



Clinical
Oncology
Society of
Australia

CCSA

ANNUAL REPORT 2016

EDUCATION

COLLABORATION

ADVOCACY

RESEARCH

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PRESIDENTS OF COSA

1973 - 1976	Mr WB Fleming AM - Deceased	MBBS FRACS FRCS(Eng) FACS
1976 - 1979	Professor L Atkinson - Deceased	FRCS FRACS FACR
1979 - 1981	Dr RP Melville - Deceased	MBBS FRCS FRACS FACS
1981 - 1983	Professor MHN Tattersall AO	MA MD MSc FRCP FRACP
1983 - 1985	Professor GJ Clunie	CHM(Ed) FRCS(Ed) FRCS FRACS
1985 - 1987	Dr JVM Coppleson	MBBS 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 Zalcberg OAM	MBBS PhD FRACP GAICD MRACMA
2002 - 2003	Adjunct 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 B Mann	MBBS PhD
2011 - 2012	Professor B Koczwara AM	BM BS FRACP GAICD MBioethics
2013 - 2014	Professor SV Porceddu	BSc MBBS (Hons) MD FRANZCR
2015 - 2016	Professor M Krishnasamy	BA RGN DipN MSc PhD
2017 - Present	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 2016 there were 857 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 MEMBERSHIP

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 MEMBERSHIP

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 MEMBERSHIP

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

**Peter
Dowding**
Director



**Chris
Karapetis**
Director



**Sandra
McKiernan**
Director



**Wayne
Nicholls**
Director



**Felicity
Shaw**
Director



**Marie
Malica**
Executive
Officer



COSA COUNCIL

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

PRESIDENT

Professor Mei Krishnasamy
BA RGN DipN MSc PhD

PRESIDENT ELECT

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

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: Dr 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

CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

Chair: Mrs D Lindsay BAppSc (Hons)

COMPLEMENTARY AND INTEGRATIVE THERAPIES GROUP

Chair: Mr P Katris MPsyCh

DEVELOPING NATIONS GROUP

Chair (Jan-April): A/Professor M Links
MBBS PhD MPhil(Hed) FRACP
Chair (May-Dec): Position Vacant

EPIDEMIOLOGY GROUP

Chair: Position Vacant

EXERCISE & CANCER GROUP

Chair: A/Prof P Cormie PhD AED

FAMILIAL CANCER GROUP

Chair: A/Professor N Pachter MBChB
FRACP

GASTROINTESTINAL ONCOLOGY GROUP

Chair: A/Professor E Segelov MBBS
(Hons1) FRACP PhD

GERIATRIC ONCOLOGY

Chair (Jan-Aug): Dr C Steer MBBS
FRACP
Chair (Dec): Professor M Agar MBBS
FRACP FaChPM MPC PhD

GYNAECOLOGICAL ONCOLOGY GROUP

Chair: A/Professor A Brand MD MMed
FRCS(C) FRANZCOG CGO

LUNG ONCOLOGY GROUP

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

MELANOMA & SKIN GROUP

Chair: A/Professor D Speakman MBBS
FRACS

NEUROENDOCRINE TUMOURS GROUP

Chair: Dr Y Chua FRACP

NEURO-ONCOLOGY GROUP

Chair: Dr ES Koh MBBS FRANZCR

NUTRITION GROUP

Chair: Dr N Kiss PhD Adv APD

PALLIATIVE CARE GROUP

Chair: Professor J Phillips RN PhD

PSYCHO-ONCOLOGY GROUP

Chair: Dr L Kirsten BSc(Psych) MAppSc
(Beh Hlth Sc) DPsyc (Clinical) PhD

RARE CANCERS GROUP

Chair: A/Professor C Scott MBBS PhD
FRACP

REGIONAL & RURAL ONCOLOGY GROUP

Chair: Professor S Sabesan
BMBS(Flinders) PhD FRACP

SURVIVORSHIP GROUP

Chair: Dr H Dhillon BSc MA (Psych)
PhD

UROLOGIC ONCOLOGY GROUP

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

CANCER FORUM REPRESENTATIVE

Professor B Stewart MSc PhD FRACI
DipLaw GradDipLegalPract

CONSUMER REPRESENTATIVE

Ms S Scoble



AFFILIATED ORGANISATION REPRESENTATIVES

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

Professor T Price MBBS FRACP
DHlthSc (Medicine)

AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP

Professor M Hertzberg MBBS PhD
FRACP FRCPA

AUSTRALASIAN LUNG CANCER TRIALS GROUP

(Jan-Nov): A/Professor P Mitchell BHB
MBChB MD FRACP GAICD
(Nov-Dec): A/Professor N Pavlakis BSc
MBBS MMed (Clin.Epi) PhD FRACP

AUSTRALASIAN METASTASIS RESEARCH SOCIETY

Professor E Thompson PhD

AUSTRALASIAN SARCOMA STUDY GROUP

Dr J Desai MBBS FRACP

AUSTRALIA & NEW ZEALAND BREAST CANCER TRIALS GROUP

Dr S Ackland MBBS FRACP GAICD

AUSTRALIA AND NEW ZEALAND MELANOMA TRIALS GROUP

Professor B Burmeister MBChB FF Rad
(T) SA FRANZCR MD

AUSTRALIAN & NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP

Dr C Fraser FRACP MBBS MPH

AUSTRALIAN & NEW ZEALAND HEAD AND NECK CANCER SOCIETY

Dr K Shannon MBBS FRACS

AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP

Professor I Davis MBBS (Hons) PhD
FRACP FACHPM

AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP

A/Professor A Brand MD MMed
FRCS(C) FRANZCOG CGO

CANCER NURSES SOCIETY OF AUSTRALIA

Professor R Chan RN PhD FACN

COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

Professor M Rosenthal MBBS FRACP
PhD

FACULTY OF RADIATION ONCOLOGY

Dr D Forstner MBBS (Hons) FRANZCR

HUMAN GENETICS SOCIETY OF AUSTRALASIA

Ms M Young GradDip SocSci (Fam
Therapy) MHSc (Gen Couns) FHGSA

MEDICAL ONCOLOGY GROUP OF AUSTRALIA

(Jan-Aug): A/Professor R Harrup FRACP
FRCPA
(Aug-Dec): A/Professor Chris Karapetis
MBBS FRACP MMedSc

ONCOLOGY SOCIAL WORK AUSTRALIA

Ms K Hobbs MSW MAASW

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE

Dr P Allcroft BMBS FRACP M Pall Care

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP

(Jan-Oct): Professor J Emery MBCh
DPhil FRACGP MRCCP MA
(Nov-Dec): Professor L Trevena
MBBS(Hons) MPhilPH PhD

PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP

Dr J Couper MBBS MD MMed(psych)
FRANZCP

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

(Jan-Jun): Professor S O'Toole BMedSci
(Hons) MBBS (Hons) FRCPA PhD
(Jul-Dec): A/Professor C Hemmings
BHB MBChB FRCPA

TRANS TASMAN RADIATION ONCOLOGY GROUP

(Jan-Feb): Dr F Foroudi MBBS(Hon 1)
MPA DMedSc FRANZCR
(Feb-Jun): Professor SV Porceddu BSc
MBBS (Hons) MD FRANZCR
(Jul-Dec): A/Professor C Milross MBBS
MD FRANZCR FRACMA GAICD

AUDITORS

BDO
Level 11
1 Margaret St
Sydney NSW 2000

REPORT OF THE PRESIDENT

I am honoured to present my second and final annual report as COSA President. Serving as President throughout 2015 and 2016 has been a professional and personal highlight. Working with COSA members, the Board, Council and staff has been stimulating and inspiring. Representing COSA internally and externally through our work with Cancer Council Australia, Cancer Australia and many other groups has been my true privilege.

As I have said previously (and it warrants saying again) COSA is unique as a truly multidisciplinary society which gives COSA its strength and point of difference and which makes it such an important and sought after voice at the meetings and tables to which COSA is invited.

Highlighted achievements

COSA had many notable achievements throughout 2016, most of which are detailed in the Group reports, however I would like to highlight a few.

- The launch of the Australasian Tele-trial Model and national Guide to Implementation. A great effort from Professor Sabe Sabesan and the COSA Regional and Rural Group who led this important work for COSA
- The launch of the COSA Model of Survivorship Care. Congratulations to Dr Haryana Dhillon and the working group that guided this exciting work under the COSA banner
- COSA's new focus on Exercise and Cancer and Rare Cancers. My thanks to A/Professor Prue Cormie and A/Professor Clare Scott, respective COSA Group Chairs, for their enthusiasm in helping COSA formulate work in these emerging areas.
- As always the highly engaged and efficient Cancer Pharmacists Group have worked tirelessly to deliver courses for their members and Advanced Trainees in Medical Oncology. Under the guidance of Christine Carrington, the Group is also reviewing the chemotherapy guidelines which we plan to launch in mid-2017
- Eight survey requests were received, and seven approved for distribution to COSA members
- The conduct of educational events specifically for Advanced Trainees (for more detail please refer to Marie's Executive Officer report)

Annual Scientific Meeting (ASM)

In 2016 COSA was proud to partner with the Australia & New Zealand Breast Cancer Trials Group (ANZBCTG) on the Gold Coast for a breast cancer focussed conference. With our joint theme – Partners for Progress in Breast Cancer Research and Care – the program had something for everyone from our multidisciplinary membership.

One of our invited international speakers, Dr Shom Goel, was a personal highlight for me and for many delegates. Shom graduated from the University of Adelaide Medical School in 2002 and subsequently completed his medical oncology training in Sydney. In 2009 he relocated to Boston to conduct his doctoral research training, where he continues to reside and currently works at the Dana-Faber Cancer Institute and Harvard Medical School. In his own words "Coming back to COSA has real significance for me. The first oncology meeting that I ever attended was COSA 2007 when I was a first year registrar". In the delegate feedback Shom's presentations were highlighted multiple times as outstanding with one delegate stating "Shom Goel's brilliant talks are a great example of how to cater to all in the audience and allow everyone to take away the key points of the presentation."

Melinda Irwin, Professor of Epidemiology in the Yale School of Public Health, was also a great drawcard for the ASM. Her breakfast session on "Physical activity and cancer" was standing room only! When COSA asked Melinda for her thoughts on the ASM she said "What an exceptional meeting. I thoroughly enjoyed meeting clinicians and scientists focussed on prevention

and controlling cancer from a transdisciplinary perspective. It was great to learn more about the issues of cancer care in Australia and the research being done to improve outcomes."

As always the oration given by the recipient of the Tom Reeve Award for Outstanding Contributions to Cancer Care at the conference dinner was a high point. The 2016 recipient was Professor Fran Boyle, who was also our joint convenor. Fran delivered a heartfelt and motivating speech about the people and things that have affected her career in oncology: how Professor Reeve influenced her early career (including fashion advice), her passions in life (not all of us knew she sang in a choir but we all know about her dedication to The Lord of the Rings), and suggested we all find our "sweet spot" in life and use it to our advantage.

With over 900 delegates in attendance, the atmosphere was vibrant and engaging – none more so than the COSA Exercise and Cancer Group's booth in the exhibition hall. Their interactive booth allowed delegates to participate in exercise challenges, gain insight into what patients referred to an exercise program experience and learn about exercise; and the Group's draft position statement on exercise and cancer was also discussed.

My thanks to Professor Fran Boyle and the Organising Committee for preparing such a diverse and educational breast cancer program.

For those members that could not attend, you missed another remarkable 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.

Position statements and Submissions

COSA members contributed to the development of a number of position statements and government submissions throughout 2016.

- Review of the Radiation Oncology Health Programs Scheme, Cancer Council Australia and COSA joint submission, April 2016
- Bellberry National Patient Information and Consent Form, Cancer Council Australia and COSA joint submission, July 2016
- Therapeutic Goods Administration Consultation: Orphan drug program, Cancer Council Australia and COSA joint submission, November 2016
- Therapeutic Goods Administration consultation: Expedited pathways for prescription medicines, Criteria and designation process, Cancer Council Australia and COSA joint submission, December 2016
- Therapeutic Goods Administration consultation: Criteria for comparable overseas regulators, Enhanced international collaboration in the regulation of prescription medicines, Cancer Council Australia and COSA joint submission, December 2016

Thanks and Acknowledgments

I extend my sincere thanks to the COSA members who continue to support our exceptional and important organisation. I also thank the Board and Council for their enthusiasm and ongoing contributions to the Society. Thanks also to Professor Sanchia Aranda and the Cancer Council Australia for continuing our mutually beneficial relationship. And finally thanks to Marie Malica and the COSA staff for their hard work and commitment, they may be a small group but they are high impact.

I am confidently entrusting the organisation to your new COSA President, Professor Phyllis Butow, who will be ably supported by the incoming President Elect Associate Professor Nick Pavlakis.



COSA had many notable achievements throughout 2016, most of which are detailed in the Group reports, however I would like to highlight a few.



Professor Mei Krishnasamy
COSA President
2015-2016

REPORT OF THE EXECUTIVE OFFICER

2016 was another great year full of activity for COSA. As you will see from my report and many of the Group reports, we've been very busy at COSA, not just with the ASM but also with other educational events. We have even more planned for 2017.

Annual Scientific Meeting

Once again much of my focus this year was on ensuring the success of the ASM. With Fran Boyle at the helm as convenor for our joint meeting with ANZBCTG, the breast cancer emphasis was truly evident.

We started a hectic ASM week with the Advanced Trainees Weekend on the Saturday and Sunday prior. This intensive 2 day course attracts advanced trainees in surgery, medical and radiation oncology; as well as junior medical staff and allied health professionals. With this year's program on "Everything you need to know about breast cancer" we had equal attendance from the 80 delegates of trainees and allied health professionals, particularly breast care nurses.

We also held a Public Forum on Sunday afternoon, in partnership with the ANZBCTG, BCNA and CanSpeak Queensland. With the theme of "Bringing research out of the lab" our expert guest speakers presented on a broad range of topics including clinical trials, patient decision aids, male breast cancer, exercise and lymphoedema, managing the after effects of cancer, and new treatments for metastatic breast cancer.

On Monday we hosted a number of pre-conference workshops, all had great feedback from delegates and most were at capacity:

- COSA Cancer Pharmacists Group: Clinical Development Workshop, sponsored by MSD

- COSA and ANZBCTG Clinical Trials Professional Day Workshop 2016
- Mainstreaming genetic counselling for oncology teams, sponsored by AstraZeneca
- Managing complex symptoms experienced by women living with Advanced Breast Cancer: a Palliative Care Masterclass, sponsored by Teva Oncology

The ASM Program Committee did a great job of bringing together a vast selection of presentations to reflect the current state of play in breast cancer treatment and research. As always, COSA's emphasis on multidisciplinary care was soundly embodied in the presentations and posters on offer.

The common overarching themes of the presentations in the opening plenary "Global advances in breast cancer" set the scene for three full days of conferencing, recognising the heterogeneous nature of breast cancer, and the importance of tailoring patient management to their tumour biology and individual risks of recurrence.

We ended the ASM on Thursday with the COSA Presidential Lecture and the Hot Topic Debate. Dr Ranjana Srivastava, a medical oncologist in Melbourne and accomplished writer gave a Lecture titled "The Good Doctor - The oncologist as advocate: Making a difference beyond the bedside". Dr Srivastava spoke of her work with refugees and asylum seekers who struggle to find appropriate healthcare in Australia. She challenged us all to use our talents to advocate for better care for our patients and those who will need healthcare in the future. In

particular her books challenge us to open the conversations about end of life care before the crisis moment.

Over 900 people registered for the ASM, and we booked over 1,000 nights accommodation via the registration system (some people book through other means). Just over half of the registered delegates were allied health professionals, 42% medical and 6% students - highlighting the importance of the multidisciplinary mix of all sessions where possible.

The majority of delegates that participated in the post event evaluation agreed that all program elements were well presented with up-to-date, balanced information and the structure allowed for good delegate participation. 66% indicated the opportunity to network as one of the reasons for attending - networking opportunities are always highly regarded by COSA delegates. Once again the ASM was a great success with 95% of respondents indicating they will attend or recommend future COSA meetings.

Trainee Events

In addition to the COSA Trainees Weekend, in 2016 COSA hosted a number of other events specifically for Advanced Trainees.

- ATOM - the Advanced Trainees Oncology Meeting. This annual event has been held by Roche for many years, with COSA taking over the management in 2016. Delegates were invited from NSW and ACT. Of the 36 delegates in attendance 26 completed the evaluation (72% response rate). 100% of attendees would like to see COSA continue to

facilitate ATOM and similar events. We have secured sponsorship from Roche to host ATOM in 2017, and to expand attendance to invite Advanced Trainees from Queensland, Victoria and Tasmania, as well as NSW and ACT.

- ACTNOW – the ACT and NSW Oncology Meeting. This biennial event, conveniently held in Bowral, is an educational opportunity for training and practicing oncologists across ACT and NSW. The combination of a relaxing environment and the unique agenda which includes a number of presentations not seen at traditional oncology meetings, has seen this event grow in reputation. The 2016 meeting was attended by over 60 delegates. 100% of delegates that responded to the evaluation advised that their expectations of the meeting were met and 86% of respondents rated COSA's organising of the meeting as excellent. We hope to run ACTNOW again in 2017.
- Pharmacology of chemotherapy workshops. COSA has facilitated these workshops for Advanced Trainees in Medical Oncology and Haematology for three years. Designed to provide education on the pharmacology of individual classes of cancer chemotherapy and targeted therapy, the course content was developed and delivered by Dr Christine Carrington and Mr Dan McKavanagh, both senior cancer pharmacists. The workshops consist of eight modules, originally delivered via video conference, and now as a one day face-to-face interactive sessions in Brisbane, Sydney and Melbourne. This new setting also provides an open forum for peer discussion and support, and has been well received by the trainees. COSA will again hosts these workshops in 2017.

Thank you and acknowledgements

The end of each COSA Presidency leaves me feeling somewhat sad, and none more so than Mei Krishnasamy's term. It has been a privilege working so closely with Mei over the last two years. Mei was the first non-medical COSA President appointment (and certainly not the last). Mei brought a refreshing energy and enthusiasm to the organisation. Her dedication to COSA's multidisciplinary and interdisciplinary approach was realised through all our activities. Mei was proud to represent COSA externally and we were proud to have her represent us. Personally I will miss working with Mei, but at the same time I'm excited to work with Professor Phyllis Butow during her Presidency in 2017 and 2018.

I would like to thank the COSA Board, Council and Audit, Risk and Finance Committee for their support and guidance. COSA's new governance structure has proven to be very effective, and I am very appreciative of the individuals that ensure this continues.

As always the work of COSA cannot be achieved without the committed COSA staff. The team has been stable throughout 2016 – COSA Project Managers Rhonda DeSouza, Hayley Griffin, Jessica Harris and Gillian Mackay continue to go above and beyond to support their respective COSA Groups.

My unending thanks to Fran Doughton who expertly supports myself, the COSA team and governance committees beyond question.

I remain excited about the prospects of another eventful and prosperous year for COSA in 2017.



Once again much of my focus this year was on ensuring the success of the ASM. With Fran Boyle at the helm as convenor for our joint meeting with ANZBCTG, the breast cancer emphasis was truly evident.



Marie Malica
Executive Officer

COSA GROUP REPORTS

ADOLESCENT AND YOUNG ADULT GROUP

In 2016, the COSA AYA Group prioritised work on the update and expansion of the Fertility Preservation Guidance. The original guidance was aimed at AYAs, but will now include children and adults to bring it into line with current medical knowledge and make it relevant to all cancer patients of reproductive age (up to 45 years old).

The content and layout of the Fertility Preservation Guidance has been completely revised, with the format now based on the clinical questions, which have increased substantially to 23 (the original guidance included only 10). Topics such as ethical considerations for discussing/offering fertility preservation and sexual health issues have also been expanded.

Reflecting the significant expansion of content, the Working Group has been carefully put together with expertise from leading fertility specialists, reproductive endocrinologists, oncologists, nurses, psychologists, social work and a patient representative from CanTeen. The Working Group is now made up of 21 members (including the Co-Chairs Dr Antoinette Anazodo and A/Prof Kate Stern).

The next steps for the project are to develop a full project plan (including budget and timeline) reflecting the above changes and initiate the literature searches. A wider Consultation Committee of clinicians will be formed to provide feedback on the draft document prior to the new guidance undergoing public consultation and being available on the wiki platform.

In recent times, much other high-level AYA work has been taken over by the CanTeen/Federal Government sponsored Youth Cancer Service (YCS) activities: www.canteen.org.au/how-we-help/youth-cancer-services/.

One of the focuses of the COSA AYA Group remains access for young people to clinical trials in Australia. The Group is still waiting for a response from Medicine's Australia asking them to advocate to their members to lower the age of eligibility for adolescents with cancer from 18 to 15 years for all pharmaceutical company sponsored clinical trials. Work in this area will continue in 2017. We also await with interest the implementation plan of YCS AYA Research Strategy after they were successful in obtaining Federal funding specifically for AYA Oncology research



Wayne Nicholls
Chair, Adolescent and Young Adult Group

BREAST CANCER GROUP

The COSA Breast Group represented by Dr Susan Fraser, Breast Physician has had a busy year with the focus of the COSA ASM in November on the Gold Coast being breast cancer.

Many international and Australian speakers updated us on the latest research treatments and diagnostic tools available for breast cancer. Survivorship also featured with diet and exercise groups strongly represented. The debate 'to screen or not to screen' finished a hugely successful meeting with a somewhat light-hearted and controversial look at this topic. Outstanding presentations by Shom Goel on HER2 positive breast cancer and Dr Laura Esserman from America who discussed the evolving role of surgeons and surgery in breast cancer management. The dinner was highlighted by the awarding of the Tom Reeve Award to the Conference Convenor, oncologist Prof Fran Boyle AM. The conference Program Committee had the privilege of working with Fran who worked tirelessly to ensure the 2016 ASM was a huge success.

The other standout advance for the Breast Group is the development of a 'draft' position statement on mammographic density - helped immensely by Prof Rik Thompson. More work to be done in this area in 2017.

The Australasian Society of Breast Diseases (ASBD) will be holding its ASM on the Gold Coast in October 2017 and we hope COSA members with an interest in breast cancer will attend.

CANCER CARE COORDINATION GROUP

The COSA Cancer Care Coordination Group aims to provide a national approach to planning, implementation and evaluation of Cancer Care Coordinator and cancer care coordination positions and activities in Australia.

A highlight for the Group during 2016 was the continuation of our webinar program, which provides an innovative and accessible professional development opportunity for cancer care coordinators across Australia. With the support of the WA Cancer & Palliative Care Network, the Group hosted the webinar Care, Complexity and Clarity, which was delivered by Professor Mei Krishnasamy and Dr Donna Milne. This webinar was extremely well received by a care coordination audience located across every Australian State and Territory. Members who missed the webinar may now view it through our Group page on the COSA website.

The webinar evaluation confirmed the value of this forum in meeting professional development needs in an accessible and time effective way. I would like to thank all members of our Professional Development Committee for their efforts in helping deliver such an excellent session - Liz Zwart (Chair), Catherine Barratt, Douglas Bellamy, Maree Bransdon, Carol Cameron, Marcia Fleet, Andrea Franke, Leanne Monterosso, Megan Nutt and Marisa Stevens; as well as Stephen Platt for his technical expertise. Further webinars are planned and we encourage any members with an interest in helping develop topics for the webinar program to contact cosa@cancer.org.au.

The Group issued three editions of The Coordinator newsletter during 2016. This newsletter is a great way for us to share information and keep up-to-date with activities of interest. Our Group is large and comprises members with a diverse range of roles, backgrounds and work settings, and each member has experience and expertise from which we can all learn. I encourage everyone to read the past editions of The Coordinator through our Group page on the COSA website (if you have not done so already), and to consider contributing content for future issues about your research, activities, publications or presentations.

The COSA 2016 ASM on the Gold Coast provided an opportunity for many of us to catch up, and our discussions at our Group Annual General meeting were very valuable. We are looking forward to continuing to build upon our efforts to identify efficient and effective ways to improve patient experience in an increasingly complex cancer care system. We have seen many changes in the cancer care coordinator environment since this Group's inception, and we intend to continue the conversation in 2017 about what this means for cancer care coordination. I sincerely thank the Group's Executive Committee for their time and commitment- Douglas Bellamy, Violet Platt and Liz Zwart, and also thank Gillian Mackay and Marie Malica at COSA for their continued support of our activities.

We have also made great progress towards representing cancer care coordination interests at the COSA 2017 ASM in Sydney. The conference theme is Immunotherapy, with a sub-theme of Quality and safety in cancer care. We will keep you posted as the program develops, but in the meantime please save the dates Monday 13 November - Wednesday 15 November 2017.

Thank you to all our Group members for your participation in cancer care coordination activities in 2016. I encourage all COSA members with an interest in cancer care coordination to be part of our activities for the coming year.

During 2016 the COSA Breast Group has also been represented by myself on Cancer Australia's committee of experts to develop Best Practice Guidelines for breast cancer diagnosis and management. This has involved several face to face meetings in Sydney and the successful launch of these guidelines at the Macquarie Pink Ribbon breakfast in Sydney in October to correspond with Breast Cancer Awareness month. Led by Dr Helen Zorbas, CEO of Cancer Australia the breakfast featured talks by the Prime Minister, the Hon Malcolm Turnbull MP along with a breast cancer survivor.

The COSA Breast Group will continue to raise awareness of the impact of breast cancer in the Australian community and strive to work with other like-minded groups to maximise the quality of care received by Australian women (and men).



Susan Fraser
Chair, Breast
Cancer Group



Patsy Yates
Chair, Cancer
Care Coordination Group

CANCER PHARMACISTS GROUP



Committee: Christine Carrington, Jenny Casanova, Karim Ibrahim, Zeyad Ibrahim, Dan McKavanagh (Deputy Chair), Michael Powell (Chair), Gail Rowan, Geeta Sandhu.

The Cancer Pharmacists Group (CPG) had another successful year in 2016 which was highlighted by our three very successful educational seminars and ongoing work in a number of key areas.

Both our Foundation and Advanced clinical courses continue to go from strength to strength which was shown both by the attendee numbers and

feedback received. Well over 150 pharmacists attended our three main educational events which show the enthusiasm and commitment to development of Australian cancer pharmacists. The executive committee's focus on education remains high and this was again reflected by the quality of education offered during 2016.

Education for Cancer Pharmacists

The CPG ran its 9th Foundation Clinical Skills for Cancer Pharmacy Practitioners Course in Brisbane in May 2016. Every year, this course is seen as the key educational workshop for pharmacists relatively new to cancer pharmacy and I would like to thank Dan McKavanagh and Geeta Sandhu who once again put together an excellent program covering many aspects of cancer pharmacy, supporting inexperienced cancer pharmacists in increasing their

knowledge and importantly, providing an opportunity for peer networking. We have exciting plans to develop this workshop even further in 2017 as we try to meet the ever expanding needs of the cancer pharmacist.

The 6th Advanced Clinical Skills for Cancer Pharmacy Practitioners Course was held in Melbourne in September 2016 and proved to be very successful, with a total of 75 delegates attending the meeting. Topics as diverse as advanced cancer drug pharmacokinetics, practice based role expansion, amyloidosis and long term toxicity prevention and management were just a few of the highlights. My thanks go to co-convenors Gail Rowan and Dan McKavanagh for putting together such an interesting program. We will be holding our 7th Advanced Course in October 2017.

The CPG ran a Clinical Development Workshop day on the Gold Coast in

CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

Chair

Dianne Lindsay, Clinical Research Consultant, Newcastle, NSW

Executive Committee

Annette Cubitt, Royal Brisbane and Women's Hospital, Brisbane, QLD (Deputy Chair).

Alison Coote, Orange Health Service, NSW (Secretary).

Sanela Bilic, St John of God Hospital, Subiaco, WA; Joanne Hakanson, Austin Hospital, Melbourne, VIC; Leonie Kelly, University of Newcastle, NSW; Alison Richards, Flinders Medical Centre, Adelaide, SA; and, Natasha Roberts, Royal Brisbane and Women's Hospital, Brisbane, QLD.

During 2016 the Clinical Trials Research Professionals Group (CTRPG) Executive Committee welcomed new members who broadened representation from regional and metropolitan clinical trials research units across Australia. Regular meetings were held by teleconference

and all members contributed to the following initiatives to promote clinical trials research:

- **National PICF** (www.nationalpicf.com.au), a suite of National Standardized Patient Information and Consent Forms and Guidelines which provide a consistent model for the communication of patient information, sponsored by Bellberry Limited. The CTRPG Executive Committee's report was welcomed and resulted in updates to the templates and guidelines prior to the launch of a website on 4 May 2016. COSA and Cancer Council Australia have endorsed this framework.
- **ClinTrial Refer** (www.clintrial.org.au), a Mobile App platform which aims to help connect patients, clinicians and clinical trials units across various clinical settings. The App facilitates discussion of treatment options, helping to embed consideration of trial participation during patient consultations and enables cross referral which enhances patients' access to new therapeutic options. COSA has joined the growing list of supporters of the ClinTrial Refer project.

- **CTRPG pages of the COSA website** were updated to provide members with links to additional educational information.

A key achievement was the organisation of a Clinical Professional Day for COSA members on Monday 14 November, just prior to the opening of the COSA Annual Scientific Meeting on the Gold Coast. The workshop, which was supported by COSA and the Australia and New Zealand Breast Cancer Trials Group, was well attended with presentations by invited guest speakers who very generously contributed their time and expertise.

Eleanor Allan, who established Caledonian Clinical Training in 2000, specializes in providing clinical research training and clinical trials auditing. Eleanor presented "GCP Refresher" and "GCP in Practice" sessions covering Australian and International guidelines, regulations, ethics processes and current GCP principles, definitions and roles. Attendees were also given an overview of changes that are anticipated due to the ICH E6 (R2) Addendum to GCP.

Two very comprehensive presentations on immunotherapy treatment in clinical trials followed the GCP

COSA GROUP REPORTS

November, immediately prior to the COSA ASM. Topics covered included antimicrobial stewardship, advanced pharmacy practice credentialing, clinical trials methodology and outcomes in the era of personalised medicine, a masterclass in immunotherapy and an interactive clinical breast cancer cases workshop – to tie into the theme of the ASM. All in all a very interesting day with good feedback from the attendees.

COSA ASM 2016 – Gold Coast, Queensland

The 2016 ASM, held jointly with the ANZBCTG, had a theme of breast cancer and a number of cancer pharmacists presented on topics such as subcutaneous Trastuzumab, immunotherapy from a pharmacist's perspective, cancer pain and geriatric oncology. We very much look forward to the 2017 ASM in Sydney.

Other work

CPG members have been involved in various working groups this year. The COSA Chemotherapy Guidelines Update Review Group has been working hard to review the current guidelines which will support and promote best practice in the governance of chemotherapy prescribing, dispensing and administration and which we hope to have available in the first half of 2017. The COSA Geriatric Oncology Group is developing consensus guidelines on the management of the older cancer patient and has cancer pharmacy input.

The CPG AGM held on the Gold Coast in November saw us bid farewell to both Dr Karim Ibrahim and Dr Christine Carrington from the executive committee. I would like to especially thank Krissy for her many years of supporting, chairing and being

a member of the CPG committee...she has been a constant source of help and advice to many of us over a long period and I know she will remain an active member of the CPG.



Michael Powell

Chair, Cancer Pharmacists Group

sessions. Dr Matthew Chan, Staff Specialist in Medical Oncology at the Central Coast Cancer Centre, Gosford Hospital gave an informative overview of the background to immunotherapy treatment in his presentation "Unleashing the Immune System: Immune Checkpoint Inhibitors". This was followed by an excellent presentation from A/Professor Rina Hui, a Senior Medical Oncologist at the Crown Princess Mary Cancer Centre, Westmead Hospital, who used various graphical formats to outline current research and drug development in immunotherapy, beginning with a focus on lung cancer and leading to potential impacts on improving breast cancer treatment.

Elizabeth Wilson, Sites Relationship Manager from Quintiles gave an update on the implementation of risk based monitoring which promotes the more efficient targeting of clinical trial monitoring activities and resources. Insight into the importance of collaboration between research staff at sites, the pharmaceutical industry and CROs was provided and considered crucial to the success of this novel and contemporary approach.

We received 20 completed evaluation forms from 41 attendees, comments

received included: *"a great day, the right balance of subjects"; "engaging and inspiring, relevant case studies and great opportunities to open up discussion"; "loved the card game"; "I really needed this"; and, "the clinical session was very relevant to current trials"*. The majority of attendees rated the workshop as either "excellent", or "good" (98%); with each presentation rated in terms of content and relevance, timing and duration on a 4 point scale.

An Annual General Meeting held during the workshop lunchbreak was also very well attended. Members were provided a report which outlined the achievements of the CTRPG Executive Committee during 2016. A number of excellent suggestions from members were discussed, minuted and may lead to new initiatives to be undertaken during 2017. Members noted a unanimous request for another Clinical Professional Day to be organised prior to the COSA ASM in Sydney.

While we were pleased with our achievements during 2016, the CTRPG Executive Committee is looking forward to setting new goals to work towards during 2017. We aim to respond to the needs of our

membership by providing high quality opportunities to enhance professional development, and resources to enable members to network with and obtain assistance from colleagues. With support from COSA, we will continue to promote excellence in the conduct of oncology clinical cancer research throughout Australia.



Dianne Lindsay

Chair, Clinical Trials Research Professionals Group

COMPLEMENTARY AND INTEGRATIVE THERAPIES GROUP

The CIT Group continues to represent COSA members by responding to a broad range of issues associated with use of complementary and alternative medicines in Australia, including the need for information, guidelines for practice, specific issues in oncology and management of unconventional treatments.

In 2016 we added an infographic to our resources accessible, *Guideline for discussing complementary and alternative medicine (CAM) with patients – 10 Steps*. The infographic can be found on the resources page of the Complementary and Integrative Therapies Group on the COSA website www.cosa.org.au/groups/complementary-integrative-therapies/resources/.

The CITs Group newsletter (eNews) released in August 2016 was again well received by members. We welcome

input regarding contemporary issues in complementary and integrative therapies in oncology settings from our members for future issues.

At 2016 COSA ASM on the Gold Coast two noteworthy abstracts were presented. Wolfgang Marx reported clinical trial results suggesting adjuvant ginger supplementation is associated with better chemotherapy - induced nausea - related quality of life and less cancer- related fatigue, with no difference in adverse effects compared to placebo.

Eun Jin Lim, University of Sydney presented an interesting transcultural comparison of integrative cancer centres in the USA, Australia and Germany indicating that Australian centres defined IM as supportive care and patient-centred care, evident in acceptance of patient self-referral. Australia and the USA perceive IM as adjunctive, while in Germany it is parallel with western medicine. Australian centres support patient self-management through empowerment and value social interactions

between patients, and patients and practitioners.

Suzanne Grant, Senior Acupuncturist at the Chris O'Brien Lifehouse is representing the Group on the 2017 COSA ASM local organising committee and we look forward seeing you in Sydney in November!



Paul Katris

Chair, Complementary and Integrative Therapies Group

EXERCISE AND CANCER GROUP

The Exercise and Cancer Group has been very active during 2016 and has made significant progress in its key activities. The Group was formed to help progress a national approach to the implementation of exercise in cancer care, with a vision of enhanced supportive care practice and policy leading to improved outcomes for patients through affordable, accessible and effective exercise medicine.

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 and Executive

The Group's membership has continued to grow, with approximately 180 professionals in 2016 and representation including exercise physiology, physiotherapy, radiation and medical oncology, surgery, nursing, nutrition and public health discipline areas. We strongly encourage COSA members from all disciplines to get involved with our group.

I would like to sincerely thank all Group 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.

COSA Position Statement on Exercise in Cancer Care

The Group Executive has been developing a position statement on exercise in cancer care. The statement endorses evidence based guidelines and applies them to the Australian setting. The statement provides guidance to all members of the multidisciplinary cancer team regarding the role of exercise in the care of people with cancer. The position statement is central to the goals of our Group, will provide an advocacy platform and will be a pivotal resource to guide the Group's activities.

The drafting of this position statement has been robustly debated and truly benefited from the multidisciplinary membership of the Group Executive and the Group membership. We are very keen to hear your feedback on the draft statement and its dissemination plan during our consultation with the full COSA membership.



2016 COSA Annual Scientific Meeting Involvement

Exercise featured strongly in the 2016 COSA ASM program, with all sessions generating significant interest and high attendance. We were fortunate that the following presentations were recorded and are available for members to view on the COSA website (<https://www.cosa.org.au/events/past-annual-scientific-meetings/>):

Exercise and Breast Cancer Concurrent Session (Tuesday 15 November)

- Melinda Irwin – Exercise for the management of arthralgia
- Sandi Hayes – Exercise for the management of upper body morbidity
- Carolina Sandler – Exercise for the management of fatigue
- Haryana Dhillon – Exercise for the management of distress and cognitive impairment

Self-management of Cancer Pain Concurrent Session (Wednesday 16 November)

- Sharni Patchell – Physiotherapy strategies for cancer pain

Other ASM highlights included Prof Melinda Irwin from Yale delivering

a fantastic breakfast session on the interaction of physical activity on cancer prevention and control. Group members Kirsten Adlard and James Devin's work exploring the efficacy of high intensity exercise was recognised with best of the best awards within the clinical research (oral presentation) and supportive care and survivorship (poster oral presentation) categories respectively. The Group also hosted an Exercise and Cancer Booth in the exhibition hall, to help raise awareness about the role of exercise in cancer care. This interactive booth gave delegates an insight into what patients referred to an exercise program experience and learn about exercise, and also allowed delegates to participate in exercise challenges. We gratefully acknowledge the sponsorship and support provided by Exercise and Sports Science Australia, Australian Catholic University and Australian Fitness Supplies Pty Ltd.

The Exercise and Cancer booth at the 2016 COSA ASM

Annual General Meeting

The Group's AGM was held at the 2016 COSA ASM on the Gold Coast. Approximately 35 members were present to discuss the Group's activities and our progress on

developing the position statement.

We encourage all COSA members to get involved with the work of this Group or to keep informed on our activities – please select 'Exercise' as a 'COSA Group' or 'Area of Interest' under your COSA membership profile. Members are also welcome to contact me at any time for more information.



Prue Cormie

Chair, Exercise and Cancer Group

FAMILIAL CANCER GROUP



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

The COSA Familial Cancer Group (FCG) Executive for 2016 was comprised of chair Nicholas Pachter (WA), deputy chair Nicola Poplawski (SA), and members Mary-Anne Young (VIC), Finlay Macrae (VIC), Helen Marfan (QLD), Kathy Wu (NSW), Margaret Gleeson (NSW) and Lucinda Hossack (VIC). I wish to thank all those on the Executive for their work during the year.

The activities of the COSA/HGSA FCC Group for 2016 included:

- The successful running of the COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which was held Tuesday 16 August, at the Mantra resort, Kingscliff, NSW. Themes included:
 - Risk Notification in Families
 - Diagnostic testing for Paediatric Cancer syndromes
 - Predictive testing for Cancer syndromes in Children
 - Moderate penetrance genes – when to test and how to manage

The day was well received by all who attended and my thanks go to 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 development of guidelines for clinicians prescribing selective oestrogen receptor modulators (SERMs) for the medical prevention of breast cancer and an information sheet for patients using these

medications. These guidelines have been endorsed by the COSA Council and can be found on the resources page of the Familial Cancer Group on the COSA website www.cosa.org.au/groups/familial-cancer/resources.aspx.

- The development of an education tool for Oncologists for ovarian cancer treatment-focused genetic testing (TFGT), a flowchart to implement TFGT in practice, and to develop a way to evaluate the approach at different centres. In partnership with Astra Zeneca, a workshop on implementing TFGT for Oncologists was arranged and held as a satellite meeting prior to the COSA ASM on the Gold Coast.
- The selection of Familial Cancer topics and speakers for the 2016 COSA ASM held on the Gold Coast in November. The theme was "Partners for Progress in Breast Cancer Research and Care". The Familial Cancer Group arranged a session entitled "Treatment focused BRCA gene testing" and the following Speakers presented:
 - Kelly-Anne Phillips: Treatment Focused Genetic Testing in Women with Breast Cancer – Why Do It?
 - Maira Kentwell: On the Road to Mainstreaming: Genetic Testing for Ovarian Cancer Patients within an Oncology Setting
 - Amanda Spurdle: ENIGMA quantitative and qualitative classification criteria for evaluating the clinical significance of BRCA1 and BRCA2 sequence variants
 - Judy Kirk: Streamlined genetic education is effective in preparing women newly diagnosed with breast cancer for decision-making about treatment-focused genetic testing: A randomized controlled non-inferiority trial

For 2017 the COSA FCG executive plans to:

- Develop the program for the 2017 COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which will be held Tuesday 29 August 2017, at the Mantra resort, Kingscliff, NSW.
- Contribute Familial Cancer topics and speakers to the COSA ASM to be held in Sydney in November 2017.
- Table for endorsement by the COSA Council a national position statement for the routine use of immunohistochemical assessment of colorectal cancers for evidence of Lynch syndrome at the point of cancer diagnosis.
- Continue to evaluate the approach of TFGT at different centres across the country.



Nicholas Pachter
Chair, Familial Cancer Group

GERIATRIC ONCOLOGY GROUP

The Geriatric Oncology Group renewed its focus and directions during 2016, and has set an agenda for action for the coming five years. This will build upon the momentum initiated under Dr Christopher Steer's leadership, and strengthen this Group's position as the key Australian collaboration principally focused on cancer care in the older adult.

The Group convened a Strategic Planning Day in 2016 after first consulting with members to inform our strategic priorities. We have now formed Working Groups to focus on two key areas to improve outcomes for older Australians with cancer: progressing a geriatric oncology research agenda and developing geriatric oncology clinical guidelines/guidance statements.

The Geriatric Oncology Research Working Group has been established to develop research capacity, collaborative networks and strategic direction to increase the quality and quantity of geriatric oncology research in Australia.

The working group piloted its first "Research Concept Development Teleconference" in November 2016. Clinicians and researchers were invited to submit a synopsis of a clinical study they would like to develop or were in the process of testing. Proposals were provided to experts for independent review and applicants were invited to join a workshop-style teleconference. At the teleconference applicants had the opportunity to present and

discuss their studies with reviewers, who provided input to help refine each concept into a feasible research proposal.

Reviewers and applicants all considered this pilot a success - the teleconference 'workshop' format worked well and facilitated a good spirit of conversation and peer support, resulting in practical and tangible feedback. Participants agreed it was valuable talking amongst colleagues with similar interests, to hear about what others were doing, and to learn of potential future opportunities to collaborate. The Working Group plans to offer further Research Concept Development opportunities in 2017.

The Geriatric Oncology Guidelines Development Working Group is working to develop guidelines/practice points to help improve the clinical management of older adults with cancer in Australia. The guidelines will aim to provide Australian health professionals with access to an overview of recommended practices to optimise older adults' cancer care experiences and outcomes. They will focus on the practices required to ensure that older people newly diagnosed with cancer have access to optimal cancer care, experience minimal side-effects and that they and their carers have access to the care and support that they require to optimise their cancer treatment.

This working group is currently developing the guideline framework and plans to draw upon the

multidisciplinary skills, interests and expertise of COSA members throughout the development process.

Information Sharing

The Group has now also distributed two editions of our periodic newsletter - *GO eNews* - which are available to all COSA members via our Group page on the COSA website. Through this forum, we hope to share information about our geriatric-oncology focussed activities, research, publications and events, and we encourage all members to consider contributing material and getting involved with our activities.



Meera Agar
Chair, Geriatric
Oncology Group



NUTRITION GROUP

The nutrition group continue to provide a national platform for a focus on optimising nutrition for people with cancer across all stages of the cancer journey. Members have had a number of opportunities in 2016 to provide input into resources aimed at improving patient access to information and support. These have included membership of a steering committee with Pancare to develop a patient resource for nutritional management of upper GI cancers, as well as input into nutritional resources available on the Beyond Five website for patients with head and neck cancers.

For the first time in 2016, the Multinational Association of Supportive Care in Cancer (MASCC) conference was held in Adelaide, Australia. This conference is usually held on a rotating basis between North America and Europe. This provided a unique opportunity for the nutrition group to join with the MASCC nutrition and cachexia group to host a symposium at the 2016 conference on the topic of models of care in high nutrition risk groups. A number of nutrition group members including Dr Nicole Kiss, Dr Anna Boltong, Merran Findlay and Jenelle Loeliger presented in the session which was chaired by fellow nutrition group member Professor Liz Isenring. The symposium was a great success and had an excellent turn out. The nutrition group are exploring further opportunities to collaborate with the MASCC nutrition and cachexia group.

The 2016 ASM on the Gold Coast was another highlight where the group held a highly successful session on nutrition and breast cancer. This session brought together multidisciplinary experts in dietetics, medicine, epidemiology and exercise physiology to showcase the latest research and practice implications

in the area of nutrition and breast cancer with a particular emphasis on lifestyle and weight loss interventions. Invited speakers included Professor Melinda Irwin from Yale University and Associate Professor Marina Reeves who presented on studies of weight loss interventions for women treated for breast cancer. Dr Wolf Marx presented on the use of ginger supplements for treatment of chemotherapy induced nausea and vomiting. Phanthira Simapivapan presented interesting findings from a study on the provision of alcohol and lifestyle advice to breast cancer patients by health professionals conducted with Cancer Council Victoria.

The phase III malnutrition in Victorian Cancer Services project, led by the Peter MacCallum Cancer Centre Nutrition department and funded by the Victorian Department of Health and Human Services (DHHS), commenced in 2016 and follows on from the highly successful earlier phases. This project continues into 2017 with 4 projects underway looking at improving malnutrition identification in CALD patients, food service models, roll out and implementation of the resources developed in phase II and establishing a platform to conduct a cancer malnutrition point prevalence study nationally. Nutrition group members have been involved in project committees, project lead roles and steering groups for these projects.

Work continues on maintaining the currency of the head and neck nutrition evidence based guidelines. In addition, the group web page on the COSA website has been updated with the addition of a number of new resources reflecting the activities of group members over the year.

A further initiative of the group in 2016 was the implementation of quarterly e-newsletters to members. The e-newsletters contain updates on the group's activities.

Priorities for the Nutrition Group in 2016 will be:

- Development of a guideline for excellence in cancer nutrition management
- Ongoing involvement in the Phase III malnutrition in Victorian Cancer Services project
- Input into the 2017 COSA ASM program

Finally, the group developed new terms of reference to provide guidance and focus to our activities moving forward.

Thank you to all our members for helping to maintain a small but active and motivated group.



Nicole Kiss
Chair, Nutrition Group

PALLIATIVE CARE GROUP

The COSA Palliative Care Group held a *'Managing complex symptoms experienced by women living with advanced breast cancer: a palliative care Masterclass'* at the 2016 ASM on the Gold Coast. This one day Masterclass was well attended 35 breast care nurses, allied health professionals and doctors working in various cancer care settings across Australia. Facilitated by Dr Frank Brennan and Prof Jane Phillips, the Masterclass provided participants with a wealth of practical advice and overview of the current evidence.

Dr Frank Brennan opened the workshop by providing participants with an opportunity to consider opportunities to strengthen the interface between medical oncology and palliative care and the importance of early referral. A/ Prof Melanie Lovell's comprehensive overview of cancer pain management detailed the challenges of managing complex cancer pain and the importance of routine screening, assessment, pharmacological and non-pharmacological management. The key message to emerge from Prof

Janet Hardy's session on nausea, was that the use of regular and simple cost-effective anti-emetics that are readily available is often under-utilised and appreciated, as evidenced by the team recently completed anti-emetic for palliative care patient's refractory nausea trial. The Gold Coast palliative care made a significant contribution with Dr Joanne Doran providing some practical evidence-based strategies for managing bowel obstruction, while her colleague Dr Nicole Morgan provided an overview of some of the challenges associated with managing palliative care emergencies, and Ms Lois Lawler illustrated the value and role of social workers within the interdisciplinary team. Dr Annmarie Hosie and Prof Jane Phillips challenged participants to make delirium recognition and management an important clinical priority and drew on their considerable expertise to identify optimal delirium prevention and management strategies that could be readily implementing into their clinical practice. Whilst difficult conversations are an integral element of advanced cancer management. Dr Amy Waters provided participants with a range of practical tips to make communication

as easy, compassionate and effective as possible. The later part of the workshop was devoted to care of the dying, which was eloquently presented and facilitated by Dr Frank Brennan and Ms Joan Ryan. The closing session was left to Ms Vanessa Couper, a Music Therapist at Lifehouse, Sydney to illustrate the power of engaging dying patients and their families in music therapy. This content rich workshop was made possible through TEVA Oncology sponsorship.



Jane Phillips
Chair, Palliative Care Group

PSYCHO-ONCOLOGY GROUP

This year marked the beginning of an exciting stage of the COSA Psycho-oncology Group with the establishment of the Executive Committee for the group. The new Executive Committee is multidisciplinary with representatives from regional and metropolitan areas of Australia. The new committee comprises:

Dr Laura Kirsten, Chair

Dr Haryana Dhillon, immediate past Chair

Dr Mel Price, Psycho-oncology Co-operative Group representative

Kim Hobbs, Oncology Social Workers Australia nominated representative

Professor Jane Turner, School of Medicine, The University of Queensland

Ms Toni Ashmore, Manager, Cancer Psychosocial Services, Canberra Regional Cancer Centre

Ms Annmarie Binger, Regional Manager of Western NSW, Cancer Council NSW

Ms Katherine Lane, Nurse Manager, Cancer Information and Support Service, Cancer Council Victoria

This enthusiastic committee will seek to strengthen the group in the areas of governance and furthering the group's objectives. Regular updates on the progress of the Psycho-oncology Group Executive Committee will be documented in the Marryalyan.

Given the number of high calibre international conferences that graced our shores, one of the challenges for Australian psycho-oncologists this year was deciding one to attend. In

2016 these conferences included the Multinational Association of Supportive Care in Cancer (MASCC), the International Congress of Behavioural Medicine (ICBM) and the World Congress of Behavioural and Cognitive Therapy (WCBCT) which had a large psycho-oncology component. The conferences brought fascinating international speakers who provided inspiration to attendees and also gave our Australian psycho-oncology researchers an opportunity to showcase their high quality work. In 2016 the International Psycho-oncology Congress was in Dublin, Ireland and in 2017 it will be in Berlin, Germany.

Continued on page 21

The year was capped off with the COSA ASM in the Gold Coast. This was a joint meeting with the Australia & New Zealand Breast Cancer Trials Group (ANZBCTG) and so was a breast cancer-themed conference. There was a strong psycho-oncology presence throughout the meeting which included a session on e-technologies in psycho-oncology. This session considered the use of novel and innovative technologies in the delivery of psychosocial care for cancer patients with four speakers who not only delivered an articulate summary of their research but were also able to provide insights about their experiences and learnings from working in the digital age! Another session of note included the plenary session on male breast cancer which included two survivors and advocates who generously shared their experiences with the audience.

There was a lot to learn from the international and national speakers at COSA this year. Deborah Fenlon, an academic nurse from the University of Southampton in the United Kingdom, presented on survivorship issues for women with breast cancer. She also

outlined some learnings from the UK about how they help cancer survivors in the recovery process.

The Annual Scientific Meeting for COSA in 2017 will be in Sydney and we are already organising a stimulating conference with plenty of psycho-oncology content relevant to all.

This year, the Psycho-oncology Group has worked on the replication of the Australian oncology stress and burnout study conducted by Professor Afaf Girgis in 2008. In collaboration with Prof Girgis and the Psycho-oncology Co-operative Group we have revisited the previous research and are planning on surveying the Australian Oncology workforce in 2017 so watch this space!

I am looking forward to working with all of you in the year ahead and welcome contact from you all. Please feel free to email me on laura.kirsten@health.nsw.gov.au.



Laura Kirsten
Chair, Psycho-Oncology Group



RARE CANCERS GROUP

2016 was a productive year for the COSA rare cancer group. The foundations were developed for three key national programs that we anticipate will all launch early in 2017. These programs have been developed with the aim of broadly addressing areas of unmet need for patients with rare cancers – both in their immediate care and also by facilitating ongoing research efforts.

The first of these is a collaboration with the consumer group, Rare Cancers Australia, to develop a website for patients, their carers and clinicians, to quickly identify individuals and institutions with existing clinical expertise and research interests across the various rare cancer types. The basis for this is a national survey distributed to oncology clinicians by mail (and accessible online¹) in December of 2016. The related website is currently undergoing final testing and will hopefully launch in April of this year. The Groups' eventual goal will be to develop a national network for oncology clinicians to aid in diagnosis and guide management of their rare cancer patients. We aim to develop streamlined pathways for access to expert pathology review, the range of available molecular testing, relevant clinical trials and pre-clinical research studies. As the founders of Rare Cancers Australia, Kate and Richard Vines, are members of our COSA rare cancer group executive committee, the synergies between patients' needs and clinicians' needs are being addressed in parallel with this endeavour.

The second project is the WEHI Stafford Fox Rare Cancer Program. Its foundation is a nationally accessible clinical and tumour specimen database being developed with BioGrid Australia. It will have the flexibility to encompass a range of rare cancer types where individual tumour platforms would otherwise not be viable. This program will aid in

the identification and consolidation of isolated rare cancer cases across the country and allow more meaningful research to be undertaken. Study investigators and interested researchers nationally will be able to access de-identified patient data in aggregate through a simplified BioGrid approval process. The program is currently being piloted at the Royal Melbourne Hospital and will roll out nationally over the first half of 2017.

Finally, the group has a number of clinical trials under development with the most imminent of these being NOMINATOR (Genomic Matching of Treatment for Rare Cancers).² Anticipated to open early in 2017, NOMINATOR is a pilot study to assess the feasibility and potential value of performing genomic testing on rare cancers from patients across Australia. All participants will receive comprehensive molecular and immunological profiling of their cancer – and where a potentially actionable aberration is identified, will receive treatment recommendations guided by discussion at a molecular tumour board. Participating sites include: the Royal Melbourne Hospital/ Peter MacCallum Cancer Centre; the Royal Adelaide Hospital; St John of God Subiaco Hospital; the Royal Brisbane and Women's Hospital and Royal North Shore Hospital. The program will provide access for 100 rare cancer patients across Australia to genomic testing and will help to better characterise previously poorly studied tumour types.

2017 will be an exciting year for the group and we would encourage everyone to participate – either by completing the survey, contributing patients, or becoming one of our collaborators!

1. survey.confirmit.com.au/wix/p1477749.aspx

2. www.australianclinicaltrials.gov.au/anzctr/trial/ACTRN12616001000493



Clare Scott

Chair

Rare Cancers Group

Damien Kee

Deputy Chair

Rare Cancers Group

REGIONAL AND RURAL GROUP

The focus of the COSA Regional and Rural group in the last 12 months has been on developing and releasing the national implementation guide for the Australasian Tele-Trial Model.

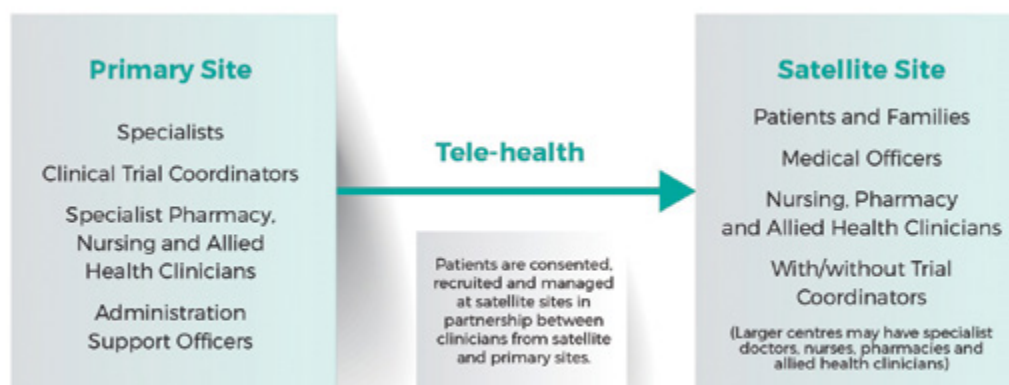
The model was developed in collaboration with clinical trial sponsors, clinicians, health administrators and regulatory bodies. During July 2016 there was a 4 week consultation period

to request feedback from our Affiliated Organisations (especially the cooperative trials groups) with the Guide for Implementation subsequently being endorsed by COSA Council in August 2016. A copy of the guide is available on the COSA website: www.cosa.org.au

The model uses tele-health to enable clinicians from larger centres (primary sites) to enrol, consent and treat patients on clinical trials at regional and rural centres (satellite sites). The benefits are not limited to regional

areas, with the same model having the potential to connect larger centres (even within the same city) and improve the rate of recruitment to highly specialised clinical trials such as those for rare cancers. The model takes into account the requirements for the proper conduct of clinical trials, ensuring the protection of the rights and safety of trial participants and obtaining quality data for the demonstration of safe and efficacious cancer treatments.

AUSTRALASIAN TELE-TRIAL MODEL



The next steps are to further develop the core principles of the model, particularly in regards to research governance, through the selection of suitable trials from cancer trials groups and industry. COSA was successful in securing funds from an MTPConnect grant and consortium partners to manage the national implementation in 2017-18. Consortium partners include Rare Cancers Australia, Cancer Voices Australia, Australian Institute of Tropical Health and Medicine, Garvan Institute, Walter and Eliza Hall Institute of Medical Research, ICON Cancer Care, St John of God Hospital, Medicines Australia and 4 pharmaceutical companies (AbbVie Pty Ltd, Janssen, Novartis and Pfizer).

Expressions of interest for membership of the Steering Committee will be called for in early 2017.

There has also been some initial work on publicising the development of the model internationally. Professor Sabe Sabesan and Professor Ian Olver presented an overview of the Australasian Tele-Trial Model at the UICC World Cancer Conference in Paris on the 2 November 2016. In addition, a commentary by Professor Sabesan and Professor Zalcberg was recently published in the European Journal of Cancer Care with the title "Telehealth models could be extended to conducting clinical trials—a teletrial approach".



Sabe Sabesan
Chair, Regional and Rural Group

SURVIVORSHIP GROUP

2016 demonstrated, once again, the high level of engagement of members with cancer survivorship, with the new Executive Committee formed, the launch of the COSA Model of Survivorship Care, and ongoing input into the broad range of survivorship activities that are taking place around the country.

COSA Model of Survivorship Care – Formally launched

During 2016 substantial work was undertaken to incorporate recommendations to the Model of Survivorship Care generated as part of the cancer consumer group consultation late in 2015. A further round of consultation was taken with both COSA Survivorship Group members and outside stakeholder groups. We received supportive and constructive responses from many organisations that have been incorporated where possible or will be used to plan next steps in the dissemination and implementation planning.

The revised model, beautifully constructed by our graphic designers, was formally launched as its approval by COSA Council, in November at the Annual Scientific Meeting. It has been well received and we know is being used as part of the development of a range of survivorship research and service development plans.

It is essential that we pay tribute to the very dedicated and thoughtful team of people who made up the COSA Model of Survivorship Care Working Group. There were many hours of meetings, discussions, reviewing plans, and documents that went in to the model of care. The discussions at meetings was robust and rigorously considered the impact on individuals, healthcare professionals, and the healthcare

system overall. It was a pleasure and privilege to work with the group, particularly with the support of Hayley Griffin who kept us moving forward.

I was invited to attend the Asia-Pacific Psycho-Oncology Network Conference in Singapore in November 2016. Their interest in survivorship models and alternative approaches to delivering follow-up care generated substantial levels of discussion about our model of care. There are many opportunities to explore and adapt this model in healthcare systems in other parts of the world.

Terms of Reference

With the formation of the Survivorship Group Executive Committee the establishment of Terms of Reference including the mission and aims of the group was a priority. The Terms of Reference were agreed and are available on the group's webpage www.cosa.org.au/groups/survivorship/about/. Work has now started on a strategic plan to help us achieve our aims.

3rd National Survivorship Conference

For the third National Survivorship Conference COSA is partnering with Flinders Centre for Innovation in Cancer. Many of our Survivorship Group members have been actively involved throughout 2016 to develop an inspiring and innovative program. There is no doubt that the conference theme of 'Pathways to better policy' will help to progress clinical practice in cancer survivorship and the policies that will support this. A top line of international and national speakers will be a treat, and once again consumer involvement in the planning and running of the meeting has been a true asset.

Executive Committee

We established a very strong and engaged Survivorship Group Executive Committee early in 2016. Members were elected and commenced their term in February 2016. Our Executive Committee members are: Ray Chan, Richard Cohn, Michael Jefford, David Joske, Janette Vardy. Bogda Koczwara continued as Deputy Chair.



Haryana Dhillon
Chair, Survivorship Group

AFFILIATED ORGANISATION REPORTS

AUSTRALASIAN GASTROINTESTINAL TRIALS GROUP



2016 marked the 25th year of the AGITG conducting and promoting clinical and related biological research to improve health outcomes for patients with gastro-intestinal cancers. Over the past quarter century, through the tireless efforts of the AGITG membership, we have been instrumental in advancing significant changes in medical practice not only in Australia but worldwide.

A major highlight of the year was the opening of the INTEGRATE II clinical trial, an AGITG led and designed Phase III clinical trial in advanced gastro-oesophageal cancer which will be conducted in Australia, New Zealand, Korea, Japan, Taiwan, Canada and the USA.

Conferences and Publications

Five AGITG clinical trials were presented at ESMO 2016, held in Copenhagen from 7-11 October.

Professor Andrew Barbour presented the DOCTOR Study abstract: An AGITG trial – A randomised phase II study of pre-operative cisplatin, fluorouracil and DOCetaxel +/-radiotherapy based on poOR early response to cisplatin and fluorouracil for resectable esophageal adenocarcinoma.

Results from the CCTG/AGITG CO.23 Study were presented by Dr Derek Jonker from CCTG at ESMO as an oral presentation, "A randomized phase III study of napabucasin [BBI608] (NAPA) vs placebo (PBO) in patients (pts) with pretreated advanced colorectal cancer (ACRC): The CCTG/AGITG CO.23 trial".

This oral presentation was the first presentation of results.

Professor Stephen Clarke and Dr Connie Diakos presented the MAX Study abstract: Is baseline neutrophil to lymphocyte ratio (NLR) an independent prognostic biomarker for progression free survival (PFS) and overall survival (OS) in metastatic colorectal cancer (mCRC)? An analysis of the AGITG MAX study, was a poster presentation during the ESMO 2016 Congress.

Professor Clarke and Dr Diakos also presented a poster for CO.17 and CO.20 studies abstract: Is the derived neutrophil to lymphocyte ratio (dNLR) an independent prognostic marker in patients with metastatic colorectal cancer (mCRC)?

The AGITG was also represented in the GI cancer (non-colorectal) session at American Society of Clinical Oncology (ASCO) 2016 in Chicago with a poster presentation by Dr Howard Chan, an AGITG Research Fellow, on results from the GAP Study which aimed to improve the results of surgery and adjuvant therapy through the addition of pre-operative chemotherapy in resectable pancreatic cancer and also aimed to predict the responses to peri-operative chemotherapy, assess treatment-related toxicity and treatment failure.

Publishing highlights for the AGITG included: the manuscript "Regorafenib for the Treatment of Advanced Gastric Cancer (INTEGRATE): a Multinational Placebo- Controlled Phase II Trial" published in the Journal of Clinical Oncology; the AGITG TACTIC study, a Phase II trial of gemcitabine, cisplatin and panitumumab in biliary tract cancer was published in the Cancer Chemotherapy and Pharmacology Journal; and the QUASAR 2 clinical trial, a multicentre international study of capecitabine +/- bevacizumab as adjuvant treatment of colorectal

cancer, was published in The Lancet Oncology.

During 2016, 13 articles were published in journals relating to AGITG trials and the AGITG presented 11 papers to international conferences.

Research and Education Workshops

Under the guidance of Professor Eva Segelov, Meeting Convenor, and the Executive Organising Committee, our 25th year celebrated excellence and innovation in GI cancer research at the 18th AGITG Annual Scientific Meeting held in Melbourne on 14-16 September.

The AGITG also hosted several major workshops including:

- AGITG-APC Pancreatic Cancer Research Workshop, 13 September, Melbourne
- Preceptorship in Colorectal Cancer, 11-12 November, Melbourne
- Commonwealth Neuroendocrine Tumour Group Workshop, 2-3 December, Honolulu
- Pancreatic Cancer Expert Meeting, 18 December, Singapore

John Zalcberg OAM Award for Excellence in AGITG Research

The 2016 John Zalcberg OAM Award for Excellence in AGITG Clinical Trials Research was awarded to Conjoint Professor David Goldstein of Prince of Wales Hospital (Sydney). The Award recognises a member of the AGITG who has made significant and outstanding leadership contributions to AGITG clinical trials research over a sustained period. Since the 1990's Professor Goldstein has contributed countless hours in a voluntary capacity and is a long standing member of the AGITG Leadership Group.



Professor Zalcborg (left) presents the Award to Professor Goldstein (middle) accompanied by Mrs Jenny Goldstein

AGITG Innovation Fund

The 2016 AGITG Innovation Fund of \$100,000 was awarded to the MONARCC Study, in metastatic colorectal cancer, which Dr Matthew Burge developed further after receiving the Best of New Concepts Award in 2014. The funding for the AGITG Innovation Fund is made possible by the donations raised through the GI Cancer Institute's Gutsy Challenge.

Community Engagement

The community division of the AGITG, the GI Cancer Institute continued to raise awareness and funds for clinical trials research. A Gutsy Challenge team led by Associate Professor Chris Karapetis cycled across Cambodia in September, through heat and torrential rain, raising over \$51,000 for the AGITG Innovation Fund.

To provide information about gastrointestinal cancer and the latest clinical trials research, our Engage Community Forums were held in Hobart (TAS) and Newcastle (NSW). The forums received funding support from the Cancer Australia Supporting People with Cancer grant initiative, Clayton Utz, the Royal Bank of Canada and Newman's Own Foundation.



Tim Price
Chairperson, AGITG

AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP



In 2016 the ALLG adopted a new strategic plan which will guide our activity for the next five years. Following the successful implementation of the first strategic plan means that the ALLG is now a much stronger and more effective independent research organisation. The new plan aims to build on this foundation and pursue the progress of the Group as an innovative leader in haematological research.

All our activity will now be encompassed in four strategic objectives.

- Deliver scientific outcomes
- Enhance brand and reputation
- Foster passionate membership base
- Ensure long term sustainability.

The underlying principle is the goal making the ALLG an independent, self-sustaining, member based research organization.

The ALLG trial portfolio continued to expand in 2016. At the end of the year 10 trials were in development (6 early concept and 4 under submission to the Scientific and Data Management Committee). Sixteen trials were open to accrual, and 16 in analysis or preparation for publication. During the year the group saw eight trials published in peer review journals, and eighteen presentations at international and major Australian conferences.

The group received significant exposure at the Scientific Meeting of the American Society for Hematology (ASH) in December.

Two flagship ALLG trials were awarded oral presentations. The ALLG AMLM12 trial is the latest in a series of trials in acute myelocytic leukaemia (AML) conducted by the ALLG over more than 30 years. AML requires intense treatment but there is a risk of serious toxicities. The trial outcome offers a new way to intensify the treatment regimen without increasing the side effects. This was the largest study ever conducted by the ALLG and it resulted in very high rates of complete response and also significant improvement in the survival.

The ALLG CML9 trial investigated imatinib upfront in patients newly diagnosed with chronic myeloid leukaemia (CML) in chronic phase, and switched selected patients to

nilotinib on the basis of intolerance or failure to achieve time-dependent molecular response. This trial accrued 210 patients from 27 Australian sites between 2007 and 2011. The final analysis demonstrated an excellent response to treatment at the molecular level. Switching treatments resulted in an excellent outcome, with responses improving over time. The results of the ALLG CML9 study are of great interest to the CML community as it is one of the few that report results of a switching strategy, and may offer a basis in future for deciding on treatment selection to improve outcomes while avoiding long term side effects.

Bio-banking was a major focus of attention in 2016. The Hunter Cancer Biobank (HCB) in Newcastle has been chosen as the most appropriate to meet the needs of our research program. ALLG biobanking at HCB is now fully operational and receiving samples from on-going trials. Biobanking is also being integrated with the National Blood Cancer Registry, which started operation in 2012 with the registration of patients with AML. In 2016, the NBCR expanded so that now patients with uncommon lymphoma and acute lymphoblastic leukaemia can be included.

The group held two very successful Scientific Meetings in 2016, in

AUSTRALASIAN LUNG CANCER TRIALS GROUP



Committees

The ALTG Management Advisory Committee (MAC) held elections in 2016 for several positions. Nick Pavlakakis succeeded Paul Mitchell as group President, while Laird Cameron joined the MAC as NZ representative, Morgan Windsor as Thoracic Surgery representative and Rajesh Thomas was appointed to the newly-created position of Early Career representative. The group formally acknowledged

and thanked Paul Mitchell for his outstanding contribution, having presided over a significant period of growth for the ALTG during his four-year tenure as President. Ben Solomon has taken on the role of Scientific Advisory Committee (SAC) Chair and Tom John is the new SAC Deputy Chair. We also welcomed Lillian Leigh to our Consumer Advisory Panel.

Clinical Trials

The DREAM study (PI Anna Nowak) opened to recruitment in December and is evaluating the activity, safety and tolerability of the combination of durvalumab with chemotherapy in patients with mesothelioma. Study preparations for NIVORAD (PI Paul Mitchell and Shankar Siva) continued and this trial will be

open to recruitment early in 2017. NIVORAD is a joint initiative with TROG to determine the activity and safety of combining nivolumab with local, palliative SABR in patients with advanced NSCLC. Preparations were also well-advanced by the end of 2016 to initiate PEARL (PI Linda Mileshekin), evaluating the impact of early referral to palliative care in patients with advanced thoracic cancers. With the ongoing BR.31 (ANZ PI Sue-Anne McLachlan) study in the adjuvant setting, this portfolio of active studies clearly reflects the group's multidisciplinary nature and focus on developing a breadth of clinical research activity. The pipeline of concepts in development continues to grow and the group has introduced a new Scientific Advisory Committee

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Melbourne in May and in Sydney in October. A highlight of the October SM was the presentation by Guest Speaker Professor Andrew Wilson, Chair of the Pharmaceutical Benefits Advisory Committee, who spoke on the topic Access to Cancer Drugs in Australia. Prof Wilson discussed funding of cancer drugs and addressed issues and challenges in assessing their value and what informs PBAC decisions. Another highlight was the presentation of life membership of the ALLG to three long-standing members who have made outstanding contributions, Prof Ken Bradstock, Prof Doug Joshua and A/Prof Devinder Gill.

Prof Bradstock has made an enormous contribution to the ALLG for over 30 years. His exceptional commitment to the group has had a major impact on the survival and growth of Australasian clinical haematology research. His outstanding involvement in leukaemia clinical trial activities and his foresight in ensuring the continuity of sequential trials in acute myeloid leukaemia has been a major factor in the recognition of the ALLG internationally.

A/Prof Devinder Gill has made a significant contribution to the activities of the ALLG for many years. He has been a committee member and disease group chair, and Principle

Investigator on several international studies in non-Hodgkin lymphoma, confirming his contribution to blood cancer research and clinical trial activities of the ALLG.

Prof Doug Joshua has been a consultant haematologist for almost 45 years until his retirement in 2014 and has contributed significantly to the study and management of blood cancers in Australia. He has made an enormous contributions to the ALLG, including active membership and participation, and in particular to the myeloma trial portfolio.



Prof Ken Bradstock (top) receives the Life Membership award from A/Prof Andrew Wei, Chair ALLG Acute Leukaemia Disease Group Committee.



Mark Hertzberg
Chairman Scientific Advisory
Committee, ALLG

structure to enable flexible decision-making across this growing workload and support members to focus on developing study concepts in their particular areas of interest.

Education

The 2nd ALTG Preceptorship in Lung Cancer, held in October, was attended by 40 participants and was very well received once again, confirming the value of this interactive learning model. In November the ALTG held its inaugural Lung Cancer Symposium in Sydney. This was attended by approximately 100 delegates from Australia, New Zealand and China. The faculty featured two international keynote speakers – Glen Goss from

Canada and Keunchil Park from Korea – alongside 15 other local speakers. Lillian Leigh, a member of our Consumer Advisory Panel, set the scene for the symposium through her opening speech as she explored

themes of data, human connection and hope for patients with lung cancer. Both the Preceptorship in Lung Cancer and the Lung Cancer Symposium will be held again in 2017.



Awareness and Fundraising

The ALTG released its Research Report 2004-2016 in August, in conjunction with the 6th Australian Lung Cancer Conference in Melbourne. In November the ALTG collaborated once again with Lung Foundation Australia on the annual Shine a Light on Lung Cancer campaign, raising awareness and funds for research.

International Collaborations

The ALTG continues to collaborate closely with the Canadian Cancer Trials Group (CCTG) and other international groups whose focus is thoracic oncology clinical research. The ALTG-led Thoracic Alliance for Cancer Trials (TACT) held its first two General Assembly meetings in 2016 alongside the ASCO Annual Meeting and the 17th IASLC World Conference on Lung Cancer. Twelve national and trans-national thoracic cancer clinical research groups have joined TACT, representing Europe, North America and Australasia and discussions are underway to identify an appropriate setting for a first trial to capitalise on TACT's worldwide network.



Nick Pavlakis
President, ALTG

AUSTRALASIAN METASTASIS RESEARCH SOCIETY



The Australasian Chapter of the International Metastasis Research Society

Inaugural OzMRS Committee members and Office Bearers were in their second year of the 2 year terms of office in 2016. The OzMRS committee comprises Elizabeth Williams – President (QUT, QLD), John Price – Vice President (VU, VIC), Maree Bilandzic – Secretary (Hudson Institute of Medical Research, VIC), Carmela Ricciardelli – Treasurer (Uni Adelaide, SA), Sarah Baird (U Otago, NZ), Kevin Spring (WSU, NSW), Adrian Wiegmanns (QIMR-B, QLD), Kelly Kiejda (U Newcastle, NSW), Andreas Evdokiou (U Adelaide, SA), Erica Sloan (Monash U, VIC), Marie Ranson (U Wollongong, NSW) and Belinda Parker (LIMS, VIC). Robin Anderson (PMCC, VIC) and Rik Thompson (QUT, QLD), serve as Ex Officio members, having founded OzMRS in 2012. Robin and Rik have served sequential terms as OzMRS representative on the COSA Council.

The decision to join COSA was inspired by the goal of facilitating more interaction between metastasis researchers, clinicians, health professionals and consumer advocates. As a guide, more than half of the Japanese Association of Metastasis Research, which boasts over 500 members, are practicing clinicians. Our goal for 2017 is to press harder for interactions and active partnerships between OzMRS and clinical groups in COSA.

OzMRS currently has 159 members (up from 94 in 2015), with representation largely from Victoria and Queensland, but also NSW, South Australia, Western Australia and NZ. Several industry representatives have also joined OzMRS. We will have a membership drive in 2017, so look out for the information in the next Marryalyan and please encourage your colleagues to join. The Committee will meet

in February to plan our next OzMRS meeting and AGM, to be held in 2017, mostly likely in conjunction with another larger meeting that is bringing international visitors to Australia.

The major activities for OzMRS in 2016 were the 16th Biennial Congress of the International Metastasis Research Society (MRS), which was co-located with the 12th National Congress of the Chinese Society of Tumor Metastasis (CSTM), in Chengdu, China, September 16-20 (<http://www.2016mrsmeeting.org>), and the 3rd Thomas Ashworth Circulating Tumour Cell Symposium, convened by OzMRS Committee member Kevin Spring (Western Sydney University) in Sydney, 21 September 2016.

The MRS/CSTM was a great opportunity



for many OzMRS members to get together, including a number of our Committee members in attendance, Robin Anderson, Adrian Weigmans, John Price, Rik Thompson, Elizabeth Williams, Carmela Ricciardelli and Andreas Evdokiou. OzMRS was well represented at the AGM, where Robin Anderson stepped down after an extended tenure as MRS Board member, and our nominee John Price, OzMRS Vice President, was selected to represent the Asia Pacific region. Adrian Weigmans is an ongoing member of the Early Career Ambassadors of Metastasis (ECAM).

There is plenty of opportunity for young metastasis researchers to be involved at the National level, and internationally with MRS (<http://metastasis-research.org/>), and MRS makes a number of travel awards available for young participants at each meeting (see photo depicting young MRS members receiving travel awards that allowed them to attend the 16th MRS Congress in Chengdu, China). The next biennial meeting of MRS is planned for Houston, Texas, USA, in December 2018, so plan ahead.

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Our parent society, MRS, has been part of an active joint effort to fund grants specifically focused on metastatic cancer research between the MRS and patient advocate partner, METAvivor Research and Support Inc., and was officially listed amongst the private sector commitments to advance Cancer Moonshot goals by the White House. "Today, inspired by the Cancer Moonshot and in collaboration with the Metastasis Research Society, METAvivor commits to funding \$1 million in metastasis research grants in 2017 and doubling that amount in 2018."

The 3rd Thomas Ashworth CTC and Liquid Biopsy Symposium was convened by OzMRS Committee member Kevin Spring (Western Sydney University) in Sydney, 21 September. Keynote speakers Prof Peter Kuhn (University of Southern California), Prof Stuart Martin (University of Maryland), Prof Too Heng-Phon (National University of Singapore) and Dr Arun Azard (Monash Health) led an impressive lineup of speakers, and a panel discussion session that included Prof Caroline Dive (Cancer Research UK, Manchester Institute) provided thought provoking insights into translating liquid biopsy monitoring into the clinic. Another innovation for the Symposium was the Young Investigator Breakout Poster Session, carrying on a tradition started at the OzMRS one day meeting in Melbourne, December 2015, in conjunction with the COSA ASM.

We welcome new members, who can contact any committee member.



Erik Thompson
Co-founder, OzMRS

AUSTRALASIAN SARCOMA STUDY GROUP



During 2016 the ASSG continued to grow and mature as an organisation. We are proud to report on our progress to the COSA community. Some of the highlights include:

- The ASSG is a funding partner with Cancer Australia for the Priority driven Collaborative Research Scheme. The following grant was fully funded by ASSG and awarded to Prof David Thomas – "A surveillance protocol for people at high risk of cancer using whole body magnetic resonance imaging". This project was initially supported by an ASSG sarcoma research grant which provided seed funding to obtain preliminary data for the larger grant proposal.
 - Two important investigator initiated studies that were open for some time have now been completed - AYAPK and LDE225. The data is currently being analysed and we look forward to reporting the results on these important studies.
 - The ASSG has signed off on our new strategic plan 2016-2021. The objectives are across all the core principles for the ASSG: Quality Research, Sarcoma Awareness and Recognition, and the mechanisms to underpin these activities - strong funding and governance.
 - The 2016 ASSG ASM was held in Sydney with the theme "Translation: from Biology to Patient Care". The conference, which was jointly convened by the Australian Sarcoma Group and the Australasian Sarcoma Study Group was a great success, with very high calibre international speakers:
- Professor Lee Helman - Head, Molecular Oncology and Acting Director, Centre for Cancer Research, National Cancer Institute, USA. Dr. Helman's laboratory focuses on rhabdomyosarcoma, Ewing's sarcoma, osteosarcoma, and pediatric gastrointestinal stromal tumours. His group aims to: (1) determine the pathophysiologic consequences of IGF signaling; (2) identify the molecular/biochemical determinants of the biology of these sarcomas; and (3) apply preclinical laboratory findings to develop novel clinical studies for these sarcomas.
 - Professor Matt van de Rijn - Professor, Department of Pathology, Stanford University Medical Center, USA. Professor van de Rijn's group identified the genetic rearrangement within Tenosynovial Giant Cell Tumors, which has led to the development of effective systemic therapies for this disease (Tap et al., New England Journal of Medicine, 2015).
 - Professor Miguel Ayerza-surgical oncologist Italian Hospital of Buenos Aires Argentina. Professor Miguel Ayerza, Professor of Orthopaedic Surgery at the University of Buenos Aires, is a renowned orthopaedic oncologist who has served on the committees of several the International societies and as President of the Association of Bone and Joint Surgeons.
 - The ASSG has awarded three Sarcoma Research Grants to be funded for 2017. All of the grants are for one year and are supported by funds donated to the ASSG for sarcoma research by our philanthropic partners.

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- Dr Toby Trahair: New therapies for ALK-rearranged inflammatory myofibroblastic tumour (IMT) and epithelioid inflammatory myofibroblastic sarcoma (eIMS) [Xavier Krikori Sarcoma Research Grant \$26K]
- Dr Hayden Snow: Characterising the immune microenvironment in adipocytic and non-adipocytic sarcoma, its impact on prognosis and the effect of radiotherapy [Hannahs Chance Sarcoma Research Grant \$30K]
- Dr Lucy Coupland: Novel Therapies for Osteosarcoma: RNA Pol I Inhibitors [Johanna Sewell Sarcoma Research Grant \$50K]

We look forward to working with the COSA community to improve outcomes for sarcoma patients and their families in 2017.



Jayesh Desai
Chairman, ASSG

Denise Caruso
Executive Officer, ASSG

AUSTRALIA & NEW ZEALAND BREAST CANCER TRIALS GROUP



The Australia and New Zealand Breast Cancer Trials Group (ANZBCTG) is the largest, independent, oncology clinical trials research group in Australia and New Zealand. For almost 40 years, the ANZBCTG has conducted a clinical trials research program for the treatment, prevention and cure of breast cancer. The ANZBCTG's research program involves multicentre national and international clinical trials and brings together more than 800 researchers in 86 institutions. Our fundraising department is the Breast Cancer Institute of Australia.

The ANZBCTG sincerely thanks our members for their involvement in our research program, women who participate in our clinical trials and our donors who support our research activities. This collaboration has been the key to the success of the ANZBCTG since our inception. Here are just some of the highlights and stories from the ANZBCTG in 2016.

Retirement of Professor John Forbes AM

Professor John Forbes AM retired at the end of 2016 as the ANZBCTG's Director of Research. Professor Forbes has had an extraordinary career spanning four decades and has been a pioneer for breast cancer clinical trials in Australia and internationally.



Professor John Forbes AM

John was one of the founding members of the ANZBCTG and has been an instrumental part of the success of the ANZBCTG's research program. He was the National Group Coordinator of the ANZBCTG from 1984-2008, was an ANZBCTG Board Director from 1991-2008 and 2013-2016, was the ANZBCTG's Director of Research from 2008-2016 and is a member of the ANZBCTG's Scientific Advisory Committee. He has Chaired and Co-Chaired many international clinical trials including the IBIS-I and IBIS-II prevention clinical trials, and the ATAC clinical trial.

In 2015 he received the NSW Premier's Award for Outstanding Cancer Researcher of the Year and in 2012, he was awarded a Member of the Order of Australia.

The ANZBCTG sincerely thanks Professor Forbes for his tireless dedication to the ANZBCTG and its' research program. His legacy will be remembered for many years to come.

Clinical Trial of the Year Awards

The SOFT clinical trial, which produced practice changing results in the treatment of breast cancer in young women, was recognised as a finalist in the inaugural Australian Clinical Trials Alliance's (ACTA) Clinical Trial of the Year Awards. The trial found that treatment with tamoxifen plus ovarian function suppression did not significantly benefit all premenopausal women. However, the addition of ovarian suppression to tamoxifen reduced the relative risk of developing invasive breast cancer recurrence by 22% in women who did not transition into menopause after receiving chemotherapy, when compared to treatment with tamoxifen alone. A secondary analysis showed that further benefit could be gained by treating these women with an aromatase inhibitor exemestane plus ovarian suppression, which reduced their relative risk by 35%, compared to tamoxifen alone, resulting in 7 to 8 fewer women out of 100 having a breast cancer recurrence within 5 years.

Associate Professor Prue Francis is the International Co-Chair of the SOFT clinical trial and presented the study results at the San Antonio Breast Cancer Symposium in Texas, USA, and was the lead author of the publication

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in the New England Journal of Medicine.

New Treatment for Advanced Breast Cancer Doubles Progression Free Survival Rates

The results of the PALOMA-2 clinical trial were announced at the Annual Meeting of the American Society of Clinical Oncology (ASCO) in June in Chicago, USA, and published in the Journal of Clinical Oncology. This clinical trial showed that for postmenopausal women with advanced or metastatic breast cancer the drug palbociclib in combination with letrozole markedly improves progression free survival rates. PALOMA-2 is an international clinical trial that was coordinated in Australia and New Zealand by the ANZBCTG and conducted with the Translational Research in Oncology (TRIO) group and Pfizer. The ANZBCTG's Study Chair of the PALOMA-2 clinical trial is Dr Janine Lombard.

2016 Annual Scientific Meeting

In 2016, the ANZBCTG held a joint Annual Scientific Meeting (ASM) with the Clinical Oncology Society of Australia, at the Gold Coast Convention and Exhibition Centre from 15-17 November. The conference attracted more than 900 delegates, with the theme of the conference being Partners in Progress in Breast Cancer Research and Care.

The ANZBCTG's 39th Annual Scientific Meeting will be held from 26-28 July 2017 at The Langham in Melbourne.

2016 ANZBCTG Awards

During the ASM, the following ANZBCTG Awards were presented which recognise members and researchers, and their contributions to the ANZBCTG's research program:

- Adjunct Professor Linda Reaby AM was presented with the ANZBCTG Gold Medal.
- Professor John Simes was presented with The Alan Coates Award for Excellence in Clinical Trials Research.
- The Robert Sutherland Award for Excellence in Translational Research was awarded to Professor Sunil Lakhani.
- The John Collins Fellow Medal and Travel Grant was presented to Dr Melissa Edwards.

- The ANZBCTG Study Coordinator Prize was awarded to Ms Amy Tang.
- Avon Travel Grants were awarded to Mrs Diane Canning, Ms Alison Coote, Ms Louise Francisco, Mrs Jenny Gilchrist, Mrs Lauren Keller and Mrs Mona Martyn-Smith.



Stephen Ackland
Chair, ANZBCTG

AUSTRALIA AND NEW ZEALAND MELANOMA TRIALS GROUP



2016 was a stellar year for ANZMTG. I am thrilled to report our members enrolled more patients to ANZMTG trials than in any previous year, across more trials and clinical disciplines, from more hospitals within Australia, and abroad. ANZMTG has a growing portfolio of 20+ trials (including 10+ trials actively enrolling) at 100+ hospitals in 15 countries. ANZMTG membership has grown to include 1,200+ members / 30 countries world-wide and new members are always welcome.

2016 - Important ANZMTG Trial Milestones

ANZMTG research portfolio addresses clinically-important questions for patients with early to late stage Melanoma. We work closely with our members to

develop their ideas into rigorous, robust, peer-reviewed protocols. 2016 highlights include:

- **01.07 Whole Brain Radiotherapy (WBRT) in Melanoma Trial** – This world-first, single histology WBRT trial achieved the target accrual of 200 patients / 25 hospitals / 3 countries.
- **02.09 Vitamin D trial in Melanoma** – This world-first trial evaluating the effect of vitamin D supplementation for patients diagnosed with high risk primary melanoma completed follow up in late 2016. The final analysis and the publication of results are expected in 2017.
- **01.12 EAGLE FM** – This important surgical trial will evaluate the optimum surgery for patients with Stage III melanoma with PET scan pelvic-node negative disease. The results will have significant patient QOL benefits, as well health economic implications. In 2016, we have established major national and new international partnerships including 14 hospitals / 6 countries.
- **03.12 MELMART - Melanoma Margins Trial** – This trial compares 1 and 2 cm wide local excision margins for patients with intermediate & high risk primary cutaneous melanomas. The results will impact on primary treatment and have significant health economic implications globally. In 2016, the target accrual of 400 patients / 20 hospitals / 5 countries was achieved. The publication of results are expected in 2017.
- **02.14 CombiRT** – This novel phase II trial started in mid-2016. This trial is a radiotherapy (RT) dose escalation study is for patients with Stage III/IV melanoma who are already receiving MEK / BRAF inhibitors.

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- **01.15 CHARLI** – This is a brand new protocol developed in 2016, which is now funded and awaiting ethics approval. This trial is evaluating combination immunotherapies for patients with stage III and IV melanoma.
- **ANZMTG are always interested in new research questions - we invite members to contact anzmtg@melanoma.org.au with any new ideas**

ANZMTG's Project Grant Funding Success

I am sincerely thankful for the generous support of our various funders and supporters without which ANZMTG would not be able to undertake the research that we do.

In 2016, we have been successful in securing 7 competitive applications supporting 5 new and existing ANZMTG trials. This is a superb result; including 3 national grants and 4 international grants supporting our partnerships in the UK, Denmark, Holland and Brazil.

I acknowledge and thank Cancer Australia and their staff for their steadfast support since 2007, which remains essential to ANZMTG's core activities

ANZMTG Research Meetings and Presentations

On the 26-27 August 2016 along with the our colleagues at the Peter MacCallum Cancer Centre, ANZMTG co-hosted The **Locoregional Melanoma Meeting**, a major national meeting at the new Victorian Comprehensive Cancer Centre in Melbourne. The meeting was a resounding success with a full attendance from all major melanoma units in ANZ, as well as Consumer Forum convened by the national patient advocacy organization, Melanoma Patients Australia.

The compelling program included presentations from all ANZMTG investigators and contributions from

a number of national and international experts including A/Prof Robert Andtbacka, a Surgical Oncologist from the Huntsman Cancer Institute, Utah, and a member of the National Comprehensive Cancer Network Panel on Melanoma, with a special interest in injectable therapies; Dr Michael Postow, a Medical Oncologist from the Memorial Sloan Kettering Cancer Center, New York, who presented on important advances in immunotherapy for patients with advanced melanoma and Dr Carolyn Nessim, a Surgical Oncologist from the Ottawa Hospital, Canada, who presented on injectable therapies including Interleukin-2 (IL-2).

ANZMTG researchers were invited to present at two major international melanoma meetings; including the **Nordic Melanoma Meetings in Bergen, Norway** (Sept 2016) and **Beijing Melanoma Meeting in Beijing, China** (Oct 2016) and three major melanoma meetings in Australia including the **Skin Cancer College Australasia 2016 Australasian Skin Cancer Congress** at the Gold Coast QLD, (May 2016); (the aforementioned) **Locoregional Melanoma Meeting** in Melbourne VIC (Aug 2016) and the **Australasian Melanoma Conference** in Sydney NSW (Oct 2016).

I am delighted to announce that the **9th World Congress of Melanoma and 14th International Congress of the Society for Melanoma Research will be held hosted in Brisbane QLD on the 18-21 October 2017**. ANZMTG will host a dedicated session as part of the World Melanoma Congress program, which will include a number of ANZMTG trials final results.

In closing this is my final report as Chairman of the group following 7 years active service on the Board, I take this opportunity to warmly introduce and welcome A/Prof Mark Shackleton to the appointment as ANZMTG Chairman.

Whilst I look forward to continuing as an active member of the group, I reflect on the important achievements we have made, and am pleased that the leadership will transition to A/ Prof Shackleton at this important and exciting time for the group. A/ Prof Shackleton's appointment to this prestigious position reflects his standing as an international leader in melanoma research. I join you all in welcoming Mark to the role.

I remain as optimistic as ever for the continued success of the group, and our growing world-wide reputation for conducting innovative clinically relevant trials. I believe in the groups' ability to deliver clinical trial results which will improve the clinical care and benefit people diagnosed and living with a Melanoma diagnosis. I acknowledge and thank the COSA Council, members and ANZMTG members for their continued support, enthusiasm and engagement in our research portfolio and also the patients and their families for their support.

For more information please contact the ANZMTG offices on +61 2 9911 7354 or email anzmtg@melanoma.org.au



Bryan Burmiester
Chair, ANZMTG

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AUSTRALIAN & NEW ZEALAND CHILDREN'S HAEMATOLOGY ONCOLOGY GROUP

ANZCHOG

Australian and New Zealand
Children's Haematology/Oncology Group

The Australian and New Zealand Children's Haematology and Oncology Group (ANZCHOG) continues to represent the paediatric oncology interests of COSA as well as focusing on our primary aim of improving outcomes for children and adolescents with blood diseases and cancer and their families.

In 2016, our broad multi-disciplinary membership has continued its wide range of activities in providing quality evidence based care, and in development and implementation of a diverse clinical trial and research portfolio, both nationally and internationally.

Research and Clinical Trials

Facilitation of a high quality and collaborative national research/clinical trials agenda continues to be a key strategic direction of the organisation. Clinical trial participation has been the cornerstone of best practice paediatric cancer care for the past 40 years and 2016 has seen ANZCHOG continue to support and develop a diverse range of research initiatives and trial protocols.

Access to international trials is fundamental to providing high quality, evidence-based care in a paediatric setting and ANZCHOG members have continued to build strong relationships with overseas trials groups, with the organisation acting as national sponsor for several large Phase III studies. Funding to participate in such international trials has always been problematic and ANZCHOG has been working with external stakeholders to identify additional funding mechanisms, as well as building our relationships with non-for-profit organisations to enable access to international therapies for paediatric patients.

We have also continued to build our Australian-led clinical trial research program, with our highly successful and popular Concept

Development Workshops, bringing together researchers to fast-track the development of new multi-site clinical trial protocols. In addition, we have supported a variety of projects through our Concept Validation Scheme, to develop new tools and methodologies and generate preliminary proof-of-concept data for clinical trials. We have also provided scientific review, identification of funding opportunities, and access to consumer, health economics and quality of life advice to ANZCHOG-endorsed studies. These strategies have been very successful in accelerating the development of high-quality, collaborative projects, and we have been proud to be involved in a number of projects that secured funding through highly competitive grants schemes during 2016, including an NHMRC Project Grant. We look forward to supporting our researchers throughout 2017, as we continue to build our national and international research portfolio.

Annual Scientific Meeting (ASM)

The 2016 ANZCHOG ASM was held in Cairns in June. Hosted by the Lady Cilento Children's Hospital, the ASM was held in conjunction with the 2016 Advances in Neuroblastoma Research (ANR) Congress, and provided a wonderful opportunity to learn from fellow researchers in this field.

We are currently planning the 2017 ANZCHOG ASM, to be hosted by the Women's and Children's Hospital in Adelaide on 15-17 June 2017. For program updates and details of the keynote speakers, please visit our ASM website (<https://etm.eventsair.com/QuickEventWebsitePortal/anzchog/2017>)

Other projects

ANZCHOG has been successful in securing funding from The Kids Cancer Project to establish the National Paediatric Oncology Tumour Bank. This project, led by Dr. Jennifer Byrne, will enable the development of a standardized virtual biobanking network, which will directly facilitate harmonized and collaborative translational research across Australian and New Zealand centres.

ANZCHOG is working with the Australian Genomics Health Alliance (AGHA) to capitalise on the emerging role of genomics in Australian healthcare. As a part of the AGHA Cancer Flagship, the project, led by Professor Deborah White, will examine actionable targets in high risk acute lymphoblastic leukaemia, through the development of a diagnostic pipeline in a clinical setting.

ANZCHOG and RedKite hosted the Paediatric Psychosocial Oncology Support Service Symposium in October 2016. Representatives from charities, non-for-profit organisations, government agencies, health services and consumers attended the day to discuss the need for a national framework to ensure access to optimal psychosocial support for every child with cancer and their families. A number of key priorities were identified and we look forward to working with RedKite and key stakeholders in progressing this work during 2017.

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



Chris Fraser
Chair, ANZCHOG

AUSTRALIAN AND NEW ZEALAND HEAD & NECK CANCER SOCIETY



Entering its 19th year in 2016, The Australian and New Zealand Head and Neck Society has maintained a stable membership, but undergone structural and administrative changes during the year. Originally set up as an Incorporated Association, registered in New South Wales, the Society changed to a Company Limited by Guarantee, a structure deemed more appropriate for a maturing National and International organisation. The change was approved by the membership at the Society's AGM in Auckland in October, with the current Executive remaining unchanged for the transition.

Secretarial services for the ANZHNCS have been provided by AMA Queensland for a number of years, but through the year were transferred to The Association Specialists, based in Sydney. The Society greatly appreciates the years of loyal and enthusiastic service from **Jennifer Burgess** in particular from AMAQ. Our new point of contact at The Association Specialists is **Patricia Chew** (info@anzhnscs.org).

The Chris O'Brien Travelling Fellowship is an award granted every two years alternately by the ANZHNCS and the American Head and Neck Society to foster collaboration between our two countries and societies. This year, the Society's President, **A/Prof Martin Batstone** represented us, travelling to Head and Neck Cancer Units in Houston Texas, Portland Oregon, and the University of Washington in Seattle, before being officially recognised by the AHNS in a ceremony at the 9th International Congress on Head and Neck Cancer held in Seattle in July. A good number of members of the Society were present, as the ANZHNCS was well represented overall at the International Congress.



L to R: Prof Suren Krishnan (Past President), A/Prof Martin Batstone (President and 2016 COB Travelling Fellow), Prof Mark Shrimme (AHNS 2016 COB Orator), Dr Kerwin Shannon (Immediate Past President), Julia Maclean (President Elect) at 9th International Conference on Head and Neck Cancer, Seattle, Washington, July 2016

Our main event for the year was the 18th **Annual Scientific Meeting** of the Society, held from 25-27 October in Auckland. This year, the meeting was held in association with the **IFHNOS World Tour**. IFHNOS, the International Federation of Head and Neck Oncologic Societies, conducts a Global Continuing Education Program, one component of which is sending, every two years, a faculty of respected leaders in the field of Head and Neck Oncology to deliver a series of presentations on Current Concepts in Head and Neck Surgery and Oncology.

Travelling this year were surgeons, Professors Jatin Shah and Ashok Shaha from Memorial Sloan Kettering in New York, Dr Carol Bradford from the University of Michigan, Dr Robert Ferris from the University of Pittsburgh, and Professor Claudio Cernea from Sao Paulo, Brazil, along with Radiation Oncologist Professor David Brizel from the Duke University Medical Center and Medical Oncologist Lisa Licitra from Istituto Nazionale Tumori in Milan. After presenting in Moscow, Prague, New Delhi, Seoul and Hong Kong, the group was joined in Auckland by Endocrinologist Bryan McIver as well as local faculty from the ANZHNCS. Nearly 300 delegates attended the meeting and were treated to state-of-the-art lectures, technical demonstrations through video presentations, and very interactive multidisciplinary panel discussions. In addition to the World Tour programme, the high standard of local research and outcomes was on show with additional medical, allied

health, nursing and free paper session included in the programme.

The ANZHNCS offers additional grants to promote education in head and neck oncology and further foster International collaboration. The **Developing Nations Visitor Scheme** grant was awarded to Dr Mahesh Sultania, from Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi, India. Dr Sultania arranged visits in Sydney and Brisbane. The Travelling Lectureship Grant was awarded to Dr Nina Irawati a Head and Neck Oncology Surgeon from Jakarta, Indonesia. Dr Irawati also visited Sydney. Both were welcomed to the Auckland meeting, with Dr Sultania also managing to pick up an award for Best Clinical Poster at the meeting.

The **Research Foundation of the ANZHNCS** has been in existence for over five years, and, after some refinement of its governance structure, is now in a stronger position to increasingly support research efforts into Head and Neck Cancer. Three further awards totalling \$20000 were made during our recent Annual Scientific Meeting. Dr Peter Graham, from UNSW was awarded a grant of \$10,000 for his study "Understanding the effect of regional dosimetry and lymphoedema on swallow dysfunction" Dr Bruce Ashford from Wollongong Hospital received a \$5,000 grant towards his study "Unravelling genetic markers of progression and metastases in Head and Neck Cutaneous SCC", and A/Professor Jonathan Clark from Chris O'Brien Lifehouse also received a grant of \$5,000 to research "Analysis of RNA in metastatic cutaneous SCC with nanostring".

Again, in the coming year, the Society will be continuing to engage with state and national cancer organisations to advocate for patients with head and neck cancers. A number of activities were held around the country in mid 2016 to recognise **World Head and Neck Cancer Day**

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(July 27), but the Society plans to better co-ordinate activities in the coming year to raise the profile of Head and Neck Cancer and efforts to combat it.



Kerwin Shannon
Immediate Past President,
ANZHNCs

AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP



ANZUP continues to power ahead in its core business of conducting clinical trial research to improve treatment of bladder, kidney, testicular and prostate cancers, through bringing together all of the different professional disciplines and groups involved in researching and treating urogenital cancers.

2016 saw the ANZUP membership reach over 1100 members from multidisciplinary backgrounds, including medical, research, science, allied health, nursing and consumer. Together we have participated in eight concept development workshops, reviewed 29 new concepts and taken nine concepts to development. Alongside this, we have active trials in prostate cancer, urothelial cancer

and germ cell cancer – many of which include quality of life, health economic and translational sub-studies. These trials collectively involve thousands of patients, both from Australia and internationally.

This year we announced an exciting new partnership between ANZUP and the Prostate Cancer Foundation of Australia (PCFA) to work together to fund and implement a novel clinical trial in prostate cancer. Work is well advanced on protocol development and we hope to have this trial open mid-year. For PCFA, Australia's peak prostate cancer charity, to team up with ANZUP is truly ground-breaking, and we hope this partnership will continue for years to come.

2016 has seen a lot of other activity, both behind the scenes and in front. The ANZUP GU Preceptorship in Prostate Cancer was held in Sydney on 26-27 August 2016. This was the second time the preceptorship has run and we are very grateful to Eva Segelov once again for leading this initiative. The preceptorship was an intense 1.5 days in which everyone, preceptors included, learned a great deal and went home exhausted but elated. We plan to continue this program in future years and are considering moving into other disease types.

The ANZUP Best of GU evening was held in Melbourne on 25 October 2016. This was a rapid fire but in-depth review of everything important in GU cancers for the last year. It included fantastic presentations by our ANZUP scientists, nurses, radiation and medical oncologists, alongside compelling questions from the floor.



The annual Below the Belt Pedalthon was held at Eastern Creek on Tuesday 20 September 2016. We had 49 teams and over 300 riders raising awareness of urogenital cancers, a fantastic turn out, and we have now raised \$303,795 for the Below the Belt Research Fund. Grants from this fund are available to

ANZUP members to provide important seed funding for investigator initiated studies. You can find out more about the BTB Research Fund by clicking on the link www.anzup.org.au/contactus.aspx?page=btbresearchfund

We are very fortunate to have such an active and engaged Consumer Advisory Panel (CAP) who contribute to our clinical trial programme as well as raising awareness in the broader community. This year, over 2000 consumer magazines were distributed to waiting rooms and clinics for patients to access and learn more about urogenital cancer treatment, research and supportive care.

Planning is now well advanced for the ANZUP Annual Scientific Meeting to be held in Melbourne on 16-18 July 2017. The theme of the 2017 ASM is "The Art & Science of Best Practice." The program will include five leading international speakers, together with our regular features of the MDT Masterclass, PCFA nurses' symposium, open SAC meeting, community engagement forum, evening symposium, Annual General Meeting, our inaugural translational research symposium and a host of interesting sessions spanning the GU cancers. So if you are involved in researching and treating urogenital cancers the ANZUP ASM is a must. Members receive discounted registration and loads more benefits.



Ian Davis
Chair, ANZUP

AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP



At ANZGOG, we continue to be focused on our five year Strategic Plan which set clear goals for 2018:

1. A diverse portfolio of clinically important gynaecological cancer research
2. Build capacity for translational research through the development of a national gynaecological cancer biobank
3. Build capacity for research through collaborations, locally and globally with a focus on Asia.
4. Leading gynaecological cancer research in Australia and New Zealand
5. Becoming a financially sustainable organisation

2016 has been a very successful year for ANZGOG. Highlights include:

- The OASIS Initiative was launched at the end of 2015. Since then, we have supported three concepts for Phase II signal-seeking studies.
- ANZGOG appointed its first Project Manager in Clinical Research. Her role is to support the OASIS initiative, to encourage collaborative pharma relationships and to assist with early concept development.
- ANZGOG's QA Committee held a workshop to develop robust monitoring and audit standards, including introduction of effective risk-based monitoring.
- 'Save the Box', an awareness and fundraising campaign designed to get people talking about gynaecological cancer, was launched. We received amazing pro bono support from creative agencies, public relations and the media in developing the campaign.

- Professor Michael Quinn and 17 friends cycled across France and raised over \$100,000 for ANZGOG's New Research Fund. Three studies from ANZGOG members across Australia and New Zealand were supported by the Fund in 2016.
- Finally, the Women's Cancer Foundation (WCF), a successful Melbourne-based not for profit which has fundraised for research nurses and local clinical projects in Melbourne, merged with ANZGOG on 31 December 2016. The merger will give both organisations an opportunity to have a national focus for both fundraising and research projects. ANZGOG is proud to be able to ensure the future of WCF's fundraising activities as it continues to trade under the ANZGOG banner.

New studies:

The STICs and Stones study, investigating the use of aspirin as a chemopreventative agent for women with BRCA mutations, received NHMRC funding and will be initiated in 2017. The Velia study (a collaboration between ANZGOG and the pharmaceutical company Abbvie) opened at more than 20 ANZGOG sites. Astra Zeneca has provided support for the investigator initiated PHAEDRA study for endometrial cancer.

A number of members are participating in the Genomic Cancer Clinical Trials Initiative (GCCTI), funded by Cancer Australia and run collaboratively by NHMRC Clinical Trials Centre and Zest. As part of this initiative, a PH II PARP Inhibitor study for breast and ovarian cancer received Cancer Australia funding.

In total, ANZGOG will open seven new clinical trials in 2017, and has a number of new projects in development. It has been one of our most successful years for new concept development for the organisation and, importantly, significant funding support has also been achieved. Our annual development day, which brings together ANZGOG researchers from all specialities, continues to be both popular and effective in developing new research ideas, including a consumer-led concept driven by members of ANZGOG's consumer advisory panel.

Collaborations

Collaborations are the key to our success and ANZGOG members continue to participate in the Gynecologic Cancer InterGroup, with several members appointed as Chairs or Co-chairs of various GCIG committees. Dr Christian Marth was guest speaker at the ASM 2016 and provided insights into the operation of collaborative European clinical trials group, ENGOT. Apart from the University of Sydney and GCCTI locally, we also collaborate with the QOL office, CREST, as well as ANZUP, ANZBCTG and AGITC, in developing projects for grant application. Internationally we are developing new studies with Singapore, the UK, the Netherlands and the USA.

The Annual Scientific Meeting 2016 was held in Sydney for the first time. More than 260 people attended the conference, a 48% increase over the previous year. ANZGOG's membership as of 31 December 2016 was 729 and continues to increase steadily.

ANZGOG is a dynamic organisation. We remain focused on developing new, clinically important gynaecological cancer research trials and fostering the education and interests of our members. 2017 promises to be another outstanding year for ANZGOG.



Alison Brand
Chair, ANZGOG

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CANCER NURSES SOCIETY OF AUSTRALIA



The main focus of our National Executive Committee (NEC) this year has been on growth and consolidation. This is an extremely exciting time for CNSA as there is an enormous amount of positive change and opportunities for us. The NEC have taken steps to ensure CNSA is able to move confidently into the future with the resources, governance and support it requires to achieve our mission and goals. To this end, the NEC conducted an organisational restructure. In August, we farewelled Julie Calvert as CNSA EO, and are currently in the process of employing a CEO that will support CNSA in increasing the activity level at a national and international level. The NEC are currently working on the Strategic Plan for 2017 and beyond.

Constitution

At the end of 2015, CNSA commissioned a review of the Constitution. The draft document was written to ensure CNSA meets the governance and legal requirements of a Company and NFP organisation. It is a culmination of our previous Constitution and feedback on the Discussion Paper circulated in May and discussed in depth at the 2016 Annual Congress, followed by another consultation round with members via email in November. The final version of the proposed Constitution will be approved by the NEC and presented at the Annual General Meeting in Adelaide on 17th June, 2017 where a special resolution will be moved to adopt the proposed Constitution. Thank you to the Constitution Review Steering Committee for their efforts in making this review possible.

Credentialing for cancer nurses

For the last two years, representatives from CNSA have worked collaboratively with four other speciality nursing organisations on the Credentialing for Nurses (C4N): a specialist nurse credentialing program. The aims of the C4N Program are to promote



improvements, service redesign, and flexible service delivery options through optimising the full scope of practice of a nurse. Credentialing is a way to recognise a specialist nurse in their area of practice. It is a professional validation process that recognises the qualifications, skills, expertise and experience of a nurse practicing within a given nursing specialty. In 2014-2015, the specialty colleges worked together to develop an online credentialing system and a Credentialing Framework. As part of the pilot project, 25 cancer nurses have been credentialed in Queensland. Due to the success of this pilot, CNSA will be engaging leaders from across the nation to look into developing a national platform for credentialing cancer nurses.

Education resources and special projects

CNSA members have been involved in developing a series of educational resources and guidelines for cancer nurses in Australia. These include, but are not limited to the practice guidelines for seroma management; central venous access devices management, and care of patients undergoing radiotherapy. Additionally, the CNSA also collaborated with the COSA Cancer Care Coordination Group to endorse their Position Statement on Cancer Care Coordinators.

In 2016, CNSA funded two special project grants. Exciting projects have

been funded by these grants including a number of systematic reviews on promising interventions likely to have an impact on the patient experience. These amazing outcomes would not be possible without the efforts of the various committees and our staff.

Regional Groups (RG) and Specialist Practice Networks (SPN)

A review of the RG and SPN guidelines is underway which concentrates on improving communication and building stronger relationships between the CNSA, NEC and the RG and SPN Chairs. This review includes revisiting reporting expectations, meeting requirements, succession planning, and centralising and streamlining the group's finances.

CNSA 19th Annual Congress

Another very successful Annual Congress was held in Cairns on May 12 – 14th, 2016. The theme was "Bridging the Gap. Distance, Culture, Workforce & Knowledge" which focused on the disparities in cancer care, issues of duty of care, safety, equity of access and opportunities and solutions that exist for care delivery in cancer care. A major highlight of Congress was celebrating the success of our RGs, SPNs and Standing Committees. Over the last 12-month reporting period, in support

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of the professional development of our members, CNSA offered 26 local education events and 20 travel grants.

International partnerships

In May, I had the honor to represent CNSA at the Oncology Nursing Society Congress (Texas, USA) where I presented on the "Australian Perspectives on Health Disparities in Cancer". In September, I spoke on Australian recent developments in survivorship care provision at the International Conference on Cancer Nursing in Hong Kong. At both conferences, I had the opportunity to discuss potential collaborative opportunities and professional issues facing cancer nurses around the globe, and share lessons learnt.

In August, CNSA was pleased to announce our partnership with the Canadian Association of Nurses in Oncology through a Memorandum of Understanding. Over the coming three years and beyond, CNSA expects that this partnership will further enhance member benefits and the impact of both organisations at an international level.

The exciting progress of CNSA during this past year would not have been possible without the dedication and hard work of the NEC, committees and staff. I am looking forward to another exciting year of opportunities and connections, which ultimately will enhance the professional contribution of cancer nurses towards improved patient outcomes.



Raymond Chan
President, CNSA

FACULTY OF RADIATION ONCOLOGY



In 2016, the Faculty of Radiation Oncology continued to focus on our strategic priorities and I am pleased to report that we have made good progress.

Funding for Radiation Oncology

Advocacy for appropriate funding to ensure patient access to modern radiation therapy has been a priority work area for the Faculty this year. Through the Faculty's MBS Review Working Group, we engaged in the Medicare Benefits Schedule (MBS) review, and provided advice to the Oncology Clinical Committee (OCC) of the MBS Review Taskforce. We were also actively engaged in the Department of Health's review of the Radiation Oncology Health Program Grants (ROHPC) Scheme, to ensure that Commonwealth funding of radiation therapy equipment in Australia is contemporary, fair and equitable. It was very disappointing that the Australian Government announced drastic changes to the scheme in December 2016 that did not match the findings of their own report and without any consultation process. These changes will put at risk access to quality modern radiation therapy.

We will continue to work closely with the DoH and the MBS Review Taskforce in 2017, to hopefully ensure the ongoing provision of accessible and affordable quality radiation oncology services to our patients.

Radiation Oncology Targeting Cancer Campaign

Radiation therapy is still very much under-utilised in Australia. Therefore, raising the profile and presence of radiation oncology remains a major priority for the Faculty.

The award winning Targeting Cancer website www.targetingcancer.com.au/ is the trusted source of information about radiation therapy, and has been recognised with the 'consumers included' logo (See below).

General Practitioners (GPs) play a crucial role at every stage in the management of a patient diagnosed with cancer. The Campaign has reached out to thousands of GPs to improve their knowledge of radiation therapy, through Oncology Education Evenings hosted by radiation therapy departments, presentations at HealthEd events across five capital cities and The Royal Australian College of General Practitioners Annual Scientific Meeting, as well as a number of GP-focused articles published in Australian Doctor and Australian Family Physician.

The team also worked with respected health journalist Dr Norman Swan and his team at Tonic Health Media (THM) to produce a documentary titled "Below the Radar". The 28-minute documentary shows real patient stories about the value of radiation therapy and delivers the campaign messages about safety, effectiveness, cost effectiveness and the sophisticated technologies involved with radiation therapy. The documentary has been edited into four shorter videos, which are available on the Targeting Cancer website.

Please like Targeting Cancer on Facebook, or Follow @targetingcancer on Twitter, and help us spread the word.



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Quality Assurance for Radiation Therapy Services:

The Faculty is committed to quality, continuous improvement and best practice. In the past 12 months, the Faculty developed the following papers:

- Position Paper on Image Guided Brachytherapy (IGBT) for Cervical Cancer
- A consumer friendly summary of the Position Paper on Particle Therapy
- Position Paper on Establishing and Sustaining Regional, Rural and Remote Radiation Therapy Centres

The Faculty Council believes it is important for patients to understand the costs associated with radiation oncology services, and full disclosure of financial/cost information should be provided in writing to patients before they sign the informed consent form. For this reason the Faculty's Guidelines for Informed Consent were updated and now include a section on Informed Financial Consent.

The Radiation Oncology Practice Standards (the Standards) provide a framework of requirements to assist radiation therapy facilities to achieve best practice across various domains (e.g. machine calibration, documentation, safety and quality improvement). The Faculty has taken steps towards achieving the goal of having the Standards implemented at all facilities in Australia and New Zealand. Advocacy has been successful in Queensland where the state government has mandated compliance with the Standards. A tool has been developed for facilities to self-assess how well they currently meet the Standards.

Activity is underway to develop a national accreditation program for radiation oncology that will dovetail with other health accreditation requirements. Implementation of the Standards supports continuous quality improvement and provides reassurance to both practitioners and patients of the safety and high quality of services provided.

Training and Research for Radiation Oncology

The Faculty is committed to producing excellent radiation oncology specialists, and appreciates the need for continuous improvement of the training curriculum and assessment tools.

The College engaged the services of Prof David Prideaux and the Australian Council for Educational Research to conduct a review of the training and assessment involved in clinical radiology and radiation oncology. The implementation of the recommendations from the review towards best practice has been a priority and much progress was made in 2016.

The College signed a Memorandum of Understanding with the Trans-Tasman Radiation Oncology Group (TROG). We trust that a closer collaboration between the College and TROG will help to foster a stronger culture of research in radiation oncology.



Dion Forstner

Dean, Faculty of Radiation Oncology,
RANZCR

MEDICAL ONCOLOGY GROUP OF AUSTRALIA



In 2016 the Medical Oncology Group of Australia Incorporated (MOGA), the peak national body for medical oncologists in Australia, enjoyed strong growth. We experienced expansion across all areas of our activities. With continuing interest in the speciality of medical oncology our membership grew to 483 consultant and 167 trainee members. MOGA would like to acknowledge the important contribution that these members have made to our Executive, working groups and sub-committees.

In August A/Prof Rosemary Harrup stepped down as the Association's Chair, and I stepped up to take on this role. Dr Adrian Lee also joined the other members of the Executive including Dr Zarnie Lwin, Dr Brian Stein, Dr Deme Karikios, Prof Jo Dewar, A/Prof Phil Parente, Dr Prunella Blinman and Dr George Au-Yeung. The National Trainee representative Dr Eryn Dow also completed her training and we welcomed Dr Milita Zaheed as the new Representative.

Education Activities

In 2016 MOGA worked closely with the Royal Australasian College of Physicians on educational initiatives, to ensure that medical oncology trainees are equipped to effectively communicate with patients, understand the sciences underpinning our speciality and their clinical knowledge aligns with our rapidly changing discipline. This support is channelled through the Advanced Training Committee in Medical Oncology and supervisory support for trainees. We thank A/Prof Phil Parente, the

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Committee Chair (to November 2016), his successor Dr Weng Ng and the other Committee members for their important contribution to training in our speciality.

MOGA also offered education programs including our **ASM Travel Awards** that allowed trainees to attend the Annual Scientific Meeting (ASM) and **Communications Skills Training Program**. Thirty-seven trainees attended the 2016 **Sciences of Oncology Program** convened by Dr Mark Shackleton.

Prof Martin Stockler convened a stimulating 2016 Australia Asia-Pacific Clinical Oncology Development Workshop (ACORD) with 70 participants from across SE Asia and 25 top-line international faculty supported by 8 junior faculty who were all successful program

alumni. ACORD goes from strength to strength and has an important place in clinical trials training in our region, of which we can all be proud.

Our 2016 ASM **Implementation-Innovation in Immunotherapy** and **Best of ASCO** were attended by a record number of clinicians. Immunotherapy is an important therapeutic strategy for cancer patients and medical oncologists, with many clinical trials demonstrating significant clinical advantages in many cancer streams. The ASM **Immuno-oncology Forum** convened by Prof Grant MacArthur and Dr Alex Menzies provided a valuable update on the latest developments in this rapidly changing field. The ASM Convenor, Prof Ken O' Byrne and his team of A/Prof Rosemary Harrup, Dr Victoria Atkinson, Dr Jim Coward, Dr Marcin Dzienis and Dr Rahul Ladwa, organised a program that focussed on innovative approaches to implementing immunotherapy in practice.

MOGA ASM Gala Dinner

Front Row l-r Dr George Au-Yeung, A/Prof Linda Mileshekin, Prof Joanna dewar

Back Row l-r A/Prof Matthew Links, A/Prof Tom John, Dr Diana Adams, Dr Zarnie Lwin, Prof Paul de Souza, Dr Mustafa Khasraw

The Young Oncologists Group led by Chair, Dr George Au-Yeung and new committee members, Dr Felicia Roncolato and Dr James Whittle, put in place a range of specially tailored educational and professional development initiatives designed for young consultants.

Partnerships

We thank Prof Michael Green for continuing to serve as the Australia Asia-Pacific representative to the European Society for Medical Oncology (ESMO) in 2016. Dr Deme Karikios represented the Association at the second **ESMO Asia Congress** in Singapore in December to progress collegiate networks and regional initiatives; including the ESMO ASIA 2016 young oncologist travel grants and the Women in Oncology program.

Domestically MOGA joined forces with many organisations on successful projects and submissions. The Association worked closely with industry on oncology drug issues, such as the listing change for tamoxifen for breast cancer prevention announced in September.

Workforce

The Medical Oncology workforce retained a priority position on our agenda. The Workforce Group led by Dr Zarnie Lwin delivered an online survey mid-year and are currently analysing the data. The results of the qualitative Pilot study conducted in 2015 were developed into a paper entitled, **A Qualitative Study of Medical Oncologists' Experiences of Their Profession and Workforce**

Sustainability, published by the Public Library of Science late last year.

In 2016 MOGA also participated in a major international study on the global medical oncology workforce covering more than twenty-four countries and liaised with international organisations undertaking oncology workforce assessments.

Oncology drugs and treatments

MOGA's advocacy and lobbying work on oncology drugs and treatment issues expanded over the last year with increasing calls to provide professional advice to industry, government, and regulators in response to on-going and emerging issues. MOGA's also closely monitored and contributed to key national issues such as the Medicare Benefits Schedule Review and the Expedited Approval and Access Pathways for Medicines.

The Oncology Drugs Working Group, led by Dr Deme Karikios, met regularly with the Pharmaceutical Benefits Advisory Committee to address national issues and provide quality, up-to-date advice on clinical practice and trial developments direct to key decision-makers.



Chris Karapetis
Chair, MOGA

AFFILIATED ORGANISATION REPORTS

ONCOLOGY SOCIAL WORK AUSTRALIA



OSWA is the primary professional organisation for social workers with an interest in providing services to people with cancer and their caregivers. The majority of members are engaged in direct clinical work within hospital and community based cancer services; however, within the membership there is also representation from academics, researchers, service managers and a small but growing number of social work students with a future interest in oncology social work as a profession. The organisation continues to grow, both in terms of membership numbers as well as in active engagement in broad service delivery areas that speak to addressing gaps and inequities in cancer care across the Australian population. OSWA has always been well represented in the mainland Australian states, but a pleasing development this year has seen a burgeoning interest group blossom in Tasmania, under the capable direction of Nick Hobbs from Royal Hobart Hospital. A direct catalyst that inspired this development was the opportunity to conduct a half day professional training workshop in conjunction with COSA's Hobart ASM in November 2015. The local group is now up and running with their own agenda of professional development educational sessions.

OSWA is closely aligned with the directions in cancer care that are viewed within COSA as priority areas for development. Much of our clinical work reflects the emerging trends in cancer care: issues such as geriatric oncology, survivorship care and meeting the unique needs of patients from regional, rural and remote Australia reflect strongly the core business and value base of oncology social workers. During 2016 OSWA members responded to a request from Cancer Council Australia to participate in a survey seeking information and perceptions from health professionals

about the financial burden to people with cancer in accessing treatment and supportive care. This is an ongoing body of work for Cancer Council Australia and the OSWA Executive has indicated the interest of the membership in future collaborations.

2016 saw the hosting of the 11th National OSWA conference by our colleagues in Victoria. As always, registration numbers were pleasing and the event was evaluated positively by participants. The theme of the conference was Paediatrics to Geriatrics: Ethical Dilemmas Across the Lifespan. In a break from the tradition of an invited international speaker, we heard instead from three eminent Australian women who are leaders in the arenas of cancer care service delivery, policy and research. Professors Gail Garvey, Mei Krishnasamy and Sanchia Aranda are long-standing esteemed and collaborative colleagues of social workers in oncology. They delivered resounding keynote addresses at the beginning of each day of the conference that set the tone for later contributions of workshops and presentations from the membership and other invited speakers. The topics of Indigenous cancer care, ageing and frailty in the cancer population and global perspectives in cancer care resonated with the audience; highlighting health disparities, inequities and the social determinants of health.

A small but committed band of our colleagues from New Zealand have prioritised attendance at the Australian conference as an essential component of their professional development. We have previously incorporated an OSWA member to represent New Zealand on our Executive. However, at the OSWA AGM, held in conjunction with the conference, it was decided that more formal acknowledgement of the collegial partnership between Australia and New Zealand would be fitting. To that end we have moved to incorporate New Zealand into our name, subject to negotiating the constitutional adjustments required to make this change. No longer will the New Zealanders be an "honorary" Australian state; but a fully-fledged component of the organisation.

Our organisation and growing membership would not be sustained

without the energy and enthusiasm of our highly committed executive and management committee. Monthly teleconferences drive and maintain an active business agenda. Whilst all executive members give generously of their time and skill I would particularly like to acknowledge our President Ray Araullo, our immediate past President Alison Hocking and our secretary, Olga Gountras. Along with state representatives and sub-group chairs, there is a wealth of talent which will see the organisation continue to grow and prosper. Further information about the OSWA organisation and membership can be found at www.oswa.net.au. New to the website is an excellent package of resources for improving our understanding of and service delivery to the Aboriginal and Torres Strait Islander population. There are readings, podcasts, information booklets and website resources. We especially thank Victoria Jones for her vision in bringing this initiative to life, along with many OSWA members who contributed material.

Kim Hobbs has been the OSWA representative on COSA Council for 2016 and will continue in this role in 2017. As a group we look forward to an ongoing fruitful collaboration with COSA and with our colleagues from all disciplines.



Kim Hobbs

Council representative, OSWA

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE



As the annual scientific meeting of the Collaborative, the 7th PaCCSC Annual Research Forum was held in March in Sydney attracting around 90 delegates. The presentation day opened with a special guest presentation by Professor Miriam Johnston, Professor of Palliative Medicine at University of Hull. Professor Johnson's presentation "The good, the bad and the ugly of clinical research" was informing and comical. Her experiences resonated throughout the room and gave the audience hope in their own research endeavours. Further presentations included three new studies, results from recently completed studies and a range of presentations from members throughout the afternoon.



A number of pilot/feasibility studies were presented as new study initiatives at the Forum with a number of the studies progressing throughout the year to complete their protocol and progress to ethical approval. A key contributing element to new knowledge is through the conduct of phase II/ pilot/feasibility studies and PaCCSC has a program of these studies in various stages of development and conduct. Importantly these studies assist in determining if there is need for further research or allow testing and refinement of the study design. PaCCSC continues to provide a range of supports to assist investigators in conducting multi site clinical research.

In January the CADET: Cancer Dexamethasone Trial was initiated at Royal Melbourne Hospital, St Vincent's Hospital Melbourne, Southern Adelaide Palliative Services and Barwon Health. The four sites came together with the study investigators, Drs Brian Le and Peter Eastman, to undertake a day of in-depth review and training of the protocol and data procedures.

During the year the next phase III study looking into the symptom of breathlessness, BEAMS: Breathlessness, Exertion and Morphine Sulphate was initiated. The study, funded by the NHMRC, was approved by HREC, and subsequently opened to recruitment in August. The national office team undertook study initiation on a state-by-state basis in late March/early April to initiate 16 sites to the study and by the end of 2016 there had been 14 randomisations to the study. I would like to thank all the participating sites for their attendance at the state based study initiation workshops and the work they have undertaken locally to pursue governance and open the study to recruitment.

In August a recruitment hold was put in place for the Sertraline for breathlessness phase III study. The Sertraline trial commenced in 2011 and took 5 1/2 years to complete but whilst recruitment was slow throughout most of the trial the last six months saw a considerable increase in recruitment like a race to the finish line! The final recruitment targets were met and the study closed to recruitment in September. A study of 28 days duration in the palliative population is not easy but through the combined efforts of 11 dedicated recruiting sites studies such as this are possible.

The closure of the Sertraline study was a milestone event for PaCCSC as it was the sixth and final Commonwealth funded phase three trial to successfully close to recruitment. Under PaCCSC original funding arrangements with the Commonwealth six phase three randomised double-blind controlled trials were funded. All six have now been closed: three are published – ketamine, octreotide and risperidone; two are in analysis and write up phase – MOP and megestrol; and the final study – sertraline is undergoing data analysis.

Late in 2016 PaCCSC offered sponsorship for a limited number of

attendees to attend a two day Critical Appraisal workshop facilitated by The Critical Appraisal Company and held in Sydney in October. The sponsorship was available to our members and the wider palliative care community to build these skills. In particular, the workshops teach individuals how they can determine the validity of a study, determine if the results are clinically important and how might the results impact their clinical practice.

Because of the complexity of conducting clinical trials all PaCCSC trials have required the skills and expertise of a range of people from across disciplines. PaCCSC as a national research network has been extremely fortunate to continue to attract those with clinical research expertise and those that are keen to gain skills and experience in this area. Each trial is very different and this requires a range of participating sites to reach the recruitment targets. The breadth of symptoms covered allows for a pipeline approach with PaCCSC having a range of studies from hypothesis generating work going on through the RAPID pharmacovigilance program, to pilot and feasibility studies, and on to phase 3 RCT's. All the while continuing the research lifecycle through publication and dissemination programs to ensure that the results obtained are made available for take up in clinical practice as expediently as possible.



David Currow

PaCCSC Chief Investigator

Peter Allcroft

Council representative,
PaCCSC

Linda Devilee

PaCCSC National Manager

AFFILIATED ORGANISATION REPORTS

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP



PC4 has continued to provide the excellent support and infrastructure for many research projects during 2016. PC4's infrastructure changed to a single Scientific Committee and an Advisory Committee to provide better multidisciplinary support. Joining the team in October was Dr Todd Matthews, National Manager and Sophie Chima, Project Officer; and the entire PC4 team is now based at the Victorian Comprehensive Cancer Centre in Melbourne.

In 2016, in conjunction with Western health and the Victorian Comprehensive Cancer Centre, we held a conference focused on 'the Evolving Role of Primary Care in Cancer'. PC4's director Prof Jon Emery presented on 'integrated Cancer Care' and the invited plenary speaker was Dr Fiona Walter from University of Cambridge, who presented on 'Supporting early diagnosis of melanoma in Primary Care'. Additionally, we exhibited at the PHCRIS 2016 Research Conference: Reform and innovation in PHC policy and practice in Canberra, and COSA's and ANZTC's annual scientific conference on the Gold Coast.

In February, we held a peer review workshop supporting three studies including 'SCORE: Shared care of Colorectal cancer survivors – A randomised controlled trial of hospital-based follow up versus shared hospital / community follow up for survivors of colorectal cancer' – CIA: A/Prof Michael Jefford; 'Valuing adolescent and young adults' survivorship (VAYAS)' – CIA: Prof Marion Haas and Richard De Abreu Lourenco; and 'The CRISP Trial: a phase II RCT of a risk assessment tool for stratified colorectal cancer screening in primary care' – CIA: Prof Jon Emery. All studies were successfully funded in 2016.

A total of five PC4 supported projects received over \$2.1 million in funding. The other two PC4 supported projects that received funding including Dr Gillian Gould was funded for her RCT indigenous counselling intervention for smoking cessation for pregnant Aboriginal and Torres Strait Islander women. Prof Danielle Mazza also received Cancer Australia funding to analyse the current practice of GPs and health care providers to identify barriers and facilitators to timely lung cancer diagnosis.

We held two consumer workshops in March and December where the Joint Community Advisory Group (JCAG) could have an input to the future of PC4 direction and research and also review two research projects. We continue to engage JCAG in all aspects of PC4 and supported projects. Dr Ling Li Lim presented implementation of indigenous counselling and nicotine (ICAN) quit in pregnancy randomized controlled trial and Emily Habgood presented melanoma risk assessment

and tailored prevention in general practice.

To support our study coordinators, we held a coordinators network meeting in May. This meeting enabled everyone to discuss their own researcher's matters and assist each other in overcoming hurdles and problems. As of December, the coordinators network changed to an Early Career Researcher Network to aid and assist all new researchers to develop their own career and portfolio.

Snapshot of PC4 in 2016:

- Supported 12 new research concepts
- 22 active studies
- 33 recruitment sites, 288 patients recruited
- 17 publications, 25 conference presentations
- 540 members over 23 disciplines



Jon Emery
Chair, PC4

Todd Matthews
National Manager



PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP



The Psycho-Oncology Co-operative Research Group (PoCoG) is a national organisation of more than 1500 researchers, doctors, nurses, psychologists and other health professionals who share a common mission of improving the emotional support and psychological care of people affected by cancer by developing and facilitating high quality, collaborative and clinically relevant research.

PoCoG continues to flourish and occupy a visible and important presence in both the national and international arenas. A highlight this year has been the completion of recruitment for two in-house administered clinical trials - Conquer Fear: A randomised trial evaluating psychological interventions to reduce fear of cancer recurrence and RAVES DA: A decision aid to promote informed consent and recruitment to the RAVES trial for men with high risk prostate cancer: A randomised controlled trial, in collaboration with the Trans-Tasman Radiation Oncology Group (TROG).¹ We look forward to sharing the results of these trials soon.

2016 has seen a change in leadership of the PoCoG Scientific Advisory Committee (SAC), with Professor David Kissane from Monash moving into the role of Chair, Dr Haryana Dhillon from The University of Sydney becoming Deputy SAC Chair, and Professor Monika Janda from Queensland moving into the role of outgoing Chair.

A new focus of the PoCoG SAC in 2016 is the development of nationally coordinated implementation studies to further develop the delivery of psych-oncology clinical services across Australia. PoCoG SAC members and invited Thought Leaders from amongst the PoCoG membership and networks (including Prof Geoff Mitchell from the Primary Care Collaborative Cancer

Clinical Trials Group (PC4)) have been working on the development of a new PoCoG flagship program of work: Transforming Psychosocial Care of Patients in Australia: Implementation of a Comprehensive Training and Service Delivery Program. This ambitious program will evaluate new models of care delivery for patients with the most prevalent psychiatric disorders met in cancer care, namely Depressive, Anxiety and Adjustment Disorders, and build the psycho-oncology workforce and provide greater access to psycho-oncology services across Australia.

This new program complements PoCoG's Cancer Institute NSW Translational Program Grant ADAPT (2015-2020), the Anxiety and Depression Clinical Pathway^{2,3} Program, now well underway, with the commencement of a cluster randomized controlled trial in 2017. The trial will evaluate different implementation strategies to promote the uptake of the pathway in the Australian health care context.

Two new PoCoG activities will be piloted in 2016-2017 with the aim of further enhancing the quality of psycho-oncology research. The Early Career Researcher SAC members will evaluate a structured ECR mentoring program that, if successful will be rolled out to the membership more widely. A SAC sub-committee has been formed to facilitate the introduction of a PoCoG Data and Safety Monitoring Committee (DSMC) with the aim of providing independent oversight and recommendations regarding trial governance and safety considerations for clinical trials initiated by PoCoG members.

PoCoG membership is open to researchers and health professionals with an interest in psycho-oncology research, from within Australia and New Zealand. Membership is free and does not need to be renewed annually. To join or to find out more about PoCoG, please visit our website <http://www.pocog.org.au/>.

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

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



Jeremy Couper
Chair, PoCoG

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

The Royal College of Pathologists of Australasian (RCPA) has had a very busy 2016 and has progressed a number of key projects and activities related to raising the standard of pathology and cancer information.

RCPA Cancer Services Committee (CanSAC)

CanSAC is a multidisciplinary committee which has oversight for all cancer related activities within the RCPA. In the last year, CanSAC, under the chairmanship of Clinical Professor Sandra O'Toole, has focussed on progressing a number of key issues:

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Tissue fixation guidelines

Recognising the importance of tissue preservation in immunohistochemistry and molecular analysis, in which antigen and DNA preservation is vital, CanSAC in conjunction with the Macroscopic Cut-up Manual Project and the Anatomical Pathology Advisory Committee (APAC) recently published a set of guidelines for optimal tissue fixation.

The guidelines have been published to the following page of the Macroscopic Cut-up Manual:

www.rcpa.edu.au/Library/Practising-Pathology/Macroscopic-Cut-Up/General-information/Fixation

Guidelines for Pathologists attending Multidisciplinary Team Meetings.

In 2016, the RCPA developed and published a set of guidelines covering the role of pathologists attending Multidisciplinary Team Meetings – these include recommendations regarding resourcing, review of cases prior to MDT, attendance and follow up activities.

HER2 Testing Guidelines

In 2013 the American Society of Clinical Oncology (ASCO) and the College of American Pathologists (CAP) revised their guidelines for the assessment of HER2 status in invasive breast cancers. Many countries have since adopted these guidelines, however, Australia's HER2 testing algorithms are unique, requiring careful consideration of the implications of adopting the guidelines 'as is'. Therefore, CanSAC brought together a multidisciplinary group with specific HER2 expertise, to draft guidelines for implementation of the HER2 guidelines for pathologists in Australia.

MBS Funding of pathology

In the last year, the RCPA, in conjunction with Pathology Australia and Public Pathology Australia, funded a Project Officer position to progress the development of applications to Medical Services Advisory Committee (MSAC), to address the shortfall in funding of essential testing for cancers.

A number of tests, currently unfunded by MBS, have been identified and prioritised with several applications already submitted for consideration by MSAC.

Training across disciplines

As cancer reporting becomes increasingly a multi-disciplinary undertaking the need for a formal cross-discipline training curriculum and trainee positions has been identified. The RCPA has identified a number of strategies to address this issue and 2017 will see progress in this area.

Quality Assurance Programs (QAP)

Quality Assurance Programs for pathologists are an integral part of pathology ensuring a high level of competence and quality in our laboratories. As it is compulsory for any Medicare funded pathology test to have a QAP program available most MSAC applications include a requirement for an appropriate QAP process to be in place. In 2016, CanSAC identified a number of areas of requiring new/revised QAP programs, in particular for HPV (Human Papilloma Virus), ALK and HER2 gastric testing.

National Structured Pathology Reporting Project (NSPRC)

www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols

With funding from the federal Department of Health, the Australasian National Structured Pathology Reporting of Cancer (NSPRC) Project has now published 30 cancer protocols over the last 6 years. Standardised structured pathology reporting is now best practice in cancer reporting as evidence shows it improves both the quality and completeness of reporting. The 30 protocols now available, cover approximately 80% of the most commonly reported cancers.

In 2016, five new protocols were added to the local suite of protocols. These five protocols were developed based on the internationally agreed standards from the International Collaboration on Cancer Reporting (ICCR). www.ICCR-cancer.org

RCPA is a founding member of the ICCR, which incorporated as a not-for-profit organization in 2014 and has published 8 cancer datasets and has a further 24 in progress.

Structured Pathology Reporting of Cancer was also included in the 2016 Anatomical Pathology Curriculum

Handbook, and is therefore an integral part of the trainee portfolio and assessment program. This is a critical step in ensuring that new pathology trainees adopt best practice in cancer reporting.

Pathology Informatics Terminology Units Standardisation (PITUS)

In 2016, the RCPA obtained further funding from the Department of Health to continue IT standardisation via the PITUS project. Although not limited to cancer, the PITUS project is working towards necessary standardisation in ways which will benefit cancer professionals and patients. The project is working on the key components of standardisation - modelling, terminology and technology. The result will enable the safe and standardised transmission of pathology information in the future.

Accreditation

The RCPA has been undergoing reaccreditation with the Australian Medical Council (AMC) during 2016. This has involved detailed review of the College's examination processes, as well as visits to the states and territories.

Pathology Update

Each year, the RCPA holds the Pathology Update Conference and Exhibition. www.rcpa.edu.au/Events/Pathology-Update

This conference is a must attend on the pathology calendar. The next conference will be at the new Sydney Convention Centre from 24-26 February 2017.



Chris Hemmings
Council representative, RCPA



TRANS-TASMAN RADIATION ONCOLOGY GROUP



Over the past year, TROG has continued in its mission to conduct world-class research involving radiotherapy to improve outcomes and quality of life for people affected by cancer.

We recognise the important contribution made by the community who support us in our research endeavours including our membership, patients, families, donors, supporters and sponsors.

Clinical Trial activity in 2016

New Trials	5
Current trials	18 trials currently recruiting or pending activation
Trials in follow up	27 in follow up or closed to accrual
Patient accrual in 2016	392
Overall accrual to date	14,287
New Proposals	8 submitted
Publications	12 Full manuscripts

Approved for development:

2016 saw breakthrough results in the following:

- TROG 08.02 In a brain cancer breakthrough, an international phase III clinical trial TROG (GBM in elderly patients), which included ANZ researchers and patients, has found that adding temozolomide chemotherapy during short-course radiation therapy, followed by monthly maintenance doses of temozolomide, significantly improved survival of elderly patients with glioblastoma (GBM) compared to patient who had radiotherapy only, reducing the risk of death by 33%.
- TROG 03.04 Prostate cancer Survivorship study, with the results being used to develop a world first survivorship score – that will help rate how well cancer patients fare following cure.
- TROG and ALLG collaboration - TROG 99.03 In a world-first study for early stage low-grade lymphoma, practice changing study, an international clinical trial has found that patients live longer without a relapse with immuno-chemotherapy plus radiotherapy treatment rather than radiotherapy alone.

Further information is available at www.trog.com.au/TROG-publications

Our three year strategic plan ended in December with our new strategic plan commencing at the start of 2017. Communication is a key pillar in our strategic direction and during 2016 over 20 site visits were undertaken across Australia. These meetings keep communications open with our membership and allow updates on the TROG trial portfolio, Facility

Alliance Membership discussions and allows site staff to discuss issues or concerns they encounter in relation to our trials.

Quality Assurance is an integral part of TROG's research. Using innovation and collaboration to conduct world-class research in radiotherapy guides the work of the Quality Assurance (QA) team. Working with the TROG membership, we facilitate quality frameworks for the introduction of new technologies in clinical trials whilst ensuring robust and high-quality outcomes. The quality assurance program provides independent review of radiotherapy treatment plans to assess compliance with trial protocols and ensure quality data with over 350 case checks completed annually.

Our sponsors are vital to our research and would especially like to thank all our sponsors, especially our Corporate Sponsors, Varian Medical Systems and GenesisCancer Care.

The TROG 2016 Annual Scientific Meeting was held in Brisbane and supported by close to 200 delegates and over 20 sponsors. This year the 29th TROG Annual Scientific Meeting is being held from March 6-9 at the ANZ Viaduct Events Centre in Auckland, New Zealand.

The event will provide a unique opportunity for all health professionals with an interest in radiation oncology, to collectively discuss and influence the direction of current and future cancer clinical trials.

The theme for our 2017 ASM will be 'Radiation Oncology: Precise Treatment, Quality Research'. Dr Giuseppe Sasso and Laura Ciurlionis will co-convene the event and international speakers will include

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Professor Andre Dekker, a Medical Physicist at MAASTRO Clinic in the Netherlands and Dr Nancy Lee, a Radiation Oncologist from the Memorial Sloan Kettering Cancer Centre in New York. Visit TROG2017.com for further details.

A Consumer Advisory Panel has been established with a face-to-face workshop being held in May. This panel will allow for consumers specifically trained in the area of radiation therapy to advise and offer advocacy. Radiotherapy eLearning modules are in progress and will be available on the TROG website.

A Sub-Studies Committee is also formed, TROG owns the datasets generated by the many TROG-sponsored trials in its portfolio. The size and maturity of this portfolio is constantly increasing, therefore there is a need to facilitate access for secondary analysis of data generated by these trials. Secondary analysis of the data can be used to address questions which were not posed in the original protocol or which have arisen as a result of new evidence becoming available.

The research we undertake occurs through enormous commitment and teamwork from the TROG community

and with that support we will continue our endeavours in cancer research.

We look forward to further exciting opportunities for collaboration in 2017.



Farshad Foroudi
President, TROG

Chris Milross
Council representative, TROG

Joan Torony
CEO and Research Manager



OTHER REPORTS

CANCER COUNCIL AUSTRALIA



The year 2016 was one of new challenges and opportunities in cancer control.

We continued to work towards setting the national cancer prevention agenda, following publication in late 2015 of the first-ever comprehensive study of cancer incidence by risk factor in Australia.

National cancer data collected in 2016, and released in February 2017 by the Australian Institute of Health and Welfare, subsequently highlights lost opportunities in bowel cancer screening and an alarming increase in liver cancer deaths – further indicating the benefits of cancer prevention and early detection. The report confirms what we already knew: that Australia has some of the best cancer outcomes in the world. Cancer incidence rates and the cancer death rate continue to fall – 68 per cent of people diagnosed with cancer survive at least five years, a 20 per cent increase from the 1980s.

Cancer nonetheless continues to be the leading cause of disease burden in Australia – largely because of its contribution to the number of premature deaths. Over 134,000 Australians will be diagnosed with cancer in 2017, but sadly there is low participation in national cancer screening programs for bowel, breast and cervical cancer. The report also showed that liver cancer was the only common cancer where mortality had increased, due in large part to increases in hepatitis B and C infection and risk factors such as high body mass and excess alcohol consumption.

Moreover, while we hear a lot about Australia's high survival rates, our success is not equitably shared. Disparities between demographic groups, along with other unfair and unwarranted variations in clinical

outcomes, remain stark and continue to present significant challenges to policy makers. As part of our efforts to reduce disparities, thanks to funding from Cancer Australia we are developing a suite of psychosocial and information resources focusing on a supportive care framework for patients in Australia with rare or less common cancers. Cancer Australia has also funded us to develop new cancer information resources for people of culturally and linguistically diverse backgrounds.

In late 2016, we established our Health Services Committee, a new principal committee focused on independent, evidence-based policy development and promotion across the cancer treatment and care spectrum. We hope the HSC will become a fundamental and effective part of our structure, in the same way that our principal Public Health Committee has led in the development and promotion of literature and policy recommendations to drive everything from plain packaging of tobacco through to the implementation of Australia's National Bowel Cancer Screening Program.

The HSC's membership comprises leaders in all medical and scientific cancer control disciplines related to healthcare services and analyses – almost all of them COSA members and/or affiliates. COSA's President is a standing HSC member, as a matter of course. I am confident that the new committee will enhance our longstanding alliance with COSA in the development and communication of clinical cancer care policy.

Also on the subject of collaboration, 2016 saw Cancer Council Australia and COSA again formally partner on the development and promotion of a number of representations to government in areas of mutual policy interest. COSA's multidisciplinary membership, across individuals and groups, and its shared commitment to best practice facilitates an effective working partnership. This was seen in our joint policy work and submissions on topics as diverse as medicinal

cannabis, TGA reform, orphan drugs, biosimilar medicines and radiotherapy program grants. At the time of writing, we have a number of other joint submissions in progress on matters such as research prioritisation and genomics.

It was also a big year for Cancer Council Australia's work in clinical practice guidelines, starting out with the long-awaited release in January of the first-ever guidelines on management of a patient who agrees to take a PSA test to help assess his risk of prostate cancer. There were also systematic reviews, public consultations and published finalised updates on a number of other cancer types, including: bowel cancer, surveillance colonoscopy; cervical cancer (to support the anticipated change in the national screening program); the diagnosis and management of melanoma; and sarcoma in adolescent and young adult patients. For all the details, visit the Health Professionals section of our website at www.cancer.org.au

I thank the team at COSA, especially outgoing President Mei Krishnasamy and Executive Officer Maria Malica, for all their support and look forward to a new year of collaboration.



Sanchia Aranda,
CEO, Cancer Council Australia

FINANCIAL STATEMENTS AT 30 JUNE 2016 AND INDEPENDENT AUDIT REPORT

**THE CLINICAL ONCOLOGY SOCIETY
OF AUSTRALIA LIMITED**
ABN 97 631 209 452

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ABOUT CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

The Clinical Oncology Society of Australia (COSA) is the peak national body representing health professionals from all disciplines whose work involves the care of cancer patients.

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

(A company limited by guarantee)

Corporate Information

ABN 97 631 209 452

Directors as at 30 June 2016

Professor Sanchia Aranda
Professor Phyllis Butow AM
Dr Christine Carrington
Professor Ian Davis
Dr Haryana Dhillon
Mr Peter Dowding
A/Professor Christos Karapetis
Professor Meinir Krishnasamy
Ms Sandra McKiernan
Dr Wayne Nicholls
Ms Felicity Shaw

Company Secretary & Executive Officer

Ms Marie Malica

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Auditors

BDO East Coast Partnership
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Sydney NSW 2000

DIRECTORS' REPORT

30 JUNE 2016

The Directors present their report on Clinical Oncology Society of Australia Limited ("the Company") for the year ended 30 June 2016.

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 2016 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 2016 was \$797,712. In the same period, expenditure was \$890,291 leaving a deficit of \$92,579. 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 2016.

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 \$1,497 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.

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 2016 (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
Professor Meinir Krishnasamy BA, RN, DipN, MSc, Ph.D Professor Krishnasamy is President Elect of the Clinical Oncology Society of Australia. She is Chair in Cancer Nursing at the University of Melbourne and Senior Research Fellow at the Department of Cancer Experiences Research at the Peter MacCallum Cancer Centre, Melbourne. She is a past President of the Cancer Nurses Society of Australia.	President, Board Chair, Director	1 July 2013	-	4 / 4	-
Professor Phyllis Butow AM, BA (Hons) Dip Ed MClinPsych MPH PhD Professor Phyllis Butow is an NHMRC Senior Principal Research Fellow and Co-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	President Elect, Director	6 March 2015	-	3 / 4	-
Professor Sanchia Aranda RN, PhD, GAICD Honorary Professor Sanchia Aranda was appointed as CEO of Cancer Council Australia in August 2015. She currently holds academic appointments with the School of Health Sciences, University of Melbourne and the Faculty of Nursing, University of Sydney and is a research fellow at the Peter MacCallum Cancer Centre. She has more than 30 years' experience in cancer control and has held prior roles in healthcare, government and tertiary education. For the last 20 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-elect for the Union for International Cancer Control and has been on the board of UICC for 5 years.	Director	27 August 2015	-	4 / 4	-
Dr Christine Carrington BPharm(Hons), MMedSci Doctor Clin Pharm Dr Carrington is a Senior Consultant Pharmacist 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. Her published work includes the development of the Australian national guidelines for the 'Safe Prescribing, Dispensing and Administration of Cancer Chemotherapy'.	Director	1 July 2013	-	4 / 4	-
Professor Ian Davis MBBS(Hons) PhD FRACP FACHPM Professor Davis is Professor of Medicine at Monash University and Eastern Health, Melbourne and Head, Eastern Health Clinical School, Melbourne. He is a medical oncologist whose primary clinical and research interests are in urologic cancers. He is Chair of the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), and Chair of the COSA Urologic Oncology Group.	Director	1 July 2013	-	4 / 4	-
Dr Haryana Dhillon BSc MA PhD Dr Dhillon is a Research Fellow in the Survivorship Research Group and Deputy Director of the Centre for Medical Psychology & Evidence-based Decision-making, Central Clinical School, Sydney Medical School at the University of Sydney. She is Chair of the COSA Psycho-Oncology Group and A/Chair of the COSA Survivorship Group, and was awarded the COSA New Investigator Award in Psycho-oncology in 2015.	Director, Member Audit, Risk & Finance Committee	1 July 2013	-	4 / 4	3 / 5

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
Mr Peter Dowding BSC (Hons) MBA Mr Dowding is co-founder and Managing Director of Propel Investments, a mid-market private equity firm based in Sydney and established in 2007. He has over 25 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.	Director, Chair Audit, Risk & Finance Committee	12 May 2014	-	4 / 4	5 / 5
A/Professor Christos Karapetis MBBS FRACP MMedSc Associate Professor Karapetis is Regional Director of Cancer Services in the Southern Area Health Network, Adelaide and Head of Department of Medical Oncology and Director of Cancer Clinical Research, Flinders Medical Centre. He was instrumental in the establishment of the Clinical Research Unit at the Flinders Centre for Innovation in Cancer. He is a former chair of the COSA Gastrointestinal Cancer Group.	Director	1 July 2013	-	3 / 4	-
Ms Sandra McKiernan BAppSc (Nsg) MPH Ms McKiernan is the Director of Cancer Information and Support Services at Cancer Council WA and the Immediate Past President (until December 2015) of the Cancer Nurses Society of Australia with an excellent profile as a cancer nurse leader in Australia.	Director	18 May 2015	-	4 / 4	-
Dr Wayne Nicholls MBChB FRACP Dr Nicholls is a Senior Staff Specialist in Paediatric Oncology 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.	Director	19 May 2015	-	3 / 4	-
Ms Felicity Shaw LLB (Hons I) BSc MEL Ms Shaw is a senior corporate and governance 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.	Director, Member Audit, Risk & Finance Committee	19 May 2014	-	3 / 4	5 / 5

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 2016 (Cont'd)

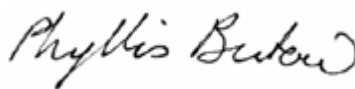
Company Secretary and Executive Officer

Ms Marie Malica is the Company Secretary and 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.

On behalf of the directors



Prof Mei Krishnasamy
President



Prof Phyllis Butow AM
President - Elect

Sydney
14 October 2016





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Sydney NSW 2000
Australia

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

As lead auditor of Clinical Oncology Society of Australia Limited for the year ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'P Cheeseman'.

Paul Cheeseman
Partner

BDO East Coast Partnership

Sydney, 14 October 2016

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 2016

	Note	2016 \$	2015 \$
<u>Income</u>			
Member body subscriptions	1(a)(ii), 4	125,276	125,301
Annual Scientific Meeting revenue	1(a)(iii), 4	317,518	328,996
NHMRC Enabling Grant revenue	1(a)(iv), 4	12,175	12,862
Other grant & project revenue	1 (a)(i), 4	285,900	174,703
Interest income	1 (a)(v), 4	55,811	69,140
Other revenue	1 (a)(vi), 4	1,032	31,659
		797,712	742,661
<u>Expenditure</u>			
Administration Expenses		(53,226)	(60,304)
Employment costs		(449,690)	(386,148)
Depreciation		(1,365)	(2,057)
NHMRC Enabling grant expenses		(1,454)	(2,379)
Annual Scientific Meeting		(55,490)	(60,879)
Other grant & project expenses		(243,952)	(187,489)
Other expenses from ordinary activities		(85,114)	(60,617)
		(890,291)	(759,873)
Surplus/ (deficit) before income tax expense		(92,579)	(17,212)
Income tax expense	1(c)	-	-
Net surplus/ (deficit) after income tax expense for the year attributable to the members of COSA		(92,579)	(17,212)
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income for the year attributable to the members of COSA		(92,579)	(17,212)

The accompanying notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Note	2016 \$	2015 \$
ASSETS			
Current Assets			
Cash & cash equivalents	5	115,475	277,572
Trade & other receivables	6	32,511	6,107
Other current assets	7	1,930,552	1,880,000
Total Current Assets		2,078,538	2,163,679
Non-Current Assets			
Plant & equipment	8	489	1,855
Total Non-Current Assets		489	1,855
Total Assets		2,079,027	2,165,534
LIABILITIES			
Current Liabilities			
Trade & other payables	9	149,796	128,148
Provision for employee benefits	10	36,230	34,532
Total Current Liabilities		186,026	162,680
Non-Current Liabilities			
Provision for employee benefits	10	539	-
Total Non-Current Liabilities		539	-
Total Liabilities		186,565	162,680
Net Assets		1,892,462	2,002,854
EQUITY			
Grants & Special Projects Reserve		157,032	198,797
General Funds		1,735,430	1,804,057
Total Equity		1,892,462	2,002,854

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

	\$	\$	\$
	General Funds	Grants & Special Projects Reserve	Total Funds
Balance at 1 July 2014	1,823,769	239,389	2,063,158
Transfer to/(from) reserves	(2,500)	2,500	-
Transfer to liabilities	-	(43,092)	(43,092)
Surplus/(deficit) after income tax for the year	(17,212)	-	(17,212)
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	(17,212)	-	(17,212)
Balance at 30 June 2015	1,804,057	198,797	2,002,854
Balance at 1 July 2015	1,804,057	198,797	2,002,854
Transfer to/(from) reserves	23,952	(23,952)	-
Transfer to liabilities	-	(17,813)	(17,813)
Surplus/(deficit) after income tax for the year	(92,579)	-	(92,579)
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	(92,579)	-	(92,579)
Balance at 30 June 2016	1,735,430	157,032	1,892,462

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 2016

	Note	2016 \$	2015 \$
<u>Cash flows from operating activities:</u>			
Receipts from member subscriptions and other income (inclusive of GST)		695,842	645,482
Payments to suppliers, employees and member bodies (inclusive of GST)		(913,750)	(764,080)
Interest received		55,811	69,140
Net cash used in operating activities	14	(162,097)	(49,458)
<u>Cash flows from investing activities:</u>			
Payments for term deposits		-	(1,850,000)
Net cash (used in)/provided by investing activities		-	(1,850,000)
Net (decrease)/increase in cash & cash equivalents		(162,097)	(1,899,458)
Cash & cash equivalents at the beginning of the year		277,572	2,177,030
Cash & cash equivalents at the end of the year	5	115,475	227,572

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

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, accordingly these financial reports are a Special Purpose Financial Report prepared solely to meet the financial reporting requirements of the Australian Charities and Not-for-profits Commission Act 2012. The directors have determined that the accounting 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 14 October 2016.

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 with 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 as noted below) 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 2015/16 Annual Scientific Meeting was \$262,028 (2014/15: \$268,117).

(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 \$1,454 (excluding employment costs) has been spent in 2015/16 (2014/15: \$2,379). 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 2016 (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 2016/17 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 three months or less 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:

Class of plant and equipment

Computer Equipment

Useful Life

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 2016 (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. The Company is registered with the Australia Charities and Not-for-profits Commission.

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 957 financial members of the Company at 30 June 2016 (2015: 1,072).

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 and ASM income.

Note 4. Revenue

	2016	2015
	\$	\$
Membership subscriptions (also refer to note 1(a) (ii))	125,276	125,301
Interest Revenue	55,811	69,140
ASM Income	317,518	328,996
NHMRC Enabling Grant	12,175	12,862
Other Grant income	188,895	98,948
Recoveries of clinical trials insurance cover	97,005	75,755
Other revenue	1,032	31,659
	<u>797,712</u>	<u>742,661</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

Note 5. Cash & cash equivalents

	2016 \$	2015 \$
Cash at bank	115,475	227,572
	<u>115,475</u>	<u>227,572</u>

Note 6. Trade and other receivables

Current

Trade receivables	20,202	3,620
Other receivables	12,309	2,487
	<u>32,511</u>	<u>6,107</u>

Note 7. Other current assets

Prepayments	80,552	30,000
Held to maturity investments - term deposits	1,850,000	1,850,000
	<u>1,930,552</u>	<u>1,880,000</u>

Note 8. Plant & equipment

Computer equipment		
- Computer equipment, at cost	10,341	10,341
- Accumulated depreciation	(9,852)	(8,486)
Total computer equipment	<u>489</u>	<u>1,855</u>

	Computer Equipment \$
Balance at 1 July 2014	3,912
Additions	-
Depreciation expense	(2,057)
	<u>1,855</u>
Balance at 30 June 2015	1,855
Additions	-
Depreciation expense	(1,366)
	<u>489</u>
Balance at 30 June 2016	<u>489</u>

Note 9. Trade and other payables

	2016	2015
	\$	\$
<u>Current</u>		
Trade creditors & accruals	43,614	16,474
Income in advance	106,182	111,272
Amounts due to associated organisations	-	402
	<u>149,796</u>	<u>128,148</u>

Note 10. Provisions

<u>Current:</u>		
Employee benefits	<u>36,230</u>	<u>34,532</u>
	<u>36,230</u>	<u>34,532</u>
 <u>Non Current:</u>		
Employee benefits	<u>539</u>	<u>-</u>
	<u>539</u>	<u>-</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>5,100</u>	<u>5,000</u>
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

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

	2016	2015
	\$	\$
Net deficit for the year	(92,579)	(17,212)
Non-cash flows in surplus from ordinary activities:		
Depreciation	1,366	2,057
Transfer from reserves	(17,813)	(43,092)
Changes in assets and liabilities:		
Decrease / (increase) in trade & other receivables	(26,404)	7,646
Increase / (decrease) in other current assets	(50,552)	12,160
Decrease in trade & other payables	21,648	(14,500)
Increase in provisions	2,237	3,483
Net cash used in operating activities	(162,097)	(49,458)

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 2016

Directors' Declaration

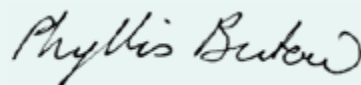
In the directors' opinion:

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 Australian Charities and Not-for-profits Commissions 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 Australian Charities and Not-for-profits Commissions Act 2012, the Accounting Standards as described in note 1 to the financial statements, the Australian Charities and Not-for-profits Commissions 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 2016 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 Mei Krishnasamy
President



Prof Phyllis Butow AM
President-Elect

Sydney
14 October 2016



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INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncology Society of Australia Limited

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Clinical Oncology Society of Australia Limited which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company 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 *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and the needs of the members or other appropriate terms. 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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



Opinion

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

- (a) giving a true and fair view of the company's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and the *Division 60 the Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis of accounting

Without modifying our opinion, 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 directors' financial reporting responsibilities under the *ACNC Act*. As a result, the financial report may not be suitable for another purpose.

BDO East Coast Partnership

A handwritten signature in black ink, which appears to read 'P. Cheeseman', is positioned below the BDO logo and the partnership name.

Paul Cheeseman
Partner

Sydney, 14 October 2016

COSA ANNUAL REPORT 2016



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