



Clinical
Oncology
Society of
Australia

CCSA

ANNUAL REPORT 2015

EDUCATION

COLLABORATION

ADVOCACY

RESEARCH

SECTION INDEX

Membership of COSA and COSA Reports 03

COSA Group Reports 11

Affiliated Organisation Reports 27

Other Reports 48

Financial Statements 49

PRESIDENTS OF COSA

November 1973 - November 1976	Mr WB Fleming AM	MBBS FRACS FRCS(Eng) FACS
November 1976 - November 1979	Professor L Atkinson - Deceased	FRCS FRACS FACR
November 1979 - November 1981	Dr RP Melville - Deceased	MBBS FRCS FRACS FACS
November 1981 - November 1983	Professor MHN Tattersall AO	MA MD MSc FRCP FRACP
November 1983 - November 1985	Professor CJ Clunie	CHM(Ed) FRCS(Ed) FRCS FRACS
November 1985 - November 1987	Dr JVM Coppleson	MBBS MD FRCOG FRACOG
January 1988 - December 1989	Dr JA Levi	MBBS FRACP
January 1990 - December 1991	Professor RM Fox AM	BSc(Med) PhD MBBS FRACP
January 1992 - December 1993	Professor WH McCarthy AM	AM Med FRACS
January 1994 - December 1995	Professor AS Coates AM	MD FRACP
January 1996 - December 1997	Professor RJS Thomas	MBBS MS FRACS FRCS
January 1998 - December 1999	Professor H Ekert AM	MBBS MD FRACP FRCPA
January 2000 - December 2001	Professor J Zalcborg OAM	MBBS PhD FRACP GAICD MRACMA
January 2002 - December 2003	Dr L Kenny	MBBS FRANZCR
January 2004 - December 2005	Dr S Ackland	MBBS FRACP
January 2006 - 20 July 2006	Professor D Currow	BMed FRACP MPH
21 July 2006 - December 2008	Professor D Goldstein	MBBS FRACP FRCP
January 2009 - December 2010	Professor B Mann	MBBS PhD
January 2011 - December 2012	Professor B Koczwara AM	BM BS FRACP GAICD MBioethics
January 2013 - December 2014	Associate Professor SV Porceddu	MBBS FRANZCR
January 2015 - Present	Professor M Krishnasamy	BA RCN DipN MSc 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 30 January 2015 there were 970 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.

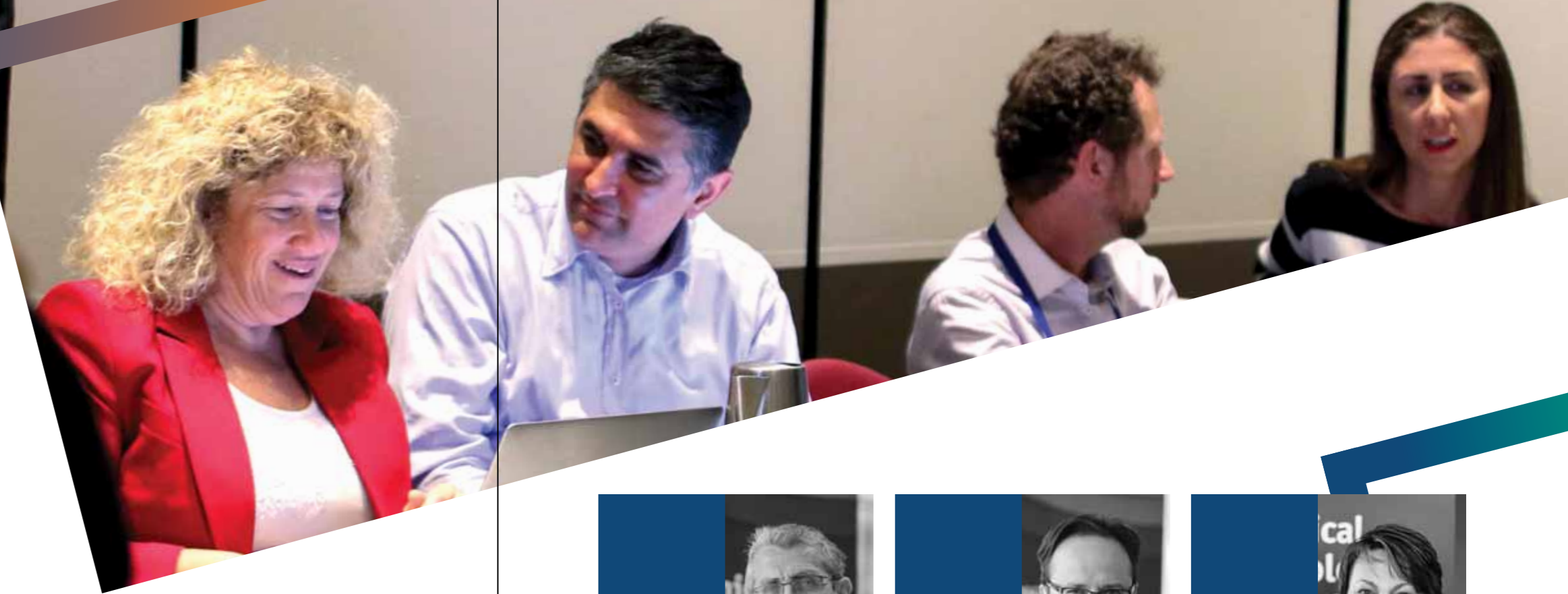
4 STUDENT MEMBERS

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





COSA COUNCIL

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

- PRESIDENT**
Professor M Krishnasamy BA RN DipN Msc PhD
- PRESIDENT ELECT**
Professor P Butow AM BA(Hons) DipEd MclinPsych
- IMMEDIATE PAST PRESIDENT**
A/Professor S Porceddu BSc MBBS(Hons) MD FRANZCR

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: Ms G Rowan Dip Pharm BCOP
- CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP**
Chair (Jan-Aug): Ms H Rajandran-Maurel BSc(Hons) GCertSc GCertCR
Chair (Aug-Sept): Ms S Mephram
Chair (Sept-Dec): Ms D Lindsay BAppSc (Hons)
- COMPLEMENTARY AND INTEGRATIVE THERAPIES GROUP**
Chair: Mr P Katris MPsy
- DEVELOPING NATIONS GROUP**
Chair: A/Professor M Links MBBS PhD MPhil(Hed) FRACP
- EPIDEMIOLOGY GROUP**
Chair (Jan-Jun): Mr B Doble BSc MSc Health Economist
Chair (Jun-Dec): Position Vacant
- EXERCISE AND CANCER GROUP**
Chair: A/Profrofessor P Cormie PhD AED
- FAMILIAL CANCER GROUP**
Chair: Dr N Pachter MBChB FRACP
- GASTROINTESTINAL ONCOLOGY GROUP**
Chair: A/Professor E Segelov MBBS (Hons1) FRACP PhD
- GERIATRIC ONCOLOGY**
Chair: Dr C Steer MBBS FRACP
- GYNAECOLOGICAL ONCOLOGY GROUP**
Chair: A/Professor A Brand MD MMed FRCS(C) FRANZGOG CGO
- LUNG ONCOLOGY GROUP**
Chair: Dr 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 MND

- PAEDEATRIC ONCOLOGY GROUP**
Chair: Position Vacant
- PALLIATIVE CARE GROUP**
Chair: Professor J Phillips RN PhD
- PSYCHO-ONCOLOGY GROUP**
Chair: Dr L Kirsten BSc(Psych) MAppSc (Beh Hlth Sc) DPsc (Clinical) PhD
- RADIATION ONCOLOGY GROUP**
Chair: Position Vacant
- RARE CANCERS GROUP**
Chair: A/Professor C Scott MBBS PhD FRACP
- REGIONAL & RURAL ONCOLOGY GROUP**
Chair: Professor S Sabesan BMBS(Flinders) PhD FRACP
- SURGICAL ONCOLOGY GROUP**
Chair: Position Vacant
- SURVIVORSHIP GROUP**
Chair: Dr H Dhillon BSc MA 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**
A/Professor T Price MBBS DHLthSc (Medicine)
- AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP**
Professor M Hertzberg MBBS PhD FRACP FRCPA
- AUSTRALASIAN LUNG CANCER TRIALS GROUP**
A/Professor P Mitchell BHB MBChB MD FRACP GAICD
- AUSTRALASIAN METASTASIS RESEARCH SOCIETY**
Professor E Thompson PhD
- AUSTRALASIAN SARCOMA STUDY GROUP**
Dr J Desai FRACP
- AUSTRALIA & NEW ZEALAND BREAST CANCER TRIALS GROUP**
(Jan-Jul): Professor F Boyle AM MBBS FRACP PhD
(Jul-Dec): Dr S Ackland MBBS FRACP
- AUSTRALIA AND NEW ZEALAND MELANOMA TRIALS GROUP**
Professor B Burmeister 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) FRANZGOG CGO
- CANCER NURSES SOCIETY OF AUSTRALIA**
A/Professor R Chan RN BN MAppSc PhD FACN MAICD
- COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY**
Professor M Rosenthal MBBS PhD FRACP
- 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**
A/Professor R Harrup FRACP FRCPA
- 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**
Professor J Emery MBCh DPhil FRACGP MRCGP MA
- PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP**
Dr J Couper MBBS MD Mmed(psych) FRANZCP
- ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA**
Professor S O'Toole BMedSci (Hons) MBBS (Hons) FRCPA PhD
- TRANS TASMAN RADIATION ONCOLOGY GROUP**
Dr F Foroudi MBBS(Hon 1) MPA DMedSc FRANZCR

REPORT OF THE PRESIDENT

I am pleased to present my first contribution as President to the COSA annual report. 2015 was another great year for COSA and for me as President. As always the COSA ASM is a highlight in my calendar and it was an honour to preside over the 42nd COSA ASM in Hobart. More about the ASM in my report below.

Governance

As I reported at the AGM in Hobart our governance structure is well embedded and we are fully operational as a Company Limited by Guarantee, and as a not-for-profit organisation we also report to the Australian Charities and Not-for-profits Commission.

The Board continues to be highly engaged in ensuring the ongoing success and sustainability of the society. We met five times throughout 2015, and during that time farewelled a number of Board members and welcomed some new. On behalf of the Board I would once again like to thank outgoing members David Goldstein, Bruce Mann and Ian Olver for their valuable participation during the implementation of the new structure. I was delighted to welcome Sanchia Aranda, Sandy McKiernan and Wayne Nicholls who joined the Board in 2015, each already making important contributions.

The effective operation of the COSA Audit, Risk & Finance Committee (AR&FC) gives the Board surety in fulfilling its responsibilities on matters relating to the identification and mitigation of areas of significant business risk, as well as financial review, audit, reporting and monitoring. In 2015 the AR&FC developed a comprehensive suite of policies to assist COSA's operation, many of which relate to HR matters, risk management and fraud control. The first draft of a risk register was also prepared.

COSA Council remains committed and engaged in their important role as the main scientific and advisory body representing all COSA Members, COSA Groups and Affiliated Organisations. Council met three times throughout 2015, with more members attending each meeting than ever before – meeting attendance throughout 2015 was at record highs.

In addition to our 22 Affiliated Organisations, we welcomed our first Associated Organisation, Oncology Massage Limited – a recognised not for profit training charity, dedicated to training fully qualified massage and Bowen therapists to treat those with a diagnosis or history of cancer effectively and safely.

Annual Scientific Meeting (ASM)

For those who attended the 2015 ASM in Hobart I am sure you will agree it was a wonderful event. For those members that could not attend, you missed a stellar event, but you will be pleased to know that the videos of all presentations delivered in the plenary hall are now available on the COSA website.

The buzz around the ASM was electric, everyone in attendance was fully engaged in the program (as well as the networking and social events). I truly believe the rare cancers theme will help propel the need for more work and research funding in this important area, and our ability to impact on the experience of people undergoing treatment for rare cancers.

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. Professor David Currow was announced as the recipient in 2015, the 10th year of this prestigious award. Professor Currow delivered an inspiring speech that challenged the audience to consider their personal and professional perspectives on end of life care.

The ASM generated many stories in the local and national media, in all forms including television, radio, print and online. Articles mainly focused mainly on four main stories: improving chemo brain for cancer survivors; the

benefits of exercise for rare cancer patients; the impacts of breast cancer on pregnant women; and the costs of treatment for cancer patients. The personal perspectives presented from two women diagnosed and treated for breast cancer whilst pregnant reminded us all of the reasons we work in cancer care.

Most importantly, the meeting was welcoming and educational. With almost 800 delegates, we nearly took over Hobart and the city welcomed us with open arms. I cannot thank the Local Organising Committee enough for preparing such a diverse and meaningful program focused on rare and less common cancers.

Position statements and Submissions

COSA members contributed to the development of a number of position statements and government submissions throughout 2015.

Position statements:

- Medical use of Cannabis Position Statement, jointly published with Cancer Council Australia, May 2015
- Cancer Care Coordinator Position Statement, November 2015

Submissions:

- Review of Medicines and Medical Devices Regulation, Cancer Council Australia and COSA recommendations to the Australian Government, February 2015
- Senate inquiry into the availability of new, innovative and specialist cancer drugs in Australia, February 2015
- Response to a Bill for an Act to establish the Regulator of Medicinal Cannabis, March 2015
- Therapeutic Goods Administration Orphan Drugs Program Discussion Paper, March 2015

- Inquiry into Chronic Disease Prevention and Management in Primary Health Care, July 2015
- Chemotherapy Compounding Payments Scheme (CCPS), Draft Operational Guidelines, joint submission from COSA and Cancer Council Australia, August 2015
- Primary health care reform discussion paper, joint submission from COSA, Cancer Council Australia and PC4, September 2015
- Australian Commission on Safety and Quality in Health Care, Prioritising Clinical Practice Guidelines, joint submission from Cancer Council Australia and COSA, September 2015
- Biosimilar Awareness Implementation Framework, joint response from Cancer Council Australia and COSA, October 2015
- IP Australia's proposed change in patent examination practice, joint response from Cancer Council Australia and COSA, November 2015

Thanks and Acknowledgments

As many before me have often said, the strength of our organisation lies in our multidisciplinary membership. I cannot agree more and must thank and acknowledge all Board, Council and COSA members for their continual commitment to the organisation. My sincere gratitude to Sandro Porceddu for handing over the COSA reigns leaving the organisation in such a robust position. I also extend my thanks to Marie Malica our Executive Officer and the dedicated COSA staff who make it all happen.

COSA Council remains committed and engaged in their important role as the main scientific and advisory body representing all COSA Members, COSA Groups and Affiliated Organisations



Professor Mei Krishnasamy
COSA President
2015-2016

REPORT OF THE EXECUTIVE OFFICER

I am proud to say that 2015 was another great year for COSA. As you will see from my report and many of the Group reports, the ASM was a resounding success once again. But our activities are not limited to the ASM – the Group reports are testimony to that. We held many, and are planning even more, additional educational events for members in 2016.

Annual Scientific Meeting

As is often the case much of my focus each year is on ensuring the success of the COSA ASM, and 2015 was no different. After 17 years away, hosting the ASM in Hobart was always going to be a challenge. Would the venue be big enough? Could Hobart accommodate us? Would we attract enough delegates to make the meeting a success? Would we be able to develop an appealing program? The answer to each of those questions is yes!

The Grand Chancellor Hotel was an ideal venue for the ASM. Traditionally we host the conference in a convention centre. The 1997 the ASM was held at the Wrest Point Convention Centre Hobart, prior to the Grand Chancellor building their beautiful Concert Hall – now the home of the Tasmanian Symphony Orchestra. We were confident Hobart and this new venue would be a great destination for COSA. The city welcomed us with open arms; we filled most of the available accommodation (unless you wanted to stay in a penthouse or backpackers!); some cafes even had signs at the front welcoming us; and all the taxi drivers seemed to know there was “a big cancer conference” in town!

Space at the Grand Chancellor was tight, but that just meant we had to be a little more creative with the program schedule and exhibition space. Some exhibitors displayed in the foyer, so serving catering in the foyer as well as the exhibition hall ensured everyone was well taken care of.

Over 760 people registered for the ASM, and we booked over 1,000 nights accommodation via the registration system (some people book through other means). When you compare this to nearly 1,200 delegates in Melbourne and 500 nights accommodation you can see many delegates travelled for COSA and Hobart as a destination.

“Rare Cancers: Common Goals” was the perfect theme for an ASM in Hobart. Perhaps if we’d had a more ‘common’ theme such as breast cancer, we would not have fitted in the Grand Chancellor. The Local Organising Committee did a superb job in developing an attractive program by taking a very creative approach to interpreting the rare cancers theme. Some sessions included: common rare cancers such as NETs; truly rare cancers such as merkel cell carcinoma; rare cancer subtypes; and rare presentations of common cancers such as breast cancer during pregnancy. All the talks presented in the main plenary hall were filmed and are now available to view by COSA members on the COSA website.

On Sunday prior to the ASM we also hosted a Public Forum titled “Living well before, during and after cancer”. This unique event hosted annually by COSA allows active consumer advocates as well as the general public the opportunity to hear from the world class cancer experts presenting at the COSA ASM present in lay language at this open event. An impressive turnout of 75 people were in attendance, and feedback from the day was excellent.

Also prior to the official start of the ASM, we hosted a number of pre-conference workshops on Monday 16 November:

- Multi-disciplinary Supportive and Survivorship Care: models, methods, and more – a combined workshop of the Complementary and Integrative Therapies, Exercise and Cancer, Nutrition, Psycho-oncology and Survivorship Groups
- Precision Medicine starts here – a Molecular Pathology Workshop hosted by the COSA Cancer Biology Group
- COSA Cancer Pharmacists Clinical Development Workshop
- Risk-Based Monitoring and GCP Coordinators Training Workshop – a Clinical Development Workshop hosted by the COSA Clinical Trials Research Professionals Group

Once again the COSA ASM and its ancillary events were a resounding success with over 97% of delegates that participated in the post event evaluation indicating they will attend or recommend future COSA meetings.

COSA Council and the Groups

As Mei mentioned in her President’s report COSA Council remains committed and engaged in their important role as the main scientific and advisory body of COSA. Council comprises the Chair or each COSA Group and a representative of each Affiliated Organisation, as well as the President, President Elect and a consumer representative. With the introduction of two new COSA Groups in 2015, Council membership has grown and meeting attendance was at record highs.

In response to the needs of our members, in 2015 we established two new COSA Groups – Exercise and Cancer, and Rare Cancers. Under the guidance of Chair Prue Cormie the Exercise Group held a strategic planning day in September where the Group brainstormed ideas in six areas: practice, education, research, advocacy, partnerships and funding opportunities. You can read more about the Exercise Group’s activities and plans for the future in Prue’s report. The Rare Cancers Group operates under the expert leadership of Clare Scott. The timing of the rare cancers theme for the 2015 ASM was ideal to encourage this new Group’s enthusiasm. Clare may not have been an official member of the Hobart Local Organising Committee, but she was certainly a much appreciated contributor.

In 2015 we were pleased to appoint a new consumer to Council, Mrs Sharon Scoble. Sharon attended her first Council meeting in August with great enthusiasm. She has a clear understanding that the consumer role on Council requires representation of all cancers and consumers not just her own personal experience in breast cancer. Previously Sharon participated

in the Cancer Australia 5-year strategic planning review and Rural Health Advisory Network, as well as multiple committees and representations with BCNA and HBF. Living in the remote town of Broome, Western Australia, Sharon also brings a valuable regional and remote perspective to COSA.

Thank you and acknowledgements

It has been an absolute pleasure working with Mei Krishnasamy during the first year of her two-year Presidency. Personally I find Mei to be a quietly confident and highly competent leader, and she has chaired the Board and Council meetings with dignified aplomb.

Once again I must thank the Board, Council and staff of Cancer Council Australia for continuing to support COSA in many ways.

My thank yous are never complete without mention of the dedicated COSA staff who all continue to inspire me. Sadly Chantal Gebbie left us in mid 2015, when I was delighted to welcome Gillian Mackay to the team. Gillian has a background in research administration in oncology, and holds a Bachelor of Applied Science and completed a Master of Public Health in 2015. Gillian supports the Cancer Care Coordination Group, Developing Nations Group, and Geriatric Oncology Group, and also assists with activities of the cancer cooperative trials groups. Gillian joins the committed and enthusiastic COSA team including Fran Doughton (without whom I think I’d be lost), Rhonda DeSouza, Hayley Griffin and Jessica Harris.

I am excited about the prospects of another busy and successful year in 2016.

“Once again the COSA ASM and its ancillary events were a resounding success with over 97% of delegates that participated in the post event evaluation indicating they will attend or recommend future COSA meetings”



Marie Malica
Executive Officer

COSA GROUP REPORTS



ADOLESCENT AND YOUNG ADULT GROUP

The COSA AYA Group focussed on progressing activities relating to research strategy and clinical practice guidance in 2015.

Following on from the successful AYA Research Agenda workshop in March 2014, the COSA AYA Group held a second workshop on 8th May 2015 to discuss the following specific areas of focus identified at the initial workshop as being important:

- Lowering the age of eligibility
- Collaborative opportunities for AYA clinical trial development and access
- A virtual national tumour bank
- A national clinical trials app

The overall purpose of the second workshop was to provide an opportunity to examine these four areas in depth and develop a strategic plan of action to address the issues in these areas which form some of the most significant barriers to AYA research in Australia.

Progressing the recommendations that arose from this workshop has been a priority, with work centring around the expansion and collation of briefing papers on each discussion topic for future advocacy. A letter was also sent to Medicines 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.

The other major area of work for the AYA Group has been in the area of AYA guidances, with approval from COSA Council to update and expand the AYA Fertility Preservation Guidance. The Guidance will now include children and adults, as well as AYAs, to bring it into line with current medical knowledge and make it relevant to all cancer patients of reproductive age. This work has been co-led by Dr Antoinette Anazodo and A/Prof Kate Stern and project managed by Hayley Griffin.

A small core Working Party was formed towards the end of the year and began work updating the clinical questions

and scope of the new Guidance. A wider Consultation Committee of clinicians will be formed to provide feedback on the draft document prior to the Guidance undergoing public consultation and being available on the wiki platform.



Wayne Nicholls
Chair, Adolescent and Young Adult Group

CANCER BIOLOGY GROUP

The main activity of the COSA Cancer Biology Group in 2015 was the Molecular Pathology Workshop held as a pre-conference workshop on Monday 16 November 2015, prior to the COSA ASM in Hobart.

In the absence of an Advanced Trainees Weekend in 2015, this workshop was designed to provide advanced trainees with a series of presentations that reviewed the current state of molecular profiling in oncology. The workshop's other aims were to discuss the ethical implications of molecular testing and debate how such tests should be used in the future both for clinical trials and routine clinical care.

48 delegates attended the workshop; three of which attended the workshop only and 45 delegates attended the workshop and the ASM. 42% of attendees were COSA members, and 58% were non COSA members. In addition to some trainees, an equal mix of medical and allied health professionals were in attendance.

Overall the workshop was regarded very positively by those who attended as providing a comprehensive snapshot of the state of play, an insight into ethical issues that were not always clear to those engaged in daily practice and some illustrations of exciting future directions for this area of cancer control. A full report is available on the COSA website www.cosa.org.au.

The COSA Cancer Biology Group will continue to provide future educational activities for COSA members in areas in of need.



Nik Zeps
Chair, Cancer Biology Group

CANCER CARE COORDINATION GROUP

The COSA AYA Group focussed on progressing activities relating to research strategy and clinical practice guidance in 2015.

The Cancer Care Coordination Group aims to:

- facilitate communication and networking amongst Cancer Care Coordinators
- maintain a Cancer Care Coordinator National Contacts Database
- provide a consistent understanding of the Cancer Care Coordinator role
- support professional development of Cancer Care Coordinators
- promote and support service improvement activity by Cancer Care Coordinators

Over the past few years, the Group has engaged in extensive consultation and evidence reviews to develop a position statement which outlined COSA's position on the role of cancer care coordinators. The position statement was well received and formally endorsed by COSA Council in November 2015. The paper provides guidance for consumers, health professionals, health service managers and funders on the effective integration of these roles into cancer care delivery. The position statement is available on the COSA website and will be disseminated widely to key stakeholder groups over coming months. I would

like to take this opportunity to acknowledge all who contributed to this important piece of work.

The Group's Professional Development Committee has focused on developing innovative educational activities for those with an interest in care coordination. A pilot webinar was held in October 2015. The theme for the webinar was indigenous cancer care, with the aim of the session being to highlight the relationship between individual, social and health system issues that can impact on the delivery of cancer care for Aboriginal and Torres Strait Islander patients. The webinar feedback was extremely positive. A total of 67 registrations were received with 38 sites linking through to the webinar. Participants registered from all Australian states and territories. The majority of respondents provided feedback that they strongly agreed, or agreed, that the webinar provided relevant educational content, that the program was well structured, and that knowledge and skills were built on or reinforced. The webinar was also seen as a time effective way and accessible way to meet professional development needs. The Group is currently considering additional educational opportunities in 2016, including future webinars.

The Group held its AGM at the COSA ASM in Hobart. The meeting was well attended with active discussion about ways to build on the opportunities presented by the release of the position statement. Attendees also discussed priorities for the Group's

activities in the future, including exploring the implications for cancer care coordinators of the Optimal Care Pathways currently under development and developing a stronger research base and collaborations in the field. Consumers present at the meeting also emphasised the importance of working with them to advocate for optimal care coordination.

I would like to take this opportunity to thank members of the Group's Executive Committee – Douglas Bellamy, Liz Zwart and Violet Platt. I would also like to acknowledge the excellent support we have received from COSA Project Manager Gillian Mackay, and the COSA Executive Officer Marie Malica.



Patsy Yates
Chair, Cancer Care Coordination Group

COSA GROUP REPORTS

CANCER PHARMACISTS GROUP



In 2015 we consolidated our commitment to ongoing education and professional development for pharmacists working in cancer care. We again offered our two education seminars that were well attended and received overwhelmingly positive feedback. For the first time in 2015, the Pharmacology of Cancer Chemotherapy workshops for Oncology and Haematology Advanced Medical Trainees was expanded from QLD to NSW and Victoria. In addition to these courses, our Clinical Professional Day held prior to the COSA ASM was again well attended. The CPG committee has also continued to work with COSA on a number of drug related initiatives representing both cancer pharmacists and COSA as a group.

Education for Cancer Pharmacists

In 2015, the CPG ran its annual "Foundation Clinical Skills for Cancer

Pharmacy Practitioners Course" (our 8th consecutive seminar) and our "Advanced Clinical Practice for Cancer Pharmacists seminar" (the 5th seminar and 3rd consecutive).

The 8th "Foundation Clinical Skills for Cancer Pharmacy Practitioners Course" was held in May in Brisbane. The course was well attended by a wide range of participants, with feedback showing this course provides excellent entry level education for pharmacists new to or returning to cancer therapy. Our ability to gain CPD accreditation for this course has helped promote this valuable educational event. Thanks go to Geeta Sandhu for convening the meeting and to the presenters who gave their time and shared their vast experience. Planning for the 9th annual Foundation Course in May 2016 is well under way with a new venue to be used.

In 2015 the "Advanced Clinical Practice for Cancer Pharmacists seminar" was held in Melbourne, over 2 days in September. This course was well attended by over 40 pharmacists, many of whom have been practicing for more than 10 years, and with a wide range of experience in cancer including oncology, haematology and palliative care. Our ability to source both experienced pharmacy speakers

as well as respected medical and other speakers allow this course to develop every year. Thanks to Michael Powell for his work in convening this excellent meeting. We have already booked in our next Advanced Clinical Practice seminar to be held in Melbourne again in September 2016.

Education for Advanced Medical Trainees

The "Pharmacology of Cancer Chemotherapy" course comprises a series of 8 modules for Oncology and Haematology Advanced Medical Trainees. The course content was developed and presented by expert pharmacists Dr Christine Carrington and Dan McKavanagh, with each module designed to provide education on the pharmacology of cancer chemotherapy and targeted therapy. The workshops have been run successfully in Brisbane for 4 years and for the first time in 2015 they were held in Queensland, NSW and Victoria, facilitated by COSA. Videoconferencing was also used to allow advanced medical trainees in regional and rural areas to participate. Excellent feedback was received on the quality and conduct of the workshops and we would like to thank Roche for their sponsorship of this important work.

COSA Cancer Pharmacists Group Grants

For the first time in 2015, COSA offered CPG members the chance to apply for a Professional Development Grant or Research Grant to be used in the area of oncology, haematology, stem cell transplantation or palliative care. COSA would like to thank Roche for their support with this initiative through an unrestricted educational grant.

We would like to congratulate Marliese Alexander on her successful application for a COSA CPG Professional Development Grant. Marliese will be receiving \$5000 to attend and present her research findings at the 2016 International Conference of Thrombosis and Haemostasis Issues in Cancer (ICTHIC) in Bergamo, Italy. We would also like to congratulate Samantha Wieringa from Peter MacCallum as the successful recipient of the Research Grant. Samantha will receive \$10,000 to conduct a "Pilot study of Medication Reconciliation for Patients in screening for participation in a Clinical Trial in selected cancers".

CPG Professional Development Day - COSA ASM 2015

The CPG was again fortunate to be able to hold a Professional Development Day prior to the ASM in

Hobart. Over 40 pharmacists attended this day, with speakers covering a variety of areas both clinical topics and professional development topics. This year we looked at Medication Safety and tied in the ASM theme of rare cancers with a great presentation from Dr David Chan on the treatment of neuroendocrine tumours. Thanks go to Jenny Casanova for her work in organising this day and to our speakers and sponsors for making the day a success.

CPG Annual General Meeting

The CPG and cancer pharmacists were well represented at the COSA ASM in Hobart and the weather was immaculate.

Our AGM during the COSA ASM in Hobart was well attended and we were able to feed back to the group on our work. We were pleased to present the new CPG Terms of Reference to the membership, as these terms define how the CPG Executive works moving forward.

The AGM saw us farewell Dan Mellor from the Executive. As a previous Chair of the CPG, Dan has made major contributions to the CPG, COSA and cancer pharmacy within Australia, and we would like to thank Dan for his time on the CPG Executive.

Michael Powell has been confirmed as the new Chair of the CPG Executive. We would like to welcome him to the role and I know that Michael and the Executive will continue to work for cancer pharmacists in Australia in the future.

Committee: Gail Rowan, Dan McKavanagh, Michael Powell, Geeta Sandhu, Dan Mellor, Christine Carrington, Karim Ibrahim, Zeyad Ibrahim, Jenny Casanova



Gail Rowan
Chair, Cancer Pharmacists Group

CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

During 2015 the Clinical Trials Research Professionals Group Executive Committee aimed to increase the profile of the CTRPG and provide members with high quality opportunities to enhance professional development, in response to key areas that had been identified in a membership survey in 2014. The results of the survey indicated that members welcomed further education in areas of quality assurance, ICH-GCP and regulatory issues impacting on clinical trial conduct, as well as the promotion of networking opportunities.

We achieved these aims by updating information about the CTRPG and providing links to clinical trial resources on the COSA website, and by giving presentations during clinical trials collaborative group meetings to encourage the participation of new members. A grant awarded by COSA enabled the CTRPG to coordinate a Professional Development Day for COSA members on Monday 16th November just prior to the COSA Annual Scientific Meeting in Hobart. The training day, entitled "Risk-Based Monitoring and GCP Coordinators Training Workshop" was very well attended and led by two expert presenters. The first session focussed on how the increasing use of electronic systems and complexity of clinical trials have created new opportunities as well as challenges

for staff in clinical trials units and collaborative research groups. During the afternoon interesting and challenging case scenarios were presented and participants shared their individual experiences as we worked through site, investigator and sponsor responsibilities in the context of Good Clinical Practice principles.

Throughout the year the membership of the Executive Committee changed significantly, four members stepped down due to other commitments (including the new role of motherhood for two members), current committee members accepted new positions and new members were endorsed. We farewellled Hema Rajandran-Maurel (Former Chair), Violet Mukaro, Jill Davison and Sophie Mephram

and acknowledge the commitment and high level support these women provided to the committee. I am pleased to report that Annette Cubitt, from the Royal Brisbane and Women's Hospital, Queensland was endorsed as Deputy Chair and Alison Coote, from Orange Health Service, New South Wales as Secretary. Our efforts to establish representation from all Australian states resulted in two nominations for the Executive Committee in 2016; additional applications to join the committee from current members are welcomed.

With support from COSA we were able to progress many of the planned activities of the CTRPG and communicated outcomes to members through regular contributions to newsletters.

By networking with clinical trials groups in Australia and in the international setting, the Executive Committee is well placed to continue to work towards achieving common goals in alignment with the COSA Strategic Plan.

I would like to sincerely thank all of our members and the COSA Executive for their support during 2015. The CTRPG will continue to promote positive changes through education, networking, the provision of resources and leadership to further improve the excellent standard and conduct of oncology clinical trials research throughout Australia and New Zealand, and beyond.



Dianne Lindsay
Chair, Clinical Trials Research Professionals Group

COMPLEMENTARY AND INTEGRATIVE THERAPIES GROUP

CITs Executive Committee membership changes

In 2015 we welcomed onto the CIT Group executive Dr Suzanne Grant who has practised Chinese medicine in an integrative medical centre setting for over 10 years. She is currently the Senior Acupuncturist at the Chris O'Brien Lifehouse at Royal Prince Alfred Hospital. We also saw the resignation of Christine Scott who had been on the Executive since the inception of the Group and was always able to provide a Victorian perspective to the Group via her past roles at the Olivia Newton-John Cancer and Wellness Centre at the Austin Hospital and her experiences as a Churchill Fellow in the field of integrative oncology.

CIT Infographics

The CITG has produced some infographics – visual representations of information, data or knowledge

regarding CIT's in oncology settings that are intended to present information quickly and clearly. To date infographics has been produced relating to communication issues regarding CAM use amongst cancer patients, the use of acupuncture in cancer treatments, the role of ginger to alleviate nausea and vomiting symptoms in patients undergoing chemotherapy treatments and mind-body medicine in oncology.

These infographics will be available on the COSA website in 2016.

Newsletter

The CITs Group newsletter (eNews) was released in July 2015 and was well received by members. We plan to continue producing the newsletter covering the activities of the Group and contemporary issues in complementary and integrative therapies in oncology. We welcome input and content ideas from our members.

Plans for 2016

The Executive is interested in looking at the use of webinars to promote

the activities of the Group. Given the breast cancer theme we expect to see a few abstracts being presented on complementary and integrative approaches in this population and we look forward to seeing members at the ASM on the Gold Coast in November.



Paul Katris
Chair, Complementary and Integrative Therapies Group

DEVELOPING NATIONS GROUP

The main activity of the Group has been the Asia Pacific Mentoring Program, which has funded an annual fellowship to Australia.

Due to the high cost of the program, COSA has sought external funding, but thus far has not been successful in securing this on an ongoing basis. Activities for the Developing Nations Group slowed down during 2015, as the Group takes time to consider its future.

The Group continues to review its membership, activities and purpose and have conducted a consultation with its members which is being followed up with a broader consultation with all COSA members. It is therefore timely to reflect on the achievements of the Group as a whole since its inception in 2011. I would also like to acknowledge the contributions and support provided by members of the Executive Committee over this period: Keith Cox, David Goldstein, Elizabeth Hovey, Letitia Lancaster, Ray Lowenthal and Ian Oliver.

The Developing Nations Group has provided a voice for COSA relations with developing nations in the past 5 years, and created opportunities for fellows from the Asia Pacific region that would not otherwise have been possible.

The Asia Pacific Mentoring Program (APMP) focused on supporting mid-career health professionals from the Asia-Pacific region during a 10-12 week placement at an Australian cancer centre. A COSA member from the relevant discipline provided their time, facilities and experience to mentor the fellow with the following objectives:

- To foster and enhance knowledge and expertise
- To establish stronger ties and partnerships with new and developing cancer centres in the Asia Pacific region
- To identify areas and strategies for future professional development and research

The APMP supported 6 fellows during 2011-2014 from Fiji, India, Thailand and

Vietnam. Fellows were supported at host institutions throughout Australia in NSW, Queensland, Victoria and South Australia. All funding was provided by COSA apart from an AusAID grant that was secured in 2013, and co-funding with RANZCR in 2011.

Many COSA members themselves are actively engaged with international initiatives that are not directly supported by this Group. COSA Groups are a key part of the COSA organisation and there is a need to ensure that they remain relevant and that there is a regular process of review and renewal. Therefore our consultation in early 2016 will aim to gauge the level of interest from our members to engage with COSA in future developing nation's activities.

Matthew Links

Chair, Developing Nations Group

Gillian Mackay

COSA Project Manager

EXERCISE AND CANCER GROUP

The Exercise and Cancer Group formed in May 2015 after a strong repose from the COSA membership supporting the establishment of the Group.

The group's membership grew to approximately 135 professionals in 2015 with representation from exercise physiology, physiotherapy, radiation and medical oncology, surgery, nursing, nutrition and public health discipline areas. Since our group's formation we have worked to establish our governance and initiated work on a range of activities.

The Group's Purpose

Vision: The vision of the COSA Exercise and Cancer Group is enhanced supportive care practice and policy leading to improved outcomes for patients through affordable, accessible and effective exercise medicine.

Aim: The overarching aim of the COSA Exercise and Cancer Group is to have exercise incorporated as a standard component of care for people with cancer.

Objectives: 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

Terms of Reference

The Exercise and Cancer Group terms of references were approved by the Group in November 2015 and submitted for consideration of the COSA Council.

Executive Committee

The call for nominations for the Group's Executive Committee went out in October 2015 and received a fantastic

response. Sixteen excellent applications were received from professionals with a range of backgrounds with the group membership voting for the nine open executive committee positions. Alongside the Chair and Deputy Chair, the Executive Committee consists of professionals representing a broad range of disciplines including clinical exercise physiology, clinical physiotherapy, clinical oncology, nursing, research and public health. These domain areas were specifically targeted to ensure the multidisciplinary composition of the wider group is represented.

Strategic Planning Day

In order to set the foundation for an effective and productive group, an initial working group of 12 professionals was assembled to conduct a strategic planning day. The expertise of the working group members represented the multidisciplinary background of the Exercise and Cancer Group's membership including professionals from public and private practice as well as consumers. These members were supported by attendees from the COSA office who provided expert input to help guide the working group's discussions. The working group met in Sydney in September to discuss the group's governance, priorities and agenda of activities for consideration of the full group membership.

Annual General Meeting

The inaugural AGM for the Exercise and Cancer Group was held at the COSA Annual Scientific Meeting in Hobart. Approximately 25 members were present to discuss the group's strategic priorities, terms of reference and agenda of activities.

Clinical Professional Day

In collaboration with the Survivorship, Complementary and Integrative Therapies, Nutrition and Psycho-Oncology Groups, the Exercise and Cancer Group participated in the pre-conference workshop at the 2015 COSA Annual Scientific Meeting. The 'Multidisciplinary Supportive and Survivorship Care: Models, Methods and More' workshop was attended by 100 delegates in Hobart. The workshop provided an excellent forum to discuss models of care that integrate allied health professionals across the

cancer trajectory as well as the design and implementation of complex interventions.

Involvement in the 2016 COSA Annual Scientific Meeting

In response to the Exercise and Cancer Group's proposal, internationally renowned exercise researcher Professor Melinda Irwin (Yale University, USA) will be an international guest speaker at the 2016 Annual Scientific Meeting. The Group will be involved in numerous sessions throughout the conference (including a dedicated session on exercise) as well as a multidisciplinary pre-conference workshop.

Plan for 2016

Planning for 2016 and beyond is well underway with the main priority for the group's activities being focused on developing a COSA position stand on exercise. The group will build on a productive initial year and work towards a robust agenda of activities in line with the objectives of COSA.



Prue Cormie
Chair, Exercise and Cancer

FAMILIAL CANCER GROUP

The COSA/HGSA FCG Executive for 2015 was comprised of chair Nicholas Pachter (WA), deputy chair Nicola Poplawski (SA), and members Mary-Anne Young (VIC), Finlay Macrae (VIC), Rachel Susman (QLD), Sue Shanley (VIC), Kathy Wu (NSW), Margaret Gleeson (NSW) and laboratory representative Andrew Fellowes (VIC). I wish to thank all those on the Executive for their work during the year.

For 2016 we bid farewell to Sue Shanley who has returned to the UK and welcome Helen Marfan (QLD) to the Executive. Helen will represent the FCG on the local organising committee for the 2016 COSA ASM on the Gold Coast.

The activities of the COSA/HGSA FCC Group for 2015 included:

- The successful running of the COSA/ Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which was held Tuesday 25th August, at the Mantra resort, Kingscliff, NSW. Themes included:
 - Genomic issues in Genetic Counselling
 - "Next-Generation Sequencing" and uncertainty: the lab, the clinician and the client
 - Chemoprevention/ risk-reducing medication
 - Surgical Prevention of Breast Cancer

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 COSA and kConFab in making this day happen.

- A prescribing guide for the use of risk-reducing medication for breast cancer was drafted and presented to the COSA Council in August
- The selection of Familial Cancer topics and speakers for the 2015 COSA ASM held in beautiful Hobart in November. The theme was "Rare Cancers - Common goals" and the following Speakers presented on topics relevant to familial cancer:

Hugh Dawkins - Rare diseases learning from rare cancers

Paul James - Familial clusters

Nicholas Pachter - Furnishing the Genetic Firepower in Pheochromocytoma

John Burgess - Pancreatic neuroendocrine tumours in MEN 1 - basic science & clinical management

Kelly-Anne Phillips - Fertility Implications for Women with a BRCA1 or BRCA2 Germline Mutation

Angelo Dei Tos - Genetics of Sarcomas

Clare Scott - Molecular classification of ovarian cancer

Heather Cunliffe - Targeted therapies for triple negative breast cancer

Lucinda Hossack - How empowered do carriers of hereditary cancer gene mutations participating in an annual review program feel about managing their cancer risk?

Mathilda Wilding - Analysis of screening program for Von Hippel-Lindau and SDH mutation carriers

Kathy Tucker led a session entitled "Lynch Syndrome: improving patient outcomes through a translational research network".

My thanks go to the Conveners of this meeting, Louise Nott and Allison Black, for organising a wonderful meeting and acknowledging a powerful theme in Rare Cancers.

For 2016 the Executive plans to:

- Develop the program for the 2016 COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which will be held Tuesday 16th August 2016, at the Mantra resort, Kingscliff, NSW.
- Finalise the drafting of two prescribing guides for risk-reducing medications for breast cancer, and colorectal cancer associated with Lynch syndrome
- Develop 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
- Develop an education tool for Oncologists for ovarian cancer treatment-focused genetic testing (TGFT), develop a flowchart to implement TGFT in practice, and to develop a way to evaluate the approach of TGFT at different centres across the country



Nicholas Pachter
Chair, Familial Cancer Group

GERIATRIC ONCOLOGY GROUP

The Geriatric Oncology Group is the only Australian collaboration dedicated to cancer care in the older adult. The Group has continued to focus on its core objectives during 2015 particularly in the areas of education and research.

Group members have provided key presentations educating other health professionals about geriatric oncology at a range of forums, including the International Society of Geriatric Oncology (SIOG) in Prague, the Westmead Hospital Geriatric Medicine Symposium (NSW), and the University of Sydney 2015 Cancer-Lifespan Research Symposium.

The Group's research committee completed their survey on the topic of attitudes to geriatric oncology in 2015, and data analysis is currently underway. We look forward to providing further updates on these results in future reports.

As the Geriatric Oncology Group matures, it is timely for us to re-assess our future directions, so 2016 has started with a survey to Group members to inform our strategic priorities. We look forward to assessing the results and considering our options at our April 2016 Strategic Planning Day. We also welcome input from other COSA members with an interest in geriatric oncology, and encourage your active involvement and contribution.



Christopher Steer
Chair, Geriatric Oncology Group



LUNG CANCER GROUP

2015 saw a number of key events and the reporting of several key trials with both immediate practice and ongoing research implications for those involved in lung cancer care in Australia:

Crizotinib finally received its PBS indication in ALK gene rearranged NSCLC.

Immunotherapy with check-point inhibitors continue to dominate research interest in major meetings with multiple drugs from differing Pharma companies in various stages of clinical development. Nivolumab with its pivotal Phase III data for superiority over docetaxel in second line NSCLC is currently leading the charge toward an approved immunotherapy agent for NSCLC.

Several members of the COSA Lung Group have been involved in these trials and in providing independent support where needed to appreciate the importance of drug access for our lung cancer patients. However, ongoing research is still needed to better define the patient populations most likely to gain greatest benefit, evidence vital for approval of drugs based on cost-effectiveness by the

PBAC. The ongoing contribution of members of the Lung Group in this research is thus vital.

2015 also saw another IASLC World Conference on Lung Cancer (WCLC), this time in Denver, Colorado in September. Australia again was well represented at this meeting and in meeting contribution, abstract presentation and meeting attendance. It also saw the formal announcement of the newly formed Thoracic Alliance for Cancer trials (TACT) on September 6. This newly formed group arose from discussions first commenced by the Australasian Lung Cancer trials group (ALTG) in the Sydney WCLC meeting of 2013. The announcement was made by A/Prof Paul Mitchell, current ALTG President and inaugural Chair of the TACT Board. The TACT meeting contained representatives from more than 20 national and trans-national thoracic oncology research groups. A structure was established for formal membership of trials groups from around the world and ideas canvassed for the group's inaugural trial. As momentum builds this group will provide a great opportunity for multinational academic trials addressing key clinical questions, including but not limited to, rarer diseases and clinical settings where

research efforts have been difficult, eg thymic cancers.

The ALTG hosted two important workshops in 2015, aimed at identifying clinical research gaps and opportunities for ALTG led clinical trials. From these workshops several trial proposals progressed further and will be incorporated in the ALTG trial portfolio: <http://altg.com.au/patients/trials/> COSA Lung Group members are encouraged to participate in future workshops for the ALTG, which promotes multidisciplinary interest and trials ideas.

In terms of educational activities, 2015 saw the inaugural ALTG Lung Cancer Preceptorship, held in Sydney, April 17-18. Forty-nine advanced trainees and junior consultants were given the opportunity to review, present and discuss the latest developments in lung cancer treatment over a two-day intensive learning course. Modelled on the successful AGITG Colorectal Cancer preceptorship, this Preceptorship in Lung Cancer was convened by Eva Segelov and facilitated by Nick Pavlakis, Shane White, Prunella Blinman, Chris Karapetis, Stephen Clarke and Michael Millward. This two-day intensive learning course for advanced trainees and junior consultants in Medical, Radiation

and Surgical Oncology offered participants the chance to actively learn in small groups, utilising the Harvard short course model across a range of key topics in thoracic cancer. Feedback from candidates was extremely positive. As such the ALTG Lung Cancer Preceptorship is planned to be an annual event, with the date for the 2016 event being Oct 28-29. More information will be forthcoming.

2016 sees a number of key events and meetings:

- The Cancer Council Australia Lung Cancer Guidelines group will be meeting in February 2016 aiming to update additional sections of its wiki based Clinical practice Guidelines for the treatment of lung cancer.

- April 13: 6th European Lung Cancer Conference (ELCC), Geneva Switzerland
- May 13: Asia Pacific Lung Cancer Conference (APLCC), Chiang Mai Thailand
- Aug 18: 6th Australian Lung Cancer Conference (ALCC), Melbourne VIC
- November: International Lung Cancer Awareness Month and National Lung
- Dec 4: 17th WCLC, Vienna Austria

Thank you to all group members for the participation in lung cancer activities in 2015. Let's increase our engagement in activities in 2016!



Nick Pavlakis
Chair, Lung Cancer Group

"ALTG
Preceptorship
in Lung Cancer,
April 2015"

NEUROENDOCRINE TUMOUR GROUP

Neuroendocrine tumours (NETs) were in the spotlight at the rare cancer-themed 2015 COSA Annual Scientific Meeting which was held in Hobart in November, helping to raise the profile of this uncommon but increasingly diagnosed group of neoplastic diseases, and highlighting recent developments in therapeutic options. Hobart-based John Burgess, an endocrinologist with extensive experience in Multiple Endocrine Neoplasia (MEN), presented a plenary on MEN1-related pancreatic NETs. A dedicated NETs session was also an opportunity to report results from the SIGNATURE registry and to announce the opening of the

important CONTROL NET study. The latter is a world leading study initiated by Australian investigators and the Australasian Gastrointestinal Trials Group (AGITG) with support from the Unicorn Foundation, and will hopefully clarify the role of lutetium peptide receptor radiopeptide therapy (PRRT) and the capecitabine-temozolomide chemotherapy regimen in midgut and pancreatic NETs.

In November, closure of the SIGNATURE NETs registry was announced. A total of 228 patients were recruited from the 9 NETs specialist centres from across the country. Although recruitment has been challenging, these numbers still indicate that there are a significant number of NETs patients, and also reflect the experience and expertise

that exists in centres with a NETs interest across Australia. From the available data the investigators have been able to report on the epidemiological features of our patients and also outcomes with PRRT at two international conferences, the European Neuroendocrine Tumor Society meeting in Barcelona in March and the European Cancer Congress in Vienna in September. The investigators are now looking for alternative options to continue a NETs registry and also to collaborate with other researchers with established databases to pool results.

On an optimistic note, the last year has seen the emergence of more study results supporting effectiveness of treatment of NETs and improved access to therapeutic options. The

European NETTER1 trial is the first to demonstrate a benefit for lutetium PRRT in somatostatin receptor expressing disease, and this treatment modality has become more available in most Australia states even off-study. It is all the more crucial now that support is given to the CONTROL NET study to generate definitive data.

Finally the NETs interest group would like to acknowledge the support we continue to receive from COSA (especially Marie Malica, Rhonda De Souza and Chantal Gebbie) and the Unicorn Foundation in our endeavours. We would also like to thank Ipsen for their support of the SIGNATURE registry.

Yu Jo Chua
Chair, Neuroendocrine
Tumour Group

COSA GROUP REPORTS

NEURO-ONCOLOGY GROUP

The neuro-oncology community continues to expand nationally and strengthen its international collaborative links.

Several key national and state-based events were held throughout 2015. These included two Brain Tumour Support and Education forums held in Sydney and Melbourne in May as part of Brain Cancer Action Week.

The diverse membership of COGNO, the Cooperative Trials Group for Neuro-Oncology, continues to grow, now at over 400 members spanning clinicians, researchers and consumer advocates.

COGNO held a very successful 8th Annual Scientific Meeting, from Friday October 23rd to Saturday 24th October 2015 in Brisbane hosted by Radiation Oncologist Dr Cecelia Gzell as the Convenor, and with international guest speakers, Prof Martin J Van Den Bent and Prof Vinay K Puduvalli. The ASM was entitled "Where the Future Lies".

We look forward to an eventful, dynamic 2016 in advancing brain tumour care and research.

One of the highlights in 2016 will definitely be COGNO hosting the Asian Society of Neuro-oncology meeting in Sydney this coming September.



Eng-Siew Koh
Chair, Neuro-Oncology Group

Kate Drummond
Deputy Chair

NUTRITION GROUP

Promotion of evidence based nutrition practice and education of multidisciplinary clinicians on cancer nutrition continued to be the focus of the Nutrition Group throughout 2015.

The 2015 ASM in Hobart was a highlight with a successful application for an invited symposium on the topic rare and not so rare issues in cancer nutrition. During this session we heard about health professionals attitudes and behaviours related to dietary supplement use, support for community and private practice dietitians in managing cancer patients, issues around prophylactic gastrectomy in patients with the CDH1 gene mutation, and designing complex interventions to translate research into practice. The Group were also very excited to join forces for the first time with the COSA Survivorship, Exercise and Cancer, Complementary and Integrative Therapies and Psycho-Oncology Groups to host a combined pre-conference workshop on multidisciplinary supportive and survivorship care. This was a great opportunity for collaboration across these Groups and a platform for initiating further collaborative work.

With the Multinational Association of Supportive Care in Cancer (MASCC) conference being held for the first time in Australia in 2016, this is an opportunity for the Nutrition Group to highlight the exciting work being undertaken by members at an international level. Together with the MASCC Nutrition and Cachexia group, an application was submitted to hold a symposium on models of care in high nutrition risk groups. We were delighted to hear this application was successful and a number of Nutrition Group members will be representing the Group through presentations in this symposium.

The phase II malnutrition in Victorian Cancer Service project, led by the Peter MacCallum Cancer Centre Nutrition department and funded by the Victorian Department of Health and Human Services (DHHS), concluded early in 2015. The resources developed from this project, including a cancer malnutrition eLearning package and governance toolkit were launched at an event in October at the Cancer Council Victoria. A number of Nutrition Group members were involved in steering committees related to these projects. Further funding has been provided by DHHS for phase III of this project which

will consist of 4 new projects 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. The establishment of the platform for the point prevalence study will be a focus of the group in 2016.

Work continues on maintain the currency of the head and neck nutrition evidence based guidelines. In addition, the Groups 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.

Priorities for the Nutrition Group in 2016 will be:

- MASCC symposium
- Phase III malnutrition in Victorian Cancer Services project, particularly the point prevalence study
- Input into the 2016 COSA ASM program
- Ongoing collaborations with other COSA groups
- Initiation of regular member update emails

Finally, the Group implemented a new executive structure in 2015 with broad representation across the domains of clinical care, public health, research and management:

Chair: Nicole Kiss

Committee: Judy Bauer, Anna Boltong, Elisabeth Isenring, Jenelle Loeliger, Merran Findlay

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



Nicole Kiss
Chair, Nutrition Group

PSYCHO-ONCOLOGY GROUP

OZPOS operates under the auspices of the COSA Psycho-oncology Group. This year OZPOS has worked to further establish international and national relationships across researchers and clinicians.

In July 2015 I was part of a strong contingent of Australians who attended the International Psycho-oncology Society World Congress / American Psycho-oncology Society Congress (IPOS/APOS) in Washington DC. I was very proud to see the great representation of high-calibre Australian psycho-oncology research. As part of this congress I attended the International Psycho-oncology Society Federation AGM. Attendees included representatives of psycho-oncology societies from France, Nigeria, and China amongst others.

This meeting welcomed Bulgaria to the IPOS Federation. Strategies for further engagement of members were discussed including mentorship, newsletters and webinars. The 2016 IPOS World Congress will be located in Dublin, Ireland in October.

In order to strengthen governance within psycho-oncology in Australia, in the first half of 2016 there will be a call for membership of the executive committee for OZPOS. Nominations will be sought to ensure representation from each state. In taking this approach it is hoped that in addition to further promoting cohesiveness within our psycho-oncology community, there will also be greater capacity for furthering initiatives within OZPOS. Please look out for further information regarding this in your inbox in the coming months and consider nominating for this role!

The year ended with the Clinical Professional Day which was conducted in conjunction with the COSA ASM in Hobart. The day was a successful collaboration between the Survivorship, Exercise and Cancer, Complementary and Integrative Therapies, Nutrition and Psycho-oncology COSA Groups. The Professional Day was well-attended with a range of disciplines present who were provided with an opportunity for cross-disciplinary networking with other cancer health professionals and consideration of models of care. The atmosphere was collegial and provided opportunity for attendees to reflect on strategies for improving cancer service delivery.

The COSA ASM program provided plenty of high quality psycho-oncology content. Professor David Kissane's excellent presentation in the opening plenary challenged the audience to

take the time to contemplate the delivery of cancer services to people affected by a rare cancer diagnosis. The presentations flowing on for the rest of the conference maintained these high standards. The AGM also provided a productive forum for discussion of issues pertinent to psycho-oncology.

The 2016 COSA ASM will be conducted in partnership with the Australia & New Zealand Breast Cancer Trials Group (ANZBCTG). Discussions are already underway to once again ensure the psycho-oncology content of the program is enticing to psychosocial researchers and clinicians.

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



Laura Kirsten
Chair, Psycho-Oncology Group

RARE CANCERS GROUP

The COSA Rare Cancers Group Executive for 2015 was comprised of chair Clare Scott (VIC), deputy chair David Goldstein (NSW), and members Phyllis Butow (NSW), Hugh Dawkins (WA), Michelle Harrison (NSW), Gillian Mitchell (Vancouver, Canada), Sandra O'Toole (NSW), Tim Price (NSW), David Thomas (NSW), Toby Trahair (NSW and ANZCHOG), Alison Trainer (VIC), Kate Vines (NSW and Rare Cancers Australia) and Richard Vines (NSW and Rare Cancers Australia).

The main roles of the COSA Rare Cancers Group Executive are:

- To increase awareness of issues relevant for rare cancer patients in Australia
- To coordinate existing and new initiatives for rare cancer patients in Australia

We will coordinate our activities for patients across tumour streams, always endeavouring to focus on cancer types for which clinical care guidelines and research are not easily available. We aim to access and coordinate existing infrastructure, with a focus on development of that infrastructure for rare cancer patients. We note that for many rare cancer patients, evidence-based recommendations are unavailable, making access to and involvement in research of great importance.

The key achievements of the COSA Rare CC Group for 2015 include:

- Appointment of the Executive Committee, which met by teleconference on 10 August 2015 for the first time and then face to face at the Rare Cancers Group AGM at the COSA Annual Scientific Meeting in November 2015
- Contributions by members of the Rare Cancer Group to the COSA ASM in Hobart, November 2015, entitled "Rare cancers: common goals"
- Development of a questionnaire to be circulated to COSA members in 2016 in order to gain feedback about the needs of the oncology COSA community regarding rare cancer management and support
- Facilitating close collaboration with consumer input, via Rare Cancers Australia

The Executive is currently working on:

- Exploring gaps in our current system, including the need for access for regional patients and clinicians to streamlined diagnosis and management recommendations (including via survey of COSA members)

- Developing a national network for oncology clinicians to help with diagnosis and direction of management of rare cancer patients, including streamlined capacity for expert pathology review, access to molecular testing and/or research studies
- Facilitating the development of psychosocial research and support for patients with rare cancers, who too often face even more uncertainty, than do patients with better understood cancer types



Clare Scott
Chair, Rare Cancers Group

REGIONAL AND RURAL GROUP

The COSA Regional and Rural Group have been busy working on a number of major projects over the past 12 months.

The 2nd annual face-to-face meeting of the Network of Directors and Clinical Leads of Regional Cancer Centres was held in Sydney on 23 October 2015. A key objective of this meeting was to report back and progress the actions of the 4 working groups: (i) Workforce issues; (ii) Models of Care and Innovation; (iii) Training and Education; and (iv) Research and Databases. The meeting was also used as an opportunity to present the national initiatives developed by the COSA Regional and Rural Group, with A/Prof Sabesan providing updates to the Network on the Teleoncology Guidelines and Teletrial Model. The day was a great success and provided an excellent forum to facilitate communication and collaboration between regional cancer centres.

Teleoncology is becoming part of the core business of many cancer clinicians to enable them to provide care closer to home for rural and remote patients. In 2014, the Regional and Rural Group identified the need to pool together the evidence and make recommendations for use of teleoncology models. After a year of work the COSA Clinical Practice Guidelines for Teleoncology were launched at the COSA ASM in Hobart. The guidelines were developed by a multidisciplinary working group led by Sabe Sabesan and assisted by COSA Project Manager Jessica Harris. The guidelines will continue to be updated on the Cancer Guidelines Wiki and can be found at: <http://wiki.cancer.org.au/australia/COSA:Teleoncology> COSA would like to thank everyone who was involved in writing the guidelines.

Development of an ANZ Teletrial Model is underway to enable the conduct of clinical trials closer to home for regional and rural patients. The model allows clinicians from larger centres (primary sites) to enrol, consent and treat patients on clinical trials at regional and rural centres (satellite sites) using

teleoncology in collaboration with clinicians from satellite centres. This is a joint collaboration between COSA and the Cancer Institute NSW with the model being endorsed by COSA Council at the August 2015 meeting. The next steps will be to seek feedback and endorsement from our Affiliated Organisations, especially the cooperative trials groups on the Guide for Implementation.



Sabe Sabesan
Chair, Regional and Rural Group

SURVIVORSHIP GROUP

2015 was a year of consolidation for the Survivorship Group. We continued to see high levels of interest, engagement, and commitment to this area of cancer care with increasing numbers of group members. We have continued to lay the foundations of improved survivorship care through the Model of Survivorship Care, reviewing and reporting what we know about survivorship care, and by bringing together the diverse workforce committed to supporting cancer survivors as they complete their acute care and move into the next stage of living with cancer.

Models of Survivorship Care Working Workshop

After the high level of engagement in this workshop at the end of 2014, a substantial amount of effort has gone into collating and summarising the output, strategies to move the field forward, and the priorities for COSA members. In summary, the feedback was supportive of the model, felt that it covered the needs of survivors in Australia but was not without challenges to implement.

The Flinders Cancer Survivorship Conference, held in Adelaide in February 2015, provided a forum to launch the model of survivorship care to an audience of cancer consumers, advocates, clinicians, policymakers, and researchers. The launch occurred at the culmination of two plenary sessions discussing different approaches to survivorship care, including shared care models, integrated electronic monitoring systems, amongst other developments. The model generated a high level of interest amongst participants, with positive feedback about the comprehensiveness of the model and its recognition of all relevant service sectors. There were some discussions and differences of opinions regarding definition of survivorship, not surprising given the continuing debate about this across the cancer community.

At the end of 2015, COSA hosted a Consumer Consultation Workshop about the Survivorship Model of Care. Seventeen organisations were invited to review the model, provide feedback, and attend the workshop. Overall, the participants felt that COSA was to be congratulated on taking this initiative and, while there were points of difference, the model was broadly supported with some recommendations for changes to clarify and tighten the model.

Cancer Forum

Members of the COSA Survivorship Group contributed to a special Cancer Survivorship issue of Cancer Forum. It comprised articles broad-ranging in content from the very personal perspectives of consumers to updates about initiatives in the world of survivorship to intervention studies aimed at addressing concerns of importance to many cancer survivors. It is an example of the high quality clinical care and research provided in this country through collaborative partnerships between consumers, healthcare professional, community, and government.

FCIC Survivorship Conference

The third Survivorship conference provided a unique blend of cancer consumers, advocates, clinicians, policymakers, service providers, and researchers. It offered a rare opportunity to consider all aspects of the cancer survivorship experience, with some wonderful presentations from consumers regarding gaps in services and knowledge. It was heartening to see how much progress has been made in piloting alternative models of care, with substantial knowledge shared about the barriers and facilitators to success in this work.

Clinical Professional Day

This year's combined Clinical Professional Day brought together members of five COSA groups: Complementary and Integrative Therapies, Exercise and Cancer, Nutrition, Psycho-Oncology, and Survivorship. It provided an opportunity to begin a dialogue across these groups about professional development, multidisciplinary engagement, workforce development, and research involving system change. We are looking forward to sending through the results of an evaluation sent soon after the workshop.

Executive Committee

Election of Executive Committee members took place during 2015. Prof Bogda Koczwara was elected to the role of Deputy Chair, and will be joined by a wider Executive in early 2016.



Haryana Dhillon
Chair, Survivorship Group

UROLOGIC ONCOLOGY GROUP

The COSA Urologic Oncology group has not formally met during 2015 because there has been no identified need to do so. I have continued to represent the interests of COSA members, as well as the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), on COSA Council. A substantial amount of activity has occurred through ANZUP during 2015 and you can read about this in the separate report elsewhere in this publication.

At their November 2015 meeting COSA Council agreed that with the large number of Groups, COSA needs to be flexible in governing the Groups to ensure member engagement continues, and that continued representation of the common cancers such as prostate cancer is preserved. This will be particularly important when COSA hosts an ASM with a urologic focus, but also reflects our other valued role as medical and scientific advisers to Cancer Council Australia.

The Group is therefore no longer required to adhere to the stringent administrative and governance requirements such as holding an annual meeting of the Group (such a meeting has not been quorate since 2011, which has really highlighted the need for a change). Be assured though that I, or another suitable COSA member, will continue to represent the interests of urologic oncology on COSA Council.

It is likely that there will still be issues or activities that arise that might require Urologic Oncology group activity separate to what is being done through ANZUP, and our continued representation on COSA Council is therefore in the best interests of COSA members.

I encourage all COSA members with an interest in genitourinary cancers to continue to be part of COSA's activities. I also encourage you to join and participate in ANZUP.

Disclaimer: I am director and chair of ANZUP Board and director of COSA Board.

COSA GROUP REPORTS



Ian Davis
Chair, Urologic Oncology Group



AFFILIATED ORGANISATION REPORTS

AUSTRALASIAN GASTROINTESTINAL TRIALS GROUP



2015 was a significant year for the Australasian Gastro-Intestinal Trials Group (AGITG). A year of many highlights and firsts, some of which included: the presentation of AGITG led gastro-intestinal (GI) cancer clinical trial results at ASCO in Chicago; the first ever GI Cancer Awareness Week; our Gutsy Challenge team reaching the summit of Mt Kilimanjaro for GI cancer research; and the awarding of the inaugural AGITG Innovation Fund supporting pilot studies and translational research; and the awarding of the inaugural John Zalcborg OAM for Award for Excellence in AGITG Research.

Publications and Presentations

Results from two AGITG clinical trials were presented at the American Society of Clinical Oncology (ASCO) 2015 Annual Meeting held in Chicago, May 29-June 2, 2015.

Associate Professor Nick Pavlakis presented the INTEGRATE study: A randomised phase II double-blind placebo-controlled study of regorafenib in refractory Advanced Oesophago-Gastric Cancer. In the trial of 152 patients with advanced cancer of the stomach and oesophagus/stomach junction, two thirds of patients were treated with regorafenib, resulting in a significant suppression of tumour growth by 60% compared with patients receiving placebo, and a trend to improvement in overall survival time which will be formally tested in a follow on Phase III trial.

Conjoint Professor David Goldstein presented the GAP study: A Phase II study of pre-operative Gemcitabine and nab-Paclitaxel for Resectable Pancreas Cancer. The GAP poster highlighted that administering chemotherapy before and after surgery is safe and feasible. Participants in the trial tolerated chemotherapy before surgery better than chemotherapy after surgery. The drugs, Neoadjuvant Gemcitabine and nab-Paclitaxel, given before surgery proved to be an encouraging strategy to improve outcomes in early pancreatic cancer. Follow up is ongoing to evaluate the impact of the use of chemotherapy either before or after surgery on recurrence rates and survival.

Significant oral presentations were made at the ESMO@ECC conference in late 2015 by Associate Professor Eva Segelov presenting the AGITG ICECREAM trial (colorectal cancer) and Associate Professor Trevor Leong who gave an oral presentation on the AGITG-led TOPGEAR trial (gastric cancer).

The AGITG ALaCaRT trial was published in The Journal of the American Medical Association. The study was a comparison of the surgical removal of rectal tumours by a laparoscopically-assisted procedure and open surgery revealing that the case for routine use of laparoscopic procedures has not yet been established. Ultimately the case for recommending the routine use of laparoscopic surgery for these patients will be based on long term outcomes for recurrence and survival associated with each procedure.

During 2015, 15 articles relating to AGITG trials were published in journals and the AGITG presented 6 papers to international conferences.

Research and Education Workshops

In addition to the popular AGITG Annual Scientific Meeting which was held in Sydney on 2-4 September, the AGITG hosted several major workshops including:

- Pancreatic Surgical Guidelines Workshop – 25 July, Sydney
- AGITG-APC Pancreatic Cancer Research Workshop – 27 September, Brisbane
- Commonwealth Neuroendocrine Tumour Group Workshop – 6-7 November, Honolulu
- Preceptorship in Colorectal Cancer – 4-5 December, Melbourne

Community Engagement

The community division of the AGITG, the GI Cancer Institute, launched Australia's first-ever national GI Cancer Awareness Week on April 27 2015, to highlight the impact of gastro-intestinal cancers and the need for more research funding. GI Cancer Institute Ambassador and television personality, Angela Bishop, spoke on national television about how she drew inspiration from her late father's battle with a gastro-intestinal stromal tumour (GIST) to throw her support behind the GI Cancer Awareness Week.

Another first for the AGITG in 2015 was our "Gutsy Challenge" team of 14 intrepid climbers, organised by the GI Cancer Institute, scaling Mt Kilimanjaro in November to raise funds for AGITG clinical trials. AGITG Director and Principal Investigator Associate Professor Niall Tebbutt led the team up the mountain. The team of 14 raised over \$140,000 for the AGITG Innovation Fund.

Supporting Innovation and Excellence in Research

AGITG Innovation Fund Recipients of the inaugural AGITG Innovation Fund were announced at

the 17th AGITG Annual Scientific Meeting in September. This fund was made possible by public donations to the GI Cancer Institute. The 2015 Innovation Fund supported two translational research projects which will value add to existing AGITG studies INTEGRATE (gastric cancer) and DOCTOR (oesophageal cancer).

John Zalcborg OAM Award for Excellence in AGITG Research

Also taking place at the Annual Scientific Meeting, the inaugural John Zalcborg OAM Award for Excellence in AGITG Research was awarded to Mr Dan Kent, Chair of the AGITG Consumer Advisory Panel. The Award recognises a member of the AGITG who has made significant and outstanding leadership contributions to AGITG research over a sustained period. Dan Kent has been the current Chair of the AGITG Consumer Advisory Panel since 2011 and a member of the Panel since it formed in 2008.

It is due to the dedication of the over 1,000 members of the AGITG that we continue to make changes and improve the treatment for GI cancer in Australia. We look forward to celebrating in 2016, our 25th year anniversary of excellence and innovation in GI cancer research.



Tim Price
Chairperson, AGITG



AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP



The past year has been extraordinarily busy and productive.

The trials program has gone from strength to strength. At the end of the year there were 17 trials open to accrual and two in set-up stage. Three trials were in development, five in early concept and four international trials in review/early feasibility. A prime focus of ALLG trials is its translational program. The ALLG was associated in 2015 with the development of a world-first test that will direct treatment choices for patients with some forms of blood cancer. The new test can predict how patients will respond to standard treatment and therefore help clinicians identify the best course of treatment. The landmark study was

carried out at Diamantina Institute at the University of Queensland, under Maher Gandhi and was published in 2015.

In 2015 the focus of the ALLG Trial Centre shifted from establishment and growth to consolidation and introduction of new processes. In a first for the ALLG, the CLL07 trial simultaneously opened to accrual and went live with eCRF. This exciting new development ushered in a whole new era for the ALLG. The switch from paper CRFs to electronic will improve data accuracy, making it a far more efficient and less burdensome effort for our member sites.

The eCRF system MARVIN supplied by XClinical Software and Services will allow full entry of all data elements required and includes an audit trail, data checks, saving of site information, generation of reports and trial news.

During the year, the AMLM18 Registry was officially reconstituted as the National Blood Cancer Registry. The Registry enables clinicians to collect information from patients with a suspected, known or diagnosed blood

cancer who voluntarily consent to the collection of data with or without samples taken per the standard of care at the treating hospital. It also acts as a common pathway into trials.

A number of trials reached analysis milestones, with 6 publications in peer review journals and 21 presentations at major international conferences, including ASCO, European Hematology Association, the American Society for Hematology (ASH), International Symposium on Myelodysplastic Syndromes, International Conference on Malignant Lymphoma and the International Myeloma Workshop. Prof Mark Hertzberg's presentation of the ALLG NHL21 trial at ASH was accepted as an oral presentation in the Best of Asia-Pacific session.

The ALLG and its members were proud to have played a major role in the International Workshop on Chronic Lymphocytic Leukaemia, held in Sydney in September, the first time outside Europe or the USA. With over 600 delegates from all parts of the world, the Workshop was

regarded as an outstanding success. Throughout the event, the ALLG had a very visible presence. The Chair of the conference was Stephen Mulligan, Chair of the ALLG Low grade NHL/CLL Disease Group. ALLG members served on the Local Organising Committee and the internationally based Program Committee. The ALLG has an assured place in this international environment and will continue to make a recognised contribution to the improvement of outcomes for all patients with CLL.

We held two very successful Scientific Meetings in 2015. A highlight of the Brisbane meeting in May was the guest speaker Prof Ian Frazer AM. Prof Frazer addressed the broad environment within which clinical and translational research operates in the present time. He stressed that "In the past researchers in Australia have looked to government for leadership. But times have changed and in the future it will be up to researchers to take responsibility for themselves."

A second highlight of the May meeting was the launch of the Trials Enabling

Program in partnership with the Leukaemia Foundation Queensland. The aim is to ensure more Australian cancer patients can participate in internationally led trials without the associated costs of leaving the country. Blood cancer patients will be given rare access to potentially lifesaving medicines from around the world with the launch of this initiative, unique for blood cancer, and a first in Australia. The program will give up to 150 patients access to clinical trials that would otherwise not be available in this country.

The featured speaker at the November meeting in Sydney was Prof Ian Olver AM, newly appointed Chair of the Australian Health Ethics Committee of the NHMRC. Ian addressed the members about emerging issues in cancer research and the role of the NHMRC Ethics Committee. A fresh initiative was the Next Generation Trialists session, a new mentoring program for new ALLG members and trialists. The aim of the workshop was to encourage and mentor less senior haematologists to become engaged within ALLG activities and committees,

as local champions for ALLG trials and as clinical trialists and PIs themselves. The session included retired members Ray Lowenthal OAM and Graham Young.



Mark Hertzberg
Chairman Scientific Advisory Committee, ALLG

AUSTRALASIAN LUNG CANCER TRIALS GROUP



2015 was a year of continued growth and momentum building for the ALTG, with key achievements in several areas. Not only did the group pass a key milestone, with membership reaching 500, but we also opened several new trials and engaged in some much-needed awareness-raising activities. Lung cancer continues to be a relatively poorly-funded and understood disease among the wider community and the ALTG continues to work towards greater awareness and

opportunities for people, carers and families affected by lung cancer.

Clinical Trials

The ALTG-led NITRO study was published in the November issue of Annals of Oncology. This phase 3 trial evaluated the addition of topical nitroglycerin to first-line chemotherapy in advanced non-small cell lung cancer. BR31 opened for recruitment – a phase 3 collaboration with the National Cancer Institute – Canada examining the use of an immune checkpoint inhibitor as adjuvant therapy for patients with completely resected non-small cell lung cancer. Towards the end of the year the group began preparations for another trial in non-small cell lung cancer that will evaluate the combination of radiotherapy and an immune checkpoint inhibitor for patients with

advanced disease. The award of a Cancer Australia grant was announced for a new study in the palliative care setting that will explore the benefits of early referral for palliative treatment of disease-defining symptoms.

To maintain a healthy pipeline of trial ideas, the group meets regularly to brainstorm, discuss and develop new concepts. In 2015 we held two such workshops which were well attended and led to a large number of new ideas for further development and consideration by the Scientific Advisory Committee.

Education

The inaugural ALTG Preceptorship in Lung Cancer was held in Sydney, attracting 49 participants from among the Australia and New Zealand advanced trainee and junior consultant pool to engage

in an intensive, interactive learning programme based on the highly successful model employed by other collaborative groups, particularly the AGITG. Our thanks to colleagues with experience of this programme for their support and contribution to a highly successful first for the ALTG. This will be an annual event as we move forward.

Awareness and Fundraising

November is International Lung Cancer Awareness month and each year the ALTG's host organisation, Lung Foundation Australia, runs the Shine A Light on Lung Cancer campaign. The focus of 2015 was to raise awareness about the need for greater funding of lung cancer research and ALTG supported Lung Foundation with an investment in promotion as well as encouraging members to participate.

This community-based campaign resulted in more than 30 Shine A Light events and over \$40,000.00 raised for lung cancer research.

International Leadership

The ALTG has taken the lead to establish a unique global collaboration in thoracic oncology clinical research. The Thoracic Alliance for Cancer Trials (TACT) was launched in September at the 16th World Conference on Lung Cancer as the culmination of a two-year process involving more than 25 national and trans-national groups involved in clinical research in thoracic cancer. TACT will meet twice per year in conjunction with the ASCO Annual Meeting and the World Conference on Lung Cancer, to discuss and develop clinical trials that require access to its global network.



Paul Mitchell
President, ALTG

AUSTRALASIAN METASTASIS RESEARCH SOCIETY

OzMRS operates as the Australasian Chapter of the International Metastasis Research Society.

In 2015, OzMRS underwent further formalisation with the establishment of Office Bearers amongst the new Committee that we elected at the AGM last December. Our 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 (Otago, NZ), Kevin Spring (UWS, NSW), Adrian Wiegman (QIMR, QLD), Kelly Kiejda (U Newcastle, NSW), Andreas Evdokiou (Uni Adelaide, SA), Erica Sloan (Monash, VIC), Marie Ranson (Uni Wollongong, NSW) and Belinda Parker (LIMS, VIC). Robin Anderson (PMCC, VIC) and Rik Thompson (QUT, QLD), who initially founded OzMRS, have remained as Ex Officio members.

OzMRS currently has 94 members, with representation largely from Victoria (38) and Queensland (36), but also NSW (14), South Australia (5) and NZ (1). We continue to look for membership across other states, so please encourage your colleagues to join. Our next OzMRS meeting and AGM will be held in 2017, mostly likely in conjunction with another larger meeting that is bringing international visitors to Australia.

OzMRS members were involved with two conferences in Melbourne in October 2015:

The 7th biennial meeting of The Epithelial Mesenchymal Transition International Association was held in Melbourne on October 11-14, featuring for the first time a student/ECR forum consisting of two sessions and 12 speakers (from Australia, USA, Iceland, Spain, France and UK), prior to the main meeting. Prof Masatoshi Takeichi, from the RIKEN Center for Developmental Biology, Kobe, Japan, presented the Betty Hay Oration, a lecture that honours the memory of the founder of the EMT field. Prof Takeichi discovered the Cadherin family of cell-cell adhesion molecules, and his title was "Factors that disrupt epithelial junction integrity". The Betty Hay award for a female scientist who has started her laboratory in the past 5 years went to Dr Claudia Palena from the Laboratory of Tumor Immunology and Biology, Center for Cancer Research, National Cancer Institute; "Development of cancer vaccines targeting the EMT driver brachyury". Prof Jean Paul Thiery presented the EMBO Plenary Lecture, entitled "Understanding carcinoma dissemination for the design of new therapeutic strategies". The meeting brought 220 speakers, poster presenters and registrants from 17 countries, and was considered a great success.

The 2nd Thomas Ashworth Circulating Tumour Cell Symposium that ran alongside the TEMTIA VII meeting on Monday 12 October was convened by Kevin Spring. A shared session featured plenary speaker Prof Caroline Dive from Cancer Research

UK Manchester Institute, UK, as well as speakers from Adelaide, Sydney, France, Crete and Belgium.

We are currently negotiating MRS membership rates for OzMRS members to attend the 16th International Metastasis Research Society in Chengdu, China www.2016mrsmeeting.org. This conference will be convened by Professor Yibin Kang and Professor Qinghua Zhou. OzMRS will be actively helping as many of our members as possible to attend this conference and will be offering travel awards to young investigators. We also expect that in 2016 we will organise some one-day events for OzMRS members, around international visitors. The International MRS website can be found at www.metastasis-research.org.



Erik Thompson
Co-founder, OzMRS

AUSTRALASIAN SARCOMA STUDY GROUP



The ASSG has had an incredibly eventful year. Some of the highlights include:

- Establish co-funding arrangement with Canteen to fund the AYA component of the International Sarcoma Kindred Study headed by Prof David Thomas
- The ASSG has become a funding partner with Cancer Australia for the Priority driven Collaborative Research Scheme which has now opened for funding in 2017. We are thrilled to be a part of this funding partnership and are proud to be able to offer significant funding (along with our partners) for high quality sarcoma research projects
- Opened the international clinical trial, EuroEwing 08 in Australia in both paediatric and adult centres for patients of all ages for Ewing sarcoma. This study has been fully funded by our philanthropic partner Rainbows for Kate
- The ASSG has undertaken a governance restructure in line with our strategic plan and appointed a new Board and new Scientific Advisory Committee. The new Chair of the Board comes to the ASSG with a strong corporate finance background. Welcome Adrian Cosenza. The new Chair of the SAC is Dr Jayesh Desai as he steps down from the Chair of the Board after five years of service in that role

- The ASM for the ASSG this year was held in Brisbane and was a huge success with the very high calibre international speakers of Dr David Kirsch, Radiation Oncologist and Lab Head from Duke University; Dr Bill Tap, Medical Oncologist and Head of the Sarcoma Service at Memorial Sloan Kettering Cancer Center in NY and Dr Shekar Kumta, Orthopaedic surgeon from the Chinese University of Hong Kong

- The ASSG has been awarded five Sarcoma Research Grants to be funded for 2016

The Tom Wood Sarcoma Research Grant - \$23,000 for one year

Recipient: David Ashley

Project title: Identifying the role of altered mitochondrial metabolism in malignant rhabdoid tumours and evaluating potential epigenetic therapies.

Institution: Deakin University

The Johanna Sewell Sarcoma Research Grant - \$50,000 for one year

Recipient: Jeremy Henson

Project title: New drug combination with ATR-CHK1 axis inhibitors for osteosarcoma.

Institution: UNSW

The GPA Ursini Charitable Fund Sarcoma Research Grant - \$75,000 over three years

Recipient: Christine Hawkins

Project title: Testing the efficacy and safety of SM-164 for osteosarcoma treatment

Institution: La Trobe University

The Leon Stone Sarcoma Research Grant - \$20,000 for one year

Recipient: Kenneth Hsu

Project title: Developing Genetically modified T cells for the treatment of paediatric sarcomas

Institution: Kid's Research Institute

The Xavier Krikori Sarcoma Research Grant - \$20,000 for one year

Recipient: Timothy John Chittleborough

Project title: Profiling desmoids tumours in FAP patients and exploring new strategies to prevent and treat desmoids tumours using a novel mouse model

Institution: Peter MacCallum Cancer Centre

The ASSG looks forward to the year ahead and to next phase of the ASSG's growth.



Jayesh Desai
Chairman, ASSG



AUSTRALIA & NEW ZEALAND BREAST CANCER TRIALS GROUP



In this my first COSA report as the Chair of the Australia and New Zealand Breast Cancer Trials Group (ANZBCTG), I would sincerely like to thank our 700 members across 87 institutions, women who participate in our clinical trials and our donors and corporate supporters.

The success of our breast cancer clinical trials research program lies in this collaboration and I am humbled and inspired by their ongoing support and commitment to improving the treatments and prevention strategies available to women. Our research program is also supported by our Consumer Advisory Panel, who provide a consumer perspective in the development and conduct of our clinical trials. The mortality rates for breast cancer have fallen by more than 30% over the last 20 years and breast cancer clinical trials have played a significant role in this improvement.

The ANZBCTG acknowledges the work of our members each year through our awards program.

The awards are presented during our Annual Scientific Meeting, which was held in Perth in 2015. The following awards were presented to ANZBCTG members:

- The Alan Coates Award for Excellence in Clinical Trials Research – Professor Kelly-Anne Phillips from Peter MacCallum Cancer Centre in Melbourne
- The John Collins Fellow Medal and Travel Grant – Dr Jocelyn Lippey from Royal Perth Hospital
- The Study Coordinator Prize – Ms Kimberly Sheather from the Patricia Ritchie Centre for Cancer Care and Research in Sydney
- Avon Travel Grants – Mrs Tania Campbell, Mrs Claire Haworth, Dr Clara Lee, Mrs Antonietta Marafioti, Mrs Anne Morcombe, Ms Kylie

Museth, Mr Alexander Scott-Hoy, Ms Lisa Wilkinson and Ms Kathy Xu

The results of the IBIS-II DCIS clinical trial were presented at the 2015 San Antonio Breast Cancer Symposium. This international study found that anastrozole is as effective as tamoxifen for treating postmenopausal women with an early form of breast cancer known as ductal carcinoma in situ (DCIS).

The results of the ANZ 0501 LATER clinical trials were announced at the American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago USA. The study found that women with hormone receptor positive breast cancer may benefit from new research which has found that further treatment with an aromatase inhibitor may prevent breast cancer from returning.

The ANZBCTG received more than \$4.8 million in funding for three clinical trials in the 2015 National Health and Medical Research Council grants. A new trial called EXPERT aims to identify which breast cancer patients may be able to avoid radiotherapy after surgery and as a result, the side-effects of this treatment and will be led by Associate Professor Boon Chua. This is an Australian designed study that will open to patient recruitment internationally and the ANZBCTG's office will be the leading coordinating group – a first for the ANZBCTG. And funding was awarded to follow up women who participated in the SOFT and TEXT clinical trials, to examine whether overall survival can be improved. The ANZBCTG Study Chair for these trials is Associate Professor Prue Francis.

We have had several changes to our Board of Directors during the reporting period. I would sincerely like to thank my predecessor, Professor Fran Boyle AM, who remains a member of the ANZBCTG Board, and Associate Professor Jacquie Chirgwin, who was the Chair from 2005 to 2012 and has now completed her term as a Director. Thank you both for your leadership and commitment to the Group, and the time and resources you have dedicated to your roles. In the last year we welcomed Professor Bruce Mann and Ms Jennifer Horrigan to the Board. The ANZBCTG would also like

to thank Dianne Lindsay who retired at the end of 2015, after 20 years with the Group.

Our research program would not be possible without the continued generosity of our donors, community groups and corporate supporters. Our fundraising department, Breast Cancer Institute of Australia (BCIA), celebrated its 20 year anniversary in 2015 and has raised more than \$67 million during this time for the ANZBCTG's research program. A fundraising project of the BCIA, the 2015 Australian Women's Health Diary, set a new record making a \$1.1 million profit. We were also pleased to be involved with the launch of the first 'for-benefit' pharmaceutical company in Australia. For Benefits Medicine (FBM) has been established under a social enterprise model and its sole purpose is to distribute 100% of profits to patient support and medical research in Australia. Profits from the sale of FBM's first generic medicines, which are hormone treatments for breast cancer, will be donated to the BCIA and to Breast Cancer Network Australia.

The ANZBCTG has a busy year ahead in 2016. A number of new trials will be opening and, following a review by consulting company Deloitte in 2015, we will be implementing changes to our operations so that we can meet the challenges of an ever changing clinical trials landscape. We also have a joint Annual Scientific Meeting with COSA in November 2016 on the Gold Coast. I look forward to continuing the work of my predecessors and working with our outstanding staff in the year



Stephen Ackland
Chair, ANZBCTG

AUSTRALIAN & NEW ZEALAND CHILDRENS 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 2015 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.

2015 has been a year of partnerships for ANZCHOG – building on existing collaborations and the development of new relationships in areas of common interest. This has helped us to strengthen our current clinical trial and research activity, and also provide the capacity to grow and diversify in other areas.

Developed by our Executive Council, we are embarking on the implementation of our new Strategic Plan (2015-2018) and we are excited by the future plans for ANZCHOG and look forward to keeping you informed!

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 of the past 40 years and 2015 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 involved in lobbying the federal government for additional funding to access new and innovative therapies for paediatric patients.

We have also continued to build our Australian-led clinical trial research program, with the call for applications for our Concept Development Workshops receiving more applications than in previous years. In addition, we have supported four projects, through our Concept Validation Scheme, to develop new tools and methodologies and generate preliminary proof-of-concept data (we have been delighted to co-fund three of these projects with CanTeen). We also provide 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 in 2015.

Mentoring and education

With ANZCHOG's strong focus on research and clinical trials, access to professional development and mentoring is a key activity for the organisation. We have continued to offer access to a range of educational and mentoring opportunities targeting skill and expertise development in research and clinical trials/projects. This includes formal training opportunities at workshops and courses, and other professional development/mentoring opportunities facilitated by ANZCHOG. In mid-2015, ANZCHOG and Kids Cancer Alliance held a joint symposium for young researchers, with a focus on writing successful grant applications, the challenges facing paediatric oncology researchers and establishing effective collaborations. The symposium was extremely well-received and we are planning a subsequent workshop to capitalise on this momentum.

Annual Scientific Meeting

ANZCHOG held its 2015 ASM in Fremantle in June. Hosted by Princess Margaret Hospital, the theme of the meeting was 'Difficult Diseases, Difficult Situations'. A number of well renowned international keynote speakers and national experts in the field ensured a high quality ASM which included targeted workshops and diverse symposiums.

The 2016 ANZCHOG ASM will be held in Cairns from 23 – 25 June. This meeting will be held in conjunction with the 2016 Advances in Neuroblastoma Research (ANR) Congress, and provides a wonderful opportunity to learn from fellow researchers in this field. More information: www.anr2016.org

Other projects

ANZCHOG participated in a national paediatric biobanking workshop held at the Australasian Biospecimen Network Association (ABNA) Annual Meeting in October. A key outcome was the formation of a national paediatric/AYA cancer biobank network under the auspices of ANZCHOG with the goal of accelerating childhood and AYA cancer research and the translation of that research into improved outcomes in patient care

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

Chris Fraser

Chair, ANZCHOG

AFFILIATED ORGANISATION REPORTS

AUSTRALIAN AND NEW ZEALAND HEAD & NECK CANCER SOCIETY



Throughout 2015, the ANZHNCs continued to consolidate its position as the recognised Australian and New Zealand Society for head and neck cancer care. At the initial business meeting of the year, the society's Executive adopted an updated Strategic Plan set to guide the Society for the subsequent 5 years, the stated purpose of the Society being to 'minimise the impact of head and neck cancer through leading the multidisciplinary approach to education, research, care and advocacy.'

Truly multidisciplinary, at the time of our AGM in the middle of the year, our membership totalled 239 members, representing the interests of 16 different professional disciplines coming together with a common purpose.

The year's highlight and our major educational activity was the 17th Annual Scientific Meeting of the Society, held in conjunction with the World Congress on Laryngeal Cancer at the Cairns Convention Centre in late July. The program focused on the care of patients with larynx cancer, not only at presentation, but in the years afterwards. The congress attracted a wide range of health professionals including surgeons, oncologists, anaesthetists, trainees, speech pathologists, nurses, dietitians, psychologists, basic scientists, medical students and more. The programme included contributions from 113 local faculty and 72 international faculty with 23 countries and 23 disciplines represented. Over 450 delegates from 36 countries were treated to an extensive program covering epidemiology, office endoscopy, public health, airway management, databases, molecular biology, supraglottic cancer, glottis, salvage treatment, chemotherapy, vocal fold wound healing, reconstruction, palliative care and the developing

world, as well as numerous free research papers. The meeting was a great academic success, and also proved to be a financial success despite early concerns about the impact of competing meetings, ensuring support for our planned educational activities in the immediate future.

As a member society of the International Federation of Head and Neck Oncological Societies (IFHNOS), we continue to strengthen our relationship with international societies. The large and renowned international faculty who attended the larynx cancer congress was testament to our strong ties and friendships with the world wide Head and Neck Oncology community. We continue to be represented on the IFHNOS Board by Ben Panizza. The Society and its members have undertaken to contribute to the Global Fellowship in Head and Neck Oncology, and we will be hosting the IFHNOS World Tour again in association with our Annual Scientific Meeting next year in Auckland.

In support of research, our subcommittee has worked to establish a facility via our website listing trials and associated research in head and neck cancer to facilitate collaboration. Considerable effort was undertaken during the year to rectify the governance and compliance processes of the Research Foundation of the ANZHNCs, and a new Trust Deed registered. The New Zealand Research Foundation of the ANZHNCs has now also been established. The Foundations are now able and are beginning to distribute funds to support head and neck cancer research projects. A major fundraising event and formal launch of the Research Foundation is planned early in 2016.

While continuing our role in education and research, the Society is increasing its role in advocacy. For the benefit of both patients and clinicians, the Society website contains details of the various Multidisciplinary Head and Neck Cancer Clinics throughout

Australia and New Zealand. Our Executive continues a programme of visits to these multidisciplinary teams to better understand the local issues of each, and where possible to support the teams' approaches to administrators to obtain resources for best possible patient care. The Executive has also commenced making approaches to local Cancer Councils in an effort to improve interaction in matters related to the management of head and neck cancer patients. The Society has also endorsed the IFHNOS initiative, World Head and Neck Cancer Day (July 27), intended to be associated with programmes of education and screening. These activities offer an excellent opportunity for the Society to achieve its goal to interact with the broader community in the coming year.



Kerwin Shannon
Immediate Past President,
ANZHNCs

AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP



The last decade has been an exciting one for genitourinary cancers in terms of improved understanding of the biology as well as availability of new therapies. Once again 2015 was no exception. ANZUP finds itself at the centre of these activities.

ANZUP brings together all disciplines involved in the care and research of all types of urologic malignancies, to perform clinical trials to improve outcomes for these patients. 2015 has been an exciting year for ANZUP as well and I am pleased to outline some of the key aspects for this report:

Annual Scientific Meeting

The 2015 ASM was held in Sydney at the Sofitel on 12-14 July 2015 with the theme of "Redefining Personalised Medicine." Convenor Venu Chalasani led a hard-working convening committee and brought together a brilliant program, including international speakers (Chris Sweeney, Brian Rini, Ted DeWeese and Bertrand Tombal), a great cast of local speakers, the MDT Masterclass, Community Forum, Consumer Advisory Panel education session, an evening symposium, and a great social program. The 2016 ASM is well advanced in planning under the leadership of convenor Ian Vela. It will be held at the Brisbane Hilton on 12-14 July 2016. Confirmed international speakers are Freddie Hamdy, John Oliffe, Piet Oste and Dean Bajorin.

Concept Development Workshops

ANZUP expanded the CDWs to full day meetings in 2015. These were held for the prostate, renal and bladder subcommittees and the germ cell subcommittee plans to hold theirs early in 2016. Several new protocols are now at various stages of development and maturity and many likely to go on to be funded and actively recruiting.

Below the Belt Pedalthon

The second BtB Pedalthon was held at Eastern Creek on 1 September 2015 and again was highly successful, not only in terms of fundraising but also in raising awareness and building links between ANZUP, its supporters and the wider community. The Pedalthon is now a regular calendar fixture and a Cycling Australia sanctioned event.

Below the Belt Research Fund

The ANZUP Board agreed that funds from the Pedalthon would be directed to support a new initiative: the Below the Belt Research Fund. This will support new concepts through proof-of-principle with a view to future translation into ANZUP clinical trials.

Fellowships

The second Tolmar/ ANZUP Uro-Oncology Clinical Research Fellowship was awarded to Ian Vela for his project involving novel tissue based and imaging studies. This has been a very successful initiative and we hope to continue it in future years. Other approaches for funding support of this nature are also being developed.

ANZUP GU Preceptorship in Prostate Cancer

The Preceptorship is an interactive learning model developed by Eva Segelov covering landmark clinical trials in specific cancers, with mentorship from experts in the field. The 1.5 day program was held in Melbourne on 20-21 November 2015. Many thanks to our sponsors and to our preceptors, as well as fantastic support from Eva Segelov who brings great experience from convening previous preceptorships.

Best of ANZUP

This evening meeting was held in Brisbane on 21 October 2015 and included presentations from Declan Murphy, Mohammad Khadra and me on various aspects of the ASM and also on dissemination of information and research findings.

Membership

Our membership continues to grow rapidly and at the time of writing sits just under the magic 1000 mark.

Communication

ANZUP publishes a regular newsletter

AFFILIATED ORGANISATION REPORTS

(UPdate) and also produces a very high quality consumer newsletter ("A little below the belt." This is a powerful way of bringing our messages to the broader community and encouraging greater involvement in clinical research.

Clinical trials

This is of course ANZUP's main purpose and activity in this area continues to grow unabated. Our two large international prostate cancer trials, ENZAMET and ENZARAD, are recruiting very well. New international regions were brought into both studies during 2015 and they will continue to expand in 2016. Our clinical trials in other disease types continue to accrue well, including phase III accelerated BEP (germ cell cancer), BCG/mitomycin (non-muscle invasive bladder cancer), BL12 (second line urothelial, with the Canadian NCIC CTG), and most recently the commencement of accrual to the Pain Free TRUS B study (prostate cancer). A study of chemoradiotherapy and immunotherapy will begin accrual early in 2016 and several other studies are likely to move to activation in the near future as well. The TIGER trial will also begin soon with support from Movember. Thanks to all our hardworking investigators and all others involved in making these studies successful.

ANZUP is proud to be an Affiliated Organisation of COSA and represents its members with a seat on COSA Council. This is a strong collaboration and provides benefits for members of both organisations. We look forward to another fruitful year.



Ian Davis
Chair, ANZUP

AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP



ANZGOG continues to grow and develop. We were just 400 strong three years ago and now have 701 members. The challenge for us now is how to involve every single one of those members in the work of ANZGOG.

A range of initiatives to foster this involvement were established in 2015. The ANZGOG New Research Fund grant scheme is designed to foster new research ideas that will lead to new trials benefiting women with gynae cancer here in Australia and New Zealand and elsewhere. The fund, established with monies raised by ANZGOG from corporate, philanthropic and community donations, as well as bequests, is open to all ANZGOG members who wish to apply for support for their research projects.

ANZGOG has a strong and growing fundraising program which focuses on Gynaecological Cancer Awareness Month in September each year and promote health and wellbeing as well as fundraising through its GO step for Gynae program. This program quadrupled in size in 2015 and provided funds to the New Research Fund.

Guys GO Ride for Gynae was led by Prof Michael Quinn AM, who led 18 riders aged from 59-73 on a 14 day cycle over 1,500kms from Land's End to St John O'Groats in the UK. They raised an amazing \$135,000 towards ANZGOG's research and are heading out again in 2016 for more adventure.

Our Consumer group continues to be a worthy force within ANZGOG, participating in awareness building activities, fundraising and a Consumer Advisory Panel reviewing studies in development.

The ANZGOG Annual Scientific Meeting is in Sydney, 13-16 April 2016. Following on the success of the Concept

Development Workshop conducted in 2015 we will be offering this opportunity again to foster and develop our investigator network.



ANZGOG members at the ASM 2015

Senior members of ANZGOG and I regularly attend the twice yearly Gynecologic Cancer InterGroup (GCIG) meetings. The GCIG is an umbrella groups of 26 international co-operative trials groups. In order to keep the meetings relatively small and functional, each trials group is permitted six attendees only. For the past two years we have ensured that 50% of these attendees have been reserved for ANZGOG members who have not attended previously and who may be early in their research career. The aim is to help develop connections and collaborations with other international researchers and share ideas.

A significant new initiative for ANZGOG is OASIS, a powerful collaborative effort of internationally-recognised laboratory and clinical researchers, patients and advocates brought together to advance innovative, targeted clinical trials for defined subsets of ovarian cancer patients. This Ovarian cancer Alliance for Signal-Seeking clinical trials brings together the Australian Ovarian Cancer Study, ANZGOG and Ovarian Cancer Australia. Philanthropic and other grant funding will enable a series of studies over the next few years.

TRIAL PORTFOLIO

Many of the trials that ANZGOG conducts in ANZ have been developed cooperatively by our own researchers and international researchers participating in the GCIG. ANZGOG has a strong portfolio of clinical trials in recruitment with three new trials currently in development. In recruitment are:

ECHO – a Phase III trial evaluating 'Exercise during Chemotherapy for Ovarian cancer'

This trial will identify whether the incorporation of an exercise program into the current standard of care for women undergoing chemotherapy for primary ovarian cancer is an effective and cost-effective way to improve health outcomes in this patient group. This pilot for a larger Phase III trial commenced recruitment mid-year and is being conducted in three sites in Queensland and one in ACT. It is funded by Cancer Australia and Cancer Council Australia

Outback – a Phase III study of patients with hi-risk and advanced stage cervical cancer. This is an Intergroup study (GCIG) lead locally and recruiting in Australia, New Zealand, USA, Canada, Saudi Arabia and Singapore. China is also expected to recruit to the study in 2016. Funding by NHMRC.

REZOLVE – this is a 'home grown' Phase II study seeking to find a simple solution for women with ascites due to advanced chemotherapy resistant ovarian cancer. The trial is currently at major metropolitan sites in Sydney, Melbourne and Brisbane and site investigators welcome cross-referrals to maintain recruitment. Funding by Sydney University, Ovarian Cancer Research Foundation and Cancer Australia.

PARAGON – is a phase II umbrella study and remains a good model of how to conduct clinical trials in patients with rare and uncommon cancers (ovarian and endometrial cancers in Paragon). The study is recruiting in Australia and New Zealand, United Kingdom and Belgium with a total accrual of almost 350 participants and a number of subgroups having reached their recruitment target. Accrual is expected to close mid 2016. Funding by Cancer Australia.

FeMME – a Phase II randomised clinical trial in patients with early stage cancer of the endometrium

Additional sites have opened in 2015 which will assist recruitment to this study, now that it has further funding from Cancer Australia. Other support was achieved from the Lord Mayor's Community Trust; UQ Academic Title

Holders Grant; Cherish Women's Cancer Foundation; RBWH Foundation; and ANZGOG.

MOST – is a quality of life study testing an instrument to Measure Ovarian Cancer Symptoms and Treatments Concerns. This study has been conducted cooperatively the OPAL study and achieved rapid and on-target recruitment. The study questionnaire will continue to be administered for follow up visits up to two years after final recruitment. Funding by BUPA Health Foundation Grant.

In start-up phase are an ovarian cancer Phase II study, ICON 9 (a recurrent ovarian cancer study) and STATEC (a surgical study evaluating the role of lymphadenectomy in endometrial cancer).

ANZGOG has an active group of Committees and very committed Board of Directors. I would like to thank them for their contribution to the Group over 2015 and beyond. We hope that this ongoing activity by ANZGOG continues to fuel the enthusiasm of our members and encourage others in the gynaecological cancer space to join ANZGOG.



Alison Brand
Chair, ANZGOG

AFFILIATED ORGANISATION REPORTS

CANCER NURSES SOCIETY OF AUSTRALIA



This year the National Executive Committee (NEC) has farewelled several key members who have made a significant contribution to both the profession of cancer nursing and to the CNSA. These members included Sandy McKiernan, Anne Mellon and Angela Mellerick. The NEC acknowledges the tremendous growth in membership over recent years, with the latest membership count of 1095. The NEC has worked tirelessly over the past 12 months to strengthen the governance and infrastructure of the CNSA, to ensure that the CNSA will continue to meet its strategic objectives. At the end of 2015, the NEC commissioned a review to contemporise the CNSA Constitution. This project is expected to take place over the next 18 months and will facilitate an enormous amount of membership engagement and strategic discussions.

The recent establishment of the Queensland Regional Group, Vascular Access Device & Infusion therapy and Cancer Nurse Practitioner Specialist Practice Network, has certainly added a new level of vibrancy to the society. Over the past 12 months, the Regional Groups and Specialist Practice Networks have delivered over 20 face-to-face educational events across the nation. Additionally, the CNSA awarded a total of 9 grants to CNSA members to participate in a number of national and international educational events. I thank all the relevant committees for their continuing efforts in ensuring that our members have the best professional development opportunities possible.

Representation and Partnerships

Development of resources and representation in different areas of cancer control continues to be a focus for the CNSA. Over the past 12 months, the CNSA continued to be represented at a range of forums, which included the Coalition of National Nursing Organizations (CoNNO), Psycho

Oncology Collaborative Research Group (PoCoG); and Australian New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP). The CNSA also endorsed a number of resources including but not limited to the below:

- COSA Tele-oncology guidelines
- World Cancer Day Join Statement: The Role of Cancer Nurses in the World
- World No Tobacco Day Joint Statement 2015
- ISNCC Tobacco Position Statement
- Best Practice Principles for caring for patients undergoing radiotherapy

Thank you to all CNSA members who participated in the development or the endorsement process of these important resources.

The strengthening of key partnerships continues to be a key strategic goal of the NEC. In 2015, we developed stronger links with eviQ as well as the McGrath Foundation. The collaborative work with eviQ to locate and appraise current evidence-based clinical guidelines for the management of central venous access devices in cancer patients has been extremely useful. This work will not only result in a practical resource for clinicians (available on the CNSA and eviQ websites), but will also inform the development of a new clinical guideline in the near future. In October, the CNSA entered into a Memorandum of Understanding (MOU) with the McGrath Foundation. This MOU has formalised a meaningful partnership between the two organisations, especially in the efforts of providing high quality national professional development to breast cancer nurses.

I am also very pleased to report that in November, I represented the CNSA at the Asian Oncology Nursing Society (AONS) Conference, held in Seoul, Korea. At this conference I focussed on establishing new strategic links with our partners in Asia and continued the conversations on how nurses will continue to maximise our impact on cancer control in the Asia Pacific region. In one of the plenaries I discussed the importance of and lessons learnt on "Building



CNSA Perth Conference

Capacity for Research and Knowledge Translation at the Organisational Level". Professor Patsy Yates presented her plenary address on "Nurses' Contribution to Improved Outcomes in Survivorship". I am very pleased with the Australian representation at this year's AONS Conference, as well as the new partnerships formed during this event.

CNSA 18th Annual Congress

During June the CNSA held its 18th Annual Congress "Cancer Nursing: Expanding Possibilities"; with a record breaking attendance in excess of 600. For the first time, the CNSA incorporated the National Breast Cancer Care Conference into its Annual Congress. Congress began with a day of workshops with the emphasis on growing and developing areas of cancer nursing; radiation oncology, care of central venous access devices, advanced nursing practice, research and communication skills.

The international keynote speakers included: Dr Carrie Tompkins Stricker (University of Pennsylvania, Chief Clinical Officer, On Q Health Inc., US), Professor Lesley Fallowfield (University of Sussex, UK) and Professor Alex Molasiotis (Hong Kong Polytechnic University). Dr Stricker presented the advanced practice nursing roles in the US and challenged us to examine new opportunities for innovation in nursing. Professor Lesley Fallowfield, as an expert of patient communication and patient reported outcomes, challenged delegates to consider cancer treatments from the patient's perspective. Her plenary presentation "Why patient reported outcomes matter in trials" was extremely thought-provoking for delegates. Professor Alex Molasiotis's plenary discussed the issues around advanced practice nursing. Professor Molasiotis recommended that advanced practice nurses consider the unique contribution they can make and evaluate these outcomes in a way

that the public and administrators will appreciate.

In 2016, the NEC will continue to work with our members, COSA, and other like-minded organisations to advance cancer care.



Raymond Chan
President, CNSA

COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY



COGNO continues to thrive on many fronts. Our membership has topped 400, we have established a national and international reputation in the conduct of important trials and our Annual Scientific meeting is the peak neuro-oncology meeting in Australia. Many COGNO members are involved in other international groups and meetings including the Asian Society of Neuro-Oncology.

In 2015, our seminal national trial on the use of Avastin in recurrent GBM

(CABARET) was presented as an oral abstract at ASCO and the initial results of the international CATNON (Grade 3 gliomas) were released and will change clinical practice. COGNO contributed significant accrual to this study. New national interventional studies have commenced or are in planning including VERTU, ACED and AGILE.

COGNO held a Strategic Planning Day and a number of other important meetings including our second 'Ideas Generation Workshop'. COGNO Executive continues to strengthen existing relationships with international trials groups as well as seeking new collaborations. Our scientific advisory committee is very active and COGNO assisted in establishing the Brain Cancer Biobanking Australia (BCBA)



Mark Rosenthal
Chair, COGNO

FACULTY OF RADIATION ONCOLOGY



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

In 2015, 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. As a result of our continuous advocacy efforts as the sponsor of the Medical Services Advisory Committee (MSAC) applications for intensity modulated radiation therapy (IMRT) and image guided radiation therapy (IGRT), these essential treatment techniques will be recognised in the Medicare Benefits Schedule (MBS) from 2016.

The review and restructure of the MBS is underway. The Faculty has nominated representatives for a number of relevant MBS Review Taskforce Clinical Committees, and submitted a response to the MBS consultation paper, which is available on the College website.

In 2015, the Australian National Audit Office (ANAO) also conducted an audit of the Radiation Oncology Health Program Grants (ROHPG) Scheme – a very successful scheme which has

helped to ensure regular replacement of radiation therapy equipment. The Faculty provided input into this audit from the profession's perspective.

We will continue to work closely with the Department of Health and the MBS Review Taskforce in 2016, to hopefully ensure the ongoing provision of accessible and affordable quality radiation oncology services to our patients.

Radiation Oncology Targeting Cancer Campaign

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

The Targeting Cancer campaign website (www.targetingcancer.com.au) was revamped and relaunched in late October 2015. The website now contains more tumour site-specific content and videos, and information targeted at general practitioners (GPs). We hope the website will become the most trusted source of information about radiation therapy for cancer patients and their families, as well as

for GPs and other health professionals.

The Targeting Cancer community service announcement/short film—Targets—is another important means of communicating the benefits of radiation therapy to the general public. Launched in February 2015, Targets showcases radiation therapy by highlighting the stories of real patients who have received this treatment. By sharing their different experiences we hope to connect with patients and their loved ones who are currently considering treatment options.

GPs play a crucial role at every stage in the management of a patient diagnosed with cancer. Through Targeting Cancer Oncology Education Evenings, GPs have the opportunity to learn about the role of radiation therapy for their patients. Hundreds of GPs have attended these events held in many radiation oncology departments across Australia, and have reported significant improvements in their understanding of radiation therapy.

A number of GP-focused articles, covering advances in radiation therapy and indications for localised prostate cancer, brain metastases and skin cancers have been published in Australian Doctor and Australian Family Physician, and are available for



download from the Targeting Cancer website (www.targetingcancer.com.au).

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

Quality Assurance for Radiation Therapy Services:

The Faculty is committed to quality, continuous improvement and best practice, and we published a number of key position papers in 2015, including:

- Guidelines for Safe Practice of Stereotactic Body (Ablative) Radiation Therapy
- Quality Guidelines for Volume Delineation in Radiation Oncology
- Position Paper on Particle Therapy
- Position Paper on Imaging Guided Radiation Therapy (IGRT) 2015

The position papers are available from the www.ranzcr.edu.au/about/faculty-of-radiation-oncology/178-about-ranzcr/faculty-of-radiation-oncology/899-faculty-publication.

Radiation Oncology Techniques and Technologies: 2015 Horizon Scan

The aim of the Faculty's regular Horizon Scan is to inform cancer professionals

and other healthcare practitioners, health administrators, consumers and interested individuals about the techniques and technologies used for the safe delivery of high quality radiation therapy. It is an important advocacy tool and also provides the Faculty's position on emerging techniques and technologies. The Horizon Scan was updated in 2015 with the latest data and evidence, the format has been simplified and the two versions for Australia and New Zealand were merged into one. The final document will soon be available from the College website, with the next update planned for 2017.

Faculty of Radiation Oncology Annual Innovation Summit

The Faculty convenes a regular Innovation Summit with key stakeholders, with the most recent Summit held on 6 November 2015 at Old Parliament House in Canberra. Representatives from federal and state governments, cancer peak bodies, consumer organisations and medical professions attended to discuss key issues around the profile of radiation oncology, technologies and techniques, research and innovation in our sector.

The Faculty of Radiation Oncology values its continued membership of

and relationship with COSA, and we look forward to the ongoing support from and close collaboration with other key stakeholders in the cancer space to continue advocating for optimal patient care that is safe, accessible, efficient, affordable and of the highest quality.



Dion Forstner
Dean, Faculty of Radiation Oncology, RANZCR

MEDICAL ONCOLOGY GROUP OF AUSTRALIA



The Medical Oncology Group of Australia Incorporated (MOGA) is the peak professional organisation for medical oncologists and, the profession of medical oncology in Australia. MOGA is the key point of reference on all matters relating to medical oncology training, education and clinical practice in Australia, and is committed to supporting the development of our members and

our profession in today's rapidly-evolving professional environment. In 2015 MOGA witnessed significant growth across all of our operations and activities, with a range of successful new initiatives brought to fruition.

Our Members

The 2015 MOGA community included 622 medical oncologists (450 consultants: 172 trainees) who contributed to the Association's work in many ways, including leadership positions, serving on working groups, contributing expertise to submissions, and the supervision and training of trainees.

Research

MOGA is committed to ensuring Australia takes a leading role in research cancer, oncology drugs and treatments as well as patient care. A/Prof Prudence Francis, a leading breast cancer expert and recipient of the 2015 Cancer Achievement Award, highlighted the unique role that Australian medical oncologists play in providing global leadership in clinical practice and research. A/Prof Prudence Francis is the international Co-Chair of the practice-changing SOFT Clinical Trial. The SOFT and TEXT clinical trials results, when combined have changed the way oncologists treat young women with hormone

receptor- positive breast cancer who have received chemotherapy and have not reached menopause.

Since 2004, MOGA has contributed to the development of clinical trials research, expertise and networks through the Australia Asia Pacific Oncology Research Development (ACORD) Workshop. The 2016 Workshop being convened by Prof Martin Stockler will bring together 72 junior clinicians and researchers and a faculty of international leaders in cancer research for this unique oncology training program.

In 2015 MOGA contributed to research activities through policy and position statements, oncology drugs and treatment submissions, independent clinical and professional advice, surveys and other studies. The Workforce Group, led by Dr Zarnie Lwin finalised a qualitative pilot study and developed a national survey instrument designed to gather data to assist with workforce planning.

Training in Medical Oncology

MOGA worked closely with the RACP throughout 2015 on the training of Australian medical oncologists and a range of initiatives such as the annual awards program to assist trainees to attend national and international scientific meetings to advance their professional development; Communication Skills Training and the Sciences of Oncology Program. These programs ensure that Australian trainees are equipped to effectively communicate with their patients, fully understand the sciences that underpin our speciality and that their clinical knowledge aligns with the rapidly changing discipline of oncology.

Oncology Drugs and Treatments

A/Prof Gary Richardson and Dr Deme Karikios led MOGA's advocacy and lobbying activities in 2015. Activities grew in response to the number of oncology drugs and treatment submissions coming through the regulatory system; and, the increasing number of major enquiries, reviews and new committees that were established including the Senate Enquiry into High Cost Drugs and the Medicare Benefits Schedule Review. The Drugs Group pursued a diversity of matters including the review and

streamlining of authorities; updating and derestricting indications in keeping with clinical practice and research advances; funding and supply; approval and access; and addressing oncology drugs and treatment issues with the regulatory bodies and government.

Education Activities

Specialised education programs that focus on key developments in oncology research and practice has always been a priority for MOGA. The 2015 Sciences of Oncology Program convened by Dr Mark Shackleton, allowed trainees to learn about new scientific issues that are crucial to maintaining state of the art clinical practice. The Immuno-Oncology Forum-Insights and Advances convened by Prof Michael P. Brown, brought together an impressive group of thought-leaders in immuno-oncology; including Prof Alexander Eggermont, France and Prof Kim A. Margolin, USA. Our Annual Meeting, Pathways in Medical Oncology: The Path Less Travelled, convened by Dr David Boddle, explored many of the challenges and advances in melanoma, lung and gynaecological cancers. The program also focussed on lesser covered area, such as head and neck cancer and haematological malignancies. International speakers included Prof James Chih-Hsin Yang, Taiwan, Prof Adil Daud, USA and Prof Hani Gabra, UK. Best of ASCO® provided once again, an opportunity to consider and debate the very latest developments in oncology.

The Young Oncologists Group of Australia presented a new 1.5 day program, providing training in core skills for members starting their careers; and a Dinner meeting in Hobart that featured an entertaining, interactive communications learning experience.

The first, Singapore ESMO Asia meeting was a unique platform for MOGA and the Australian profession, to share innovative solutions to key issues impacting on the medical oncology workforce, training in medical oncology and the region's oncology research.

AFFILIATED ORGANISATION REPORTS



ESMO ASIA

MOGA recorded many notable achievements in 2015 and acknowledges the support of our members in achieving these professional outcomes.



Rosemary Harrup
Chair, MOGA

ONCOLOGY SOCIAL WORK AUSTRALIA



Oncology Social Work Australia Inc (OSWA) is a non-profit, incorporated national organisation dedicated to the enhancement of psychosocial services to people with cancer and their families. This specialist body was formed in 1995 to assist cancer social workers in their practice. OSWA members strive for excellence in the psychosocial care of people with cancer through networking, education, advocacy research and resource development.

In our first full year as an Affiliated Organisation of COSA, OSWA has continued to grow and thrive in both membership numbers and activities. A tradition of annual mid-year conferences has continued with great success. In September 2015 more than one hundred delegates from all Australian states as well as from New Zealand, assembled in Sydney for the tenth National Conference, which had as its theme 'Critical Conversations in Oncology Social Work: Sex, Death and Taxes'. Dr Sage Bolte from Northern Virginia USA was our invited international speaker and she was ably complemented by National Keynote Speakers Prof Jane Turner, Prof Gary Dowsett, Ms Marie-Claire Cheron-Sauer, Ms Sally Crossing and Ms Kim Hobbs.

The conference baton has been passed to our colleagues in Victoria and an enthusiastic committee is planning a full and inspiring program to entice us to join them in springtime Melbourne. Dates for the 2016 conference are Thursday 6th to Saturday 8th October and the theme is 'Diapers to Dentures: Social Work Oncology Across the Lifespan'.

Another highlight this year for OSWA was the presentations by three Invited Speakers at the COSA ASM in Hobart. Alison Hocking, Carrie Lethborg and Kim Hobbs all delivered thoughtful papers on challenging issues in

current oncology social work practice. Sessions were well attended and feedback was positive.

The trip to Tasmania concluded with a one day educational workshop for local social work practitioners. This was held at the University of Tasmania and proved very popular with more than 20 social workers travelling from far and wide to join in. Our stalwart supporters, Slater and Gordon generously sponsored this event and provided two solicitors to speak on topics of interest. The afternoon session focused on skill development; in particular, strategies for growing the social work research agenda in collaboration with academic colleagues. Thanks go to Olga Gountras National Manager of the Slater and Gordon social work team for coordinating the day, along with local social workers Nick Hobbs (Hobart) and Anna Lovitt (Launceston).

Several OSWA members are working in partnership with Dr Rosalie Pockett from the University of Sydney to undertake a body of research work that is aimed at better defining the range of interventions undertaken by oncology social workers in Australia and improving the understanding among health professionals, service providers and statutory authorities about the unique role of oncology social workers within the psycho-oncology discipline.

The primary objectives of the research are to improve understanding of the scope of oncology social work practice in hospital settings and to investigate reasons for referral to social workers, types of interventions undertaken by social workers and documented outcomes of these interventions. A secondary aim is to inform future psychosocial intervention with cancer patients and carers, including more specific research investigating social work interventions and patient/carer needs. The first phase of this project involves a clinical data mining audit which will be undertaken in six sites across three states (New South Wales, Victoria and Queensland); covering large metropolitan cancer centres, as well as regional hospitals and

community treatment settings. Results will be presented at upcoming OSWA conferences and at other appropriate meetings.

For further information about OSWA, or to join the organisation go to our website www.oswa.net.au. As well as featuring a great range of information, resources and upcoming events, there is a member's only section providing access to presentations from past conferences.

In concluding this report I would like to acknowledge the hard working Executive and Management Committee who devote their time to ensuring that OSWA continues to flourish as a vibrant and relevant organisation for its members. The current President is Alison Hocking, President Elect is Ray Araullo, immediate past President is Victoria Jones and our joint Secretaries are Olga Gountras and Toni Ashmore. They are joined in monthly teleconferences by talented and dedicated state representatives, along with specialist sub-group Chairs. The OSWA organisation looks forward to a continued collegial collaboration with COSA and with our colleagues from all disciplines.



Kim Hobbs
Representative, OSWA

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE



In late February the PaCCSC Chief Investigator, Professor David Currow received the American Academy for Hospice and Palliative Medicine Award for Excellence in Scientific Research in Palliative Care. The award was bestowed in Philadelphia and recognises meaningful, exemplary research contributions to the field of hospice and palliative care. This was the first time the award has been bestowed on an Australian recipient and only the second time to an individual outside the USA. Professor Currow was also the 10th recipient of the COSA Tom Reeve Award for outstanding contribution to cancer care and delivered the oration at the 2015 Annual Scientific Meeting held in Hobart.

The 6th PaCCSC Annual Research Forum was held in March 2015 in Sydney. Day one of the Forum included a guest presentation, new study presentations, and presentations from members. Day two included twice annual meetings of the PaCCSC Management Advisory Board, Scientific Committee and our once annual face to face Trials Management Committee where all PaCCSC sites investigators are brought together.

There were two phase three studies successfully closed in 2015. In March the Collaborative successfully closed the Megestrol acetate v's dexamethasone v placebo phase III study which reached its target sample size. In July the morphine or placebo for breathlessness phase III study was also successfully closed. In addition, a number of PaCCSC recruiting sites opened to the first large commercial study in pain management.

PaCCSC was a member of a larger collaboration who came together to submit a proposal to undertake a study of medicinal cannabis for symptom management in terminal illness. The collaboration included five cannabinoid experts, PaCCSC members and members of the NSW ImPaCCT (Improving Palliative Care through Clinical Trials) group. The collaborative were successful in their proposal and subsequently awarded funding from NSW Health to conduct a phase II (feasibility and to inform a larger study) and pending the successful outcome of the feasibility study funding for a phase III trial of medicinal cannabis in terminal illness.

The PaCCSC National Manager, Linda Devilee, and National Project Officer, Belinda Fazekas, were invited to present at the 3rd Australian Palliative Care Research Colloquium held on 22nd and 23rd October 2015 in Melbourne. Linda and Belinda were invited to present on "Effectively managing a multi-site study" on Friday 23rd October. The presentation was successful, enlightening many observers of the behind-the-scenes requirements of managing multi-site studies.

Mid-year the Collaborative was advised it had been successful in being awarded Commonwealth Department of Health funding under the Public Health Chronic Disease and Palliative Care Program for two year period. This funding will see the Collaborative through its tenth year of operations and we are sincerely grateful for the ongoing support of clinical trials in palliative care provided by the Commonwealth.

From July to December PaCCSC welcomed Dr Jamilla Hussein a palliative care medical doctor in the UK who had taken time out of training to undertake a National Institute for Health Research (NIHR) Doctoral Research Fellowship at Hull York Medical School. Her thesis focusses on missing data in palliative care randomised controlled trials. As part of this she has completed a systematic review and meta-analysis of the extent of missing data reported in palliative care trials. She also reviewed data on reasons for trial withdrawal from completed PaCCSC studies and sent a postal survey and interviewed

participants who had both completed and withdrawn from on-going trials in the UK and Australia.

The Risperidone v haloperidol v placebo for delirium study has had initial results presented at the 2015 May meetings of the Australian and New Zealand Society of Geriatric Medicine in Perth and the American Geriatrics Society meeting in Washington, USA as a presidential poster. We are very proud that Associate Professor Meera Agar and the fellow study investigators were awarded the presidential poster award for Clinical Trials from the USA meeting. Our thanks to Adjunct Associate Professor Paul Lawlor from the University of Ottawa, Canada for presenting on behalf of the team. There were also a number of positive 'tweets' post the presentation at the ANZSGM. Further results are pending from this complex study exploring the best management for delirium in the setting of a terminal illness.

Linda Devilee
National Manager, PaCCSC
Peter Allcroft
Representative, PaCCSC

PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP



PoCoG awarded Cancer Institute of NSW Translational Program Grant for Clinical Pathway for Managing Anxiety and Depression

PoCoG Investigators were awarded a five-year program grant targeting 'A sustainable and supported clinical pathway for managing anxiety and depression in cancer patients: Developing and evaluating components and testing implementation strategies.'

This program grant is the culmination of work undertaken by PoCoG since 2008 to develop an evidence-based

clinical pathway for the management of anxiety and depression in adults with cancer, the first of its kind internationally. The next exciting phase of PoCoG's ongoing work is to develop and implement sustainable and effective resources and systems to ensure that all cancer patients suffering from anxiety or depression are identified and receive appropriate care.

Led by PoCoG Chair Professor Phyllis Butov, this program grant brings together PoCoG researchers and clinicians within the Clinical Research Unit for Anxiety and Depression (CRUfAD), University of NSW at St Vincent's Hospital, four Cancer Institute NSW Translational Cancer Research Centres - Sydney Catalyst, Centre for Oncology Education and Research Translation, Sydney Vital and Sydney West, Psychosocial Oncology and Cancer Nursing Research Group, St. Boniface Hospital Research in Canada, and the Centre for Health Economics Research and Evaluation at the University of Technology, Sydney.

Investigators from Clinical Research Unit for Anxiety and Depression (CRUfAD) at St Vincent's Hospital Sydney Australia have led the development of a new online Cognitive Behavioural Therapy program with a cancer focus iCAN ADAPT, with expert consumer review and a pilot study of the content in progress and a RCT planned for early 2016.

Cog Rehab trial results presented at ASCO - the first large randomised trial showing an improvement in self-reported cognitive function in cancer survivors

Presented at the ASCO Annual Scientific Meeting in Chicago in May 2015, this Australia-wide study evaluated a home and web-based cognitive rehabilitation programme in cancer survivors reporting cognitive symptoms following chemotherapy. The trial was run by the Survivorship Research Group (SuRG) at the University of Sydney and is an endorsed PoCoG study.

The study enrolled 243 adult cancer survivors diagnosed with any solid primary tumour, (excluding CNS tumours) who had completed adjuvant chemotherapy within the prior 6-60 months and who self-reported changes in memory and/or concentration. All participants received a 30-minute telephone consultation of compensatory cognitive strategies and were randomized to a 15-week, home-based cognitive rehabilitation programme (Insight™) or usual care. Participants were assessed at baseline, on completion of the intervention and 6 months following completion of the intervention.

The primary study endpoint was self-reported cognitive function as measured by the FACT-COG Perceived Cognitive Impairment Subscale. This was highly statistically significant with reduced perceived cognitive impairment in those utilising the programme at both the end of the intervention period and sustained at 6 months. There were no major differences between the two groups

post intervention or at 6 months on objective neuropsychological testing. Use of the programme resulted in significant improvements in anxiety and depression and fatigue post intervention with a trend towards improvement at 6 months. There was reduction in stress at both time points, with better quality of life at 6 months with the programme.

This is the first large randomised trial showing an improvement in self-reported cognitive function in cancer survivors. Furthermore, the home and web based cognitive rehabilitation programme is a feasible and relatively inexpensive treatment option. Based upon our results, we would recommend the programme to Australian cancer survivors reporting cognitive symptoms. In addition, to improving their cognitive symptoms, the programme also has the potential to improve the quality of life and psychological and social well-being of cancer patients restoring them to their previous level of function.

Reference: Bray VJ, Dhillon HM, Bell M, Kabourakis M, Rice H, Yip D, Boyle FM, Price M, Vardy JL. Evaluation of a web-based cognitive rehabilitation programme (CRP) in cancer survivors reporting cognitive symptoms following chemotherapy. J Clin Oncol 33, 2015 (suppl: abstr 9510).



Jeremy Couper
Representative, PoCoG

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA



Pathology is the heart of medical science. For a patient with cancer, their pathology report is a 'map' for their cancer journey as it provides their oncologist, radiologist and GP with the information on which their treatment will be based.

In 2015, the Royal College of Pathologists of Australasia (RCPA) has progressed a number of key projects and activities related to raising the standard of pathology and cancer information.

National Structured Pathology Reporting Project (NSPRC)

In today's world, medical research is moving very quickly and it is difficult for individual pathologists, under pressure to deliver more with less, to stay abreast of new tests and evidence. The use of standardised structured pathology reporting has been shown to improve both the quality and completeness

of cancer reporting, by providing pathologists with a cancer reporting checklist with all of the elements that the report on a specific cancer should contain.

With funding from the federal Department of Health, the Australasian National Structured Pathology Reporting of Cancer (NSPRC) Project has developed 26 cancer protocols in the last 6 years. www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols

Despite the availability of these cancer protocols and having taken the lead in international efforts for standardisation, Australia still lags behind the progress achieved in other countries, as adoption of the NSPRC cancer protocols remains voluntary. However, after much lobbying, in the last year the National Pathology Accreditation Advisory Council (NPAAC), who is responsible for the development and maintenance of standards and guidelines for pathology practices in Australia is considering revising their "Requirements for Information Communication" document to include wording to mandate reporting of all cancers according to the NSPRC

protocols. If successful, this will be a significant step forward and will enable Australia to improve the completeness and clarity of cancer reports with subsequent improvements in patient outcomes.

In parallel with the work on our local cancer protocols, the RCPC has worked towards the formation of an independent organization dedicated to developing standardized, internationally agreed evidence based cancer datasets for use by those involved in the collaboration but also for those countries that are not in a position to develop their own datasets. The recent incorporation of the International Collaboration on Cancer Reporting (ICCR) as a not-for-profit organization is a significant step of which the RCPC as the key enabler in this process is quite justly proud. www.ICCR-cancer.org

Pathology Informatics Terminology Units Standardisation (PITUS)

In 2015, the RCPC 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, composed of pathologists, IT professionals, cancer registry staff etc, are 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 which has significant relevance for cancer reporting and registration.

RCPC Cancer Services Committee (CanSAC)

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

MBS Funding of pathology

CanSAC has raised concerns over the increasing number of pathology tests, used in the reporting of cancer, which are currently not covered by MBS item numbers.

To address this, CanSAC has identified those tests which are currently unfunded by MBS and have also successfully lobbied for resources to help push forward applications for these tests to be recognised by MBS.

Training across disciplines

As cancer reporting becomes increasingly a multi-disciplinary undertaking CanSAC has raised concerns about access to formal cross-discipline training curriculum and trainee positions. Molecular studies for example, is becoming an integral component of cancer reporting and access to formal cross discipline training for Anatomical Pathologists in molecular studies is becoming an urgent need.

As an initial step, CanSAC and the college have undertaken a review of what others around the world have done to address this same issue and further discussion is planned.

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. Most MSAC applications include a requirement for an appropriate QAP process to be in place.

CanSAC has discussed a number of areas of concern regarding current and future QAP, in particular for HPV (Human Papilloma Virus), ALK and HER2 gastric testing. Lack of adequate test cases and a lack of funding to

start new programs are among the problems noted.

Pathology Update

Each year, the RCPC 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 Melbourne Convention and Exhibition Centre from 26-28 February 2016.



Sandra O'Toole
Representative, RCPC

AFFILIATED ORGANISATION REPORTS

TRANS-TASMAN RADIATION ONCOLOGY GROUP



TROG Cancer Research

Over the past year, TROG has continued to cultivate its reputation as a world-class research organisation and an industry leader. TROG continues to be one of the most successful co-operative cancer clinical trials groups in Australia and New Zealand.

We are recognised at a national and international level for the investigator-initiated research undertaken by our membership. Robust trial conduct is pivotal to the success of the organisation. Our goal is to conduct quality, efficient and productive trials. Under the guidance of the TROG Scientific Committee (TSC) and assisted by the TROG Central Operations Office we have improved timelines and increased efficiencies in the conduct of trials.

Clinical Trial activity in 2015:

Trials approved for development

Projects:	2 (SEINSATION and RANZAR)
Trials:	10
Current trials:	12 trials currently recruiting
Trials in follow up:	Closed to accrual - 15 trials, closed to follow up - 11 trials
Patient accrual:	13,895
New Proposals:	8 submitted
Publications:	Full manuscripts - 11

2015 saw breakthrough results for the TROG 03.06 TOAD prostate cancer and TROG 03.05 (MA.20) breast cancer trials, as well as the launch of the pioneering TROG 13.01 SAFRON II trial and the TROG 14.03 head and neck cancer trial.

Throughout 2015 we continued to implement and monitor our strategic plan, with our key performance targets being met. A key area of our strategic direction is communication. In order to enhance our public profile, a television advertisement was launched in 2015 and has received airplay as a community service announcement to promote our research and appeal to the community for donations to support our vital research. This advertising campaign will continue in 2016.

Communication with our membership is vital to ensure the needs of all members and site staff are met. Seventeen site visits were undertaken throughout Australia and New Zealand over the past year to discuss the TROG trials portfolio, the Facility Alliance Membership, Quality Assurance and assist with any issues at site level. Ten new sites were activated to TROG trials and centralised trial coordination continues to grow.

Quality Assurance is paramount in TROG's research and this has seen the development of the New Technology and Techniques Committee to ensure we remain at the forefront of new technology and ways to improve current standard of care treatment delivery. These types of committees would not be possible without the dedication and commitment of our membership.

Corporate sponsorship is of utmost importance in the support of our research and we have been fortunate to have the on-going support from our major sponsors, GenesisCare and Varian Medical Systems Australasia.

The TROG 2015 ASM was supported by close to 200 delegates in Newcastle. The 28th TROG Annual Scientific Meeting will be held at Brisbane Convention & Exhibition Centre from March 14-17, 2016 and will feature the return of our full-day, interactive Research Workshops. The TROG 2016 ASM theme is, 'Value for money in oncology research' and meeting highlights will include international guest speaker's Dr Antonio 'Tito' Fojo and Professor Dirk De Ruyscher, as well as Subspecialty breakout sessions and opportunities to relax and network at our social afternoon, Brainlab Welcome Dinner and Elekta Black Tie Gala Dinner.

We received a full quota of exciting new proposals and look forward to discussion about them at the ASM in Brisbane.

2015 saw the introduction of a TROG Independent Data Safety Monitoring Committee. The inaugural meeting for this committee was held in December with the review of several TROG trials. A Consumer Advisory Panel is also in development with a workshop planned for April this year, this will be followed by the introduction of eLearning modules via the TROG website. This panel will allow for consumers specifically trained in the area of radiation therapy to advise and offer advocacy.

It is though the commitment of the TROG Membership, community, collaboration with other stakeholders, government bodies and our sponsors that we are able to continue to deliver quality research outcomes and improve outcomes for people diagnosed with cancer, their families and support networks.

We look forward to further exciting opportunities for collaboration and research developments in 2016.



Farshad Faroudi
TROG President Elect

OTHER REPORTS

CANCER COUNCIL AUSTRALIA



2015 was a year marked by significant progress on key initiatives, new developments and new challenges for Cancer Council Australia. Much of our work, particularly around policy and advocacy in the clinical space, has been achieved jointly with COSA or has benefitted from the expert contributions of COSA's membership.

As part of our joint commitment to improve equity in the health system for cancer patients, Cancer Council and COSA actively campaigned on patient access to cancer drugs, with a joint submission in February to the Senate inquiry into the availability of new, innovative and specialist cancer drugs. We subsequently welcomed the unveiling of the Federal Budget in May, with \$600 million in new funding for cancer interventions, including Pharmaceutical Benefits Scheme approvals. The budget also included funding for bowel cancer screening promotion, a joint bowel cancer and cervical cancer screening register and a renewed investment in e-health.

During the year, Cancer Council and COSA collaborated on a number of initiatives, including submissions to the Review of Medicines and Medical Devices Regulation, the Therapeutic Goods Administration discussion paper on the Orphan Drugs Program, the Inquiry into Chronic Disease Prevention and Management in Primary Health Care together with the Primary Care Collaborative Clinical Trials Group, the Biosimilar Awareness Implementation Framework and the Medicinal Cannabis Bill, along with a joint position statement on the medicinal use of cannabis.

A major research undertaking by Cancer Council came to fruition during the year with the launch of Australia's first study into cancer incidence and preventable causes. Funded by Cancer Council and conducted by QIMR Berghofer Medical Research Institute, the study shows that 37,000 cancer cases are preventable each year. Of 13 identified risk factors, smoking, UV

radiation, body weight, poor diet and alcohol cause around 90 per cent of all preventable cancers. The study, which was published as a series of 14 papers in the Australian and New Zealand Journal of Public Health, will be a valuable resource in development of health prevention policy and programs.

Cancer Council has also been active in clinical guidelines, with the development of the first evidence-based guidelines on PSA Testing and Early Management of Test-detected Prostate Cancer, in partnership with the Prostate Cancer Foundation of Australia. The guidelines provide recommendations to health professionals involved in localised prostate cancer risk assessment, surveillance and treatment. As well as management of test-detected patients, the guidelines help health professionals navigate the daily dilemma of informing men about the risks and benefits of testing, and prevent scenarios where PSA tests are conducted without patient consent. Approved by the National Health and Medical Research Council, the guidelines will be made available on our wiki based platform early next year. Other clinical guidelines in development or revision in 2015 included melanoma, lung cancer, sarcoma in adolescents and young adults, and cervical cancer.

Workplace cancer risk is a growing topic of interest nationally and Cancer Council, through its Occupational and Environmental Committee, staged a Workplace Cancer Forum at Darling Harbour in Sydney in May, supported by Safe Work Australia. The forum was told that up to 5000 cancer cases a year were linked to occupational exposures and that with only 10 per cent of cases attracting compensation due to underreporting and uncertainty about causation, the \$360 million paid in compensation in the 10 years to 2012 could be the 'tip of the iceberg'.

In October, we welcomed the High Court's unanimous decision that isolating the BRCA1 gene mutation was not a 'patentable invention'. The court's decision was the culmination of years of litigation involving consumer Yvonne D'Arcy, who challenged a multinational biotechnology firm over its patent for BRCA1 testing. Cancer Council had been strident in its calls to overturn the

patent, and provided its expertise to the legal teams working with Ms D'Arcy. We hope the High Court decision, which is consistent with a recent decision of the US Supreme Court, will lead to reform of Australia's patent system. In order to protect the rights of Australian healthcare consumers, public laboratories and independent researchers, we need to ensure genetic materials, whether in a pure form or isolated, and the tests to identify them, are never again put at risk of commercial monopolisation.

I am delighted to report that Cancer Council's journal, Cancer Forum, also the official journal of COSA, is going from strength to strength. Our recent redevelopment of the Cancer Forum website, which is now optimised for mobile devices, has resulted in a considerable increase in traffic, with around half of visits to the site now coming from overseas. During 2015, with outstanding support from our Guest Editors and invited authors, many of whom are COSA members, we produced in-depth forums on 'Rare cancers' (March - Guest Editors Sumitra Ananda and Clare Scott), 'Cancer Survivorship' (July - Haryana Dhillon) and 'Prostate Cancer' (Ian Olver and Villis Marshall).

I look forward to working with COSA staff and members in 2016, which is shaping up as a year of challenge and opportunity. Our close relationships puts us in the ideal position to drive change and help make cancer treatments and services more accessible and more equitable for all Australians.



Sanchia Aranda,
CEO, Cancer Council Australia

FINANCIAL STATEMENTS AT 30 JUNE 2015 AND INDEPENDENT AUDIT REPORT

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

About Clinical Oncology Society of Australia Limited	51
Directors' Report	55
Declaration of Independence from the Auditors.....	58
Statement of Profit or Loss and Other Comprehensive Income	59
Statement of Financial Position.....	60
Statement of Changes of Equity	61
Statement of Cash Flow	62
Notes to the Financial Statements.....	63
Directors' Declaration.....	72
Independent Auditor's Report.....	73



ABOUT CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

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 2015-2019

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, COSA, 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 2015

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

Registered office and principal place of business

Level 14
477 Pitt Street
Sydney NSW 2000

Company contact details

GPO Box 4708
Sydney NSW 2001

P: +61 (0)2 8063 4100
F: +61 (0)2 8063 4101
E: cosa@cancer.org.au
W: www.cosa.org.au

Auditors

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

CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

The Directors present their report on Clinical Oncology Society of Australia Limited ("the Company") for the year ended 30 June 2015.

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 2015 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 2015 was \$742,661. In the same period, expenditure was \$759,873 leaving a deficit of \$17,212. 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 of 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 2015.

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 \$1,500 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.

Clinical Oncology Society of Australia Limited (ABN 97 631 209 452) Directors' Report (cont'd) 30 June 2015

Directors

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

DIRECTORS' REPORT

30 JUNE 2015

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
Associate Professor Sandro V Porceddu BSc, MBBS (Hons), MD, FRANZCR Associate Professor Porceddu is President of the Clinical Oncology Society of Australia. He is also President of the Trans Tasman Radiation Oncology Group (TROG), Board member of the Cancer Council Australia and former President of the Australian Sarcoma Group and Chair of the TROG Scientific Committee. Dr Porceddu is a full-time Senior Radiation Oncologist at the Princess Alexandra Hospital, Brisbane, specialising in head and neck and skin cancers, and Associate Professor with the University of Queensland.	President, Board Chair, Director	1 July 2013	1 December 2014	3 / 3	-
Professor Meinir Krishnasamy BA, RN, DipN, MSc, Ph.D Professor Krishnasamy is President Elect of the Clinical Oncology Society of Australia. She is Executive Director, Cancer Nursing and Allied Health at the Peter MacCallum Cancer Centre in Melbourne, and Professor of Cancer Nursing - Translational Research at the University of Melbourne. She is a past President of the Cancer Nurses Society of Australia.	President, Board Chair, Director	1 July 2013	-	5 / 5	-
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 (PoCoG).	President Elect, Director	27 August 2015	-	-	-
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 / 5	-
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	-	5 / 5	-
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 2012.	Director, Member Audit, Risk & Finance Committee	1 July 2013	-	4 / 5	3 / 4
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 / 5	4 / 4

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
Professor David Goldstein FRACP FRCP MBBS Professor Goldstein is a Senior Staff Specialist in the Department of Medical Oncology at Prince of Wales Hospital in Sydney. He specialises in gastrointestinal malignancies and is also the adult program leader of the newly formed NSW Cancer Survivors Centre. He is a past President of COSA and was the first chair of the Rural and Regional Group.	Director	1 July 2013	12 June 2015	3 / 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	-	4 / 5	-
Professor Bruce Mann MBBS PhD FRACS Professor Mann is Director of the Breast Service, Royal Women's and Royal Melbourne Hospitals in Melbourne. He is a surgical oncologist and specialist breast surgeon with an active interest in developments in the delivery of all aspects of cancer care, and is a past President of COSA.	Director	1 July 2013	17 November 2014	1 / 2	-
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	-	0 / 0	-
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	-	0 / 0	-
Professor Ian Oliver AM, MBBS MD PhD CertMin FRACP FACHPM MRACMA Professor Oliver is Chief Executive Officer of Cancer Council Australia. Professor Oliver is a medical oncologist and a Clinical Professor in the Department of Medicine at the University of Sydney, and also holds a PhD in bioethics. He currently chairs the Australian Health Ethics Committee and serves on the NHMRC and on the Board of Cancer Australia. In 2011, he was a recognised in the Australia Day honours by being awarded an Order of Australia Medal (AM) for his services to oncology.	Director, Cancer Council Australia nominee	1 July 2013	12 June 2015	5 / 5	-
Ms Felicity Shaw LLB (Hons I) BSc MEL Ms Shaw is a senior lawyer with over 15 years experience in the global financial services sector. She is currently special counsel and Head of Corporate Responsibility of the Export Finance and Insurance Corporation, a commonwealth agency that finances Australian exporters. She was appointed as a Director to the COSA Board for her legal expertise.	Director, Member Audit, Risk & Finance Committee	19 May 2014	-	5 / 5	4 / 4

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 2015 (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

Sydney
12 October 2015



Prof Phyllis Butow AM
President - Elect



Tel: +61 2 9251 4100
Fax: +61 2 9240 9821
www.bdo.com.au

Level 11, 1 Margaret St
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 2015, 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.



Paul Cheeseman
Partner

BDO East Coast Partnership

Sydney, 12 October 2015

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 2015

	Note	2015 \$	2014 \$
Income			
Member body subscriptions	1(a)(ii), 4	125,301	138,286
Annual Scientific Meeting revenue	1(a)(iii), 4	328,996	388,935
NHMRC Enabling Grant revenue	1(a)(iv), 4	12,862	13,806
Other grant & project revenue	1 (a)(i), 4	174,703	257,381
Interest income	1 (a)(v), 4	69,140	61,433
Other revenue	1 (a)(vi), 4	31,659	43,807
		742,661	903,648
Expenditure			
Administration Expenses		(60,304)	(63,282)
Employment costs		(386,148)	(398,952)
Depreciation		(2,057)	(2,596)
NHMRC Enabling grant expenses		(2,379)	(2,134)
Annual Scientific Meeting		(60,879)	(60,533)
Other grant & project expenses		(187,489)	(304,517)
Other expenses from ordinary activities		(60,617)	(56,929)
		(759,873)	(888,943)
Surplus/ (deficit) before income tax expense		(17,212)	14,705
Income tax expense	1(c)	0	0
Net surplus/ (deficit) after income tax expense for the year attributable to the members of COSA		(17,212)	14,705
Other comprehensive income for the year, net of tax		0	0
Total comprehensive income for the year attributable to the members of COSA		(17,212)	14,705

The accompanying notes from part of these financial statements

STATEMENT OF
FINANCIAL POSITION
AS AT 30 JUNE 2015

	Note	2015 \$	2014 \$
ASSETS			
Current Assets			
Cash & cash equivalents	5	277,572	2,177,030
Trade & other receivables	6	6,107	13,753
Other current assets	7	1,880,000	42,160
Total Current Assets		2,163,679	2,232,943
Non-Current Assets			
Plant & equipment	8	1,855	3,912
Total Non-Current Assets		1,855	3,912
Total Assets		2,165,534	2,236,855
LIABILITIES			
Current Liabilities			
Trade & other payables	9	128,148	142,648
Provision for employee benefits	10	34,532	26,747
Total Current Liabilities		162,680	169,395
Non-Current Liabilities			
Provision for employee benefits	10	0	4,302
Total Non-Current Liabilities		0	4,302
Total Liabilities		162,680	173,697
Net Assets		2,002,854	2,063,158
EQUITY			
Grants & Special Projects Reserve		198,797	239,389
General Funds		1,804,057	1,823,769
Total Equity		2,002,854	2,063,158

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES
IN EQUITY FOR THE YEAR
ENDED 30 JUNE 2015

	\$	\$	\$
	General Funds	Grants & Special Projects Reserve	Total Funds
Balance at 1 July 2013	1,830,517	0	1,830,517
Transfer to/(from) reserves	(21,453)	21,453	0
Transfer to/(from) liabilities	0	217,936	217,936
Surplus/(deficit) after income tax for the year	14,705	0	14,705
Other Comprehensive income for the year, net of tax	0	0	0
Total comprehensive income for the year	14,705	0	14,705
Balance at 30 June 2014	1,823,769	239,389	2,063,158
Balance at 1 July 2014	1,823,769	239,389	2,063,158
Transfer to/(from) reserves	(2,500)	2,500	0
Transfer (to)/from liabilities	0	(43,092)	(43,092)
Surplus/(deficit) after income tax for the year	(17,212)	0	(17,212)
Other Comprehensive income for the year, net of tax	0	0	0
Total comprehensive income for the year	(17,212)	0	(17,212)
Balance at 30 June 2015	1,804,057	198,797	2,002,854

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 2015

	Note	2015 \$	2014 \$
<u>Cash flows from operating activities:</u>			
Receipts from member subscriptions and other income (inclusive of GST)		645,482	1,208,519
Payments to suppliers, employees and member bodies (inclusive of GST)		(764,080)	(1,321,266)
Interest received		69,140	61,433
Net cash used in operating activities	14	(49,458)	(51,314)
<u>Cash flows from investing activities:</u>			
Received from term deposits		0	550,000
Payments for term deposits		(1,850,000)	0
Payment for purchase of plant and equipment		0	(1,647)
Net cash (used in)/provided by investing activities		(1,850,000)	548,353
Net (decrease)/increase in cash & cash equivalents		(1,899,458)	497,039
Cash & cash equivalents at the beginning of the year		2,177,030	1,679,991
Cash & cash equivalents at the end of the year	5	227,572	2,177,030

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

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 is unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs and these financial reports are therefore a Special Purpose Financial Report that has been prepared solely to meet the financial reporting requirements of the ACNC Act 2012. The directors have determined that the policies are appropriate to meet the needs of the members of the Company.

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

The financial report was authorised for issue by the directors on 12 October 2015.

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.)

Restatement of Comparatives

Where required by accounting standards, the reclassification of comparatives has been performed in order to conform to the changes in presentation for the current financial year.

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 2014/15 Annual Scientific Meeting was \$268,117 (2013/14: \$328,402).

(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 \$2,379 (excluding employment costs) has been spent in 2014/15 (2013/14: \$2,134). 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 2015 (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 2015/16 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:

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (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 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 .

Its objects are:

- to promote excellence in the multidisciplinary care and research relating to cancer – from prevention, diagnosis and treatment to follow-up, palliation and survivorship;
- to encourage multidisciplinary collaboration of all professionals involved in cancer care and research; and
- 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 1,072 financial members of the Company at 30 June 2015 (2014: 1,174).

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

	2015	2014
	\$	\$
Membership subscriptions (also refer to note 1(a)(ii))	125,301	138,286
Interest Revenue	69,140	61,433
ASM Income	328,996	388,935
NHMRC Enabling Grant	12,862	13,806
Other Grant income	98,948	147,880
Recoveries of clinical trials insurance cover	75,755	109,501
Other revenue	31,659	43,807
	<u>742,661</u>	<u>903,648</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (Cont'd)

Note 5. Cash & cash equivalents

	2015 \$	2014 \$
Cash at bank	<u>227,572</u>	<u>2,177,030</u>
	<u>227,572</u>	<u>2,177,030</u>

Note 6. Trade and other receivables

<u>Current</u>		
Trade receivables	3,620	10,622
Other receivables	<u>2,487</u>	<u>3,131</u>
	<u>6,107</u>	<u>13,753</u>

Note 7. Other current assets

Prepayments	30,000	42,160
Held to maturity investments - term deposits	<u>1,850,000</u>	<u>0</u>
	<u>1,880,000</u>	<u>42,160</u>

Note 8. Plant & equipment

Computer equipment		
- Computer equipment, at cost	10,341	10,341
- Accumulated depreciation	<u>(8,486)</u>	<u>(6,429)</u>
Total computer equipment	<u>1,855</u>	<u>3,912</u>

	Computer Equipment \$
Balance at 1 July 2013	4,861
Additions	1,647
Depreciation expense	<u>(2,596)</u>
Balance at 30 June 2014	3,912
Additions	0
Depreciation expense	<u>(2,057)</u>
Balance at 30 June 2015	<u>1,855</u>

Note 9. Trade and other payables

	2015 \$	2014 \$
<u>Current</u>		
Trade creditors & accruals	16,474	60,745
Income in advance	111,272	81,903
Amounts due to associated organisations	<u>402</u>	<u>0</u>
	<u>128,148</u>	<u>142,648</u>

Note 10. Provisions

<u>Current:</u>		
Employee benefits	<u>34,532</u>	<u>26,747</u>
	<u>34,532</u>	<u>26,747</u>
<u>Non Current:</u>		
Employee benefits	<u>0</u>	<u>4,302</u>
	<u>0</u>	<u>4,302</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, to the Company:

External audit of the financial statement	<u>5,000</u>	<u>4,775</u>
---	--------------	--------------

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015 (Cont'd)

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

	2015	2014
	\$	\$
Net surplus / (deficit) for the year	(17,212)	14,705
Non-cash flows in surplus from ordinary activities:		
Depreciation	2,057	2,596
Transfer to / (from) reserves	(43,092)	217,936
Changes in assets and liabilities:		
Decrease in trade & other receivables	7,646	66,464
Decrease / (increase) in other current assets	12,160	(122,160)
Decrease in trade & other payables	(14,500)	(244,747)
Increase in provisions	3,483	13,892
Net cash used in operating activities	(49,458)	(51,314)

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 2015

Directors' Declaration

In the directors' opinion:

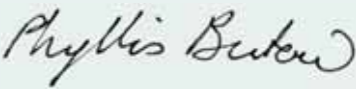
1. The Company is not a reporting entity because there are no users dependant on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purpose of complying with the requirements of the ACNC Act 2012 to prepare and distribute financial statements to the members of Clinical Oncology Society of Australia Limited;
2. The attached financial statements and notes thereto comply with the ACNC Act 2012, the Accounting Standards as described in note 1 to the financial statements, the ACNC Regulations 2013 and other mandatory professional reporting requirements;
3. The attached financial statements and notes thereto give a true and fair view of the Company's financial position as at 30 June 2015 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

Sydney
12 October 2015



Prof Phyllis Butow AM
President-Elect



Tel: +61 2 9251 4100
Fax: +61 2 9240 9821
www.bdo.com.au

Level 11, 1 Margaret St
Sydney NSW 2000

Australia

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 2015, 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:

- giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- 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

Paul Cheeseman
Partner

Sydney, 12 October 2015

COSA ANNUAL REPORT 2015



**Clinical
Oncology
Society of
Australia**

Level 14, 477 Pitt Street
Sydney NSW 2000
GPO Box 4708
Sydney NSW 2001

Telephone: (02) 8063 4100
Facsimile: (02) 8063 4101
www.cosa.org.au

