate information about the COSA Survivorship Model of Care and a small working group is pulling together two publications on this topic that are about to be submitted.

The year also marked our increased focus on capacity building and strengthening of the Group operations to better support our members. Dr Karolina Lisz

became the inaugural Editor of the Survivorship Newsletter which delivers up to date news and resources straight into your inbox. With expert help from fantastic Gillian Mackay, the Group Project Manager, we have updated the terms of reference for the group and conducted a survey on members preferences for future work which will inform the Group's work strategy for the next few years.

Thanks to Gillian for her skillful support and to the energetic and visionary Executive comprising Ray Chan, Richard Cohn, Haryana Dhillon, Michael Jefford, David Joske, Karolina Lisz and Janette Vardy for their wonderful input throughout the year that made all this work possible.



Bogda Koczwaro AM
Chair, Survivorship Group

AFFILIATED ORGANISATION REPORTS

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP



Australasian Gastro-Intestinal Cancer Trials Group (AGITG) is a multidisciplinary collaborative group of medical and research professionals who conduct clinical trials to improve treatment for gastro-intestinal (GI) cancers. Through the tireless efforts of the AGITG membership, we have been instrumental in achieving significant changes in clinical practice locally and globally.

The 57 clinical trials conducted by the AGITG, since the group was first formed as a network of investigators in 1991, have involved over 4,000 patients treated at 90 sites in Australia, 8 sites in New Zealand and over 90 sites located across Asia, Europe and North America. We have published 127 journal articles as a result of clinical trials and the group has made 222 presentations of study findings at national and international conferences.

Our 2018 activity highlights include:

Changes within AGITG

Professor John Simes retired from our Board of Directors. We sincerely thank John for his years of dedication and contribution to the group's research program including his role of AGITG-CTC Group Coordinator. The Board also thanks Dr David Watson for his contribution to AGITG. We welcomed Professor Steve Ackland, Professor Andrew Barbour and Elizabeth Thorp to the Board and Dr Katrin Sjoquist as AGITG-CTC Group Coordinator.

Membership of the Upper and Lower GI Working and the Scientific Advisory Committee were refreshed ensuring

a multidisciplinary focus and the changing needs of the organisation.

New Clinical Trials

Three new studies in colorectal cancer commenced recruitment in 2018.

MODULATE, this study aims to test whether it is possible to reverse the resistance of MSS colorectal cancer to PD1 inhibition by combining the PD1 inhibitor nivolumab with other drugs designed to stimulate lymphocyte infiltration of tumours. To date, 50/90 participants have been enrolled into the study.

The **SPAR** study will evaluate the effect of simvastatin (SIM) on efficacy and toxicity of pCRT in rectal cancer patients, and on systemic and local inflammatory responses.

LIBERATE is a study to investigate "liquid biopsies" as a method of evaluating RAS mutation status in patients with advanced colorectal cancer. This involves determining the accuracy of results of "liquid biopsies", compared to genetic testing of cancer tissue. Different methods of testing "liquid biopsies" will be studied and compared. The study will also assess whether the ability of "liquid biopsies" to detect cancer gene mutations is different at different time points.

In collaboration with WEHI, two new studies focusing on circulating tumour DNA including **Dynamic-III and Dynamic-Rectal** commenced recruitment. These studies will determine whether a chemotherapy decision based on the presence or absence of circulating tumour DNA after surgery will be more effective than standard of care treatment.

We look forward to the development of the following trials over the coming year:

OXTOX, recipient of the 2018 AGITG Innovation Fund Award, aims to determine whether ibudilast has the potential to decrease the severity of acute neurotoxicity and CIPN in

patients with metastatic CRC receiving oxaliplatin.

New trial for rectal cancer, **RENO**, will study the 'Watch and Wait' strategy in patients who have developed a Clinical Complete Response with concurrent chemo-radiotherapy.

The **MASTERPLAN** clinical trial for high-risk and locally advanced pancreatic cancer patients will determine whether SBRT in addition to modern chemotherapy is superior to the current standard of chemotherapy alone in both the neoadjuvant and definitive setting. An important component of MASTERPLAN is to incorporate high-quality tissue collection to facilitate future molecular and genetic research. MASTERPLAN is a major multidisciplinary collaboration of Australia's leading pancreatic clinicians and scientists in the context of a multicentre phase II trial sponsored by AGITG, conducted by NHMRC Clinical Trials Centre, and done in collaboration with the Trans Tasman Radiation Oncology Group (TROG) and was awarded funding by the Medical Research Future Fund Grant.

In addition, **DYNAMIC - Pancreas** will join the pancreatic cancer space in circulating tumour DNA Analysis to informing adjuvant chemotherapy.

Strategic Implementation Activities

Three new initiatives were approved by the Board and SAC for commencement in 2019 including the Translational Research Model, and additional concept development programs such as the Idea Generation Workshop and Endorsed Study Model.

Research Priorities

At the meeting held in December, the SAC set the research priorities for 2019, including "thinking outside the box" such as pharmacogenomics, pre-habilitation and nutrition; rare cancer possibilities, developing concepts in

the rectal cancer space; and clinical trials in HCC and liver SBRT to name a few.

AGITG Awards

The 2018 John Zalcborg OAM Award for Excellence in AGITG Clinical Trials Research was awarded to Professor John Simes of The University of Sydney. The John Zalcborg OAM Award recognises a member of the AGITG who has made a significant and outstanding leadership contribution to AGITG clinical trials research over a sustained period. Professor Simes was a founding member of the AGITG in 1991 and was a key member of the team of investigators that developed the first clinical trial conducted in Australia for gastro-intestinal cancer patients.

Professor Janette Vardy of The University of Sydney was awarded the \$200,000 Innovation Fund grant in 2018 for the OXTOX pilot study. The Innovation Fund is made possible through generous contributions from donors and supporters of the AGITG.

The 2018 **AGITG-Merck Kristian Anderson Award** was awarded to Dr Rosemary Habib, who will receive a grant of \$36,700 to complete the first year of her PhD at The University of Sydney. Her research will focus on whether CAR T-cells can be used to trigger an immune response in colon cancer patients. The Kristian Anderson Award is awarded in honour of Kristian Anderson, who was diagnosed with colon cancer in 2009 and successfully lobbied the federal government for affordable access to cetuximab. He passed away in 2012, leaving behind a legacy as someone who made life-extending treatment accessible to many people with colon cancer.

Community Engagement

The GI Cancer Institute is the community division of the AGITG. In 2018 it continued to raise awareness and funds for clinical trials research. The Gutsy Challenge community fundraising program was a huge success, with two teams of trekkers taking on Tasmania's 60km Overland track. AGITG board member Professor Steve Ackland led the trek, which raised over \$120,000. A team of ten cyclists also rode over 100km through the Snowy Mountains in the L'Etape Challenge in November, including



John Simes receiving the 2018 John Zalcborg OAM Award

AGITG members Professor Andrew Barbour, Associate Professor Mustafa Khasraw and Professor Nik Zeps.

In 2018, the AGITG membership grew to over 1,100 members from multidisciplinary backgrounds including medical, research, science, allied health, nursing and consumer.

Meetings

We celebrated our 20th AGITG Annual Scientific Meeting in Brisbane with over 360 delegates. The ASM is a fantastic opportunity for our members and GI cancer researchers to discuss current and new clinical trials and developments in GI research in Australia, New Zealand and internationally. Our stellar group of international faculty included Professor Brendan Moran, Professor Sabine Tejpar, Professor Diana Sarfati, Professor Aldo Scarpa, Professor Jae-Ho Cheong, Professor Graeme Young, Dr Daniel Renouf, and Professor Daniel Chang. Awards were presented to Dr Lorraine Chantrill for Best of New Concepts; Dr Belinda Lee for Best of Posters; Dr Hui-Li Wong for Best of Fast Forward. The Olivia Newton-John Cancer Wellness and Research Centre won the Outstanding Site Award.

A 2-day **Preceptorship** in rectal cancer was held at Monash University in May by Professor Eva Segelov. The areas covered included screening, multimodality management of early, locally advanced and metastatic disease, and supportive care. Current clinical practice was debated, gaps in knowledge were identified and potential research ideas were floated. Targeted at junior clinicians in oncology, the workshop consisted of small groups and interactive sessions

with in-depth discussion with the input of expert preceptors.

The Commonwealth Neuroendocrine Tumour Collaboration (CommNETs)

held its first Clinical Trials Development Workshop in Hong Kong in December. The Workshop brought together leaders in the field – NETs clinicians, researchers and consumers from across Australia, New Zealand and Canada. Eight clinical trial concepts were selected for presentation at the workshop. After robust discussion, a vote determined four concepts to be further developed at the workshop and in the coming months. For more information on CommNETs go to: gicancer.org.au/commnets.

As we look towards 2019, a major focus will be our Annual Scientific Meeting in South Australia in August featuring both local and international key opinion leaders.

For more information about AGITG, visit gicancer.org.au.



Tim Price
Chair, AGITG

Russell Conley
Chief Executive Officer

AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP



During 2018, the Australasian Leukaemia & Lymphoma Group (ALLG) celebrated 45 years of clinical trial research and we are delighted to report that it has been another highly successful year for the ALLG. We have continued to improve our external image, strengthened engagement with members, staff, partners, other foundations and government. Significant improvements have taken place, focussing on servicing the needs of our members and continuing sound corporate governance.

The ALLG, with an established and stable structure including a steady financial base has been able to increase the number of clinical trials and accelerate trial recruitment rates so that trial results can be quickly achieved and translated into improved outcomes for patients with blood cancer.

As a member organisation, we have continued to make gains in our four key strategic directives: to deliver significant scientific outcomes, enhance brand and reputation, foster a passionate membership base and ensure long-term sustainability. We have continued to work in alignment to progress our strategic goals by focusing on trial diversity and quality, considering better ways to engage members, and improving our operational efficiency.

Membership reached 799 Members; consisting of 414 Full Members, 335 Associate Members, 43 Community

Members and 7 Life Members. We had 22 clinical trials open and were able to develop and approve three new clinical trials during the year. A major focus was on the National Blood Cancer Registry and ways to secure funding for the data registry and sample biobank.

Through our involvement in the Select Committee Inquiry into funding for research into cancers with low survival rates, we were quite pleased with the final report and the 25 recommendations put forward by the committee. The next steps for ALLG will be to remain actively involved in the implementation phase.

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

ALLG continued efforts with those that share our vision by joining with HSANZ to facilitate the second annual Blood Cancer Forum. Chaired by Prof Andrew Roberts, the forum is an opportunity for the blood cancer foundations and organisations to share common areas for advancing blood cancer initiatives. The forum included representatives from Leukaemia Foundation Australia, Lymphoma Australia, Myeloma Australia, and Snowdome. Three priority areas were identified in 2017, these include improving care for rural, regional and remote communities; access to new medicines; and support for research. The forum explored

different ways to action these priority areas as we continue to work in this area.

Through the establishment of a stable structure and financial base, we were able to increase our organisational expertise by employing a Communications & Marketing Manager as well as a Philanthropic & Fundraising Manager to increase brand awareness and long-term sustainability.

As a result, the ALLG was able to develop a sound Corporate Communication Strategy and a Philanthropic Strategy. During the development phase of Corporate Communication Strategy, we identified the need to define our organisational values. Organisational values are necessary to support the vision, shape the culture, and reflect the type of organisation the ALLG is by defining the way we work as an organisation with members, staff, stakeholders, and industry partners. Through consultations with the Board, staff, and membership, we identified and adopted four organisational values: integrity, quality, collaboration and innovation.

Thank you to all the members and staff of the ALLG that continue to make ALLG the success it is known for, and we look forward to taking the ALLG's scientific endeavours to a new level of achievement and prominence in the world of Haematology and blood cancers. We would also like to acknowledge all the participants who join an ALLG clinical trial, without their extraordinary contribution to science the ALLG would not be able to provide better outcomes for cancer patients hence our tag - "Better Treatments... Better Lives."



Peter Mollee
Chairman Scientific Advisory
Committee, ALLG



The ALLG 2018
Clinical Trial
Staff

AUSTRALASIAN LUNG CANCER TRIALS GROUP



2018 has been another outstanding year for the Australasian Lung Cancer Trials Group (ALTG) As the peak body representing clinical trials in lung cancer, the successes of 2018 would not have been possible without the dedication and support of the broader leadership team of ALTG and the diverse member base which is growing year on year.

Under the direction of ALTG President Nick Pavlakis, the Scientific Advisory Committee (SAC) Chair Ben Solomon, and dedicated committee members and collaborative partners, ALTG continues to provide strategic vision and operational leadership across the lung cancer clinical trials space.

Funding of the program

One of the significant highlights for 2018 has been the renewed funding arrangement from Cancer Australia for the next 3 years. Not only does this provide financial sustainability for the program over this time, it also recognises the enormous contribution the ALTG program offers lung cancer patients Australia wide. Alongside this grant funding, we continue to work with a number of industry partners who remain incredibly supportive and connected to the vision of the program

Clinical trials

On the back of 2017, where there were a large number of new clinical trials initiated, the year began with recruiting participants across a diverse portfolio of clinical trials. This has continued throughout 2018, with recruitment numbers tracking on or above schedule. This is great news for the lung cancer community, in that the ALTG collaborative group are working hard to offer new treatments to as many eligible lung cancer patients as possible. So far this year, the ALTG collaborative group have recruited over 170 patients to our clinical trial portfolio and initiated at least 1 new trial.

Education / Events

One of the most important aspects of ALTG is connecting research outcomes, information and evidence to the scientific, healthcare professional and patient communities. We do this through a number of events, including our annual preceptorship and symposium.

Developing our next generation of researchers saw ALTG hosted its fourth annual preceptorship workshop in lung cancer. 40 participants attended including for the first-time members of the nursing and consumer communities. For two days, the intensive active learning program covered a broad range of lung cancer topics including EGFR, ALK, ROS1 and immunotherapy, with early career researchers, and junior consultants across a range of clinical specialities mentored by eminent figures in the field. Learning via small groups with a preceptor has shown to enhance participant's ability to critically appraise and evaluate evidence supporting the evolution of clinical practice in lung cancer.

This event has become a must do for any new or emerging lung cancer consultant or researcher and in 2019, the Preceptorship workshop will take place again in October 2019 in Melbourne.

In October, 110 delegates attended the third annual ALTG Symposium in Sydney. This one-day event, generously supported by our industry partners, attracted esteemed international and local speakers to cover a very comprehensive lung cancer program. Mr Chris Draft Founder, President and CEO of the Chris Draft Family Foundation in Atlanta, Georgia, set the inspirational tone for the day from a consumer perspective, with his moving talk about his wife, who sadly lost her battle to lung cancer in 2011. Our other international speakers Dr Sanjay Popat, a Consultant Thoracic Medical Oncologist from The Royal Marsden in London, Honorary Clinical Senior Lecturer in the Molecular Genetics and Genomics Group at the National Heart and Lung Institute, Imperial College London and current Chair of the British Thoracic Oncology Group (BTOG); Dr

Robert Li, a Medical Oncologist from the Memorial Sloan Kettering Cancer Centre in New York City specialising in the molecular profile of patients' tumours and leads the clinical research program targeting the HER2 gene in lung cancers, continued on with their highly informative talks about immunotherapy and Targeted Therapy in NSCLC respectively. Complementing our international guest speakers were local leaders in the field including A/Prof Wendy Cooper, (Pathology discussion on PDL1 & TMB) A/Prof Tom John (EGFR Mutated NSCLC latest data), Dr Malinda Itchins, (ALK NSCLC update) Prof Anna Nowak and A/Prof Nick Pavlakis (Mesothelioma and Dream Trial update).

New for 2018 was the addition of our speaking tours with the aim to increase ALTG presence in the local health care and patient communities, as well as increase knowledge and evidence for treatment options in the lung cancer space. Positioned nicely after the World Lung Cancer Conference, the speaking tours were also an informal approach to shining a light on the progress to date of research and the impact clinical trial outcomes has on the lung cancer space globally. ALTG hosted two speaking tours - one in Melbourne and one in Brisbane in the lead up to the annual symposium in October. Collectively, both events attracted more than 80 participants across the health care and patient communities. The theme for these dinner events was the Evolving Role of Immunotherapy in the Management of Lung Cancer. Thanks to our international and local speakers Mr Chris Draft, Dr Sanjay Popat, Dr Robert Li, A/Prof Tom John, Prof Ken O'Byrne for their time in discussing patient and clinical perspectives in this space.

Membership

ALTG continues to attract a diverse and active membership base. With over 740 members across Australia and New Zealand, ALTG is highly valued as an inclusive and educated membership group for lung cancer clinical trials across Australia and NZ. Internationally recognised by other collaborative groups as the

go to for clinical trials in Australia for lung cancer, ALTC continues to participate and collaborate with international counterparts such as CCTG (Canadian Cancer Trials Group), ETOP, European Thoracic Oncology Platform among others to bring lung cancer clinical trials to patients in Australia and NZ. Alongside TACT - Thoracic Alliance for Cancer Trials of which ALTC is a member, the aim is to ensure that treatment options and future possibilities for care are widely available to lung cancer patients in our community.

Conclusion

We look forward to 2019 and building on the successes of this year to take ALTC's scientific and educational endeavours to new heights and prominence on a global stage across lung cancer clinical trials.



Nick Pavlakis
President, ALTC



AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION

2018 has been a milestone year for the sarcoma community, with the former Australasian Sarcoma Study Group (ASSG) celebrating its 10th anniversary; and the successful merger of the Australian Sarcoma Group (ASG) and ASSG forming the Australia and New Zealand Sarcoma Association (ANZSA) at its annual general meeting in Perth on 12 October 2018.

ANZSA will remain a not-for-profit charitable organisation with the main goal of improving the outcomes of patients affected by sarcoma and related tumours through research, clinical trials, education and advocacy.

ANZSA has also introduced new membership processes and has now formalised membership categories – Ordinary Member, Associate Member, Life Member and Corresponding Member. Our membership is open to healthcare and research professionals, consumer or patient advocates, and those from non-clinical backgrounds who have a vested interest in sarcoma research. We encourage you to join us as we provide members with a wide range of benefits especially for those who are looking to embark on sarcoma related research.

The team is currently embarking on a new brand exercise that includes the development of a new ANZSA website and company logo among others, which will be launched in early 2019.

At this time, we want to thank the founding Chair of ASSG, Professor David Thomas, who resigned from the ANZSA Board in October 2018 to consolidate his focus on sarcoma research. Professor Thomas has been a steadfast supporter of the ASSG/ANZSA and a passionate advocate for sarcoma patients and the sarcoma research community. We look forward to our ongoing collaborations.

2018 Annual Scientific Meeting

Our 2018 ASM, held in October in Perth, was again a great success as we had the privilege of hosting more than 120 delegates, most of whom were local and international clinicians, researchers

of all disciplines, as well as scientific and allied health sarcoma experts.

The theme for the ASM was "Collaboration and Innovation: The multidisciplinary approach to sarcoma care". We were grateful to have two esteemed international guest speakers – Robin Jones, a medical oncologist with a specialist interest in bone and soft tissue sarcomas from The Royal Marsden (UK), and Rob Pollock, a consultant sarcoma surgeon who specialises in hip and knee surgery, and bone and soft tissue tumours from the Royal National Orthopedic Hospital (UK). We were glad that the discussions were robust and to know that many delegates went home feeling inspired to do more for the sarcoma community.

The 2018 ASM also saw the inaugural meeting of the National Sarcoma Nurses Group – formed to improve and coordinate services provided to sarcoma clinicians and patients.

Clinical Trials

ANZSA is committed to facilitating access for sarcoma patients to a diverse range of well-designed clinical research studies, where results that are generated will have a substantial international impact on improving the diagnosis and treatment for sarcoma patients. Some of our ongoing clinical trials include:

- **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 between the sarcoma cooperative clinical trial groups in the USA and SARC that will be opened at three adult sites in Australia as well as multiple sites globally.
- **NORTH** – A phase II study of panobinostat in paediatric, adolescent and young adult patients with solid tumours including osteosarcoma, malignant rhabdoid tumour/atypical teratoid rhabdoid tumours and neuroblastoma. This study is funded by the NH&MRC and jointly run with ANZCHOC.
- **rEECur** – An international randomised controlled trial of chemotherapy for the treatment

of recurrent and primary refractory Ewing sarcoma. This study is funded by a grant from CanTeen and is open at both adult and paediatric sarcoma centres.

Please visit our website to find out more about our clinical trial and study projects and how you can be involved.

2018 Sarcoma Research Grants Program

Each year, we are able to award the Sarcoma Research Grants thanks to the generous donations of our supporters. In 2018, we awarded four recipients with grants worth \$120,000 for their research projects. ANZSA will work closely with them to ensure they have adequate resources to produce high-quality research. We look forward to receiving updates from them. In the meantime, please visit our website to read more about their research projects.

Looking ahead in 2019, we are excited to work with our partners to continue achieving the objectives we have set out to do. Our project pipeline is robust, and we can't wait to share more positive updates with you in due time.

In the meantime, the 2019 ANZSA ASM will be held on 11-12 October 2019 in The Canberra Rex Hotel. Be sure to save the dates now. More information will be made available soon.

We thank all our partners, sponsors and members for their continued support and trust in us and the work we do. It will be another strong year ahead with renewed hopes of closing the gaps in sarcoma diagnosis and treatment through research breakthroughs.



Jayesh Desai
Chair, Scientific Advisory
Committee

Denise Caruso
Chief Executive Officer

AUSTRALIAN & NEW ZEALAND CHILDREN'S HAEMATOLOGY ONCOLOGY GROUP



ANZCHOG has had a highly successful year, securing several grants throughout 2018 to support the ANZCHOG Office and the conduct of a range of childhood cancer trials to be opened throughout Australia and New Zealand.

Our infrastructure grant, funded through **Cancer Australia's Support For Cancer Clinical Trials Program**, has been awarded for a further 3 years, which will enable trial development, particularly through supporting our tumour-specific and discipline-specific groups. ANZCHOG's Groups have accelerated their trial activities, creating cohesive networks between all of the Australian and New Zealand children's cancer centres, and building opportunities with their relevant international trial colleagues. In addition, ANZCHOG was awarded funding through the **Australian Brain Cancer Mission** (5 years) to enhance access to the latest international brain cancer trials for Australian children. This funding will enable more paediatric brain cancer trials to be available throughout Australia and support targeted projects to enhance trial access. Augmented by the generous support from **The Kids Cancer Project**, we have enhanced our capacity to provide centralised, high-quality trial support services to our childhood cancer centres, fulfil our national sponsor responsibilities and as well facilitating our collaborative relationships with key international trial consortia.

ANZCHOG has also secured grants for specific trials from funding opportunities in 2018 (including **The Kids Cancer Project**, **Carrie's Beanies for Brain Cancer** and **Australian Government Medical Research Future Fund**), and utilising grants awarded in previous years, we have opened **eight new investigator-initiated trials throughout Australia and New Zealand in the last 12 months**, greatly expanding ANZCHOG's portfolio of

international and national trials across multiple tumour streams.

ANZCHOG would like to thank our supporters for their generous support, and we look forward to continuing these valued relationships throughout 2019.

Collaborative relationships with national and international trial consortia

Our expanding trial portfolio is largely attributable to our burgeoning relationships with a range of international trial consortia and the capacity to maximise trial opportunities as they arise. We are working with a range of international trial groups across the spectrum of childhood cancers, including networks from Europe, United Kingdom, USA and Canada. Opening an international trial in Australia and New Zealand presents individual challenges each time, across areas such as contract development, agent importation and distribution, data storage and highly variable regulatory requirements. ANZCHOG acts as a central point for the resolution of these issues, and as we work to operationalize trial conduct with each international group, we are establishing effective functional trial models, paving the way for standardized processes for future studies.

Over the last year, we have worked closely with the Australian and New Zealand Sarcoma Association (ANZSA) to open two trials at paediatric and adult cancer centres, maximising trial access for eligible patients. Through the Australian Brain Cancer Mission, we will be developing our collaborative work with COGNO, looking to achieve similar outcomes for Australian patients with brain cancer.

Focus on... AIM BRAIN

ANZCHOG's **Access to Innovative Molecular profiling for BRAIN cancers** (AIM BRAIN) project is a four-year study, directly applying the latest laboratory-based technology to clinical practice, to accurately diagnose brain cancers in children.

Despite the outstanding success in the treatment of many paediatric cancers in past two decades, curative treatment for the majority of brain cancers remains an ongoing challenge. In Australia, brain cancer kills more children than any other disease and

over 165 children are diagnosed with brain cancer each year. Recent studies have shown that brain cancers can be classified into distinct tumour groups through molecular profiling, and each of these tumour groups respond differently to various treatments.

The AIM BRAIN project provides access to the latest molecular profiling for Australian and New Zealand children diagnosed with brain tumours, implement a platform for clinical diagnostic testing for paediatric brain cancer, using state-of-the-art molecular genetic and epigenetic techniques. This project is an international research collaboration, with the German-led Molecular NeuroPathology 2.0 study (MNP2.0) providing immediate access to this cutting-edge platform. Researchers at the Hudson Institute of Medical Research and Monash Health, led by Associate Professor Elizabeth Algar, are concurrently establishing the Australian platform, with the pilot phase nearing completion, with the national rollout slated for 2019.

"Both stages of this project are vital. Professor Stefan Pfister's team at the German Cancer Research Centre (DKFZ) are leaders in this area, and we are very fortunate to have their support to develop this technology in Australia", said Dr. Chris Fraser, Chair of ANZCHOG. "If we can accurately determine the exact type of brain cancer that a child has at diagnosis, we have the best information to decide what treatment is the most appropriate for each child. Already, we are seeing the benefits of making treatment decisions armed with the additional information provided by molecular profiling, whereby we can minimise the burden of treatment side-effects and give our children the greatest chance of surviving brain cancer."

ANZCHOG would like to acknowledge the vital support of our AIM BRAIN funders, the Australian Government (through Cancer Australia), the **Robert Connor Dawes Foundation** and **Carrie's Bickmore's Beanies 4 Brain Cancer Foundation**.

For more information on ANZCHOG's activities, please visit the ANZCHOG website (<http://www.anzchog.org>).

ANZCHOG'S Annual Scientific Meetings

Our 2018 Annual Scientific Meeting was held in Sydney in June 2018, hosted by Children's Hospital at Westmead. With

nine international speakers, a range of national presenters, as well as a great scientific and social program, it was a huge success!

In 2019 we will be heading to the beautiful city of Christchurch (13-15th June, 2019) with the meeting theme of "Families and Cancer". With leading international keynote speakers (including Dr. Uri Tabori and Dr. Marilyn Hockenberry) combined with a dynamic program, it is going to be another great meeting and we invite you to join us! For more information, visit our 2019 ASM website.



Chris Fraser
Chair, ANZCHOG

AUSTRALIAN AND NEW ZEALAND HEAD & NECK CANCER SOCIETY



The Australian and New Zealand Head and Neck Cancer Society's overall mission is to achieve greater prevention and early detection of head and neck cancers, and improved treatment and ongoing care of patients. This is undertaken through four key activities: Scientific meetings; research; education and advocacy.

The highlight of our annual calendar is the Annual Scientific meeting which was held in Melbourne in conjunction with the International Society for Maxillofacial Rehabilitation. This saw delegates from Australia, New Zealand, and the rest of the world join to discuss contemporary management of head and neck cancer with a particular focus on rehabilitation. This year also saw an

intensive effort put forward to attract the 2026 International Federation of Head and Neck Oncologic Societies (IFHNOS) meeting to Brisbane. Chaired by Prof Sandro Porceddu (a Past-President of COSA) the team put forward their proposal to the IFHNOS Board and to everyone's great delight were successful. This meeting will hopefully attract over 2000 delegates to Brisbane in 2026. Our binational meeting in 2019 will be held in Adelaide chaired by Dr Brian Stein and we invite those members of COSA who have an interest in Head and Neck Oncology to join us from the 19-21 September.

Research is supported by the ANZHNCs by the provision of a venue for the presentation of research results from early and late career researchers at the annual scientific meeting, and the functions of the ANZHNCs research foundation chaired by A/Prof David Wiesenfeld. With regards to research output ANZHNCs members punch well above their weight in terms of high impact publications and members are frequently seen as invited speakers on the world stage. A number of members are also on the editorial boards of prominent journals in the field. The foundation has had a particularly successful year with over \$54,000 in donations, and \$50,000 in grants. The Foundation Board and its Chair should be congratulated on their tireless efforts in the very competitive arena of cancer fund raising.

On the education front ANZHNCs has moved firmly into the digital space and with the assistance of Alison Black developed the "Love your Mouth" Video <https://www.youtube.com/watch?v=lwbBOlBJD8&feature=youtu.be>. Oral health is a particularly important, and frequently neglected component of head and neck cancer care so the generation of this video as a resource for patients and carers is very timely. The ANZHNCs also offers a developing nations grant as part of its educational activities for those countries of more limited resources and this year we were delighted to host Dr Bibek Acharya from Nepal who spent time at our conference, and meeting with prominent Australian units. In addition, we were pleased to be joined by Dr Kevin Emerick who was the successful recipient of the

Chris O'Brien Travelling Fellowship and joined us from the US, specifically the Massachusetts Eye and Ear Hospital to share their experience and learn from local clinicians.

The ANZHNCs has been fortunate to have recruited Rod Wellington as a non-clinical board member. Rod has extensive experience in clinical governance and government advocacy, and we hope will be able to assist us in our aims to improve the management of head and neck cancer at a state and national level. We also maintain a strong partnership with organisations such as Beyond Five and the Cancer Council based head and neck cancer support groups who provide patient centered education and resources.

From a clinical perspective Head and Neck Cancer has not been exempt from the general push towards survivorship and quality of life. Like a number of other cancer streams survival is improving steadily and thus quality of life and quality of survivorship becomes ever more important. Immunotherapy has shown some spectacular results and head and neck cancer is no exception to this. Clinicians are currently caught between an educated public who are rightly enthused by media reports and a lack of clear evidence-based treatment protocols with which to apply the therapy. Never the less, there is a clear change in management underway and it will be exciting to see its effect in a number of years.

In summary, 2018 has proved to be a busy year for the ANZHNCs. Like many cancer societies the executive board are volunteers and finding time to dedicate to running organisations on top of clinical work and research is a never-ending challenge but ultimately a rewarding one.



Martin Batstone
Past President, ANZHNCs

AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP



ANZUP has already hit the ground running in 2019 having barely recovered from the pace of 2018, our 10th anniversary year. And what a year it was! The difficult part of this review is deciding what to leave out, which is a nice problem to have.

In 2018 we saw both the ENZAMET and ENZARAD trials reach their respective recruitment targets in the first half of the year. Both are now in follow up and the eyes of the international community are upon them waiting for the research results they will generate.

All of our ongoing trials in 2018 have reached milestones. Kidney cancer trials UNISoN and KEYPAD, and prostate cancer trial Pain-Free TRUS B are recruiting well. Bladder cancer trial PCR-MIB reached 25% of its recruitment target before the year was out which is a great achievement to build on in 2019.

TheraP continues to go from strength to strength, reaching 50% of its recruitment target in the final quarter of 2018 and looking likely to reach 75% within the first quarter of 2019. This is a testament to the great work being done with nuclear medicine in treating prostate cancer.

The final quarter of 2018 also saw the prostate cancer trial ProPSMA reach its recruitment target and move into follow-up. We also had the launch of TIGER, a randomised phase III testicular cancer trial now open in 3 sites nationally, as well as more internationally.

Finishing the year in the strongest fashion possible was grant funding for three important trials; BCG MM, an open label, multi-centre, two-stage, phase III trial adding mitomycin to BCG as adjuvant intravesical therapy for high-risk, non-muscle-invasive bladder cancer; ongoing testicular cancer trial P3BEP; and NINJA, a phase II randomised, novel integration of new prostate radiation therapy schedules with adjuvant androgen deprivation, co-badged with and led by TROG. BCG+MM is already close to 40% of its overall recruitment target and NINJA opened at three sites in early 2019.

With several new trials on the horizon including RAMPART and UNICAB, ANZUP continues to demonstrate

its ability to identify gaps in areas of clinical need and pull together the right mix of professional disciplines, groups and resources to meet those needs, all in the name of improving genitourinary (GU) patient outcomes.

Throughout the past year the ANZUP programs have encouraged and supported concept development within its membership. The Concept Development Workshops, GU Preceptorship and of course the ANZUP Annual Scientific Meeting (ASM), which continues to grow in scope and influence, have all endeavoured to bring together multidisciplinary healthcare professionals to help develop, foster and promote GU cancer research.

Our 2018 ASM was our biggest yet and a great way to celebrate our 10th anniversary. We had close to 400 delegates in attendance, and we were joined by seven international speakers and 65 local speakers and chairs focused on communicating and sharing the theme of "Putting People First".

The ASM continues to provide a vital connection between our membership and the international GU community. The interaction between speakers and delegates provides a platform where experiences, learnings and enthusiasm





can be shared, which, in turn will hopefully lead to the generation of new research and trial ideas for GU cancers.

The Community Engagement Forum was again held in 2018. This free public forum was open to the general public and attracts patients, family, carers and support groups. The audience was again given the opportunity to engage with an experienced team of healthcare professionals and patient advocates to learn about ANZUP and its research as a cooperative clinical trials group. They were able to hear personal experiences from patients explaining what it is like to participate in a clinical trial and how to manage their clinical trial experience, the cost of cancer care, and also the impact of treatment on relationships and intimacy. Again, there was an encouraging number of attendees with a lot of open discussion.

The Community Engagement Forum is a mainstay of the ANZUP ASM program and will again be held in conjunction with the ANZUP 2019 ASM in Brisbane on 21 – 23 July.

The Below the Belt Research Fund Awards is another important part of the ASM that focusses on developing clinical research concepts from within our membership. This fund provides seed funding to progress new trial

ideas to the point of becoming full-scale studies.

In 2018, ANZUP funded eight projects proposed by ANZUP members so they could further develop ideas that will address the need for new treatments as well as supportive and psychological care for the patient.

The Below the Belt Research Fund is of course supported by our annual fundraising event, the Below the Belt Pedalthon. It has been held annually in Sydney since 2013 and was held for the first time in Melbourne in March 2018.

To date, the Below the Belt Pedalthon has raised close to \$1.5 million dollars to support the Below the Belt Research Fund and our membership as they continue to identify research gaps and develop new concepts. We are constantly humbled by the level of support we receive from our membership and from the community at large for this event. Not only does the Pedalthon offer a great day out for all involved, but participants and their supporters alike are directly contributing to vital research. Every cent raised through the Pedalthon goes straight into the Below the Belt Research Fund to support research identification and development.

In 2019 the Pedalthon will return to

Sandown Racecourse in Melbourne on the 17th March and Sydney Motorsport Park on the 10th September. Following these important fundraising events we look forward to announcing more Below the Belt Research Fund Award recipients.

Our 10th anniversary year in 2018 was certainly a banner year for ANZUP, and this growth continues in 2019. We look forward to sharing this growth and all the positive developments and outcomes for cancer treatment, and ultimately the patient, in 2019 and beyond.



Ian Davis
Chair, ANZUP



AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP



The Annual Report gives me a chance to celebrate the many successes ANZGOG has had over the past year and thank the many people who have given generously of their time, energy and intellect to our organisation.

I would like to recognise the contribution by Assoc Professor Alison Brand as Chair of ANZGOG over the past six years. During this time ANZGOG achieved financial stability and we strengthened both our culture of professional mentoring and leadership, increasing membership to almost 900 members. The annual trial portfolio increased significantly to more than 15 trials in development or recruiting patients.

ANZGOG is committed to building a research portfolio and, where required, self-fund research. Our goals include a spectrum of trials – Phase II trials, signal-seeking trials and early-phase trials where we are looking for new avenues of care, and also supportive care. It is important that we draw on all of the domains of gynaecological cancer care: surgery, radiation, nursing, allied health and medical oncology.

This is being achieved through a variety of initiatives:

OASIS (Ovarian cancer Alliance for Signal-seeking Studies) – this initiative to test new targeted therapies against molecular sub-types of ovarian cancer is a series of innovative signal-seeking Phase II studies. ANZGOG has been successful growing funding for this initiative from an initial philanthropic seed funding grant of \$1.1million to now almost \$11million. Six studies are either recruiting or in development.

Fund for New Research Grants – with the vision of fostering new research ideas which will eventuate in a clinical trials, this grants scheme is funded by public donations and awards up to \$150,000 to a maximum of three pilot or pre-clinical research projects each

year. Since inception ANZGOG has funded six studies with a further three identified for funding in 2018.

Clinical Trials – along with the six OASIS studies, ANZGOG has a further nine studies either recruiting or in development through its collaborations with the University of Sydney, NHMRC Clinical Trials Centre. These studies include ‘homegrown’ studies by ANZGOG investigators and international collaborations through the Gynecologic Cancer InterGroup with such countries as Canada, the United Kingdom and Italy. These studies also represent the multi-disciplinary nature of ANZGOG with surgical and exercise physiology clinical trials as well as immunotherapy and medical oncology treatments.

Funding for research – ANZGOG achieved funding in 2017-2018 year for the Stics and Stones study from NHMRC and funding and drug support for Solace 2 from Astra Zeneca. In the last 5 years from 2013-2018 ANZGOG has had 1597 patients recruited across 16 studies. We are continuing to build our research portfolio to ensure more trials are available for patients, which hopefully means better care and better opportunities for treatment, but also further knowledge within the treatment of gynaecological cancers.

Translational ANZGOG – a significant initiative is TR-ANZGOG which addresses the critical need to collect biospecimens associated with clinical trials for research into biomarkers, molecular signatures, identification of therapeutic targets and other translational studies. After wide consultation we were able to secure funding and a Project manager to start this initiative in 2018.

ANZGOG membership has more than doubled to 869 members in the last five years with members from all Australian States and Territories and all parts of New Zealand. These members include doctors, scientists, consumers, trial coordinators, nurses, data managers, exercise physiologists, health economists and biostatisticians. We engage with them through our Annual Scientific Meeting in April, tumour working groups and our annual Research Development Day in November. We have a very

active volunteer group within our membership with more than 100 members taking part in committees, workings groups, education sessions and other activities to mentor members and support our research.

Strategic Goals – ANZGOG reviewed its 2013-2018 Strategic Plan and defined its goals for the next five years through to 2023. These goals are:

GOAL 1 : Innovative and equitable clinical trials in gynaecological cancers.

GOAL 2 : World-class translational research in gynaecological cancers.

GOAL 3 : Capacity building for gynaecological cancer research in Australia and New Zealand.

GOAL 4 : Strategic partnerships, collaboration and engagement.

GOAL 5 : Organisational capacity aligned with our research agenda.

We will continue to develop further maturity in our organisational capability and financial sustainability to support our gynaecological cancer research goals in an efficient and streamlined manner. This is supported through a range of activities not least of which is ANZGOG’s commitment to public fundraising and philanthropy.

Thank you to our Supporters - We have an outstanding array of supporters helping us fundraise for research and the conduct of clinical trials at hospitals. These include individual fundraisers, women sharing their stories in the media, on Facebook and our websites, companies and organisations that run events and fundraisers - thank you all.

I would like specifically to acknowledge the ongoing passion provided by Duncan McPherson AM, and his tireless work with the Team Teal harness racing industry initiative #getrealsupportteal. Together with Michael Taranto over \$300,000 has been raised for ANZGOG over the last 2 years.

Charlie Brown is another significant supporter of ANZGOG and has taken on the role of ‘Ambassador at Large’ of the ‘Save the Box’ fundraising initiative promoting awareness of gynaecological cancers and the need for further funding for research.

Survivors Teaching Students® is another outstanding initiative. This volunteer program brings the faces and voices of ovarian cancer survivors and caregivers into the classrooms of health professional students to teach them about women's experience with ovarian cancer diagnosis and treatment. Over 800 students were reached in year one of the program with 18 presentations to medical schools completed. The program is now rolling out across Australia. We thank the outstanding contribution by so many women and their families supporting this program.

Our people are our strength and I want to thank all ANZGOG members, staff and our supporters who have contributed to another successful year for clinical research in Australia and New Zealand.



Philip Beale
Chair, ANZGOG

Since then, BCT has grown to be the largest, independent, clinical trials research group in Australia and New Zealand, with almost 800 members and 101 participating institutions. Our research program has improved the treatment of breast cancer, led to changes in the way breast cancer is managed and has saved millions of lives through research collaboration. Our clinical trials have also contributed to a significant improvement in breast cancer survival rates and falling mortality rates. More than 15,000 women have been participants in BCT research.

World First Clinical Trials

BCT started two new clinical trials in 2018 which are both looking at how patients may benefit from immunotherapy, which uses the patient's own immune system to aid in their cancer treatment. Immunotherapy is not in routine use as a treatment option for breast cancer in Australia and New Zealand, but breast cancer researchers are learning from the results of research in other cancer types, such as melanoma, lung cancer and bladder cancer. The DIAMOND and CHARIOT clinical trials will use different combinations of immunotherapy in patients with different breast cancer subtypes, that are more likely to respond to immune manipulation. Professor Sherene Loi is the Study Chair of both of these trials and a member of our Scientific Advisory Committee.

40th Annual Scientific Meeting

BCT's 40th Annual Scientific Meeting (ASM) was held from 25-27 July at The Westin Sydney and included the Trials Coordination Forum, two days of Scientific Sessions and a 40th Anniversary Conference Dinner at Luna Park. The following international guest speakers presented at the ASM:

- Associate Professor Peter Dubsy - heads up the Breast Cancer Centre at the Hirslanden Clinic St. Anna in Lucerne, Switzerland;
- Professor Timothy Whelan - a Radiation Oncologist and Associate Chair of Research in the Department of Oncology at McMaster University in Canada;
- Professor Carlos Arteaga - Director of the Harold C Simmons Cancer Center and Associate Dean for Oncology Programs at UT Southwestern Medical Center;
- Professor Hope S Rugo - Professor of Medicine in the Division of Haematology and Oncology at the University of California San Francisco (UCSF), Helen Diller Family Comprehensive Cancer Center, and Director, Breast Oncology and Clinical Trials Education;
- Professor Cristin Print - the University of Auckland's Department of Molecular Medicine and Pathology, he leads the Genomics Into Medicine Strategic Research Initiative in Auckland and Chairs the Auckland Regional Tissue Bank Scientific Advisory Board.

As part of BCT's 40th celebrations, a Q&A Event was held at The Art Gallery of NSW on the eve of the ASM, to discuss the past, present and future of breast cancer research. The event was broadcast live on Facebook and was moderated by Channel 10 presenter Sandra Sally. The panel consisted of Professor Alan Coates AM, Associate Professor Prue Francis, Associate Professor Nicholas Wilcken, Professor Fran Boyle AM, Professor Cristin Print and Ms Leslie Gilham.

Trial Results Announced at ASCO

The results of two clinical trials were announced at the American Society of Clinical Oncology Annual Meeting in June 2018:

BREAST CANCER TRIALS



40th Anniversary

Breast Cancer Trials (BCT) celebrated its' 40th anniversary in 2018.

Originally called the Australian New Zealand Breast Cancer Trials Group (ANZBCTG), BCT first began in 1978 in the Department of Surgery, at the Royal Melbourne Hospital. BCT started with one Data Manager, one computer, one National Health and Medical Research Council (NHMRC) grant and 14 collaborating institutions.



Professor
Sherene Loi

- TAILORx - Some women with the most common type of breast cancer may no longer need to have chemotherapy to increase their chance of survival when guided by a diagnostic test. The study found that for some women with hormone receptor (HR) positive, HER2 negative, axillary lymph node-negative breast cancer, treatment with chemotherapy and hormone therapy after surgery is no more beneficial than treatment with hormone therapy alone. A genetic test called Oncotype DX or 21-gene assay may identify up to 70% of women with early stage HR positive HER2 negative breast cancer, which has not spread to the lymph nodes, who can be spared chemotherapy and the side effects of this treatment, especially those who are older than 50 years of age. Professor Joanna Dewar is the BCT Study Chair of TAILORx.

- SOFT & TEXT – These trial results will change the management of breast cancer in young women with oestrogen receptor positive early breast cancer, leading to fewer recurrences and improved overall survival. The trials found that premenopausal women with hormone receptor-positive, HER2-negative breast cancer and a high risk of recurrence, who are treated with an aromatase inhibitor plus ovarian function suppression, may gain a 10% to 15% improvement in freedom from distant recurrence at 8 years. Associate Professor Prue Francis is the BCT Study Chair of SOFT and TEXT.

2018 Breast Cancer Trials Awards

BCT Travel Grants and Awards recognise the valuable contribution of BCT members to the Group's clinical trials research program; provide professional development opportunities for members; recognise outstanding achievement by researchers, clinicians and scientists in their particular field; and help promote the research activities of BCT and encourage participation in them. All BCT awards are at the discretion of the Board of Directors.

In 2018, the following awards were presented:

- The Alan Coates Award for Excellence in Clinical Trials Research was awarded to Professor Fran Boyle AM;
- The Robert Sutherland Award for Excellence in Translational Research was awarded to Professor Carlos Arteaga;
- The John Collins Medal and Travel Grant was awarded to Dr Synn Lynn Chin;
- The Study Coordinator Prize was awarded to Ms Victoria Sproule.

Consumer Advisory Panel

Leonie Young, Sheryl Fewster and Cheryl Grant completed their terms on the BCT's Consumer Advisory Panel (CAP) in 2018 and BCT sincerely thanks them for their years of commitment and volunteer service to BCT's research program. Leonie Young was an original member of CAP, which formed 20 years ago, and was the Chair of the committee from 2010-2018. Cheryl Grant joined CAP in 2004 and Sheryl Fewster joined in 2003 and is now the Chair of BCT's Communications and Fundraising Committee. Leslie Gilham is the new CAP Chair.



Bruce Mann
Chair, BCT

CANCER NURSES SOCIETY OF AUSTRALIA



Reflecting on 2018, I can honestly say it was a very exciting and productive, if somewhat challenging year for the Cancer Nurses Society of Australia (CNSA).

Celebrating 21 years of cancer nursing:

CNSA's inaugural congress was held in Sydney in 1998, which means we celebrated our 21st birthday this year! Founder members Prof Patsy Yates and Dr Laurie Grealish provided an interesting reflection on the past 21 years, as well as a glimpse into the future of cancer nursing. We look forward to the next 21 years of supporting Australians affected by cancer.

It was also a timely occasion for granting Life Fellowship of CNSA to Prof Mei Krishnasamy, in recognition of her strong commitment to our society and her dedication to the profession of cancer nursing.

Changes in leadership of the organisation:

Following our inaugural Chief Executive Officer Sam Gibson's return to clinical practice, we were pleased to welcome Sonja Cronjé as CNSA's new CEO in February. Sonja brought to the position extensive senior executive experience gained in not-for-profit organisations, including almost five years as Senior Executive Officer of the Faculty of Radiation Oncology at the Royal Australian and New Zealand College of Radiologists, and she has certainly proven how much she is capable of.

In April, then CNSA President Jane Campbell had to resign from the position and the Board due to family circumstances. Jane had been an active CNSA member, and we are grateful for her contribution to cancer nursing over many years. My term as President commenced as we were conducting the first Director elections, drafting the first annual report and preparing for the first annual general

meeting of CNSA as a company limited by guarantee. It was a busy time and a steep learning curve for all involved, but also very exciting to be part of history in the making for our wonderful society of cancer nurses.

Professorial Advisory Council:

All CNSA members who are Full Members or Honorary Life Fellows and have been conferred with a Professorship by a University are invited to join the Professorial Advisory Council – which aims to provide the Board of Directors and the CEO with high level, expert and independent advice on CNSA’s strategy and efforts in the areas of research, education, advocacy and policy matters concerning cancer care and the nursing profession.

The PAC met in Brisbane on 21 June, and brainstormed significant political, economic, social, technological and legal factors that could impact on CNSA. Through their expertise and collective experience, CNSA is better able to navigate some of the complex

The Board and CEO have also been working on developing the most appropriate organisational structure and business support systems to manage the day-to-day operations and support our passionate volunteers in implementing the strategic priorities.

Conferences and events:

The 2018 Annual Congress was held in Brisbane from 21-23 June, attracting 686 delegates. The theme was “Science, Symptoms and Service Delivery” and the scientific program – which included seven pre-congress symposia – was very well received.

CNSA and the New Zealand Nurses Organisation Cancer Nurses College co-hosted a joint plenary session on “Global Diversity: Equity and Access” at the International Conference on Cancer Nursing held in New Zealand in September.

Through our Adolescent and Young Adult Specialist Practice Network, CNSA proudly supported an AYA nurses

CNSA member benefits:

The CNSA Board and staff are always trying to improve the value that CNSA members get from the society. One of our most valued member benefits is the Sosido online knowledge sharing and networking community, through which members can stay abreast of the latest research impacting their practice, crowdsource information, discuss trending topics and network with peers. We were delighted when CNSA-Sosido was shortlisted for an industry award to recognise and reward excellence within healthcare communications in Australia.

CNSA also supported several research and special projects grants in 2018:

- Nursing workforce preparedness to deliver cancer survivorship care;
- Consumer and nurse-led development of co-designed video resources for patients receiving immunotherapy and their caregivers;
- Achieving Recovery from Cancer: Health and Wellbeing for Adolescents and Young Adults; and
- The development of Vascular Access Device Guidelines.

A summary of all CNSA member benefits is listed on our website. We are currently working on exciting new member benefits for next year – so watch this space!

Fostering relationships with key stakeholders in the cancer space, and raising our profile as the national peak body for cancer nursing, is a priority for CNSA, and we truly value being part of COSA. We look forward to further collaborations with you all in 2019, to improve the outcomes and experiences for Australian cancer patients and their loved ones.



policy and advocacy issues that could impact the society.

Strategic planning and organisational structure:

The Board of Directors met in June to discuss the strategic direction and priorities of CNSA. We are very proud to have developed a consumer-focused vision for the organisation – Best possible outcomes and experiences for all people affected by cancer. We also reviewed and reaffirmed CNSA’s mission – Promoting excellence in cancer care and control through the professional contribution of cancer nurses.

We plan to finalise and launch CNSA’s new strategic plan in 2019, with input from our Committees, Regional Groups and Specialist Practice Networks.

workshop in Sydney in December, held in conjunction with the 3rd Global AYA Cancer Congress in Sydney. Titled “Nursing AYAs with Cancer: An interactive workshop exploring lessons from international nursing practice, leadership, innovations and opportunities in AYA cancer nursing”, this event included content relevant to anyone working in the AYA nursing field, or those with an interest in the ongoing development of this specialist role in the AYA multidisciplinary team.

Throughout the year, CNSA’s Regional Groups and Specialist Practice Networks also hosted many professional development and networking events, attracting more than 1,000 cancer nurse attendees.



Lucy Patton
President and Board Chair, CNSA

CANCER SYMPTOM TRIALS and PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE



Cancer Symptom Trials (CST)



Palliative Care Clinical Studies Collaborative (PaCCSC)

Establishment of CST
Cancer Symptom Trials (CST) was established in 2017 to address the unmet symptom management needs of Australians living with cancer through investigator-initiated or academic (industry-independent) clinical trials. CST core infrastructure funding is from the Australian Federal Government via Cancer Australia and the collaborative is proactive in applying for competitive grants to support the conduct of our program of clinical research.

The CST governance structure was established and ratified at the first meeting of the CST Management Advisory Committee in December 2018. The structure also includes a Scientific Advisory Committee, Consumer Advisory Group and study-specific Trial Management Committees. Committee Terms of

Reference and Membership have also been confirmed.

The CST national team is in place, led by the Chair, Professor Meera Agar and the National Manager, Ms Linda Brown. In December a Research Assistant-Writer was recruited to support our clinical trial researchers to develop new study concepts into clinical trial protocols.

A strategic plan has been developed, including projected targets and goals and our vision statement:

'The role of CST is to engage in high quality clinical research that provides the evidence base to underpin and optimise quality symptom management in supportive care for people affected by cancer.'

Concept development workshops

In 2018, a concept development workshop schedule was established within our annual events calendar. Three workshops were offered to members and interested health professionals. Topics included 'breathlessness', 'haematological cancer and supportive care' and 'cognitive and neurological disorders'. Participants were invited to submit new concept ideas for presentation at the workshops and, if appropriate, supported to progress their ideas. Events pages have been created on the CST website to promote the workshops and we proactively invite members to participate via our joint CST/PaCCSC newsletter.

Research Program

The current research program concentrates on seven research foci areas. Investigator teams are in place to develop concepts ratified by the Scientific Advisory Committee, which met for the first time in December 2018. At this meeting, the Committee reviewed the current research program and considered opportunities to expand the program into the future.

Membership

The CST membership terms and database has been established and recruitment is underway. Initial membership has been established with the appointment of the governance committees. A membership recruitment plan is in place and includes a dedicated web

page on the CST website and an online application form. Membership is available for both individuals and organisations.

Researcher resources

CST aim to support our members through access to a range of resources via our website, including the development of Standard Operating Procedures (SOPs) with a new SOP specifically to support new study ideas and proposals in the cancer population. Under development is a process manual to guide coordinating and principal investigators through the clinical trial process.

Palliative Care Clinical Studies Collaborative (PaCCSC)

Inaugural Post-Doctoral Research Fellow Appointments

In early 2018 PaCCSC announced the appointment of its first ever Post-Doctoral Research Fellow. Dr Slavica Kochovska's academic background in theoretical linguistics and over ten years' research and teaching experience in linguistics and language education at both the undergraduate and postgraduate level has proven to be invaluable to improving the science of consenting palliative and supportive care populations to clinical research; engaging consumers and working with colleagues in the USA to submit the Collaborative's first ever NIH grant.

A second Post-Doctoral Research Fellow, Dr Annmarie Hosie, PhD was also appointed in 2018. Dr Hosie is a registered nurse with expertise in palliative and aged care. Her previous role research is focused on delirium recognition, prevention and management in advanced illness, and strategies to promote ethical research participation by older people with cognitive impairment. She is currently a lead investigator of a cluster randomised trials of multi-component, non-pharmacological interventions to prevent delirium for hospitalised people with advanced cancer, the PRESERVE pilot study.

Annual Research Forum

The PaCCSC Annual Research Forum was held in Sydney in February 2018. Amongst a number of member and new study presentations, the Program

included guest presentations from Professor Matthew Kiernan, Co-Director of the Brain and Mind Centre and Bushell Chair of Neurology at the University Sydney and Ms Tanya Symons known internationally in the trials world for her work in developing trial strategy and resources and working with government bodies to drive trial efficiency.

Other Conferences

The ASM of the Australian and New Zealand Society of Palliative Medicine (ANZSPM) provided PaCCSC members with an opportunity to touch-base, network, share ideas and update on what was happening locally, nationally and internationally in clinical research in palliative care. PaCCSC are fortunate to have members who are actively engaged in their own programs of research as well as contributing to the efforts of the Collaborative. A number of members presented their work at ANZSPM.



Peter Allcroft
Council representative, CST
and PaCCSC



SAC meeting with Dr Liz Hovey

COOPERATIVE TRIALS GROUP FOR NEURO- ONCOLOGY



2018 was a busy year for COGNO, with many highlights and achievements, several of which are summarised below -

- COGNO continued to work on expanding its clinical trials portfolio with regular meetings of its Scientific Advisory and Management Committees, and quite a few grant submissions, some of which were specific opportunities brought about by the welcome focus on brain cancer through the Australian Brain Cancer Mission. Grants achieved in 2018:
 - \$2.5million grant from the Australian Brain Cancer Mission to improve treatments and outcomes for adults with brain cancer through increasing access to high quality international cancer clinical trials.
 - Confirmation of renewed support through to 2021 from Cancer Australia, assuring our core activities in trial development
 - Two grants for PersoMed-1 (Personalised targeted therapy for adolescent and young adult medulloblastoma patients), our first trial in medulloblastoma. A

successful grant application to CANTEEN was specific to funding adolescent and young adult participation in this study

- SEQUITUR (SEQUential ImmunoTherapy in patients with Underserved Rare cancers), funding for the neuro-oncology aspects of this study

As at early 2019, we are still awaiting the outcome of several grant applications for MRFF funding which were submitted in 2018. We also saw a changing of the guard for our SAC, with long-time SAC chair, Dr Liz Hovey, stepping down from this position after many years of service. Our sincere thanks and appreciation to Liz and our warm welcome to new SAC chair, A/ Prof Hui Gan.

- A successful Ideas Generation Workshop held in May, under the co-convenorship of Drs Kathryn Field and Ben Chua. The Workshop included sessions on Enhancing Research Quality in Neuro-oncology, Summary of Australian CNS Oncology and Workshopping for Trial Unmet Needs, group discussions on glioma, rare tumours and brain metastases, as well as presentation and discussion of new concepts. Our 2019 Ideas Generation Workshop will be held in Sydney on Friday 24 May.
- Another successful Annual Scientific Meeting, held in Brisbane in October, thanks to convenor, Dr Mark Pinkham, and his hardworking organising committee (Drs Lucy Gately, Lindy Jeffrey, Bryan Day,

Matthew Foote, Hamish Alexander, Ms Tamara Ownsworth, Jenny Chow and Yi Feng). A fantastic scientific program with the theme of Targeting survival: living well with brain cancer in the era of precision treatments and including international speakers Professors Mark Gilbert, Eric Sulman, Susan Chang and Dr Terri Armstrong, as well as Australian experts, was very well received by delegates. Our 2019 ASM will be held in Sydney from 27 - 29 October, convened by Dr Jonathon Parkinson.

- Inaugural BTAA Lynette Williams Award for best poster related to supportive care research. This award honours the memory of the late Lynette Williams who lost her battle with GBM and was presented at the COGNO ASM Dinner. The award was made possible by funds raised by Lynette's husband William (Billy) Williams in partnership with the Ghana Australia Association and BTAA. First prize recipient was Ms Megan Jeon for her poster "Prevalence and severity of difficulty sleeping in patients with CNS cancer receiving palliative care in Australia"; second prize recipient was Miss Lobna Alukaidey for her poster "Longitudinal health related quality of life in patients with benign and low-grade brain tumours"
- Inaugural #COGNO18 Top Tweeter Award - hotly contested during the ASM, but unquestionably won by Dr Sarah Shigdar @SassStem (who was locked out of her own account because the large number of tweets suggested she may be a tweet-bot!)
- Continuation of COGNO awards to encourage researchers and young investigators-
 - COGNO Young Investigator Award - presented to Mr Ali Dulfikar for his abstract "Baseline functional status in post-operative glioma patients prior to adjuvant radiation: relevance to participation in a supervised exercise programme"
 - COGNO Most Outstanding Oral Presentation - awarded to Dr Simon Puttick for his abstract "Increasing antibody theranostic

uptake in primary brain tumours using focussed ultrasound"

- COGNO Most Outstanding Poster Presentation - awarded to A/Prof Zarnie Lwin for her abstract "I'm the handbrake": a qualitative interview study of the experiences of informal carers for patients living with glioma"
- Continuation of COGNO's outreach and education activities through its Outreach and Education Committee, chaired by A/Prof Zarnie Lwin. This included the 2018 COGNO Outreach Education Preceptorship which was awarded to Dr Abdi Reza, a neurosurgeon from Indonesia, and enabled his attendance at the ASM as well as an observership at the Royal Brisbane and Womens Hospital.
- Continuation of COGNO's partnership with MSD for the MSD Hubert Stuerzl Memorial Educational Award, won this year by Dr Arian Lasocki, a radiologist. The Award will enable Arian to attend an international neuro-oncology scientific conference and undertake a neuro-oncology preceptorship in 2018/19.
- COGNO membership numbers ended the year at 718, a huge increase on the 22 members back in 2007 when COGNO was established. We look forward to a continued increase in 2019, and improved engagement.



Anna Nowak
Chair, COGNO

Jenny Chow
Executive Officer, COGNO

FACULTY OF RADIATION ONCOLOGY



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

Faculty of Radiation Oncology
The Faculty of Radiation Oncology had another busy year during 2018. Business as usual activities coupled with some larger pieces of work, with a focus on advocacy efforts, continued to keep our membership engaged.

Advocacy

RANZCR continues to engage with the Commonwealth Department of Health, particularly through attendance at the Radiation Oncology Roundtable meetings (April and October). These meetings provide members an opportunity to raise issues with relevant Departmental officials in an open and collaborative forum.

In late November, the Faculty hosted the annual Faculty of Radiation Oncology Industry Roundtable. The Industry Roundtable is a forum for the Faculty and industry to share updates on various activities. We were provided with updates around MRI linacs from industry and shared updates on the Targeting Cancer campaign and the Asia Pacific Radiation Oncology Special Interest Group's work in developing countries.

Medicare Benefits Schedule Review

The Medicare Benefits Schedule (MBS) Review Taskforce released two pertinent (among many) clinical committee reports that the Faculty provided submissions to. These included the long-awaited Report from the Oncology Clinical Committee, which sees a new radiation oncology schedule being developed, and the Report from the Urology Clinical Committee.

The Faculty is pleased to see that the Oncology Clinical Committee is recommending a new schedule. This is a once in a lifetime opportunity to modernise the near 30-year-old current schedule. There is still much work to be done. The focus moving forward is to ensure that the Government implements the schedule, but only after an opportunity to model and pilot it.



The Urology Clinical Committee report provided an opportunity to ensure that men approaching active treatment for prostate cancer are given an opportunity to see both a urologist and a radiation oncologist through the inclusion of an explanatory note for radical prostatectomy items. In addition, we argued that the man's decision not to seek advice from a radiation oncologist is documented in his medical record.

Targeting Cancer

The Radiation Oncology Targeting Cancer campaign celebrated five years and continues to go from strength to strength. The Targeting Cancer website (www.targetingcancer.com.au) has been gaining record numbers of hits almost monthly; almost doubling traffic between 2017 and 2018. The dedication of the clinical leadership and advisory team has seen international attention on the campaign from many countries.

I encourage you all to reach out and engage with #targetingcancer on social media (Twitter, Facebook).

Education

RANZCR is undergoing a Training and Assessment Reform across both clinical radiology and radiation oncology training programs to ensure that our programs are based upon best practice. The reform includes reviewing the current curriculum, determining learning outcomes for the program, evaluating existing assessments, and determining and developing the most appropriate assessment tools to measure learning outcomes. This will culminate in new training programs being launched in 2021.

Clinical Excellence

In early 2018, the Faculty, alongside our Tripartite partners (the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) and the Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM)) published version 2 of the Radiation Oncology Practice Standards (ROPS). The ROPS were first launched in 2011 and have been lauded internationally. Version 2 brings together both the Australian and New Zealand variants into one comprehensive document.

The Faculty has modified and promoted a patient charter for departments and centres to put up in waiting areas. Originally developed by the Canadian Association for Radiation Oncology (CARO), the charter outlines the rights that patients undergoing radiation therapy have. This is freely available from the RANZCR website (www.ranzcr.com/college/document-library/radiation-oncology-patient-charter).

One of our biggest pieces of work in 2018 was the publication of the Informed Decision Making in the Management of Localised Prostate Cancer position statement. Prostate cancer had been identified as one area where radiation therapy was underutilised in Australia and became the focus of Targeting Cancer. It was a timely publication, particularly given the MBS Review. Supported by international evidence, it is the Faculty's position that all men approaching active treatment for prostate cancer are fully informed of all the available treatment options – including radiation therapy. The

position statement is available for download from www.ranzcr.com/college/document-library/informed-decision-making-in-the-management-of-localised-prostate-cancer-position-paper.

Organisational Governance and Sustainability

The Faculty of Radiation Oncology Council will welcome a number of new faces in 2019, including the incoming President of the Trans-Tasman Radiation Oncology Group (TROG), who sits as a member of Council.

With my term as Dean concluding at the end of 2018, the Faculty of Radiation Oncology Council elected Dr Madhavi Chilukuri as the next Dean (2019-20). Madhavi, a Townsville-based radiation oncologist, brings a wealth of experience to the role. Until the end of 2018, Madhavi was the Chair of the Quality Improvement Committee. I am confident that Madhavi Chilukuri will continue to actively engage with COSA as one of the Faculty's key stakeholders.



Dion Forstner
Dean, Faculty of Radiation
Oncology, RANZCR

MEDICAL ONCOLOGY GROUP OF AUSTRALIA



As the national body for Australian medical oncology, the Association has a strong and diverse membership base with an ever-growing number of trainee members, as interest in our speciality grows. MOGA would like to acknowledge the invaluable contribution that our members have made over the last year to the work of the Association.

Educational Activities and Events

In 2018 MOGA managed a broad selection of educational programs.

Our Communications Skills Training Program delivered by the Pam McClean Centre focussed on **Transition to Palliation**. This mandatory training requirement for medical oncology trainees is an important area of patient-clinician communication. MOGA funded **Travel Awards** for trainees to attend the Annual Scientific Meeting (ASM) and over 40 trainees participated in the **Sciences of Oncology Program**, convened by Professor Mark Shackleton. The **Young Oncology Group of Australia** now in its fourth year of operations continued to provide support and guidance for junior consultants, organising educational and professional initiatives throughout the year.

The ASM and Immuno-Oncology Forum in Adelaide provided great opportunities for our members to come together for networking, research, education and professional development. The ASM **New**

Directions in Personalised Cancer

Therapy, reflected the position that while personalised cancer therapy has become core business for medical oncology practice, as an ever-evolving field it continues to pose many challenges for us as a profession. We thank the Planning Committee and, Convenor, Prof Tim Price for organising key world leaders in clinical research and practice to participate: Prof Nicoletta Colombo, Italy; Prof Bernard Escudier, France; Dr Jack West, USA; A/Prof Jarushka Naidoo, USA and Prof David R. Gandara, USA. We acknowledge and thank our many Australian colleagues who joined the faculty as presenters or to chair sessions.

Highlights of the program included sessions on gynaecology, lung, genitourinary and rare gynaecologic, thoracic and germ cell cancers. The meeting explored new directions in targeted therapies, pharmacogenomics and molecular biomarkers. Prof Paul Worley, the National Rural Health Commissioner, gave a spirited and inspiring welcome presentation. MOGA has a strong commitment to the development of medical oncology research and clinical practice in rural and remote Australia.

Prof Georgina Long and her planning team, presented MOGA's third biannual **Immuno-Oncology Forum: Insights and Advances**. The Forum has become an important component of the Association's educational programming, in providing a comprehensive and practical update on the current clinical IO data for many cancer streams. The Forum explored the practicalities of working with this treatment modality in clinical practice, including

immunotherapeutic strategies that medical oncologists can deploy. International speaker, Dr Michael Postow, USA was joined by Australian leaders in immuno-oncology.

The **2018 ACORD Workshop** was successfully delivered in early September with a record number of 75 participants from India, Bhutan, Pakistan, Singapore and the Philippines among others and 30 Faculty (including 10 Future Faculty) attending. Convenor, Prof Martin Stockler once again gathered a stellar international Faculty. The ACORD participants departed the Workshop tired but full of energy and determination to bring to fruition the clinical trials protocols that they developed over the week long program. MOGA acknowledges the generous support of the Clinical Oncology Society of Australia, Cancer Australia, Cancer Council Australia and the William Rudder Foundation as long-term collaborators for this important international initiative.

Oncology Drugs and Treatments

The Oncology Drugs Working Group, led by Dr Deme Karikios, met regularly in 2018 with the PBAC and other regulatory bodies to address oncology issues under consideration by Australian bodies. They also ensured that current, accurate advice on clinical practice and trial developments was directed to key decision-makers throughout the year. This included participating in the special PBAC meeting held in August on PD-1 and PD-L1 checkpoint inhibitor immunotherapies and subsidy options for multiple cancer types.

MOGA continued to provide representation for our profession

ACORD 2018 Workshop



through lobbying and advocacy work. This resulted in some major milestones. In August new legislation and a strategy for national medicine shortages was announced by the Therapeutic Goods Administration (TGA). MOGA was pleased to join forces with the TGA in November as part of this new strategy and A/Prof Gary Richardson will represent MOGA and our speciality in assisting the TGA in managing shortages.

Partnerships

In 2018 MOGA strengthened its strategic alliances both in Australia and globally. The Association actively networked across the Asia Pacific region, attending the Annual Scientific Meetings of the Japanese and Singaporean Societies as well as the fourth ESMO Asia.

MOGA collaborated with numerous organisations notably the Private Cancer Physicians of Australia and the Australian Medical Association on projects and submissions in response to major national medical issues such as the ongoing Medicare Benefits Schedule Review. The Association worked closely with the Royal Australasian College of Physicians through the Adult Medicine Council and the Training Committee on a diversity of professional training initiatives.

Workforce

Medical oncology workforce planning is core to sustaining and safeguarding the Australian profession and the provision of quality cancer care and health care planning in Australia. 2018 saw the culmination of three years of research activity by our Workforce Taskforce; A/Prof Zarnie Lwin (Chair), A/Prof Rosemary Harrup, Prof Chris Karapetis and Dr Deme Karikios. External members of the Taskforce were Prof Alex Broom, Professor of Sociology, University of NSW, and Prof David Sibbritt, Professor of Epidemiology, University of Technology Sydney.

The Taskforce developed and published three studies that provide up to date, actionable evidence-based data, about the Australian medical oncology workforce to assist in:

- Identifying areas of need in the existing workforce and training;
- Developing advocacy and lobbying activities around major national areas of concern to the Australian medical oncology workforce.

Our Members

Prof Stephen Ackland received this year's MOGA-Novartis Oncology Cancer Achievement Award for his outstanding contribution to medical oncology in Australia. Prof Ackland's

pioneering activities in anticancer pharmacology and advocacy for oncology treatments have contributed greatly to improvements in patient outcomes nationally. He is one of Australia's most respected and dynamic medical oncologists and has demonstrated an unflinching commitment to the Australian medical oncology profession.



Chris Karapetis
Chair, MOGA

MELANOMA AND SKIN CANCER TRIALS LIMITED



Melanoma and Skin Cancer Trials Limited

2018 was by many measures an historic year for our national co-operative clinical trials group in melanoma and skin cancer. Most notably, following extensive consultation and planning, I am delighted to announce the formation of 'Melanoma and Skin Cancer Trials Limited' (MASC Trials), a not-for-profit company limited by guarantee. This new entity currently comprises the previous Executive Committee of the (former) Australia and New Zealand Melanoma Trials Group (ANZMTG), which was an unincorporated research group within the University of Sydney and hosted and supported by the Melanoma Institute Australia (MIA). The incorporation of MASC Trials, which has a governance structure akin to other successful collaborative groups (e.g. AGITC, ANZUP), represents an exciting development in the melanoma and skin cancer field that has been necessitated by the increasing complexity and breadth of collaborations and trials engaged by our group.

Since 2015, the group's Executive Committee (now the Board of MASC Trials) has been keenly aware of the increased need for the group to be nimble, responsive and independent in its decision-making in order best to address the needs of our patients, trialists and collaborators. As a recipient of federal government funding from Cancer Australia, the group also appreciated the imperative for a truly national entity with governance that was appropriately representative. The governance structure provided by MASC Trials will address these needs, and thereby offer improved performance and recruitment within investigator-initiated melanoma and skin cancer trials across the wide breadth of our region.

Specifically, closely aligned line with the original aims of ANZMTG and according to a new constitution, MASC Trials has been established to:

- Facilitate, design, conduct, analyse, publish and promote research, particularly clinical trials in melanoma and non-melanoma skin cancer;
- Develop and advance the scientific basis of research, particularly clinical trials;
- Collaborate with people, groups, companies and bodies as appropriate to pursue these objectives; and to
- Foster optimal patient care through development and maintenance of standards and through clinical research including clinical trials.

Consistent with these aims, MASC Trials has a governance framework that will support the expectations of the funders of its research and the needs of its trialists, collaborators and other members. This framework will facilitate independence for the group and its staff in assisting our researchers to develop and manage research projects, as well as in the many interactions and collaborations that support these aims.

To facilitate transition to new governance and operational models, the new Board of MASC Trials comprises the most recent ANZMTG Executive Committee. In line with MASC Trials' constitutional mandate for national representation on the Board, I am particularly pleased to welcome two new members to the Board, Profs Peter Soyer and Michael Millward, who will not only improve representation but also add tremendous experience in governance and oversight of collaborative research. The Board of MASC Trials thus currently comprises:

- Professor Mark Shackleton (Chair); Melbourne, Victoria, Australia
- Professor Andrew Spillane (Deputy Chair); Sydney, New South Wales, Australia
- Paul White (Company Secretary); Melbourne, Victoria, Australia
- Professor Gerald Fogarty; Sydney, New South Wales, Australia

- Dr Donna Milne; Melbourne, Victoria, Australia
- A/Professor Victoria Mar; Melbourne, Victoria, Australia
- A/Professor Anne Cust; Sydney, New South Wales, Australia
- Professor Peter Soyer; Brisbane, Queensland, Australia
- Dr Richard Martin; Auckland, New Zealand
- Professor Michael Millward; Perth, Western Australia, Australia

In concluding this announcement of MASC Trials and as we look towards a promising future, it is important to reflect on and recognise the efforts of Professor John Thompson AO and colleagues at MIA, and before that the Sydney Melanoma Unit, who were visionary in their creation of the group in 1999. Indeed, MIA's contributions then and since cannot be overstated; they have provided remarkable support to our national group since its conception almost two decades ago.

Additionally, the Board of MASC Trials particularly recognises the other founding members of the group, Professor Michael Henderson (Peter MacCallum Cancer Centre (PMCC)), Professor John Kelly (The Alfred Hospital), Dr Ben Brady (Cabrini Health, Victoria), A/Professor Rachael Morton (University of Sydney, Sydney), Professor Bryan Burmeister (University of Queensland, Queensland) and Dr Campbell Rose AM, and others who have built and ushered the group to this exciting juncture.

2018 Research Highlights

Despite the time and effort that has been put into developing MASC Trials, I am even more pleased to report that 2018 was an exceptional year for the group, with record breaking research and other activity:

- 12 studies were active and open to recruitment across multiple hospitals in 11 countries [01.07 SS01.13 Hair Spare, 01.09 RTN2, 01.10 CARPETS, 01.12 EAGLE FM, 02.12 RADICAL, 02.14 CombiRT, 01.15 CHARLI, 02.17 MEL-SELF, 03.17 Skin Cancer Prevention, 06.17 iMOVE, 09.17 PRIME002 and 04.18 Surgical Management Survey];

- A Scientific Advisory Committee, supported by 7 Discipline Specific Committees was established (including 60+ active members / 15 meetings conducted);
- 31 new research proposals were submitted for development;
- 589 patients were recruited across projects in the entire portfolio;
- 280 new members joined in 2018 – the most in a single year – bringing the total membership to 1,512 members / 33 countries;
- At least 5 new studies are expected to open to recruitment in 2019 [04.17 SMARTI, 07.17 Uveal Melanoma Registry, 10.17 GoTHAM, 02.18 MelMarT-II and 05.18 ACBC], with more studies pending funding announcements;
- Final analysis of the 01.07 WBRTMel trial;
- 31 grant applications were submitted by the group, with 11 successful so far– the most in a single year; importantly these grants have brought in \$AUD10million+ in research funding to melanoma and skin cancer that would not otherwise have been available to facilitate research and trials in our field. We applaud all of the research teams for their efforts and note our gratitude to the funders supporting these important new projects: including but not limited to the following:
 - Dr Shahneen Sandhu, PMCC; 10.17 GoTHAM, MRFF APP1167738
 - Prof Michael Henderson, PMCC; 02.18 MelMarT II; NHMRC APP1161574
 - AProf Victoria Mar, Cancer Australia Support for People With Cancer Grant - *Improving Melanoma and Skin Cancer Awareness in regional and rural Australia.*
 - Dr Donna Milne; 06.17 iMOVE; PMCC Research Foundation
 - Prof Gerald Fogarty; Genesis CancerCare, AMIGOs projects; Industry
 - AProf Katy Bell, University of Sydney, MIA; 02.17 MEL-SELF NHMRC APP1163054

Our fantastic staff had the opportunity to attend the Australasian Melanoma Conference in Melbourne during October 2018. Along with 3 presentations by the team for 01.07 WBRTMel, 03.12 MelMarT and 06.17 iMOVE, the Annual General Meeting was well attended by 40+ members and at the conclusion of the conference, I was honoured to present inaugural research excellence prizes for early career researchers for the best Oral and Poster presentations. Oral award winner, Dr Julia Lai-Kwan (PMCC) and Poster award winners, Dr Ashleigh McEvoy (Edith Cowan University) and Ms Lei Yang (PMCC), were most deserving of this accolade and we look forward to following their research progress.

On behalf of the Board of MASC Trials, I look forward to continuing to work with the COSA community to create, collaborate and partner in the delivery, via trials and other research, of improved outcomes for patients and families affected by melanoma and skin cancer.



Mark Shackleton
Chair, MASC Trials



ONCOLOGY SOCIAL WORK AUSTRALIA



OSWA continues to grow and thrive. As a non-profit, incorporated national organisation our mission is the enhancement of psychosocial services to people with cancer and their families throughout the treatment trajectory. In particular we focus on the most marginalised, under-served and vulnerable groups in the population whose access to cancer care and overall outcomes may be diminished due to their sociodemographic disadvantage. We strive for excellence in psychosocial care through clinical service delivery, along with networking, research, advocacy, resource development and engaging in collaborative initiatives with other organisations.

Our participation with Cancer Council Australia in progressing the agenda around the financial burden of cancer care, and contributing to a combined response to the Australian Public Service Review, are two recent examples in which the real world clinical experience of oncology social workers adds value and depth to the development of position statements, policy and resources that assist in improving access and equity for all people with cancer.

This year we are pleased to report that we have extended our reach to include in our membership oncology social workers in New Zealand. The name of our organisation will be changing to OSWANZ to reflect the incorporation of our trans-Tasman colleagues. We have signed off on a revised Constitution and we are actively promoting the changes to increase membership numbers. We gratefully acknowledge the generosity and expertise of our legal collaborators at Slater and Gordon for their assistance in devising the new Constitution.

In 2018 OSWA hosted our 13th national conference in November in Canberra. Once again registration numbers were

high and evaluations overwhelmingly positive. The theme was 'The Things We Don't talk About: Psychosocial Challenges in Oncology Social Work'. The international keynote speaker was Professor Matthew Loscalzo from City of Hope, Duarte California making a long-awaited return to Australia.

The 14th conference (and first under the OSWANZ banner) will be held in Hobart from 21st-23rd November with a theme of 'Unique footprints: Recognising the biopsychosocial implications of the cancer site'. Progress is underway to finalise the line-up of invited speakers. For more information, check in on the OSWANZ website www.oswa.net.au.

An ongoing research initiative to better understand the scope of oncology social work practice is continuing. Data collection for the first stage is complete and analysis is underway, led by Dr Rosalie Pockett from the University of Sydney. Future stages of the project will focus on needs analysis and evaluation of interventions. Progress is updated in presentations at each national conference.

None of the work achieved throughout 2018 would have been possible without the extraordinary voluntary commitment of the OSWA Executive and Management committees. I would like to acknowledge and welcome our new President Nick Hobbs from the Royal Hobart Hospital. Nick takes the title of inaugural OSWANZ President along with the onerous task of convening the conference committee for Hobart. Our immediate past president Ray Araullo will stay on the committee to smooth the transition of leadership and we thank him for his sage guidance throughout his term as President. Particular thanks go to Olga Countras, our long-serving and highly efficient Secretary. Each state, territory and New Zealand have nominated representatives who, along with clinical experts in various oncology sub-groups, take responsibility for convening local professional development events and ensuring that the organisation continues to flourish.

As an Affiliated Organisation of COSA, OSWA is closely aligned with the strategic directions in cancer care that are priority areas for COSA and other key stakeholder cancer organisations.

Our clinical work reflects the emerging trends in cancer care and our value base is consistent with the mutual efforts of both organisations to make a positive impact to continually enhance the quality of cancer care. Kim Hobbs has been the OSWANZ representative on COSA Council in 2018 and will continue in this role in 2019. As a group, we look forward to ongoing collaborative endeavours with all of the disciplines represented within COSA.



Kim Hobbs
Council representative, OSWA

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP



We have continued to provide support and infrastructure to assist in the development and successful funding of cancer in primary care clinical trials. In 2018, we warmly welcomed our new Advisory Committee, Joint Community Advisory Group (JCAG) and Scientific Committee members.

Podcasts

We have launched ourselves into the world of podcasts with two new series available on iTunes, Soundcloud, Stitcher and Spotify. Both of the podcasts have been nominated in the Australian Podcast Awards for 2018.

Cheers with Peers is a podcast hosted by Sibel Saya, who guides Early Career Researchers through the maze that



is primary care research. What's the difference between a mentor and a sponsor in academia? How does an Early Career Researcher make those connections to collaborate with international researchers? Sibel talks with mid to senior researchers about issues that are important to Early Career Researchers. She finds out about things you wished you knew and things you didn't know about being an Early Career Researcher.

Research Round-Up is a monthly podcast where Dr Kristi Milley and Sophie Chima deep dive into current research and how this impacts primary care. It is a fascinating insight into current and historical contexts of cancer in primary care literature.

You can check out the episodes of both series at pc4tg.com.au/podcasts.

PC4 Scientific Symposium

Our fifth Scientific Symposium was held in Sydney at the Novotel, Darling Harbour on 25th May 2018. The Symposium highlighted PC4's objectives of nurturing research collaboration and developing new primary care research. It was a fruitful day, driving discussions around current research, pathways and new methodologies. The Symposium provided the prospect of engaging with professionals, and consumers to share ideas on increasing studies that focus on the role of primary care in cancer.

The day opened with plenary speaker Dr David Weller, who leads the Cancer and Primary Care Research International Network (Ca-PRI), and is a member of the National Cancer Research Institute Primary Care Clinical Studies Development Group. Dr Weller spoke about The International Cancer Benchmarking Partnership, which is a crucial collaborative team that pursues reasons for international cancer survival differences.

Prevention and diagnosis, survivorship and alternative trial design were the themes of the day. Consumer involvement is crucial to our activities and members of our Joint Consumer Advisory Group shared their personal stories and perspectives on research collaboration.

Another highlight of the Symposium was the panel discussion on



L-R New Advisory Committee members, Barbara Irwin, Amanda Piper, Jennifer Walker. New JCAG members Louise Bailey, Jason White, and new Scientific Committee members Rebecca Bergin, Anne Cust, Neli Slavova-Azmanova

overdiagnosis in primary care. The panel included Sanchia Aranda, Anne Cust, Kirsten McCaffery, Jon Emery and consumer Geoff Pritchard.

Cancer Council Victoria's Rebecca Bergin won the best presentation on her project 'Concordance between Optimal Care Pathway recommendations in primary and secondary care for colorectal cancer patients in Victoria.' The best poster was awarded to Sibel Saya for 'Discrimination of the Australian Population into Colorectal Cancer Screening Categories Using RISK Prediction Models'.

Researchopoly

We decided to initiate and design a unique idea to showcase the support PC4 can offer to researchers. We debuted Researchopoly at the Primary Health Care Research & Information Service (PHCRIS) conference in August 2018. Using our favourite pastime of board games, it is played like Monopoly but instead of becoming a property mogul, players become research moguls. Players began with a research idea and developed that idea through consumer involvement, concept development, systematic reviews, peer review, funding applications and promotion of their research findings. Researchopoly was a fun and interactive way for people to understand how PC4 can help and improve the quality of their research.

New COSA Council representative

We would like to thank Lyndal Trevena for her role as our COSA Council Representative. Joel Rhee has been nominated as our new Council Representative.

PC4 in a snapshot

- 12% growth in membership, nearly 700 members strong
- Members represent over 30 different health and research disciplines
- We reached 500 Twitter followers @PC4TG

- Presented a cancer in primary care symposium at the Primary Health Care Research Information Service (PHCRIS) Research Conference in Melbourne
- Hosted a workshop at the Cancer Nurses Society of Australia Annual Congress in Brisbane, about getting started and succeeding in Nurse-Led Translational Research
- Our palliative care-working group led by Prof Geoff Mitchell published two substantial systematic reviews investigating end-of-life symptom control and patient and carer expectations and advance care plans in primary care
- We hosted Dr Fiona Walter, from the University of Cambridge, who updated us on new approaches to cancer diagnostics in primary care in the UK

New concepts presented at workshops	10
Active studies	29
Studies opened to recruitment	11
Publications	12
Conference presentations	20
Training Awards	5



Jon Emery
Chair, PC4

Joel Rhee
Council representative, PC4

PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP



Psycho-oncology Co-operative Research Group

2018 was a year of consolidation and growth for the Psycho-oncology Co-operative Research Group (PoCoG), as we continued on our mission of improving the psychological wellbeing of cancer patients through a diverse program of research.

In mid-May we hosted a concept development workshop themed around the issue of fear of cancer recurrence (FCR). PoCoG has led the international research agenda in FCR in part as a result of our development of our Conquer Fear intervention for treatment of FCR. PoCoG's work in this area has generated active research amongst our members and their work was showcased at our workshop. We look forward to tracking the progress of these projects as PoCoG supported studies over the years to come. In response to the increased interest in FCR, in conjunction with the CDW PoCoG undertook a horizon scanning project to establish a national agenda for FCR research priorities.

Talking about research, in 2018 PoCoG continued to develop our research program targeting models of care to support wider access to treatments for depression, anxiety and adjustment disorders. Working groups, comprised of PoCoG

members, have been tasked with designing national implementation trials to showcase how the recognition and management of these common psychiatric disorders could be substantially improved. The working groups are to be commended on their continued diligence and hard work in developing resources to support the work more broadly.

Our portfolio of research was also expanded to include multimorbidity and brain cancer. Stakeholder consultation workshops were held in 2018 and working groups established to develop programs of work to address key challenges associated with these important supportive care initiatives. We're also proud to report that in 2018 we contributed to the development and conduct of 17 supported studies, while a further 13 were administered directly through the PoCoG Executive Office.

PoCoG's flagship ADAPT Program hit a major milestone in 2018. This ambitious program of work to implement a clinical pathway for anxiety and depression in routine practice, is on track with site engagement, start up, and data collection well underway in our cluster RCT, with many lessons learnt. Interest in the ADAPT pathway is growing around the country and we continue to explore options for application in other environments.

The last year has also seen PoCoG revitalise our special interest groups (SIG), with a review of existing groups and their performance indicators. Of note, we have launched several new special interest groups with more to follow. It is a testament to the varied interests of our members that we now have SIGs devoted to Fear of Cancer

Recurrence (FCR), Cognition and Prevention.

We rounded out 2018 with a second concept development workshop at the end of November. Six research proposals were reviewed, and we look forward to our PoCoG members further developing their research in the coming year.

In line with PoCoG's governance structure, in May, Professor David Kissane stepped down after a two-year term as SAC Chair and handed the baton to Associate Professor Haryana Dhillon. Dr Lisa Beatty was also appointed Deputy SAC Chair to support Haryana. At the end of 2018, Prof Jeremy Couper also stepped down as PoCoG Chair and Professor Brian Kelly, former PoCoG Deputy Chair will lead PoCoG into 2019 and beyond.

PoCoG has a busy year planned in 2019 and always welcomes new members. If you would like to find out more about our group and activities, please visit our website <http://www.pocog.org.au/> or email the executive office at pocog.office@sydney.edu.au



Jeremy Couper
Chair, PoCoG



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.

One of the key mechanisms for raising the standard of pathology and cancer information is through the work of the Cancer Services Advisory Committee (CanSAC). CanSAC is a multidisciplinary committee which has oversight for all cancer related activities within the RCPA. We are pleased to highlight the following notable achievements accomplished in 2018.

Australian guidelines for HER2 testing of breast cancer

The first set of Australian HER2 testing guidelines were published in late 2018. They were developed by a multidisciplinary working party of Australian experts in breast pathology, established by CanSAC, for the purpose of creating a locally relevant response to complement the American Society of Clinical Oncology (ASCO)/College of American Pathologists (CAP) 2018 focused update.

Molecular pathology practice

The National Pathology Accreditation Advisory Council (NPAAC) will soon be implementing the revised NPAAC Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories, which is a standard on the supervision of molecular testing in laboratories. The RCPA has begun the formal application process for formal certification of several disciplines such as Haematology, Microbiology and Immunopathology, with Chemical Pathology and Anatomical Pathology to follow. Non-genetic pathologists with designated clinical governance responsibility for supervising molecular testing in their own discipline will now have access to certification through a standard training and assessment

pathway or through Recognition of Prior Learning (RPL).

Medicare Benefit Schedule (MBS) review

The RCPA has worked towards the creation of a Medicare schedule that keeps up with the best evidence-based medical practice and the changing costs associated with these tests. In addition, the RCPA has put forward a recommendation to the Medical Service Advisory Council (MSAC) to include a structured reporting component and increased fee in MBS items of level 6 & 7 complexity, as part of the MBS review. The matter is currently under consideration.

World Health Organisation (WHO) Classification of Tumours

Nominations from pathology colleges and organisations from around the world, including the RCPA, were sought for participation in an international editorial Board for development of the 5th series of the WHO Classification of Tumours. The RCPA was very fortunate to have Dr Sunil Lakhani, Dr Anthony J Gill, and Dr Puay Hoon Tan included in the standing committee.

The development schedule proposed by Professor Ian Cree of the International Agency for Research on Cancer (IARC), was comparatively expedited. At this stage IARC plan to publish the 5th series volumes in both a web-based form as well as the traditional paper version. It is anticipated that the web version will allow faster updates and more rapid uptake of scientific advances in the way tumours are classified.

Structured Pathology Reporting of Cancer Project

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

With substantial evidence that standardised structured reporting improves the quality of pathology reporting, the federally funded Structured Pathology Reporting of Cancer (SPRC) Project continues to expand, having now completed 38 protocols. This included 7 new, and 5 updated genitourinary protocols. A Liver cancer protocol and Thyroid cytology protocol are being finalised ahead of publication. A further 9

protocols are in progress for cancers of the head and neck as well as an Endometrium protocol update which is in development. Each protocol to be developed or updated incorporates the 8th edition of TNM staging as well as the internationally agreed standards from the International Collaboration on Cancer Reporting (ICCR). www.ICCR-cancer.org

In 2007 at the National Roundtable on SPRC, the consensus statement was that "cancer care in Australia will benefit from the development, publication and adoption of a series of voluntary, national structured reporting standards for each cancer type."

Our recent SPRC survey indicated that many laboratories are now increasingly using some form of structured reporting despite limitations in Laboratory Information Systems (LIS). While this is encouraging, laboratories should be considering the structure and format of pathology reports, particularly considering that the anticipated revised NPAAC Information and Communication Requirements is expected to include minimum requirements for pathology reports as part of the strategic direction of the pathology sector to move towards standardised terminology and reporting. This yearly survey provides key information on the implementation of SPRC in relation to LIS capability as well as the extent to which cancer reporting checklists are currently used in Australasia. It is essential for understanding the current situation and functional capability of our laboratories. With an increased focus on digital health data and data extraction, the uptake of structured pathology reporting and use of standardised terminology has never had greater demand.

The RCPA has a policy statement on implementation of SPRC and the requirements of level 3 - this can be viewed at:

<http://www.rcpa.edu.au/Library/College-Policies/Position-Statements/Structured-Pathology-Reporting-of-Cancer>

International terminology standardisation

In 2018 an international project to develop SNOMED CT terminology

for data elements in cancer datasets was initiated. This project is led by Scott Campbell from University of Nebraska Medical Center (UNMC) under the auspice of the International Pathology and Laboratory Medicine Special Interest Group (IPaLM SIG) of the International Health Terminology Standards Development Organisation (IHTSDO), an international non-profit organization that owns SNOMED CT.

The ICCR, of which RCPA is a sustaining member, has agreed to collaborate to ensure terminology is developed for cancer reporting such that it meets the needs of the clinical care teams, national registrars and cancer researchers around the world. The international group includes the colleges of the United States of America, United Kingdom and Canada as well as many other interested parties around the world such as Sweden, New Zealand, Malaysia, Spain, and The Netherlands. The project aims to align terminology development and cancer dataset development efforts to create truly computable, interoperable cancer reporting tools for use by all participating nations.

Pathology Update

Each year, the RCPA holds the Pathology Update Conference and Exhibition.

<http://www.rcpa.edu.au/Events/Pathology-Update>

This conference is a significant event on the pathology calendar. The next conference will be at the Melbourne Convention and Exhibition Centre from 22-24 February 2019.



Kenneth Lee
Council representative, RCPA

TROG CANCER RESEARCH



Over the past year TROG Cancer Research has continued to conduct world-class research involving radiotherapy to improve the outcomes and quality of life for people affected by cancer. In 2018 TROG commenced recruitment for three new trials:

- **SC.24:** This is a phase II/III study comparing stereotactic body radiotherapy versus conventional palliative radiotherapy for patients with spinal metastases.
- **HART:** This trial is investigating the use of the 'Deep Inhalation Breath Hold' technique to see if it reduces cardiac toxicity in patients with left sided breast cancer who are undergoing radiotherapy.
- **ROAM:** The study will investigate whether radiation therapy is a better approach to treating atypical meningioma (a tumour that arises from the lining of the brain) than surgical removal.

Ten Year Prostate Cancer Trial proves optimal treatment duration

The 10-year results of TROG 03.04 RADAR trial were published in The Lancet Oncology in late 2018.

This study identified the best treatment regime for men suffering from newly-diagnosed aggressive but localised prostate cancer. The study compared the use of hormone treatment (longer versus short term use) coupled with radiation therapy.

This trial enrolled 1,071 men with locally advanced prostate cancer at 23 treatment centres across Australia and New Zealand, who were monitored over a 10-year period.

During the trial all men received six months of testosterone suppression therapy, using the drug leuprorelin, followed by radiotherapy. Participants

were then randomly allocated to have either an additional 12 months of testosterone suppression therapy (18 months in total) or no further hormone treatment.

The study found that 18 months testosterone suppression therapy option plus radiotherapy emerged as the most effective, compared to the six-month time period.

Professor Jim Denham, who headed the landmark trial, said these findings showed a 30% reduction in deaths due to prostate cancer as well as a 40% reduction in cancer spreading (metastases) to other areas of the body.

"We also found that that men who received the 18 months of treatment did not experience more side effects or impaired quality of life factors than those who received the six months of hormone treatment."

"The confirmation that quality of life in men treated on the RADAR trial was not inferior to quality of life outcomes in Australian men of the same age, 10 years after treatment, came from the 421 men who participated in our 'Life ten years after prostate cancer treatment' sub-study," said Professor Denham.

"Around 17,000 Australian men each year are diagnosed with prostate cancer and we are constantly looking at ways to beat this disease which sees so many men go undiagnosed for a long period of time."

"Thanks to this trial men with newly-diagnosed aggressive but localised prostate cancer can be spared the many long-term side effects associated with longer durations of testosterone suppression (28 to 36 months), which have commonly been used in conjunction with radiotherapy around the world."

The RADAR trial is one of many significant cancer studies conducted through TROG Cancer Research.

TROG 2018 ASM highlights

More than 270 people attended the TROG 2018 Annual Scientific Meeting (ASM) in Hobart, Tasmania in March 2018. Delegates heard from a host of engaging and knowledgeable speakers including Dr Walter Curran, Radiation Oncologist at Winship



Professor Jim Denham, who headed the RADAR trial with trial volunteer Colin Sandeman and his wife Marcel.

Cancer Institute of Emory University in the US and Professor Andreas Adam from the Interventional Radiology Department of Radiology from King's College in the UK.

For the first time a poster session was held as part of the meeting, which allowed delegates to share and promote their research achievements. Another highlight was the Clinical Research Education Workshop (CREW) and the Technical Research Workshop (TRW), which were both well attended. The CREW workshop provided a forum for professional development for clinical trial coordinators, data managers and other related disciplines, while the TRW focused on radiation oncology technologies, advancements and clinical trials.

The 2019 TROG ASM will be held from 12-15 March in Melbourne, Victoria.

New CEO appointment

The board of TROG Cancer Research announced the appointment of Susan Goode to the position of TROG Chief Executive Officer in 2018. Susan has more than 12 years' experience in clinical research and was formerly the Centre Manager for the Hunter Cancer Research Alliance at the University of Newcastle.

In this role, she was a key player in a strategic expansion of the Newcastle-based cancer research infrastructure. The TROG Board was pleased to appoint Susan to this key strategic position to move TROG into the next phase of its development as a leading research group.

Former CEO, Joan Torony, resigned in April 2018.

Successful Cancer Australia Grant

TROG Cancer Research was awarded in 2018 a \$1.5-million grant (2018-2020) from Cancer Australia under the Cancer Australia Support for Cancer Clinical Trials Program. The funding provides essential infrastructure for TROG to build capacity to undertake cancer clinical trials. TROG's primary business is the conduct of clinical trials involving radiation therapy to establish whether new cancer therapies or new ways of using existing treatments are effective and safe for patients.

The Support for Cancer Clinical Trials Program will allow TROG to increase the number of cancer clinical trials conducted in Australia and increase the participation in clinical trials by people affected by cancer. The program also provides opportunities for more clinicians, researchers and patient advocates to participate in the development of cancer clinical trials.

TROG Cancer Research CEO Susan Goode said the grant received enables TROG Cancer Research to continue to develop industry-independent clinical trials, increase the number of trials open for patients and to increase clinical trial participation.

The research that TROG Cancer Research undertakes occurs through enormous commitment and teamwork from TROG members and the community and with that support we will continue our endeavours in cancer research. We look forward to further exciting opportunities for collaboration in 2018.



Farshad Foroudi
President, TROG

Puma Sundaresan
Council representative, TROG

OTHER REPORTS

COSA TELE-TRIAL PROJECT



The project to pilot the implementation of the Australasian Tele-Trial model which commenced in August of 2017 has made significant progress. There are now two new tele-trials open and recruiting in Queensland and Victoria.

In Queensland the Eli Lilly Monarch E study is open in the 'Northern Tele-Trials Cluster' which has Townsville as the primary and Cairns, Mackay and Mt Isa as the satellites. One patient has been recruited at Mackay and two at Cairns. The patient enrolled at Mackay Hospital has avoided a monthly 7 hour round trip to Townsville Hospital by participating in the Monarch E study as a tele-trial. This is a perfect example of how the tele-trial model can transform cancer care for patients in regional and rural Australia.

The Monarch E study will also be opening in the Gold Coast cluster which has Gold Coast Hospital as the primary working with Wide bay Hospital as the satellite and several other commercially and cooperative group sponsored trials are planned for 2019.

The Victorian Comprehensive Cancer Centre (VCCC) have opened an investigator-initiated tele-trial between Peter Mac as the primary and Albury Wodonga and Bendigo as the satellites. Currently two patients have been recruited. It is expected that at least one more regional site will be included in the next two VCCC Tele-Trials.

The AGITG ASCOLT study which has been open as a tele-trial between Orange and Dubbo hospital in NSW since December 2017 also continues to recruit patients.

Queensland Health in collaboration with COSA have finalised and released key documents for implementation of the tele-trial model. These include the Australian ICH GCP (including Teletrials) SOPs and supervision plan template; a Tele-Trials Subcontract for use between primary and satellite sites and a revised SSA form incorporating tele-trial sub forms.

The project continues to engage key stakeholders through four advisory groups; the Department of Health Project Advisory Group, the Medicines Australia (MA) Industry Advisory Group, the Cancer Cooperative Trials Groups Advisory Group and the Tele-Trials Project Steering Committee.

The MA Industry Advisory Group have developed Clauses to be added to Schedule 7 of the standard MA CTRA for tele-trials. This was approved by the MA Research and Development Taskforce and has been submitted to National Mutual Acceptance for approval together with the subcontract for use between primary and satellite sites based on the Queensland Health subcontract. It is hoped that once these templates are approved a standardised national approach to contracting within the Tele-Trial model can be achieved.

Stakeholder engagement through presentations at conferences and meetings continues. Most notably the Australasian Tele-Trial Model and the Tele-Trials project have been presented at several major conferences including ARCS, the Australasian Ethics Network Conference and the Cancer Institute Innovations Conference. We will continue to actively engage key stakeholders and promote the Tele-Trial Model in 2019.

We would like to take this opportunity to thank 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 and Pfizer.

This project also receives funding through the MTPConnect Project Fund Program – a dollar-for-dollar matched program investing in big, bold ideas to improve the productivity, competitiveness and innovative capacity of Australia's medical technology, biotechnology and pharmaceutical sector. MTPConnect is supported by the Australian Government Industry Growth Centres Initiative.

If you would like further information or have any questions please contact the COSA Tele-Trials Project Manager Chantal Gebbie at chantal.gebbie@cancer.org.au



Sabe Sabesan
Co-Chair
Implementation of the
Australasian Tele-Trial Model



John Zalberg OAM
Co-Chair
Implementation of the
Australasian Tele-Trial Model



CANCER COUNCIL



The 2018-19 reporting year sees Cancer Council Australia setting forth new strategic directions that focus on improving cancer outcomes for all Australians in the context of a refreshed Cancer Council Vision: A Cancer Free Future and an aligned national purpose as Australia's leading cancer charity, uniting the community, providing support, investing in research and saving lives.

To improve cancer outcomes for all Australian's Cancer Council Australia will continue to reduce risk factors, improve early detection, reduce cancer deaths, extend survival and improve quality of life through our important policy and advocacy work. In addition, we have framed three areas of focus for the next three years: reduce inequalities in cancer outcomes; develop a cancer blueprint; and, support a learning cancer system.

In developing a focus on reducing inequalities in cancer outcome we recognise that despite Australia having some of the best cancer outcomes in the world, this is not uniformly experienced across the population. If you are poor, of Aboriginal or Torres Strait Islander heritage, rural dwelling or are diagnosed with a poor survival cancer your chance of great outcomes is much lower. Over the next year our priority is to better understand the factors leading to outcome inequalities, to increase awareness of the issues and to engage with partners in developing an action plan to improve outcomes for disadvantaged populations.

Deciding where to invest in cancer to have the biggest impact is a complex issue. The development of an Australian Cancer Blueprint aims to address this complexity by determining for each cancer, where investment would make the biggest difference in either preventing cancer or improving survival. This work builds

directly from our current prevention policy but will extend over time to incorporate treatment and health service delivery.

The Blueprint work directly links to the third focus area of supporting a learning cancer system. Cancer Council Australia's support for the development of clinical practice guidelines will continue but be augmented by the development of a vision and plan for improving the use of cancer data in Australia and through scoping best mechanisms to foster the spread and uptake of clinical innovation and improvement.

In all this work COSA is a partner. Under the work on inequalities we launched a draft standard of informed financial consent at the ASM in Perth, 2018. COSA is represented on the Health Services Advisory Committee overseeing our work on cancer data and clinical improvement. COSA members continue to be used as expert spokespeople on clinical matters and in the development of core public messaging and in development of clinical practice guidelines.

We were excited in 2018 to publish several new guidelines. Updated CPGs for the Diagnosis and Management of Melanoma were published in May 2018 in collaboration with the Melanoma Institute of Australia and supported by the Skin Cancer College of Australasia and the Australasian College of Dermatologists. This followed closely on the release of updated guidelines for the prevention, early detection and management of colorectal cancer in October 2017. These guidelines were augmented in December 2018 by CPGs for surveillance colonoscopy, to be released to the public in early 2019. We continue to work with COSA members in guideline development.

In 2018 we also launched a Cancer Council campaign focused on informing Australians about the ways we help across their cancer journey. Research had shown us that people know us for our fundraising campaigns and research investment but know less about how we help people at risk of or affected by cancer. In late 2018 we also launched a national research impact site aiming to tell the story of

our research investment along with some key data about our support service reach. We will continue to augment the impact site with more stories of our work to better inform Australian's about how we are working together towards a cancer free future. Cancer Council is proud that last year we invested almost \$60 million in research each year along with our research partners, our support services were used 250,000 times and we helped protect 2 million young Australians from UV radiation through our SunSmart Schools program. Find out more on impact.cancer.org.au or visit our annual report on www.cancer.org.au



Sanchia Aranda AM
CEO, Cancer Council Australia



FINANCIAL STATEMENTS AT 30 JUNE 2018 AND INDEPENDENT AUDIT REPORT

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ABOUT CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

Our vision

Quality multidisciplinary cancer care for all.

Our mission

To improve cancer care and control through collaboration.

COSA achieves this by:

- supporting the professional and educational needs of cancer health professionals
- enhancing cancer care and control through network development
- advocating for improvements in cancer care and control
- facilitating research across the spectrum of cancer

Guiding Principles

As a membership organisation, COSA's activities are driven by the needs of our members. The following guiding principles are intended to provide an overarching direction for all COSA activities.

- COSA activities should have a multidisciplinary focus
- COSA activities should have a clinical focus
- COSA activities should have outcomes relevant to its members, patients and carers
- COSA will act as a hub and facilitator for idea generation

Strategic Directions 2016-2019

1. Advocate for matters affecting cancer service delivery, policy and care
2. Meet the educational needs of COSA's multidisciplinary membership
3. Promote and facilitate cancer research
4. Ensure the sustainability of COSA

Our history

In July 2013, The Clinical Oncological Society of Australia Incorporated (The Society) decided to migrate from an Incorporated Association to a Company limited by Guarantee. This new company was incorporated with an ABN 97 631 209 452 and started trading from 1 July 2013. COSA was registered with the Australian Charities and Not-for profits Commission (ACNC) on 3 December 2012.

CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

COSA
ANNUAL
REPORT 2018

Corporate Information

ABN 97 631 209 452

The following persons were Directors of COSA during or since the end of the financial year:

Professor Sanchia Aranda
Professor Phyllis Butow AM
Dr Christine Carrington
Ms Sandie Angus
Dr Haryana Dhillon
Mr Peter Dowding
Professor Meinir Krishnasamy
Ms Sandra McKiernan
Dr Wayne Nicholls
A/Professor Nick Pavlakis
Ms Felicity Shaw
Professor Nik Zeps

Company Secretary & Chief Executive Officer

Ms Marie Malica

Registered Office and Principal place of business

Level 14
477 Pitt Street
Sydney NSW 2000

P: +61 (0)2 8063 4100
F: +61 (0)2 8063 4101

Company contact details

GPO Box 4708
Sydney NSW 2001
E: cosa@cancer.org.au
W: www.cosa.org.au

Auditors

BDO East Coast Partnership
Level 11
1 Margaret Street
Sydney NSW 2000



DIRECTORS' REPORT

30 JUNE 2018

The Directors present their report on Clinical Oncology Society of Australia Limited ("the Company") for the year ended 30 June 2018.

Objectives

The Company's primary short-term objectives over the reporting period were:

- Continue working to the agreed strategic plan for the period July 2014 to June 2019
- Develop and implement policies to ensure operational efficiencies
- Review the Board, Council and COSA Groups to ensure their memberships are appropriate and engaged
- Build and maintain collaborative relationships with relevant government agencies, NGOs and industry groups involved in cancer care to ensure strategic alignment and collaboration and to avoid duplication of effort
- Respond to government and other relevant stakeholder requests for submissions
- Host a successful Annual Scientific Meeting

The Company's long term objectives are to:

- Advocate for matters affecting cancer service delivery, policy and care
- Meet the educational needs of COSA's multidisciplinary membership
- Promote and facilitate cancer research
- Ensure the sustainability of COSA

Strategy for achieving the objectives

- Ensure COSA's advocacy work is in accordance with best practice
- Hold strong and mutually beneficial relationships with national and international oncology organisations
- Reinforce COSA's position as the peak national body representing multidisciplinary health professionals whose work encompasses cancer care and control
- Ensure COSA's educational opportunities remain relevant to the membership
- Build on the strength and success of the COSA Annual Scientific Meeting
- Build on the strength and success of the COSA Trainees Weekend
- Build on the strength and success of the COSA Clinical Professional Days
- Build on current, and investigate new opportunities for, industry sponsored events outside the COSA ASM
- Extend the reach of COSA's current educational activities
- Provide a forum for the discussion of common issues in cancer research
- Facilitate a collective voice for the cancer cooperative trials groups
- Align COSA's governance and operational structure in accordance with best practice
- Ensure COSA remains relevant to its membership
- Ensure COSA remains financially viable as a not-for-profit organisation

Principal activities

The principal activities of the Clinical Oncology Society of Australia during the year were focused on furthering both our short and long term objectives, referenced above. More detail on the achievements against these activities are detailed in the 2018 Annual Report.

Review of financial operations and results of Clinical Oncology Society of Australia Limited

The total income for the financial year ended 30 June 2018 was \$1,052,270 (2017: \$893,283). In the same period, expenditure was \$888,355 (2017: \$757,047) leaving a surplus of \$163,915 (2017: \$136,236 surplus). The level of spending for the organisation varies from year to year as the range of activities to support our members, and the costs associated with them, also vary.

Matters Subsequent to the end of Financial Year

As at the date of this directors' report, the directors are not aware of any matter or circumstance that has arisen that has significantly affected, or may significantly affect, the operations of the Company, the results of those operations or the state of affairs of the Company in the financial years subsequent to 30 June 2018.

Indemnity and insurance of officers

The Company has indemnified the directors and executives of the Company for costs incurred, in their capacity as a director or executive, for which they may be held personally liable, except where there is a lack of good faith.

During the financial year, the Company paid a premium of \$1,600 in respect of a contract to insure the directors and executives of the company against a liability to the extent permitted by the Corporations Act 2001.

Indemnity and insurance of auditor

The Company has not, during or since the end of the financial year, indemnified or agreed to indemnify the auditor of the Company or any related entity against a liability incurred by the auditor.

During the financial year, the Company has not paid a premium in respect of a contract to insure the auditor of the Company or any related entity.

Proceedings on behalf of the Company

No person has applied to the Court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the Company, or to intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or part of those proceedings.

Environmental Regulation

COSA is not subject to any significant environment regulations.

Dividends

COSA does not permit any dividends and therefore no dividends have been paid or declared.

Contributions on winding up

In the event of the company being wound up, all members are required to contribute a maximum of \$10 each.



DIRECTORS' REPORT

30 JUNE 2018 (Cont'd)

Directors

The names of the Directors of the Company in office during or since the end of the year are:

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p>Professor Phyllis Butow AM, BA (Hons) Dip Ed MCLinPsych MPH PhD</p> <p>Professor Phyllis Butow is an NHMRC Senior Principal Research Fellow and Founding Director of the Centre for Medical Psychology and Evidence-based Decision-making (CeMPED) at the University of Sydney. She has worked for over 20 years in the areas of Psycho-Oncology and doctor-patient communication and plays an active role in promoting these issues within the cancer community. She is the inaugural Chair of the Psycho-oncology Co-operative Research Group (PoCoG).</p>	President and Board Chair (2017-2018), Director	06-Mar-15	-	5 / 5	-
<p>Associate Professor Nick Pavlakis BSc MBBS Mmed (ClinEpi) PhD FRACP</p> <p>Professor Pavlakis is a medical oncologist at Royal North Shore Hospital and Northern Cancer Institute in St Leonards Sydney whose clinical interest is in lung cancers, mesothelioma, and gastrointestinal cancers including NETs. His clinical research focuses on trials in these tumour types and includes new cancer drug development, including translational research interest into drug resistance in oncogene driven lung cancer, biomarkers in gastric cancer and NETs. He is study chair or co-chair on several ALTG and AGITG trials. He is current Chair of the COSA Lung Cancer Group, President of the ALTG and Regent for Australasia for the International Association for the Study of Lung Cancer (IASLC).</p>	President Elect (2017-2018), Director	24-Nov-16	-	2 / 5	-
<p>Ms Sandie Angus LLB, GAICD</p> <p>Ms Angus is an experienced strategic leader and non-executive director with significant legal, governance, and risk management expertise. She is admitted as a solicitor and has over thirty years experience working in law firms and in the government finance and electricity sectors. She sits on the boards of various not-for-profit companies in the health, sports and disability sectors. She was appointed as a Director to the COSA Board for her legal expertise.</p>	Director	20-Mar-18	-	1 / 1	-
<p>Professor Sanchia Aranda RN, PhD, GAICD</p> <p>Professor Sanchia Aranda was appointed as CEO of Cancer Council Australia in August 2015. She holds academic appointments with the School of Health Sciences, University of Melbourne, University of Technology and the Faculty of Nursing, University of Sydney. She has almost 40 years' experience in cancer control, having held prior leadership roles in healthcare, government and tertiary education. For the last 25 years Sanchia has worked in international cancer control, with 16 years on the board of the International Society of Nurses in Cancer Care, including 4 as President (2006-2010). She is the President of the Union for International Cancer Control and has been on the board of UICC for 8 years.</p>	Director	27-Aug-15	-	4 / 5	-
<p>Dr Christine Carrington BPHarm(Hons), MMedSci Doctor Clin Pharm</p> <p>Dr Carrington is a Senior Consultant Pharmacist for Cancer Services and a Deputy Director of Pharmacy at the Princess Alexandra Hospital in Brisbane. She is a past Chair of the COSA Cancer Pharmacist Group and has a keen interest in safe medication practices in cancer therapy and in developing educational programs for pharmacists. She has recently led the multidisciplinary working group for the review and development of the COSA national guidelines for the 'Safe Prescribing, Dispensing and Administration of Cancer therapy' which have been published on the Cancer Council Wiki platform.</p>	Director	01-Jul-13	-	4 / 5	-

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p>Dr Haryana Dhillon BSc MA PhD</p> <p>Dr Dhillon is a Senior Research Fellow in the Survivorship Research Group and a Director of the Centre for Medical Psychology & Evidence-based Decision-making, School of Psychology, Faculty of Science at the University of Sydney. She is the former Chair of the COSA Survivorship Group.</p>	Director, Member Audit, Risk & Finance Committee	1 July 2013	-	4 / 5	4 / 5
<p>Mr Peter Dowding BSC (Hons) MBA</p> <p>Mr Dowding is co-founder and Chairman of Propel Investments, a mid-market private equity firm based in Sydney and established in 2007. He has over 30 years' experience in the private equity sector, having been a Director on several investments and was appointed as a Director to the COSA Board for his experience in corporate governance.</p>	Director, Chair Audit, Risk & Finance Committee	12-May-14	-	3 / 5	5 / 5
<p>Ms Sandra McKiernan BAppSc (Nsg) MPH</p> <p>Ms McKiernan is the Executive Manager Specialist Community Services St Vincent de Paul Society WA, and previous Director of Cancer Information and Support Services at Cancer Council WA (2009-2018). Sandy is a Past President (2013-14) of the Cancer Nurses Society of Australia and a graduate of the Australian Institute of Company Directors.</p>	Director, Member Audit, Risk & Finance Committee	18-May-15	-	5 / 5	4 / 5
<p>Professor Meinir Krishnasamy BA, RN, DipN, MSc, Ph.D</p> <p>Professor Krishnasamy is Immediate Past President of the Clinical Oncology Society of Australia. She is Chair in Cancer Nursing at the University of Melbourne and Victorian Comprehensive Cancer Centre Research and Education Lead for Cancer Nursing. She is a past President of the Cancer Nurses Society of Australia.</p>	Director	13-Jul-17	-	5 / 5	-
<p>Dr Wayne Nicholls MBChB FRACP</p> <p>Dr Nicholls is the Director of the Oncology Services Group at the Lady Cilento Children's Hospital in Brisbane (formerly the Royal Children's Hospital) with over 20 years' experience. He has a particular interest in brain tumours and sarcomas. He is also a senior lecturer in the Department of Paediatrics at the University of Queensland.</p>	Director	19-May-15	-	4 / 5	-
<p>Ms Felicity Shaw LLB (Hons I) BSc MEL</p> <p>Ms Shaw is a senior commercial lawyer with over 15 years experience in the public and private sectors. She is currently Director of the Commercial Law Practice Group at the Crown Solicitor's Office. She was appointed as a Director to the COSA Board for her legal expertise.</p>	Director, Member Audit, Risk & Finance Committee	19-May-14	08-Mar-18	2 / 4	3 / 4
<p>Dr Nik Zeps BSc (Hons) PhD</p> <p>Dr Nik Zeps is Group Director of Research and Development at Epworth HealthCare in Victoria. He is the chair of the COSA Cancer Biology Group, a member of the Scientific Advisory Committee of the AGITG, chair of the PC4 Advisory Committee and a member of the PC4 Scientific Committee. He is a founding director and board member of the Australian Clinical Trials Alliance (ACTA).</p>	Director, Member Audit, Risk & Finance Committee	13-Jul-17	-	5 / 5	1 / 1

Directors are appointed on an honorary basis and as a result do not receive any remuneration either directly or indirectly from the Company.



DIRECTORS' REPORT 30 JUNE 2018 (Cont'd)

Company Secretary and Chief Executive Officer

Ms Marie Malica is the Company Secretary and Chief Executive Officer of the Company. Ms Malica joined the Company in March 2011 and has 15 years' experience working in the cancer not-for-profit sector and state government having previously held the position of Manager, Research Strategy Unit at Cancer Council NSW and Manager, Research Support Office with South Eastern Sydney Area Health Service, Northern Hospital Network.

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors

Prof Phyllis Butow AM
President

A/Prof Nick Pavlakis
President-Elect

Sydney
17 October 2018



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Sydney NSW 2000
Australia

DECLARATION OF INDEPENDENCE BY PAUL CHEESEMAN TO THE DIRECTORS OF CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA

As lead auditor of Clinical Oncology Society of Australia for the year ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'Paul Cheeseman', is written over a light blue background.

Paul Cheeseman
Partner

BDO East Coast Partnership

Sydney, 17 October 2018

BDO East Coast Partnership ABN 83 236 985 726 is a member of a national association of independent entities which are all members of BDO Australia Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO East Coast Partnership and BDO Australia Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation, other than for the acts or omissions of financial services licensees.



STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 \$	2017 \$
<u>Income</u>			
Member body subscriptions	1(a)(ii), 4	132,218	130,842
Annual Scientific Meeting revenue	1(a)(iii), 4	455,984	451,822
NHMRC Enabling Grant revenue	1(a)(iv), 4	4,755	1,145
Other grant & project revenue	1 (a)(i), 4	408,642	257,447
Interest income	1 (a)(v), 4	50,183	49,392
Other revenue	1 (a)(vi), 4	488	2,635
		1,052,270	893,283
<u>Expenditure</u>			
Administration Expenses		(64,667)	(66,681)
Employment costs		(492,402)	(436,002)
Depreciation		(1,934)	(1,183)
NHMRC Enabling grant expenses		(4,755)	(1,145)
Annual Scientific Meeting		(25,932)	(48,488)
Other grant & project expenses		(243,368)	(152,621)
Other expenses from ordinary activities		(55,297)	(50,927)
		(888,355)	(757,047)
Surplus before income tax expense		163,915	136,236
Income tax expense	1(c)	-	-
Net surplus after income tax expense for the year attributable to the members of COSA		163,915	136,236
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income for the year attributable to the members of COSA		163,915	136,236

The accompanying notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION 30 JUNE 2018

		\$	\$
ASSETS			
Current Assets			
Cash & cash equivalents	5	600,236	405,192
Trade & other receivables	6	97,045	18,548
Other current assets	7	1,780,127	1,774,837
Total Current Assets		<u>2,477,408</u>	<u>2,198,577</u>
Non-Current Assets			
Plant & equipment	8	5,827	1,349
Total Non-Current Assets		<u>5,827</u>	<u>1,349</u>
Total Assets		<u>2,483,235</u>	<u>2,199,926</u>
LIABILITIES			
Current Liabilities			
Trade & other payables	9	272,427	142,796
Provision for employee benefits	10	29,818	28,517
Total Current Liabilities		<u>302,245</u>	<u>171,313</u>
Non-Current Liabilities			
Provision for employee benefits	10	4,277	1,060
Total Non-Current Liabilities		<u>4,277</u>	<u>1,060</u>
Total Liabilities		<u>306,522</u>	<u>172,373</u>
Net Assets		<u>2,176,713</u>	<u>2,027,553</u>
EQUITY			
Grants & Special Projects Reserve		141,132	155,887
General Funds		2,035,581	1,871,666
Total Equity		<u>2,176,713</u>	<u>2,027,553</u>

The accompanying notes form part of these financial statements



STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2018

	\$	\$	\$
	General Funds	Grants & Special Projects Reserve	Total Funds
Balance at 1 July 2016	1,735,430	157,032	1,892,462
Transfer from reserves	-	(1,145)	(1,145)
Transfer to liabilities	-	-	-
Surplus after income tax for the year	136,236	-	136,236
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	136,236	-	136,236
Balance at 30 June 2017	1,871,666	155,887	2,027,553
Balance at 1 July 2017	1,871,666	155,887	2,027,553
Transfer from reserves	-	(14,755)	(14,755)
Transfer to liabilities	-	-	-
Surplus after income tax for the year	163,915	-	163,915
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	163,915	-	163,915
Balance at 30 June 2018	2,035,581	141,132	2,176,713

Nature and Purpose of Reserves

Grants & Special Projects Reserve

This reserve relates to funds received by the Company and designated for use for a specific purpose. This may include grant monies received but not yet spent. These funds are held in reserve until spent appropriately, or in line with funding agreements.

The accompanying notes form part of these financial statements

STATEMENT OF CASH FLOW FOR THE YEAR ENDED 30 JUNE 2018

		2018	2017
	Note	\$	\$
<u>Cash flows from operating activities:</u>			
Receipts from member subscriptions and other income (inclusive of GST)		912,728	841,888
Payments to suppliers, employees and member bodies (inclusive of GST)		(756,165)	(751,956)
Interest received		50,183	49,392
Net cash provided by operating activities	14	206,746	139,324
<u>Cash flows from investing activities:</u>			
Received from term deposits		(5,289)	152,437
Payment for purchase of plant and equipment		(6,413)	(2,044)
Net cash (used in)/provided by investing activities		(11,702)	150,393
Net increase in cash & cash equivalents		195,044	289,717
Cash & cash equivalents at the beginning of the year		405,192	115,475
Cash & cash equivalents at the end of the year	5	600,236	405,192

The accompanying notes form part of these financial statements



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Note 1. Statement of significant accounting policies

Clinical Oncology Society of Australia Limited ("the Company") is not a reporting entity because in the directors' opinion there are unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs and these financial reports are therefore a Special Purpose Financial Report that has been prepared solely to meet the financial reporting requirements of the ACNC Act 2012. The directors have determined that the policies are appropriate to meet the needs of the members of the Company.

The Company is a not for profit entity and an incorporated company limited by guarantee domiciled in Australia.

The financial report was authorised for issue by the directors on 17 October 2018.

New, revised or amending Accounting Standards and Interpretations adopted

The Company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

BASIS OF PREPARATION

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the disclosure requirements of AASB 101 'Presentation of Financial Statements', AASB 107 'Statement of Cash Flows', AASB 108 'Accounting Policies, Changes in Accounting Estimates and Errors', AASB 1031 'Materiality' and AASB 1048 'Interpretation and Application of Standards' and AASB1054 'Australian Additional Disclosures', as appropriate for not-for-profit oriented entities. These financial statements do not conform to International Financial Reporting Standards as issued by the International Accounting Standards Board ("IASB").

No other Accounting Standards and other professional reporting requirements in Australia have mandatory applicability because the company is not a reporting entity.

REPORTING BASIS AND CONVENTIONS

The financial report has been prepared on an accruals basis (except the statement of cash flows) and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period, unless otherwise stated, have been adopted in the preparation of this report.

All amounts are in Australian dollars.

Note 1. Statement of significant accounting policies (cont.)

ACCOUNTING POLICIES

(a) Revenue Recognition

Revenue is recognised when it is probable that the economic benefit will flow to the Company and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

(i) Grants

The Company receives grants to fund certain activities. Where the grant is non reciprocal, it is recognised as revenue of the Company upon receipt. Associated expenditure for the completion of the grant is recorded as incurred. Where the grant is subject to a reciprocal transfer, a liability associated with the reciprocal transfer is recorded upon receipt of the grant. No income is recorded for reciprocal transfers until conditions associated with the grant are satisfied.

(ii) Member Subscriptions

Member subscriptions are recorded on an accruals basis and apportioned across the financial year of membership.

(iii) Annual Scientific Meeting Income

The Company contracts a professional Events Co-ordinator to manage the staging of the Annual Scientific Meeting including the receipt of revenue and payment of expenses in relation to the event. Documents detailing the income and expenses have been received from the Events Co-ordinator together with a reconciling statement. A review has been performed on the books and records of the Events Co-ordinator to determine the completeness of the statements received. Revenue and expenses associated with the Annual Scientific Meeting are recognised through the Statement of profit or loss and other comprehensive income for the financial year the Annual Scientific Meeting is conducted.

Net Annual Scientific Meeting income is calculated as the excess of revenue in relation to the Annual Scientific Meeting compared to expenses associated with the meeting.

The net income for the 2017/18 Annual Scientific Meeting was \$430,052 (2016/17: 403,334).

(iv) NHMRC Enabling Grant

In 2006, the Company began work on activities associated with the NHMRC Enabling Grant, the five-year funding provided through The University of Newcastle to facilitate enhancements to the operating resources of the ten cancer cooperative clinical trials groups.

To date, \$1,846,000 has been allocated to fund this activity of which \$4,755 (excluding employment costs) has been spent in 2017/18 (2016/17: \$1,145). The balance of unspent monies is held in the Grants & Special Projects Reserve in the Statement of financial position awaiting future expenditure.



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018 (Cont'd)

Note 1. Statement of significant accounting policies (cont.)

Funding is recognised as income as the funds are spent.

(v) Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

(vi) Other Revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

(b) **Current and non-current classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within twelve months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period. All other assets are classified as non-current.

A liability is current when: it is expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within twelve months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period. All other liabilities are classified as non-current.

(c) **Taxation**

The Company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended; it is therefore exempt from income tax. This exemption has been confirmed by the Australian Taxation Office.

(d) **Trade and other receivables**

Trade and other receivables are recognised at amortised cost, less any provision for impairment.

(e) **Other Current Assets**

Prepayments included in other assets primarily relate to prepayments for future Annual Scientific Meetings and other events. Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the Company's management has the intention and ability to hold to maturity.

(f) **Trade and other payables**

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are

Note 1. Statement of significant accounting policies (cont.)

measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

(g) Income in Advance

Income in Advance includes subscription revenue and clinical trials insurance for the 2017/18 year.

(h) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions and other short-term, highly liquid investments with original maturities of less than 90 days that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

(i) Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of financial position are shown inclusive of GST. Cash flows are presented in the Statement of cash flow on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to the tax authority.

(j) Comparative figures

Comparative figures of the Company for the previous 12 month period are included throughout these statements.

(k) Plant & equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

<u>Class of plant and equipment</u>	<u>Useful Life</u>
Computer Equipment	3 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit and loss.



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018 (Cont'd)

Note 1. Statement of significant accounting policies (cont.)

(l) Provision for employee benefits

Short term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to the expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined superannuation plans are expensed in the period in which they are incurred.

(m) Critical accounting judgements, estimates and assumptions

The directors evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and with the Company.

The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Estimation of useful lives of assets

The Company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete.

Long service leave provision

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

(n) Use of the term "surplus"

The Company is a not-for-profit organisation. As such, the term "profit" is not applicable and the term "surplus" is used where required.

Note 2. Nature and objects of the Company

The Company is an incorporated Company Limited by Guarantee under the Corporations Act 2001.

Its objects are:

- a. to promote excellence in the multidisciplinary care and research relating to cancer – from prevention, diagnosis and treatment to follow-up, palliation and survivorship;
- b. to encourage multidisciplinary collaboration of all professionals involved in cancer care and research; and
- c. to foster and promote cancer research.

In the event of the Company being wound up, the members undertake to contribute an amount not exceeding \$10.00 to the assets of the Company.

There were 909 financial members of the Company at 30 June 2018 (2017: 936).

Note 3. Economic dependence

The ability of the Company to maintain its operations is dependent inter alia on the continuing support of its members by way of voluntary membership subscriptions.

Note 4. Revenue

	2018	2017
	\$	\$
Membership subscriptions (also refer to note 1(a) (ii))	132,218	130,842
Interest Revenue	50,183	49,392
ASM Income	455,984	451,822
NHMRC Enabling Grant	4,755	1,145
Other Grant income	331,642	176,946
Recoveries of clinical trials insurance cover	77,000	80,501
Other revenue	488	2,635
	<u>1,052,270</u>	<u>893,283</u>



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018 (Cont'd)

Note 5. Cash & cash equivalents

	2018 \$	2017 \$
Cash at bank	600,236	405,192
	<u>600,236</u>	<u>405,192</u>

Note 6. Trade and other receivables

Current

Trade receivables	93,534	10,671
Other receivables	3,511	7,877
	<u>97,045</u>	<u>18,548</u>

Note 7. Other current assets

Prepayments	69,395	69,395
Held to maturity investments - term deposits	1,710,732	1,705,443
	<u>1,780,127</u>	<u>1,774,837</u>

Note 8. Plant & equipment

Computer equipment		
- Computer equipment, at cost	18,796	12,385
- Accumulated depreciation	(12,969)	(11,036)
Total computer equipment	<u>5,827</u>	<u>1,349</u>

	Computer Equipment \$
Balance at 1 July 2016	489
Additions	2,044
Depreciation expense	(1,183)
	<u>1,349</u>
Balance at 30 June 2017	1,349
Additions	6,412
Depreciation expense	(1,934)
	<u>5,827</u>
Balance at 30 June 2018	<u>5,827</u>

Note 9. Trade and other payables

	2018	2017
	\$	\$
<u>Current</u>		
Trade creditors & accruals	34,071	38,524
Income in advance	238,356	104,272
	<u>272,427</u>	<u>142,796</u>

Note 10. Provisions

<u>Current:</u>		
Employee benefits	<u>29,818</u>	<u>28,517</u>
	<u>29,818</u>	<u>28,517</u>
 <u>Non-Current:</u>		
Employee benefits	<u>4,277</u>	<u>1,060</u>
	<u>4,277</u>	<u>1,060</u>

Note 11. Contingent Liabilities

There are no contingent liabilities as at the end of the year other than those identified elsewhere in this report.

Note 12. Events subsequent to reporting date

No matters or circumstances have arisen since the end of the year which significantly affected or may significantly affect the operations of the Company or the results of those operations for the period under report.

Note 13. Auditors Remuneration

During the year, the following fees were paid or payable for services provided by the auditor, BDO East Coast Partnership to the Company:

External audit of the financial statement	<u>5,450</u>	<u>5,200</u>
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018 (Cont'd)

Note 14. Reconciliation of the surplus/(deficit) for the year to net cash flows from operating activities

	2018	2017
	\$	\$
Net surplus for the year	163,915	136,236
Non-cash flows in surplus from ordinary activities:		
Depreciation	1,934	1,183
Transfer from reserves	(14,755)	(1,145)
Changes in assets and liabilities:		
Decrease/(increase) in trade & other receivables	(78,497)	6,083
Increase in other current assets	-	11,158
Increase/(decrease) in trade & other payables	129,631	(7,000)
Increase/(decrease) in provisions	4,518	(7,191)
Net cash provided by operating activities	<u>206,746</u>	<u>139,324</u>

Note 15. Company details

The registered office and principal place of business of the Company is:

Level 14, 477 Pitt Street
Sydney NSW 2000 Australia

The Company operates entirely in Australia as a Charitable Institution.

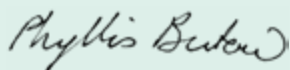
FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Directors' Declaration

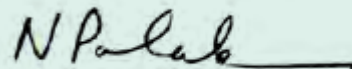
In the directors' opinion:

1. The Company is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purpose of complying with the requirements of the ACNC Act 2012 to prepare and distribute financial statements to the members of Clinical Oncology Society of Australia Limited;
2. The attached financial statements and notes thereto comply with the ACNC Act 2012, the Accounting Standards as described in note 1 to the financial statements, the ACNC Regulations 2013 and other mandatory professional reporting requirements;
3. The attached financial statements and notes thereto give a true and fair view of the Company's financial position as at 30 June 2018 and of its performance for the financial year ended on that date; and
4. There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the directors by:



Prof Phyllis Butow AM
President



A/Prof Nick Pavlakis
President-Elect

Sydney
17 October 2018



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INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncology Society of Australia Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Clinical Oncology Society of Australia Limited, which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the Directors' declaration.

In our opinion the accompanying financial report of Clinical Oncology Society of Australia Limited, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) Giving a true and fair view of the registered entity's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- (ii) Complying with Australian Accounting Standards to the extent described in Note 1 and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the registered entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter - Basis of accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the registered entity's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.



Responsibilities of Directors for the Financial Report

The Directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the ACNC Act and the needs of the members. The Directors' responsibility also includes such internal control as the Directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the registered entity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

BDO East Coast Partnership

Paul Cheeseman
Partner

Sydney, 17 October 2018

COSA ANNUAL REPORT 2018



**Clinical
Oncology
Society of
Australia**

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