



Clinical
Oncology
Society of
Australia

CCSA

ANNUAL REPORT 2017

EDUCATION

COLLABORATION

ADVOCACY

RESEARCH

SECTION INDEX

COSA BOARD and COSA Reports.....	03
COSA Group Reports.....	11
Affiliated Organisation Reports.....	23
Other Reports.....	55
Financial Statements.....	57

PRESIDENTS OF COSA

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

COSA VISION AND MISSION

QUALITY MULTIDISCIPLINARY CANCER CARE FOR ALL

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

COSA achieves this by:

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

COSA MEMBERSHIP

As at 31 December 2017 there were 848 registered members of COSA. Members are drawn from the many disciplines in medicine engaged in cancer treatment and from associated research, patient care and support areas. They come from universities, private practice, government and private laboratories and other health services.

There are 2 types of COSA membership:

Individual membership – COSA Members

Organisational membership – Affiliated and Associated Organisations

The categories of membership of COSA are:

1 ORDINARY MEMBERS

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

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

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

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

2 RETIREE MEMBERS

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

3 HONORARY MEMBERS

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

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

4 STUDENT MEMBERS

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

5 AFFILIATED AND ASSOCIATED ORGANISATIONS

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



**Phyllis
Butow AM**
President



**Nick
Pavlakis**
President-Elect



**Sanchia
Aranda**
Director



**Christine
Carrington**
Director



**Ian
Davis**
Director
(retired 30 June
2017)



**Haryana
Dhillon**
Director



COSA BOARD

**Peter
Dowding**
Director



**Chris
Karapetis**
Director
(retired 30 June
2017)



**Mei
Krishnasamy**
Director
(appointed 14
July 2017)



**Sandra
McKiernan**
Director



**Wayne
Nicholls**
Director
(appointed 19
May 2015)



**Felicity
Shaw**
Director



**Nik
Zeps**
Director
(appointed 14
July 2017)



**Marie
Malica**
Executive
Officer



COSA COUNCIL

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

PRESIDENT

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

PRESIDENT ELECT

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

IMMEDIATE PAST PRESIDENT

Professor M Krishnasamy BA RGN DipN MSc PhD

COSA GROUP REPRESENTATIVES

ADOLESCENT AND YOUNG ADULT GROUP

Chair: Dr W Nicholls MBChB FRACP

BREAST CANCER GROUP

Chair: Dr S Fraser MBBS FASBP

CANCER BIOLOGY GROUP

Chair: Professor N Zeps BSc (Hons) PhD

CANCER CARE COORDINATION GROUP

Chair: Professor P Yates PhD RN FAAN FACN

CANCER PHARMACISTS GROUP

Chair: Mr M Powell BPharm DipPharmPrac MSHP

CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

Chair: Mrs D Lindsay BAppSc (Hons)

COMPLEMENTARY AND INTEGRATIVE THERAPIES GROUP

Chair: Mr P Katris MPsyCh

EPIDEMIOLOGY GROUP

Chair: Dr H Tuffaha BPharm MBA MSc PhD

EXERCISE AND CANCER GROUP

Chair: A/Professor P Cormie PhD AEP

FAMILIAL CANCER GROUP

Chair: A/Professor N Pachter MBChB FRACP

GASTROINTESTINAL ONCOLOGY GROUP

Chair: Professor E Segelov MBBS (Hons1) FRACP PhD

GERIATRIC ONCOLOGY GROUP

Chair: Professor M Agar MBBS FRACP FaChPM MPC PhD

GYNAECOLOGICAL ONCOLOGY GROUP

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

LUNG CANCER GROUP

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

MELANOMA AND SKIN CANCER GROUP

Chair: Dr 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

PAEDIATRIC ONCOLOGY GROUP

Chair: Position Vacant

PALLIATIVE CARE GROUP

Chair: Professor J Phillips RN PhD FACN

PSYCHO-ONCOLOGY GROUP

Chair: Dr L Kirsten DPsyc(Clinical) PhD

RADIATION ONCOLOGY GROUP

Chair: Position Vacant

RARE CANCERS GROUP

Chair: A/Professor C Scott MBBS PhD FRACP

REGIONAL & RURAL ONCOLOGY GROUP

Chair: Professor S Sabesan BMBS(Flinders) PhD FRACP

SURGICAL ONCOLOGY GROUP

Chair: Position Vacant

SURVIVORSHIP GROUP

Chair: Dr H Dhillon BSc MA (Psych) PhD

UROLOGIC ONCOLOGY GROUP

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

CANCER FORUM REPRESENTATIVE

Professor B Stewart MSc PhD FRACI DipLaw GradDipLegalPract

CONSUMER REPRESENTATIVE

Ms S Scoble



AFFILIATED ORGANISATION REPRESENTATIVES

AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

Professor T Price MBBS FRACP
DHIthSc (Medicine)

AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP

Professor M Hertzberg MBBS PhD
FRACP FRCPA

AUSTRALASIAN LUNG CANCER TRIALS GROUP

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

AUSTRALASIAN METASTASIS RESEARCH SOCIETY

Professor E Thompson PhD

AUSTRALASIAN SARCOMA STUDY GROUP

Dr J Desai MBBS FRACP

AUSTRALIA AND NEW ZEALAND MELANOMA TRIALS GROUP

(Jan-Mar): Professor B Burmeister
MBChB FF Rad (T) SA FRANZCR MD
(Mar-Dec): Professor M Shackleton
MBBS PhD FRACP

AUSTRALIAN & NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP

Dr C Fraser FRACP MBBS MPH

AUSTRALIAN & NEW ZEALAND HEAD AND NECK CANCER SOCIETY

Dr K Shannon MBBS FRACS

AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP

Professor I Davis MBBS (Hons) PhD
FRACP FACHPM

AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP

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

BREAST CANCER TRIALS

(Jan-Jul): Dr S Ackland MBBS FRACP
GAICD
(Jul-Dec): Professor G B Mann MBBS
PhD FRACS

CANCER NURSES SOCIETY OF AUSTRALIA

(Jan-Aug): Professor R Chan RN PhD
FACN
(Aug-Dec): Ms J Campbell CCN

COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

Professor M Rosenthal MBBS FRACP
PhD

FACULTY OF RADIATION ONCOLOGY

Dr D Forstner MBBS (Hons) FRANZCR

HUMAN GENETICS SOCIETY OF AUSTRALASIA

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

MEDICAL ONCOLOGY GROUP OF AUSTRALIA

Professor C Karapetis MBBS FRACP
MMedSc

ONCOLOGY SOCIAL WORK AUSTRALIA

Ms K Hobbs MSW MAASW

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE

Dr P Allcroft BMBS FRACP M Pall Care

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP

Professor L Trevena MBBS(Hons)
MPhilPH PhD

PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP

Dr J Couper MBBS MD MMed(psych)
FRANZCP

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA

A/Professor C Hemmings BHB MBChB
FRCPA

TRANS TASMAN RADIATION ONCOLOGY GROUP

(Jan-Jul): A/Professor C Milross MBBS
MD FRANZCR FRACMA GAICD
(Aug-Dec): Dr P Sundaresan BSc(Hons)
MBBS FRANZCR PhD

AUDITORS

BDO
Level 11
1 Margaret St
Sydney NSW 2000

REPORT OF THE PRESIDENT

I am pleased to present my first annual report contribution as COSA President. COSA experienced another busy year in 2017, with the culmination of our activities at the ASM in Sydney.

Achievements in 2017

Some of our noteworthy achievements in 2017 include:

- The completion and launch of the revised guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy, now available online via the Cancer Guidelines Wiki
- Finalisation of the Exercise in Cancer position statement which was launched at the 2017 ASM

- Pilot implementation project for the Australasian Tele-Trial Model with \$230,000 external grant funding secured
- Oversubscribed Cancer Pharmacy Group courses in Foundation Skills and Advanced Practice
- Webinars for cancer care coordinators
- Well attended events for advanced trainees in medical oncology
- Seven government submissions, most in partnership with Cancer Council Australia

Annual Scientific Meeting

It is very different attending the COSA ASM as the presiding President – having official duties really kept me on my toes, but certainly did not stop me from attending many sessions of interest. Overall, I found the standard to be very high, with strong research designs and clear presentations evident everywhere. My thanks to A/Professor Nick Pavlakis and the Organising Committee for preparing such a diverse and educational program.

It was wonderful to host the ASM in Sydney at the new International Convention Centre (ICC). The old Sydney Convention and Exhibition Centre closed in January 2014 after 25 years of operation, to make way for the development of the new \$1 billion event and exhibition facilities, which opened in December 2016. The venue has some challenges to overcome, especially with the distance delegates must travel between the conference and exhibition halls, but overall the location of the ICC in Darling Harbour really showed off our beautiful city and harbour.

We were pleased to acknowledge Ms Sally Crossing AM and Ms Danielle

Tindle in the ASM opening ceremony. Ms Crossing may have been known to many as a long-standing cancer advocate. Ms Tindle was an active COSA member, AYA researcher and cancer patient/advocate. Sadly, both Ms Crossing and Ms Tindle passed away last year. Both were deeply respected by COSA and the cancer community and are sorely missed. Ms Crossing's husband, daughters and two granddaughters were in the audience at the ASM opening ceremony and expressed their appreciation of the tribute.

Another highlight for me was the presentation of the 2017 Tom Reeve Award at the conference dinner. Professor Bill McCarthy is a most deserving recipient, and having Professor Tom Reeve in attendance was a special moment for everyone, especially Tom and Bill. This award for outstanding contributions in cancer care was inaugurated by COSA in 2005 with Tom as the first recipient. Since that time, it has been awarded in his honour as the Tom Reeve Award. Bill was the 13th recipient, joining an illustrious group of his predecessors.

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

Survivorship Conference

In partnership with the Flinders Centre for Innovation in Cancer (FCIC) COSA co-hosted the biennial Cancer Survivorship Conference in February 2017 in Adelaide. I congratulate Bogda Koczwara and the Organising Committee for delivering on the theme "Pathways to better policy and practice". The presentations

really focused delegate thinking on how we can translate the growing evidence in this area into day to day applications. I was impressed by the strong consumer involvement, both in planning and participation – their contribution is a unique characteristic of this event. Planning is now underway for the next event which will be held in Sydney 28-29 March 2019.

Government Submissions

COSA members contributed to seven government submissions throughout 2017, all in partnership with Cancer Council Australia.

- National Digital Health Strategy Consultation (January)
- NSW Health Consultation: Statewide Biobanking Consent (February)
- Response to National Health Genomics Policy Framework 2017-2020 (March)
- Funding for research into low survival cancers (March)
- TGA consultation: Provisional Approval pathway for prescription medicines: proposed process and post-market requirements (May)
- NHMRC consultation: Framework for assessment of NHMRC funding of clinical trials and cohort studies (July)
- TGA consultation: Criteria for comparable overseas regulators – medical devices (July)

Governance

June 2017 saw the retirement of inaugural Board members Professor Ian Davis and A/Professor Chris Karapetis. I was pleased to welcome new members Professor Mei Krishnasamy and Professor Nik Zeps who were elected in July 2017 and attended their first meeting in August. On behalf of the Board I would once

again like to thank Profs Davis and Karapetis for their most valuable contributions especially during the establishment of our new governance structure in 2013.

The membership approved an amended Constitution at the 2017 Annual General Meeting. In summary, the amendments are to:

- Reflect that COSA is now a charity registered with the Australian Charities and Not-for-profits Commission (ACNC). The ACNC Act has “switched off” some requirements of the Corporations Act, and the previous version was developed and approved prior to the establishment of the ACNC
- Simplify the Constitution, clarify existing provisions and remove duplication and unnecessary detail
- Reflect current practice
- Include necessary and relevant information that is currently only included in the Board Charter and should be included in the Constitution

Thanks and Acknowledgments

In closing I would like to thank the COSA Board and Council members for their support throughout 2017. One of the daunting responsibilities of the COSA President is to chair the Board and Council meeting, so having their continued support makes this task so much easier, as well as enriching the contribution that COSA can make. Thanks also to Professor Sanchia Aranda and Cancer Council Australia for continuing our mutually beneficial relationship. My sincere thanks to the COSA members who continue to support the organisation and our important work. And finally, thanks to Marie Malica and the COSA staff who make everything happen behind the scenes.



COSA members contributed to seven government submissions throughout 2017, all in partnership with Cancer Council Australia



Professor Phyllis Butow AM
COSA President
2017-2018

REPORT OF THE EXECUTIVE OFFICER

2017 was certainly another busy year for the COSA team. I will leave it to the COSA Group Chairs to report on the activities of their Groups, and for my report concentrate on the ASM on other educational events we've held throughout the year.

Annual Scientific Meeting

The culmination of COSA's efforts each year is the ASM. Prior to start of the 2017 ASM, we hosted the Advanced Trainees Weekend on the Saturday and Sunday. This intensive 2-day course attracts advanced trainees in surgery, medical and radiation oncology; as well as junior medical staff and allied health professionals. This year's program was jam packed, focusing on "Everything you need to know about head and neck, bladder and renal cancers". Feedback received in the evaluation was reassuring to know that delegates were satisfied that the Trainee Weekend delivered the high-quality content as expected, and a resounding 100% stated they would attend again or suggest that others do so.

On Sunday we also hosted four diverse and well attended pre-conference workshops

- Enhanced supportive care
- Nutrition and cancer masterclass for nurses
- Demystify and Personalise Clinical Trials Research
- AYA education day

These have become an important component of COSA's function in providing professional development for our members. We appreciate it is difficult for some members to attend the ASM during a busy work week, so the Sunday format was attractive to many.

Our ASM themes of "immunotherapy" and "quality and safety in cancer care" were showcased throughout the entire program. The Committee ensured COSA's multidisciplinary focus was included in every session. Over 1000 people registered for the ASM. Over half of the registered delegates were allied health professionals – highlighting the importance of the multidisciplinary mix of all sessions where possible.

The opening plenary "Immunotherapy: Hype or Hope?" really set the scene for our focus on the successes of immunotherapy. Immunotherapy is one of the most talked about new developments in cancer treatment. With treatments showing promise in a number of cancer types, especially melanoma and more recently lung cancer, our expert speakers explored the impact of immunotherapy on cancer patients, why it works in some cases and not others, as well as its future potential in treating other cancers.

The "quality and safety" theme enabled a focus on the positive clinical experiences, quality oversight in clinical care and lessons learnt from and in prevention of errors. Australia has one of the best healthcare systems in the world and one of the world's highest cancer survival rates. Yet media and social media have put a focus on finding villains whom we can blame for medical errors. A culture of fear and blame distracts from constructive learning. It also reduces patients' trust and can create a sense of "us versus them". Errors do rarely occur, but to move forward we need to learn from these mistakes. We also

need to acknowledge the constantly evolving nature of cancer treatment and the need to balance clinical guidelines with individual treatment based on evolving evidence. We need better processes, systems, governance, and communication between clinicians and patients. Clinicians should be able to adapt individual treatments for special circumstances, but they should also document their decisions appropriately so that there is a record of what they are doing, and why.

We rounded out the ASM with the COSA Presidential Lecture, given by Captain Richard de Crespigny. This was the first time since its inception that the Presidential Lecture was given by a non-health professional; however, we invited him with the confidence that medicine has a lot to learn from other areas, particularly the airline industry. On 4 November 2010, right before the 2010 COSA ASM in Melbourne, Richard and his fellow officers were faced with their greatest challenge – a crippled A380, mid-flight with 440 passengers on board. Early into the Singapore to Sydney leg of the flight one of four engines exploded resulting to extensive damage to the aircraft. The incident brought into play Richard's considerable skills involving teamwork, problem solving, judgement, knowledge, and experience and putting years of highly-skilled training into practice. Richard spoke about the importance of: assertively pointing out errors regardless of your position, everyone being clear about roles and responsibilities, having a back-up team to manage communication and maintain calm, and focusing on what is working rather than what is



COSA's new governance structure has proven to be very effective, and I am very appreciative of the individuals that ensure this continues.



broken in managing a situation. Great lessons for us all. Not all delegates attended for the final session but the vast majority of those that did found Richard's lecture relevant to their professional practice, and 90% of survey respondents support COSA including presentations from non-health professionals in the program.

98% of survey respondents indicated they would attend or recommend others to attend future COSA ASMs – our highest result yet. We are confident COSA members and delegates are invested in keeping up with trends in oncology research and treatment, as well as engaging with areas not traditionally considered as part of the COSA program. But we will not rest on our laurels – we are eager to hear from members with any suggestions for future ASM content.

Trainee Events

In addition to the COSA Trainees Weekend, once again COSA hosted a number of other events specifically for Advanced Trainees in 2017.

- ATOM – the Advanced Trainees Oncology Meeting. COSA took over management of this Roche sponsored event in 2016. Previously the event was only open to trainees from NSW and ACT; however, in 2017 we also invited delegates from Queensland and Victoria. Consequently, we saw a major increase in attendance from 36 delegates to 77. Of those that completed the evaluation, 100% would like to see COSA continue to facilitate ATOM and similar events for trainees. We have secured sponsorship from Roche to host ATOM in 2018 and will continue to identify opportunities for further trainee education.
- Pharmacology of chemotherapy workshops. COSA has facilitated

these workshops for Advanced Trainees in Medical Oncology and Haematology for four years. Designed to provide education on the pharmacology of individual classes of cancer chemotherapy and targeted therapy, the course content was developed and delivered by Dr Christine Carrington and Mr Dan McKavanagh, both senior cancer pharmacists. In 2017 these workshops were delivered as one day face-to-face interactive sessions in Brisbane, Sydney and Melbourne. Of the 56 trainees who attended, 100% of evaluation survey respondents indicated one of their main motivations for attending was to learn about cancer treatments relevant to my practice, providing strong justification for COSA to continue delivering these important educational workshops for trainees.

Thank you and acknowledgements

My sincere thanks to the COSA Board, Council and Audit, Risk and Finance Committee for their continued support and guidance. COSA's new governance structure has proven to be very effective, and I am very appreciative of the individuals that ensure this continues. As Phyllis described in her President's report, in 2017 we devoted time to reviewing and updating our Constitution, which was unanimously approved at the ACM. I would like to take this opportunity to thank one of our non-executive directors, Ms Felicity Shaw for her wise counsel with this work. Sadly, Felicity is stepping down from the COSA Board in March 2018. Felicity has been instrumental in ensuring we have a robust governance framework, and we will all miss her greatly.

As always the work of COSA cannot be achieved without the committed COSA staff. Once again, the

team has been stable throughout 2017 – COSA Project Managers Rhonda DeSouza, Hayley Griffin, Jessica Harris and Gillian Mackay continue to go above and beyond to support their respective COSA Groups. We also welcomed back Chantal Gebbie to manage the Tele-Trial implementation project, which you can read about in detail under other reports. My eternal gratitude and thanks to Fran Doughton who expertly supports myself, the COSA team, multiple committees and our members with constant expertise and humour.

I remain excited about the prospects of another eventful and prosperous year for COSA in 2018.



Marie Malica
Executive Officer

COSA GROUP REPORTS

ADOLESCENT AND YOUNG ADULT GROUP

The main activity of the COSA AYA Group in 2017 was to hold an AYA Education Day at the International Convention Centre Sydney preceding the COSA ASM on 12 November 2017. This was generously sponsored and supported by COSA which enabled 35 participants to attend this highly successful educational event. Topics included brain tumours, gynaecological cancers, germ cell tumours, exercise and rehabilitation, heritable cancer risk in the young, immunotherapy and survivorship. I'd like to thank, Jennifer Chard, Peter Grimison, Andrew Murnane, Chris Innes-Wong, Mandy Ballinger, Michael Osborn, Kate Thompson and Ilana Berger for their support and contribution to this event and in particular for them giving up their Sunday to the COSA AYA community. All presentations on the day were very well received and stimulated interesting and constructive discussion. The day was rounded off with an inspiring presentation by Mr Kieran Palmer, a psychologist who works in the drug rehabilitation programme at the Ted Noffs Foundation on youth drug addiction. Kieran challenged us to reorientate the way we look at young people with addiction problems. Feedback has been overwhelmingly positive with multiple requests for this to be a regular event at the ASM and continue with strong medical and psychosocial themes.

In planning its activities in 2017 and going forward into 2018 the Group held a number of teleconferences. Important discussions were held regarding the changing role of the COSA AYA Group in the planning and development of AYA Cancer services in Australia. COSA was a "founding" partner with Cancer Australia and CanTeen in recognising and advocating for improvements in the care of AYA patients with cancer. As stated earlier and endorsed by the participants at the AYA Education Day in November there remains at least 3 areas in which a COSA based AYA Group remains essential. These include the important linkages with other professional groups, interest groups and clinical trial groups which make up COSA's broad membership; being an independent professional group with an ability to advocate for AYA services and research in Australia; and making significant and broad-based contributions to the education of the wider cancer community through COSA and its educational meetings including the ASM.

Jessica Harris, COSA Project Manager, continues her work with the team of health professionals that form the Fertility subgroup to update the COSA Fertility Preservation Guideline. They are reviewing and extending the current guideline to include cancer patients of all age groups incorporating major advances in the field of sexual and reproductive medicine. This widened scope has significantly increased the investment of time and project management assistance required for completion of the updated guidance. This work is ongoing and led by Kate Stern and Antoinette Anazodo who are working with a large team on this important project. It is hoped that a draft guideline will be ready for consultation in 2018.

I would like to take this opportunity to thank the members of the AYA Group for their ongoing participation. In particular I would like to thank Marie Malica and Fran Doughton for their tremendous support over the last year. The support of COSA as an independent health professional group with such wide representation remains of great benefit in developing and furthering AYA cancer activities in Australia.



Wayne Nicholls
Chair, Adolescent and
Young Adult Group



BREAST CANCER GROUP

2017 has seen the beginnings of the development of a comprehensive consensus statement on breast density involving several members of the COSA team and championed by Professor Rik Thompson. 2018 will see broader involvement and discussion with other stakeholders and hopefully the development of a final comprehensive position statement. This work is based around the premise that women need to know their breast density to help estimate overall risk of developing breast cancer.

In 2018 Cancer Australia hope to develop a 'Shared care model of survivorship care' for women with early breast cancer based on the involvement of the GP or primary health care provider. This will involve developing survivorship care plans (from oncologists/surgeons), learning modules for GP's and consultation with the current multidisciplinary team. As the Chair of the COSA Breast Cancer Group I am thrilled to be able to be involved in the project which involves three face-to-face workshops in Sydney in February, March and May 2018. This project is in line with other worldwide projects looking at alternatives to current survivorship care with the aim of ultimately improving patient satisfaction in their care after a diagnosis of breast cancer.



Susan Fraser
Chair, Breast
Cancer Group

CANCER CARE COORDINATION GROUP

In 2017 the Cancer Care Coordination Group hosted our third webinar, which was a highlight for our members this year. We learnt about the significant impact of cancer on the family and how care coordinators can support the offspring of adult cancer patients they are treating. John Friedsam from CanTeen presented the latest evidence in this area, and provided practical tips including how care coordinators can access a wide range of support and resources.

Webinars have proved to be an innovative and accessible professional development opportunity for cancer care coordinators across Australia, and we continue to receive feedback about the value of delivering information through this platform. Our webinar series has been supported by the WA Cancer & Palliative Care Network, and we plan to offer further opportunities in the coming year.

The Cancer Care Coordination Group was represented at the 2017 COSA ASM where I chaired a well-attended concurrent session: Reforming Cancer Care. During this session we explored issues around coordinating care in today's health care environment. This included an update on the role of the optimal care pathways in achieving system reform and an overview of lessons learnt in the development of a clinically-embedded patient-reported outcome framework. We also received insights into the implications for cancer care arising from primary health care reforms, and innovations in community pharmacy and what this means for cancer care.

The Group issued two editions of The Coordinator newsletter during 2017. This newsletter is a great way for us to share information and keep up-to-date with activities of interest. I encourage everyone to read previous editions of The Coordinator through our Group page on the COSA website and to contribute content for future issues about your research, activities, publications or presentations.

I thank our Executive Violet Platt, Douglas Bellamy and Liz Zwart for the support they have provided this Group during 2017. I particularly thank Liz for the leadership she has demonstrated as Chair of the Professional Development Committee and delivering our webinar program.



Patsy Yates
Chair, Cancer
Care Coordination Group



CANCER PHARMACISTS GROUP



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

During 2017, the Cancer Pharmacists Group continued to deliver quality educational opportunities for its members in addition to providing input and leadership in critical areas of medication safety.

Education for Cancer Pharmacists

Once again, we delivered our Foundation and Advanced Clinical Practice seminars to record breaking (for the CPG) numbers of attendees. A total of almost 140 pharmacists attended the two courses held in Brisbane in May (Foundation) and Melbourne in October (Advanced) where content designed to advance the knowledge of those attending was delivered by experienced and motivated speakers drawn from across the country. Feedback on both courses was excellent with plenty of useful suggestions to further improve these seminars in the years ahead. My thanks as always goes particularly to the convenors – Dan McKavanagh, Geeta Sandhu, Gail Rowan and Jenny Casanova – as well as ASN Events and of course COSA for their continued support.

COSA ASM 2017 – Sydney

The 2017 ASM provided a large pharmacy contingent with plenty of opportunity for networking and learning on new developments and initiatives in cancer care within Australia. In addition, pharmacists delivered presentations as varied as the launch of the COSA Chemotherapy Guidelines, oral targeted therapy interactions, the pharmacists role in managing immunotherapy toxicities, and much more. Cancer pharmacists were also involved in research and the conference gave them the opportunity to present their work as posters or oral abstract discussions. The CPG executive committee thank Deirdre D'Souza for her excellent work in contributing to the ASM organising committee and ensuring a great conference for cancer pharmacists to attend.



Revised COSA Chemotherapy Guidelines

Of huge importance this year for supporting the safe delivery of cancer therapies for Australian patients was the publication of the revised COSA Guidelines for the Safe Prescribing, Dispensing and Administration of Systemic Cancer Therapy. These updated guidelines were published in August on the Cancer Council Australia Wiki platform and were the result of approximately two years of dedicated work from a multidisciplinary group which included many CPG members and was led with skill and perseverance by Dr Christine Carrington. These guidelines aim to prevent medication errors and patient harm by standardising the complex process of providing medications for the treatment of cancer. They aim to be seen as a point of reference for

practitioners providing medications for the treatment of cancer and can be used as a framework to aid best practice within the multidisciplinary team.

COSA Pharmacology of Cancer Chemotherapy Workshops for Medical Oncology/Haematology Advanced Trainees

These informative workshops were once again run by CPG members Dr Christine Carrington and Dan McKavanagh for budding medical oncology and haematology consultants to consolidate their knowledge in the ever more complex area of cancer pharmacology. Workshops were held in Melbourne, Brisbane and Sydney with almost 50 attendees across the year and were again supported by Roche.

CPG Executive Committee Update

Once again the committee, with less members than 2016, freely provided their time and commitment to advancing cancer pharmacy practice and as Chair, I would like to thank them all for their support. This year Zeyad Ibrahim stood down from the committee and I would also like to thank him for his work as part of the CPG. At time of writing, we are embarking on a nomination process to again expand our committee membership to eight members to enable us to continue to work effectively on behalf of our membership.



Michael Powell

Chair, Cancer Pharmacists Group



CLINICAL TRIALS RESEARCH PROFESSIONALS GROUP

CTRPG Executive Committee:

Dianne Lindsay, Clinical Research Consultant, Newcastle, NSW (Chair)

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

Alison Richards, Flinders Medical Centre, Bedford Park, SA (Secretary)

Sanela Bilic, St John of God Hospital, Subiaco, WA; Alison Coote, Orange Health Service, NSW (stepped down July 2017); Joanne Hakanson, Austin Hospital, Melbourne, VIC; Leonie Kelly, University of Newcastle, NSW (stepped down December 2017); and, Natasha Roberts, Royal Brisbane and Women's Hospital, QLD.

Late in 2017 the CTRPG Executive Committee welcomed David Mizrahi, from the Sydney Children's Hospital, NSW; and, Adam Stoneley, from the ICON Cancer Foundation, Queensland to the Committee as general members. During the year the committee held regular meetings by teleconference and worked together on the following activities to promote clinical trials research:

- National PICF (www.nationalpicf.com.au), a suite of National Standardized Patient Information and Consent Forms and Guidelines which aim to provide a consistent model for the communication of patient information, sponsored by

Bellberry Limited. This framework has been endorsed by COSA and Cancer Council Australia. The committee was represented on a Steering Committee tasked with reviewing and updating templates and guidelines which will be loaded to the website when finalised.

- A Framework for National Health and Medical Research Council (NHMRC) Assessment and Funding of Clinical Trials. The CTRPG Executive Committee was invited to respond to a discussion paper and consultation questions by lodging a submission jointly with COSA and Cancer Council Australia. The discussion paper described the challenges faced by the NHMRC when funding clinical trials and cohort studies and documented proposed reforms to the NHMRC Grant Program.
- Standard Operating Procedures (SOPs) for sites. The committee reviewed SOPs available on the internet and versions currently in use at major clinical research institutions. This review is ongoing; links to the selected templates will be loaded on the CTRPG pages of the COSA website as a tool for members.

A key achievement was the Clinical Professional Day on Sunday 12 November, prior to the COSA Annual Scientific Meeting at the International Convention Centre, Sydney. The

workshop, which was supported by COSA with sponsorship from Bellberry Limited, was well attended and the presentations by invited guest speakers who very generously contributed their time and expertise were of a very high standard.

The first session, 'Interpreting Trial Papers with More Confidence' was presented by Ms Kristy Robledo, Biostatistician at the NHMRC Clinical Trials Centre. Kristy delivered a very clear presentation covering the key concepts of trial design, primary endpoint, sample size, secondary outcomes and Kaplan-Meier curves, and other forms of visual display of data. The audience tested their understanding throughout the session by reading sections of papers reporting results of two clinical trials 'ICECREAM' and 'ONTRAC', then discussing findings with Kristy and attendees.

Ms Kylie Sproston, Chief Executive Officer of Bellberry Limited gave a very interesting and informative talk covering a variety of topics including the 2017 updates to the National Statement, specifically chapters 3 and 5. Kylie reported that the National PICF project is well advanced with a template for interventional studies now updated and plans to update

the templates for biospecimen studies, registries, clinical and medical research and social science studies in the near future.

Associate Professor Nicholas Wilcken, Director of Medical Oncology, Westmead Hospital provided an informative update on RECIST Version 1.1 and irRECIST. Improved understanding of the effects of the immune therapy drugs indicates imaging reports may continue to change. The advent of other modalities such as PET CT may also improve the accuracy of imaging assessment. Nicholas took the audience through a number of exercises which helped reinforce our understanding of how treatment response is assessed in the research setting using RECIST criteria.

Professor Fran Boyle, Medical Director, Pam McLean Centre, Royal North Shore Hospital led a stimulating consent session during the afternoon. Fran began by highlighting the importance of using a collaborative communication style to convey information simply and clearly, backing this up with diagrams, lists, provision of emotional support and allowing time for patients to process new information. Fran introduced the ANZ 1601 /BIG 16-02 EXPERT trial which aims to identify women with low risk early breast cancer for whom radiotherapy after breast conserving surgery can be safely omitted. We met Sally, an EXPERT trial participant who had many questions for research staff and discussed strategies using video triggers in an interactive session to learn how to more effectively manage challenging situations.

Evaluations from attendees reflected a positive and worthwhile workshop, comments received included: "good range of topics, very interactive and stimulating"; "good group discussion, the consent workshop was relevant for a 'real-life' situation"; "information presented was relevant to clinical trials"; "topics were pitched at the right level". The majority of attendees (90%) rated the workshop as either "excellent", or "good"; with each presentation rated in terms of content and relevance, timing and duration on a three point scale.

The CTRPG Annual General Meeting was held during the workshop, and members received updates about the work of the Executive Committee during 2017. There were a number of excellent suggestions from the audience to guide new initiatives to be undertaken. A unanimous recommendation was made to hold another Clinical Professional Day during the COSA ASM this year in Perth.

While we were pleased with our achievements during 2017; all members of the CTRPG Executive Committee will continue to work hard to achieve our planned goals during 2018. We aim to conduct an online survey to engage with our membership, to obtain feedback and valuable information to assist us to ensure we deliver real benefits to our members and strengthen our support. We plan to continue to provide high quality opportunities to our members to enhance professional development and hope to add more resources to the CTRPG area of the COSA website. With support from COSA, during 2018 we will continue to work towards promoting excellence in the conduct of oncology clinical cancer research throughout Australia.



Dianne Lindsay
Chair, Clinical Trials Research
Professionals Group

EPIDEMIOLOGY GROUP

The appointment of a new Chair and Executive Committee

A new Executive Committee for the Group was formed. The Committee includes: Dr Haitham Tuffaha (Chair), Griffith University; Associate Professor Anne Cust, University of Sydney; Associate Professor Claire Vajdic, University of New South Wales

The Committee held one teleconference and one face-to-face meeting.

Group objectives were set:

- Support the professional and educational needs of the Group members.
- Provide a forum for members to exchange news and views on advances in cancer epidemiology.
- Establish and maintain linkages with other COSA groups and affiliated organisations.
- Promote and facilitate epidemiological and intervention research across the continuum of cancer care.
- Contribute to, and advocate for, national issues surrounding cancer care policy in Australia.

Active participation in the ASM

The Epidemiology Group members had a strong presence in the COSA annual scientific meeting last year. Their research was featured in the Epidemiology and other sessions throughout the conference



Haitham Tuffaha
Chair, Epidemiology Group

EXERCISE AND CANCER GROUP

The Exercise and Cancer Group has been very active during 2017 and has made significant progress in its key activities. The Group was formed to help progress a national approach to the implementation of exercise in cancer care, with a vision of enhanced supportive care practice and policy leading to improved outcomes for patients through affordable, accessible and effective exercise medicine.

Group Aims and Objectives

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

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

Group Membership

The Group's membership has continued to grow, with approximately 200 professionals in 2017 and representation including exercise physiology, physiotherapy, radiation and medical oncology, surgery, nursing, nutrition, public health and other discipline areas. We strongly encourage COSA members from all disciplines to get involved with our group. I would like to sincerely thank all Group Executive committee members for their time and commitment: Di Adams, Morgan Atkinson, Lucy Bucci, Anne Cust, Liz Eakin, Sandi Hayes, Sandie McCarthy, Andrew Murnane and Sharni Patchell.

COSA Position Statement on Exercise in Cancer Care

Our Group has developed a position statement on exercise in cancer care. The statement endorses evidence based guidelines and applies them to the Australian setting. The statement provides guidance to all members of the multi-disciplinary cancer team regarding the role of exercise in the care of people with cancer. The position statement is endorsed by the Medical Oncology Group of Australia,

Cancer Council Australia, Exercise and Sports Science Australia and the Australian Physiotherapy Association as well as being supported by a range of other related organisations. The position statement is central to the goals of our Group, will provide an advocacy platform and will be a pivotal resource to guide the Group's activities. Our work in the future years will focus on implementing the statement into practice throughout Australia.



COSA 2017 Annual Scientific Meeting Involvement

Exercise has a strong presence in the 2017 COSA ASM program with sessions and posters generating significant interest and high attendance. The COSA Position Statement on Exercise in Cancer Care was also presented to ASM delegates during a highly attended soapbox session. Some of the highlights from the new research presented at the conference include:

- Oncology health professionals believe that exercise is beneficial, safe and important for their patients during cancer treatment but less than a third refer to exercise services (presented by Jane Turner).
- Patients with poorer health status and higher symptomology have the greatest improvement in fatigue, distress, physical function and quality of life following exercise (presented by Prue Cormie).
- Participation in exercise decreases as childhood cancer survivors increase age suggesting early monitoring and interventions are required to minimise the risk of late-effects (presented by David Mizrahi).
- There is early evidence suggesting exercise provides meaningful health benefits and is well tolerated by patients with poor prognosis cancers including high grade

brain cancer, mesothelioma and metastatic breast cancer (a series of presentations by Prue Cormie, Georgia Halkett, Carolyn McIntyre and Jasmin Yee)

- Exercise may help alleviate the severity of peripheral neuropathy and cognitive decline associated with chemotherapy (presentations by Matt McCrary & Melissa Arnell)
- There was a range of other exercise related research presented at the conference.

Annual General Meeting

The Group's AGM was held at the COSA 2017 ASM in Sydney. Approximately 25 members were present to discuss the Group's activities and plans for the coming years. In 2018 we look forward to working on disseminating the position statement widely throughout all stakeholders involved with the care of people with cancer as well as developing and progressing an implementation strategy for the integration of exercise within routine cancer care.

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



Prue Cormie

Chair, Exercise and Cancer Group

FAMILIAL CANCER GROUP



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

The COSA FCC Executive for 2017 was comprised of chair Nicholas Pachter (WA), deputy chair Nicola Poplawski (SA), and members Mary-Anne Young (NSW), Helen Marfan (QLD), Kathy Wu (NSW), Margaret Gleeson (NSW), Lucinda Hossack (VIC) and Susan Dooley (NSW). I wish to thank all those on the Executive for their work during the year.

The activities of the COSA/HGSA FCC Group for 2017 included:

- The successful running of the COSA/Human Genetics Society

of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which was held Tuesday 29th August, at the Mantra resort, Kingscliff, NSW. Themes included:

- Genetic testing of tumour tissue: when, why and how
- Hereditary Endocrine Neoplasia: What's New?
- Hereditary Renal Cancer: Syndromes, Signs and Surveillance
- Models of genetic service delivery and family support tools post genetic counselling

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

- The development of a national consensus plan for routine

GERIATRIC ONCOLOGY GROUP

2017 was a productive year for the COSA Geriatric Oncology Group as we continued our focus on priority activities to improve outcomes for older Australians with cancer. Thank you to all members of our executive and working groups who have provided expertise and leadership over the last year, and helped us move forward in these key areas:

Research Working Group

Three research concept development "workshops-by-teleconference" have now been convened, and ten research proposals have been reviewed. Feedback is provided to applicants during discussions to help them refine their concepts into feasible research proposals, assist with project implementation, or strengthen their position in securing funding. This initiative is proving to be a valuable forum

that enables the exchange of ideas to help develop concepts, while bringing a multidisciplinary perspective to a research proposal.

The Geriatric Oncology Group established this working group to develop research capacity and collaborative networks to help increase the quality and quantity of geriatric oncology research in Australia. The Group is making progress in building a community of practice and helping to increase the number of people engaging in the care for older adults with cancer.

The working group plans to offer further concept development opportunities in 2018. All COSA members are encouraged get involved with this activity either by submitting concepts for discussion, or by offering their expertise to review and strengthen proposals. We have designed an application and review process that has proved to be simple while generating constructive feedback, and both applicants and reviewers continue to report the value of their involvement in these workshops.

immunohistochemistry (IHC) testing of the mismatch repair (MMR) proteins in colorectal cancer to detect Lynch syndrome. A position statement calling for reflex MMR IHC testing for all newly diagnosed colorectal and endometrial cancer was endorsed at the COSA Council meeting in November 2017 and will soon appear on the COSA website

- The development of an education tool for Oncologists for ovarian cancer treatment-focused genetic testing (TFGT), a flowchart to implement TFGT in practice, and has established a research project to evaluate the approach at different centres.
- The selection of Familial Cancer topics and speakers for the 2017 COSA ASM held in Sydney in November. The theme was "Immunotherapy: Molecules and Mountains". The Familial Cancer Group arranged a session entitled "Cancer genetics in the New

Era" and the following Speakers presented:

- Aung Ko Win: Colorectal Genetics and Precision Medicine in the New Era
- Kathy Tucker: Utility of panel testing in familial cancer
- Margaret Lee: Immunotherapy in dMMR GI tumours and Lynch syndrome
- Natalie Taylor: Translating cancer genetics evidence into practice: impact on patients and practitioners

For 2018 the COSA FCG executive plans to:

- Develop the program for the 2018 COSA/Human Genetics Society of Australia (HGSA) Familial Cancer Clinics Clinical Professional Day, which will be held Tuesday 4th September 2018, at the Mantra resort, Kingscliff, NSW.

- Contribute Familial Cancer topics and speakers to the COSA ASM to be held in Perth in November 2018.
- Continue to evaluate the approach of TFGT at different centres across the country.



Nicholas Pachter
Chair, Familial Cancer Group

A research sub-group has also been working together to write-up the results of the survey that was conducted in late 2015 on behalf of the Geriatric Oncology Group. This survey explored the views of Australian medical oncologists regarding the perception of, and barriers to, the incorporation of geriatric screening tools, geriatric assessment, and collaboration with geriatricians in routine clinical practice. These results provide insights into the challenges of and barriers to treating older patients, and factors to consider when making treatment decisions.

Guidelines Development Working Group

Guidelines/practice points are being developed to help improve the clinical management of older adults with cancer. The Group aims to provide Australian health professionals with access to an overview of recommended practices required to ensure that older adults with cancer have access to optimal cancer care. The University of Technology

Sydney is currently providing research assistance, and the final guidelines will be provided via the Cancer Council wiki platform. The working group plans to draw upon the multidisciplinary skills and expertise of COSA members throughout the guideline development process.

Information Sharing

GO eNews, the Group's online newsletter, continues to be issued bi-annually. During 2017, two editions were circulated in January and July. This newsletter helps increase awareness of Group activities and keep members updated about national and international initiatives in geriatric oncology. GO eNews is circulated to COSA's Geriatric Oncology "Group" and "area of interest" members, but previous editions are accessible to all members via the COSA Geriatric Oncology Group page. All COSA members are welcome to contribute information about their geriatric oncology activities, research, publications and events through this newsletter.



Meera Agar
Chair, Geriatric Oncology Group

NEURO-ONCOLOGY GROUP

The neuro-oncology community has had a very successful year in terms of its strength and scope, as well as building an increasing awareness of the many challenges of a brain tumour / cancer diagnosis for patients and carers.

The diverse membership of COGNO, the Cooperative Trials Group for Neuro-Oncology, continues to grow, now exceeding 650 members, which is a stellar achievement for a niche community of health professionals, researchers and consumers.

COGNO held its 10th Annual Scientific Meeting, in October 2017 in Melbourne with the theme of "Tailoring therapies for brain tumours: challenges and opportunities". COGNO was pleased to host several international guest speakers Professor Patrick Wen (neuro-oncology, USA), Professor Daniel Kelly (neurosurgeon, USA), A/ Prof Ben Ellingson (neuro-radiology, USA) and Prof Koichi Ichimura (Japan) - amongst many other esteemed Australian speakers.

There have been several exciting funding initiatives announced with a specific focus on brain cancer.

This includes 'The Australian Brain Cancer Mission', which is a \$100 million plan to double brain cancer survival in ten years, and is the result of a collaborative effort between Cure Brain Cancer Foundation, the Federal Government, and Minderoo Foundation's Eliminate Cancer Initiative, in consultation with the nation's best research minds.

We look forward to a dynamic 2018 in advancing care and research relating to brain tumour patients.



Eng-Siew Koh
Chair, Neuro-Oncology Group

NUTRITION GROUP

The Nutrition Group aims to provide a national platform to advocate for and support optimising nutrition for people with cancer. The expertise within the group is becoming increasingly recognised with regular requests received from various organisations to review the content of resources on nutrition and cancer, including the international collaborative Practice-based Evidence in Nutrition pathways.

The e-news initiative, introduced in 2016, has been well received. The aim of the e-news is to keep nutrition group members up to date with the activities of the group, informed about upcoming events of interest, relevant new resources and research in the area of nutrition and cancer.

The Nutrition Group, in collaboration with Cancer Nurses Society of Australia, held a successful 'Nutrition and Cancer Masterclass for Nurses' pre-conference workshop at the 2017 ASM in Sydney. The workshop was kindly sponsored by Nutricia and specifically designed to equip



nurses with the knowledge and confidence to assist in optimising nutrition care in their own health care settings. Topics included the recognition and management of cancer malnutrition, the impact of a cancer diagnosis on nutrition and knowledge of the current challenges in the nutritional management of cancer including a fun session on myth busting common misconceptions and the impact of social media nutrition messages on cancer care. The evaluation revealed the masterclass had been very well received, with the most popular topics being nutrition and cancer myth busting, managing taste changes and nutritional management of neuroendocrine tumours.

In 2016 the group held a joint nutrition symposium with the Multinational Association of Supportive Care in Cancer (MASCC) nutrition and cachexia group at the annual MASCC conference. This was the first joint activity between the COSA nutrition group and the MASCC nutrition and cachexia group. Further opportunities to collaborate were explored in 2017 with a submission made to MASCC to support the development of an international nutrition model of care as a joint project between the

organisations. At the time of writing the outcome of this submission was still pending.

Group members continue to be involved with the malnutrition in Victorian Cancer Services program, led by the Peter MacCallum Cancer Centre Nutrition department and funded by the Victorian Department of Health and Human Services (DHHS). Further funding was received in 2017 to commence another state-wide project 'Cancer malnutrition: feeding everyone from hospital to home' which commenced in November 2017. The latest project is investigating cancer malnutrition needs in primary and community care, sharing learning and resources to improve nutrition care between hospital and home and advocating for mandatory cancer malnutrition and nutrition care indicators across the health sector. Nutrition group members have been involved in project committees, project lead roles and steering groups within the program.

Priorities for the Nutrition Group in 2018 will be:

- Updating and revamping the evidenced based guidelines for nutritional management of adults with head and neck cancer

- Building on collaborative opportunities with the MASCC nutrition and cachexia group
- Input into the 2018 COSA ASM program

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



Nicole Kiss
Chair, Nutrition Group





RARE CANCERS GROUP

The COSA Rare Cancer Group focuses on coordinating and developing new clinical and research initiatives for rare cancer patients across Australia.

In 2017 the group launched two national projects. The first of these is the NOMINATOR clinical trial (Genomic Matching of Treatment for Rare Cancers) – which aims to bring precision medicine to patients with rare cancers. It recognizes that for many of these patients there are limited evidence-based treatments available. Participants have their rare cancer tested using a comprehensive cancer gene panel and receive treatment recommendations following discussions at a molecular tumour board and with input from relevant trial and rare cancer experts. The study is currently accruing at the Royal Adelaide Hospital; Royal Brisbane and Women's Hospital; Royal Melbourne Hospital/Peter MacCallum Cancer Centre; and St John of God Subiaco Hospital.

The second key project is the WEHI Stafford Fox Rare Cancer (SFRC) Program. This is a national platform to facilitate basic and translational research for all rare cancers. The core component of this is a nationally accessible clinical and tumour specimens database developed with BioGrid Australia. This database has been designed to flexibly encompass a range of rare cancers where individual tumour databases would otherwise not be viable. This program will improve the identification and consolidation of isolated rare cancers

cases across the country and allow more meaningful research to be undertaken. Study investigators and research collaborators nationally can access de-identified (coded and re-identifiable) patient records and gain access to tumour specimens or derivatives through a streamlined BioGrid approval process.

Central to improving rare cancer research is fostering collaboration and the group continues to work closely with other international rare cancer groups. The Rare Cancer Database has been designed to be used by countries which do not have similar capacity and to allow for interoperability where similar databases already exist. Longer term, we are working on a number of exciting initiatives, to improve streamlined advice for rare cancer patients and clinicians, together with Rare Cancers Australia.



Clare Scott

Chair, Rare Cancers Group

Damien Kee

Deputy Chair, Rare Cancers Group

REGIONAL AND RURAL GROUP

The Regional and Rural group is focused on the unique issues facing cancer service delivery outside metropolitan areas. Our goals are to work at enhancing the equity of access to current best practice care, cancer services and clinical trials.

A major focus of the Regional and Rural Executive Committee has been to collaborate on the COSA Australasian Tele-Trial Model and advocate for the national uptake. While the implementation project is now being driven by funding consortium partners through a grant from MTPConnect, many members of the Regional and Rural group are involved at tele-trial sites and are vital to rolling out this model. In particular, Craig Underhill is the chair of the VCCC steering committee in Victoria, Rob Zielinski has commenced the ASCOLT trial using the tele-trial model in Orange/Dubbo and is a member of the Westmead steering committee, Sabe Sabesan is chair of the QLD statewide tele-trial working group and co-chair of the COSA tele-trial consortium, while Dagmara Poprawski and her team have received funding from Cancer Council SA to pilot the tele-trial model between Flinders Medical Centre and Mt Gambier Hospital.

The Regional and Rural group also held a small but successful AGM at the 2017 COSA conference, with attendance from existing members



SURVIVORSHIP GROUP

2017 demonstrated, once again, the high level of engagement of members with cancer survivorship, with the survivorship conference, a new Chair elected, and planning to improve survivorship care in Australia.

3rd National Survivorship Conference

The third National Survivorship conference was held in February 2017, running for the first time as a partnership between COSA and Flinders Centre for Innovation in Cancer. It was a highly successful conference with exceptional engagement from cancer consumers, healthcare professionals, community-based organisations, policy makers, and researchers alike.

Highlights were definitely the wonderfully energetic presentations from Jane Maher, Clinical Director of MacMillan the peak cancer charity in the UK at the moment. Jane's insights into effective program development and roll out across very diverse communities in the UK demonstrates what can be done with thoughtful use of resources. Her honesty and openness in discussing her own journey of bereavement and recovery after the sudden death of her husband was inspiring – an almost unimaginable shift from classical music to rock and roll and a quest to meet Keith Richards – and a perfect fit in a session on healing through the arts. This novel session practically demonstrated the power of music, song writing, and art, in expressing the challenges and joy of inhabiting the cancer world for patients, survivors, and health professionals alike; none of us are untouched and the musical performance by Jenny Donovan, David Joske, and Janette Vardy closed the first day of the conference with "What a wonderful world".

The whole event was a tribute to the diverse and creative strength in the Australian cancer survivorship community, survivors themselves and those engaged in supporting them.

Moving survivorship forward

The COSA Survivorship Model of Care was launched in 2016. It has formed the basis of planning for where to next. While 2017 may have seemed quiet, the Survivorship Group did secure funding for a think tank to develop a strategy

to include patient reported outcome measures in routine practice. The think tank will take place during 2018. It will compliment work that commenced involving Flinders University, Cancer Council South Australia, and COSA to develop a digital roadmap for cancer survivorship in Australia. This work will provide a very solid base from which to launch new initiatives in cancer survivorship.

Election of new chair

The group held its first election for a new chair. Having several people willing to serve as chair of this group affirmed the interest and strong commitment to cancer survivorship in our group and COSA. In early December we were able to announce Prof. Bogda Koczwara as the new Chair of the group. Bogda is well known to COSA as a former President bringing much enthusiasm and energy to all her endeavours.

Thank you to the Executive Committee and COSA

As my final annual report as Chair of this group, I would like to thank the executive committee members for their contribution and support over a number of years. It has been a pleasure and privilege to work with: Ray Chan, Richard Cohn, Michael Jefford, David Joske, Bogda Koczwara, and Janette Vardy.

As always none of the work we undertake is possible without the support of the COSA team. Once again during 2017, we had thoughtful and helpful support in all our activities.

of the Executive Committee and Network as well as new interest from a number of conference attendees based in regional areas. Following the AGM, the Regional and Rural group called for expressions of interest to join the Executive Committee and we look forward to welcoming 3 new members.

In 2018 the group is planning to have a renewed focus on education, identify and document workforce capability requirements at regional sites, as well as engaging members through a newsletter. Plans are also underway to hold a face-to-face meeting of the Regional and Rural Executive Committee and Network of Directors and Clinical Leads in May which will provide a valuable opportunity for networking and to progress the activities of the group.



Sabe Sabesan
Chair, Regional and Rural Group



Haryana Dhillon
Chair, Survivorship Group

AFFILIATED ORGANISATION REPORTS

AUSTRALASIAN GASTROINTESTINAL TRIALS GROUP



The AGITG conducts clinical trials into gastro-intestinal (GI) cancers, and supports research through awards, grants, courses and conferences.

Strategic Focus

Throughout 2017 the Board and CEO focussed on reviewing and revising the AGITG Strategic Plan, reflecting upon feedback from the membership. The 2018-2022 Strategic Plan outlines the following Strategic Objectives:

1. Pro-actively build the AGITG clinical trials portfolio;
2. By maximizing recruitment and funding opportunities, plan and conduct gastro-intestinal cancer clinical research with the goal of improving patient outcomes;
3. Foster multidisciplinary national and international engagement and collaborations aligned with the strategic objectives of the AGITG;
4. Pro-actively maintain and support a multidisciplinary membership base with a shared interest in and commitment to the conduct of gastro-intestinal cancer clinical trials; and
5. Maintain efficient and cost-effective AGITG structures and processes that make optimal use of available resources.

Research Portfolio

Significant investment was made in 2017 to develop nine new trials that will open in 2018:

- **MONARCC:** A randomised phase II trial of panitumumab monotherapy and panitumumab plus 5 fluorouracil as first line therapy for RAS and BRAF wild type metastatic colorectal cancer – Chief Investigator Dr Matthew Burge
- **SPAR:** A randomised, placebo-controlled phase II trial of simvastatin in addition to standard chemotherapy and radiation in preoperative treatment for rectal cancer – Chief Investigators A/Professor Michael Jameson and Professor Stephen Ackland
- **LIBERATE:** A study evaluating liquid biopsies to profile metastatic colorectal cancer – Chief Investigator A/Professor Niall Tebbutt
- **DYNAMIC Pancreas:** Circulating Tumour DNA Analysis Informing Adjuvant Chemotherapy in Early Stage Pancreatic Cancer: A Multicentre Randomised Study – Chief Investigators A/Professor Peter Gibbs and A/Professor Jeanne Tie
- **DYNAMIC Rectal:** Circulating Tumour DNA Analysis Informing Adjuvant Chemotherapy in Locally Advanced Rectal Cancer: A Multicentre Randomised Study – Chief Investigators A/Professor Peter Gibbs and A/Professor Jeanne Tie
- **DYNAMIC III:** Circulating Tumour DNA Analysis Informing Adjuvant Chemotherapy in Stage III Colon Cancer: A Multicentre Phase II/III Randomised Controlled Study – Chief Investigators A/Professor Peter Gibbs and A/Professor Jeanne Tie
- **PA.7:** A randomised trial of gemcitabine and nab-paclitaxel vs gemcitabine, nab-paclitaxel, durvalumab and tremelimumab as 1st line therapy in metastatic pancreatic adenocarcinoma – Chief Investigator Dr Lorraine Chantrill
- **RENO:** Prospective Study of 'Watch and Wait' Strategy in Patients with Rectal Cancer who have Developed a Clinical Complete Response with concurrent Chemo radiotherapy (RECTal cancer No Operation) – Chief Investigator A/Professor Chris Karapetis
- **TME Modulation:** Modulation of the tumour microenvironment using either vascular disrupting agents or STAT3 inhibition in order to synergise with PD1 inhibition in microsatellite stable, refractory colorectal cancer – Chief Investigator A/Professor Niall Tebbutt

New Website

Following extensive consultation with key stakeholder groups a new website for the AGITG and community division the GI Cancer Institute was launched in October. The new site presents information relevant to both the clinical and community audiences. Visit gicancer.org.au

John Zalcberg OAM Award for Excellence in AGITG Research

The 2017 John Zalcberg OAM Award for Excellence in AGITG Research was awarded to Professor Michael Findlay of The University of Auckland. The Award recognises significant and outstanding leadership contributions to AGITG research over a sustained period.
More: <http://bit.ly/gicancerJZaward>

Innovation Fund

The 2017 AGITG Innovation Fund grant of \$200,000 was awarded to support the RENO pilot trial led by Associate Professor Chris Karapetis: Prospective Study of 'Watch and Wait' Strategy in Patients with Rectal Cancer who have Developed a Clinical Complete Response with concurrent Chemo radiotherapy: RENO trial (RECTal cancer No Operation). The Innovation Fund

AFFILIATED ORGANISATION REPORTS

*L to R:
Prof Tim Price (AGITG Chair), Prof
Michael Findlay,
Prof John Zalcborg OAM*



is made possible through generous contributions from donors and Gutsy Challenge supporters.

More: <http://bit.ly/gicancerRENO>

AGITG-Merck Research Fellowship

The inaugural Merck-AGITG Clinical Research Fellowship in Gastro-Intestinal Cancer was awarded to Dr David Lau from the Olivia Newton-John Cancer Research Institute. The fellowship is based at The Royal Marsden Hospital, London.

More: <http://bit.ly/gicancerMerck>

Community Engagement

The GI Cancer Institute continued to raise awareness and funds for AGITG research through the Gutsy Challenge community fundraising program. AGITG Board member Dr Lorraine Chantrill led the Larapinta Gutsy Challenge trek in the Northern Territory and A/Professor Niall Tebbutt led a group of intrepid climbers up Mt Aconcagua in Argentina.

More: <http://bit.ly/gicancerGutsyChallenge>

Senate Select Committee Submission

2017 was a turning point for cancers with low survival rates. The AGITG Consumer Advisory Panel and CEO developed a submission and appeared before the Senate Select Committee into Funding for Research into Cancers with Low Survival Rates. The Senate Inquiry Report was tabled in Parliament in November by Senator Catryna Bilyk.

More: <http://bit.ly/gicancerSenateInquiry>

AGITG Annual Scientific Meeting – October 4-6

A tropical setting provided the backdrop for delegates from around Australia, New Zealand and further afield to get down to business at the 19th AGITG Annual Scientific Meeting held in Cairns. The Executive Organising Committee planned a program packed with AGITG clinical trials, translational research, workshops and key note presentations by local and international key opinion leaders in the field.

More: <http://bit.ly/gicancerASM>

Best of New Concepts Award

Dr Katherine Geddes received the Award for Best New Concept presented in the New Concepts Symposium at the Annual Scientific Meeting for her trial proposal entitled 'The prevalence and significance of sarcopaenia in patients with operable adenocarcinoma of the stomach or gastro-oesophageal junction undergoing treatment with curative intent and the impact of altered body composition on chemotherapy delivery'.

More: <http://bit.ly/gicancerNewConcepts>

Best of the Best Awards

Also presented at the Annual Scientific Meeting was the Award for Best of Posters, awarded to Dr Jennifer Mooi for 'Exploring Consensus Molecular Subtypes (CMS) as predictors of benefit from bevacizumab in first line treatment of metastatic colorectal cancer: retrospective analysis of the MAX clinical trial' and the Award

for Best Fast Forward presentation awarded to Dr Melanie McCoy for 'The Cancer Stem-Like Cell Marker SOX2 is Prognostic and May Predict Response to Chemotherapy in Colon Cancer'.
More: <http://bit.ly/gicancerAwards>

Outstanding Site Award

The Orange Clinical Trial Centre was recognised once again in 2017 for contributions to the AGITG and was awarded the AGITG Outstanding Site Award. A pilot of the Tele-Trials model got underway in November with Dubbo Hospital activated as a Secondary Site to Orange Clinical Trial Centre participating in the ASCOLT study: Aspirin for Dukes C and High Risk Dukes B Colorectal Cancers - An International, Multi-centre, Double Blind, Randomised Placebo Controlled Phase III Trial.

More: <http://bit.ly/gicancerSiteAward>



Tim Price
Chairperson, AGITG

Russell Conley
Chief Executive Officer

AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP



The Australasian Leukaemia and Lymphoma Group (ALLG) has completed its transformation of the organisation to better serve its members by establishing its own trial centre, moving to its own premises and changing its bio-banking arrangements. It has also worked on improving its external image to the community at large with a view to making the ALLG better accepted, and hopefully better supported, by sponsorship and donations.

During 2017 we continued to work towards our scientific objectives but also to the delivery of our five key marketing objectives in support of the overarching ALLG strategic plan. These objectives include: 1. our commitment to strengthening our brand; 2. developing stakeholder content; 3. supporting our members in everything we do; 4. celebrating our clinician successes; and 5. collaborating with external stakeholders.

There were several key highlights in 2017. Of significance, the ALLG commenced the major undertaking of redeveloping our website to support the organisations next phase of growth and evolution. Membership numbers grew totalling 825 members; which is made up of 414 Full Members, 358 Associate Members, 46 Community Members and 7 Life Members.

The ALLG once again invested significant effort and expertise in running its bi-annual scientific meetings in May and November. The May meeting included three international speakers addressing delegates – Professor Leif Bersagel from the Mayo Clinic in Arizona; Professor Michael Pfreundschuh from the German High-Grade Lymphoma Study Group; and Dr Simon Stanworth from the John Radcliffe Hospital in the UK. The May Scientific Meeting also saw the ALLG's panel of consumer representatives meeting to discuss

new clinical trial protocols, and emerging issues in the treatment and survival of blood cancer diagnoses; and half day clinical research workshop in emerging techniques in molecular haematology. Importantly, Professor Devinder Gill from Princess Alexandra Hospital in Queensland was awarded a Life Membership to the ALLG for his outstanding leadership to the Intermediate & High Grade Non-Hodgkin Lymphoma, Hodgkin Lymphoma disease group portfolio over 20 years. He was the Principal Investigator (PI) or joint PI on the NHL10, NHL13 and NHL19 studies, confirming his contribution to blood cancer research and clinical trial activities of the ALLG.

The November Scientific Meeting saw guest speaker, Professor Nik Zeps, from the Australian Clinical Trials Alliance, run a thought provoking session: "The Australian Clinical Trials Alliance – developing a work plan for the future of investigator driven research in Australia." There were also a number of important personal recognitions made during the meeting. This included the tireless dedication and expertise of Professor Mark Hertzberg shown over the nine years that he was the Chair of the Scientific Advisory Committee (SAC). With Mark's retirement from the SAC came the welcome addition of Dr Peter Mollee from Princess Alexandra Hospital in Queensland as the new Chair. We wish both Mark and Peter much ongoing success in their endeavours. Janey Stone was also recognised with an ALLG Life Membership for her stellar 28 year tenure with the ALLG. Janey made major contributions to the organisation over this time as both a Trial Coordinator for 35 ALLG trials and as Executive Officer from 2005 – 2007. We wish Janey every ongoing happiness in her well-deserved retirement.



Life Member Janey Stone with past Chair Professor Ken Bradstock

In 2017, we had great success at the international American Society of Haematology (ASH) conference with abstracts for NHL24, CML11, NHL16, BM06, CML8, MM14, and PT-1 trials. Today, the ALLG clinical trial portfolio is a very solid one, including 17 trials in active accrual, 3 in advanced stages of development, and 5 in early concept phase.

The National Blood Cancer Registry (NBCR) has now accrued over 1000 patients with acute myeloid leukaemia, acute lymphoblastic leukaemia and uncommon lymphomas. Several laboratory sub-projects are being carried out by the ALLG.

We look forward in 2018 to take the ALLG's scientific endeavours to a new level of achievement and prominence in the world of Haematology and blood cancers.

For further information about the ALLG, its trial portfolio and other activities, please visit the ALLG website www.allg.org.au



Mark Hertzberg
Chairman Scientific Advisory Committee, ALLG

AUSTRALASIAN LUNG CANCER TRIALS GROUP



2017 was another year of outstanding progress for the Australasian Lung Cancer Trials Group (ALTG). Not only did we expand our membership, conduct educational activities and valuable meetings but initiated several new trials advancing our goal of extending research in lung cancer trials and amplifying the well-informed voice of our consumers amidst the chaos of a very complex and challenging health care environment and funding landscape.

The ALTG led by President Nick Pavlakis and Scientific Advisory Committee (SAC) Chair Ben Solomon along with dedicated committee members and collaborative partners, is committed to providing strategic vision and operational leadership to all aspects of the lung cancer trials we undertake. Successful leadership and team work has enabled us to reflect on the fruitful achievements of the year; the initiation of several clinical trials in various stages enrolling over 110 patients in the areas of NSCLC, SCLC, and Mesothelioma; global participation in clinical trials in the areas of NSCLC and Supportive Palliative Care; held our third Preceptorship and second ALTG Symposium providing elite forums connecting medical scientists and healthcare professionals to current and cutting-edge innovations in research and therapeutics from those most prominent in the oncology field.

Several ALTG clinical trials are underway. The OSCILLATE Study (PI Ben Solomon) which uses a treatment regime that alternates medication with a first generation EGFR therapy, aims to prevent or delay resistance to this medication. Researchers will also look at understanding the side effects of these medications and the timing for their administration to patients as part of the clinical trial. The PEARL Study (PI Linda Mileschkin), evaluating the impact of early referral to palliative care in patients with advanced thoracic cancers. A

clinical trial of patients with newly diagnosed advanced Non-Small Cell Lung Cancer (NSCLC) in the United States presented early referral to palliative care has been shown to improve quality of life, survival and use of health care resources. In the PEARL study researchers will investigate in Australia if early referral to palliative care improves pain, cough and breathlessness in people with advanced lung cancers. The BR.34 Study (PI Brett Hughes) is a randomised trial where researchers look at the effects of two medications used with or without platinum based chemotherapy in patients with advanced squamous or non-squamous NSCLC. The study also looks at whether chemotherapy combined with dual immunotherapy will provide greater benefit than immunotherapy alone while minimising side effects and improving or minimising the side effects of having combination therapy. NIVORAD (PI Paul Mitchell and Shankar Siva) is a joint initiative with TROG to determine the activity and safety of combining nivolumab with local, palliative SABR in patients with advanced NSCLC. The ongoing BR.31 Study (ANZ PI Sue-Anne McLachlan) in the adjuvant setting assessing the impact of adjuvant therapy for one year on the disease free survival of patients with completely resected non-small cell lung cancer. The DREAM study (PI Anna Nowak) is evaluating the activity, safety and tolerability of the combination of durvalumab with chemotherapy in patients with mesothelioma. DREAM has recently completed the enrolment phase ahead of schedule with first results will be reported in 2018.

ALTG held its third annual preceptorship in lung cancer with 34 practitioners in attendance. This intensive and interactive educational program provides advanced instruction for oncology consultants and early career researchers to methodically critique publications in the field of lung and thoracic cancers. Senior ALTG oncology clinicians mentor the students throughout the program further advancing critical thinking and assessment skills.

In November, 150 delegates attended the second annual ALTG Symposium attracting esteemed local and

international speakers who are leaders in the field of lung and thoracic cancers. Professor Natasha Leighl from Canada spoke about combination trials and their implications and the costs of new therapies and Professor Rolf Stahel from Switzerland discussed treatment for thoracic malignancies and adjuvant therapy trials. The ALTG collaborated once again with Lung Foundation Australia on the annual Shine a Light on Lung Cancer campaign, raising awareness and funds for research.

The ALTG continues to collaborate closely with the Canadian Cancer Trials Group (CCTG) and the European Thoracic Oncology Platform (ETOP) and other international groups whose focus is thoracic oncology clinical research. The ALTG-led Thoracic Alliance for Cancer Trials (TACT) held its two General Assembly meetings in 2017 alongside the ASCO Annual Meeting and the 18th IASLC World Conference on Lung Cancer. The Thoracic Alliance for Cancer Trials (TACT) is a collaboration of lung cancer collaborative research groups enabling lung cancer researchers worldwide to work together to conduct clinical trials. At the close of 2017, the collaboration has 14 member groups from across the USA, Europe and Australasia and five industry sponsors supporting this unique initiative. TACT hopes to identify and initiate its first clinical trial in early 2019.



Nick Pavlakis
President, ALTG

AUSTRALASIAN METASTASIS RESEARCH SOCIETY



The Australasian chapter of the Metastasis Research Society (OzMRS) held its annual symposium in Sydney (15-16 November 2017) in conjunction with the Clinical Oncology Society of Australia Annual Scientific Meeting and the 4th Thomas Ashworth CTC and Liquid Biopsy Symposium. The boutique meeting provided those at the forefront of Australasian metastasis research the perfect conduit to present current research developments, followed by open and fruitful discussion of research challenges and novel approaches. The meeting provided many collaborative opportunities and it was a great way for members to meet face to face.

The 4th Thomas Ashworth CTC & Liquid Biopsy Symposium was held at the Australian National Maritime Museum in Sydney Nov 15-16, 2017. This year the Symposium incorporated joint OzMRS/TAS sessions on metastasis, and a full OzMRS-focused session. The two-day Symposium brought together 163 clinicians, researchers, students, community members and industry delegates from across Australia and overseas, all of who made the Symposium a vibrant and friendly place to discuss the latest advances in liquid biopsy, personalized oncology and the understanding of metastasis.

Five keynote lectures by leading international and national experts, and more than 20 presentations by local and interstate researchers covered the translational pathway linking bench research to the patient's bedside; topics included pre-clinical in vitro and in vivo models, exosomes, mechanisms of metastatic disease, pathology and drug resistance. Technology improvements and clinical outcomes of liquid biopsy applications were also brought into sharp focus. Highly energetic 5 minute

presentations were given by young investigators (postgraduate students and early career researchers) on selected abstracts in the RapidFire session; a time-constrained balancing act of attention and concise delivery of their research. Generous prizes were awarded to the best presentations. Sobering real life experience from the patient and clinician view was also shared in the concluding panel discussion, with practical examples of liquid biopsy analyses for applied treatment decision making.

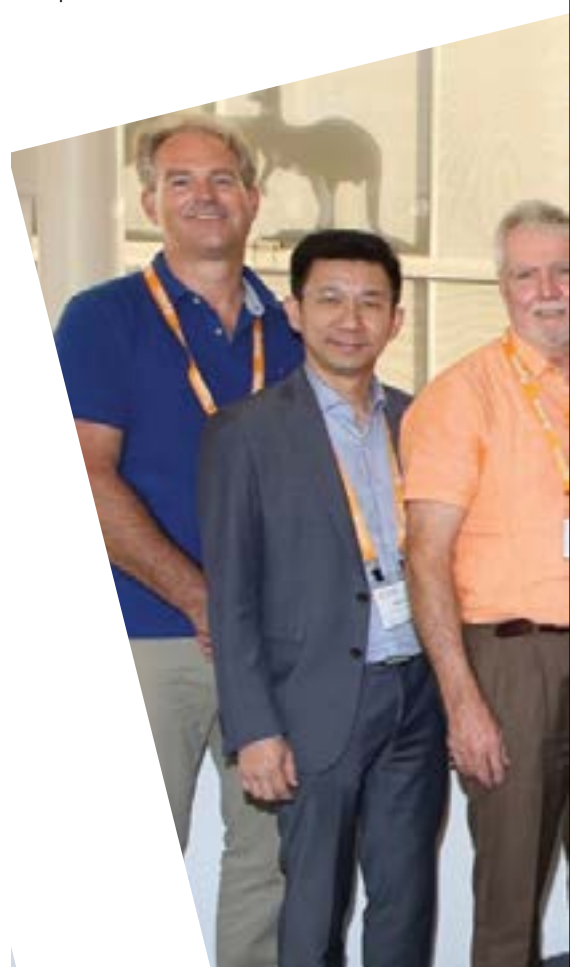
In summary, the joint OzMRS/TAS sessions were a great success and met expectations and objectives, with many delegates having formed new collaborations and personal linkages. Highly positive feedback was received and we look forward to the 2018 Thomas Ashworth Symposium later this year, so please place this event into your conference attendance calendar. A tentative date of 27-28th September has been selected. Finally, a big thank you to our government and industry partners and sponsors who enable the financial sustainability of the Symposium. More information on the 2017 program and speaker list is available on the Thomas Ashworth Symposium webpage (liquidbiopsy.org.au).

OzMRS held its annual general meeting following the conclusion of the meetings, where Associate Professor Elizabeth D. Williams was reinstated for another term of Presidency. We saw Committee members Dr Maree Bilandzic re-elected as Secretary, and Dr Carmela Ricciardelli as Treasurer, and general members John Price, Kevin Spring, Adrian Wiegman, Sarah Baird, Kelly Avery-Kiejda indicate a willingness to retain their positions for another term, with Robin Anderson and Rik Thompson remaining as ex-officio founding members of the Committee. The society further saw Maree Ranson and Belinda Parker stand down from their positions due to other commitments, and we thank them for their important contribution to OzMRS. Finally we welcomed new member Tom Cox, Garvan Inst., to the Committee.

The end of 2017 saw OzMRS conduct an active membership audit. The society saw the vast majority of

members renew their memberships, and were particularly encouraged to see a number of new recruits. OzMRS are always keen for new members so please email maree.bilandzic@hudson.org.au if you would like to join.

For 2018, OzMRS hopes to focus on building connections. The society recognises that in this current funding climate innovative approaches are required to make teams more competitive. As a result OzMRS wishes to implement regular teleconference meetings between members to discuss research advances and challenges - we hope that as a society this mechanism can be utilized by members to encourage honest feedback. Another initiative to build connections within the OzMRS community is the establishment of an "expertise directory". The society is establishing a pipeline to allow members to track down other Australasian researchers working with particular methodology and encourage the flow of resources and expertise. Finally, 2018 will see the OzMRS implement quarterly newsletters "OzMRS: metastasis research down under" showcasing the OzMRS members, their laboratories and publications - editions can be



found on our Facebook page.

2018 will also feature the 17th biennial MRS congress (<http://metastasis-research-conferences.org/conference/>) scheduled for 1-5 August, 2018, Princeton University, NJ, USA, co-convened by Dihua Yu (MRS President Elect) and Yibin Kang (MRS President). A full-day Young Investigator Satellite Meeting (YISM) will take place on August 1, 2018, and will include an animal models workshop, sponsored by Theresa's Research Foundation, focused on defining what benchmarks are necessary to meet in pre-clinical models before clinical trial design, with a metastatic breast cancer focus. The YISM also includes a Keynote lecture from Dr. Hector Peinado, a special presentation on the analysis and quantification of biological images, a roundtable style "Meet the Professors" mentoring session, and 12 presentations from young investigator speakers selected from submitted abstracts.

The main MRS Congress begins August 1, 2018 with the Keynote presentation from Dr. Isaiah J. Fidler, and a networking reception. It continues August 2-5, 2018 with podium presentations from 30 invited speakers, 20 presentations selected from abstracts, and additional presentations from MRS award recipients. There will also be multiple poster sessions, a patient advocacy panel discussion, a "Meet the Journal Editors" session, and a banquet dinner. OzMRS will endeavour to generate travel support to assist early career members to attend this meeting. OzMRS members receive a 20% discount in MRS membership fees, which in turn entitles them to the discounted MRS Congress registration rates for current MRS members.

OzMRS encourages you to like us on facebook <https://www.facebook.com/ozMRS1/> and follow us on twitter @OzMRS1 - please feel free to use these forums as a way to communicate with like-minded metastasis researchers!



Elizabeth Williams
President, OzMRS

Erik Thompson
Co-founder, OzMRS

Maree Bilandzic
Secretary, OzMRS



Organising committee and keynote speakers at the 4th Thomas Ashworth Symposium

AUSTRALASIAN SARCOMA STUDY GROUP



The ASSG, as a cooperative clinical trials group, has a broad remit to the sarcoma community in Australasia. We are very proud to be able to support a wide range of research activities that will have direct impacts for patients with sarcoma and their families.

In 1998, the Australian Sarcoma Group was established by orthopaedic

surgeons as a subspecialty multidisciplinary group under the Australian Orthopaedic Association. The ASC's aims were to ensure that sarcoma clinicians were well trained and educated to treat this complex disease. The ASSG was established in 2008 when ASG clinician researchers identified the need for a sarcoma research organisation, given an increasing body of research being conducted in Australia, as well as a growing interest in international and investigator-driven clinical trials. The Australasian Sarcoma Study Group (ASSG) evolved as an independent group focused on studying the nature and treatment of bone and soft tissue sarcoma. Since then, the sister groups ASG and ASSG, have met together at a combined annual scientific meeting. As the 10 year anniversary of the ASSG and the 20 year anniversary of the ASG

approaches in 2018, the membership are pleased to announce that the two organisations will formally merge and become a single group to address the needs of the sarcoma community. We look forward to an exciting time ahead for the achievements of the combined group.

Sarcoma Research Grants for 2018

The ASSG is pleased to announce that we will be able to support four new sarcoma research grants for funding in 2018. These grants are directly supported by philanthropic groups that raise funds to support sarcoma research. The ASSG is extremely grateful for their ongoing support. To date the ASSG has been able to award over 1 million dollars in ASSG Sarcoma Research Grants! Thank you to our supporters. Please check the ASSG website for further information on how to apply.

AUSTRALIA AND NEW ZEALAND MELANOMA TRIALS GROUP



In my first year as Chair, it has become increasingly obvious that the success of any collaborative group is reflected by the quality of its research and that its members are best served when a dynamic and sustainable platform for inter/national participation and collaboration is provided.

One of the major highlights from 2017 was the opportunity to host both a Scientific Symposium and our Annual General Meeting coinciding with the 9th World Congress of Melanoma and 14th International Congress of the Society for Melanoma Research in Brisbane (18-21 October 2017). It was delightful to meet many ANZMTG members from both ANZ and abroad in person in Brisbane. The congress also showcased many ANZMTG trial results as part of its program and we acknowledge and thank the Study Chairs for presenting their work in this forum.

Although ANZMTG has traditionally supported surgical and radiotherapy

research (reflecting the treatment paradigm at the time), given the dramatic breakthroughs in personalised medicine, ANZMTG is now actively shifting our portfolio ideas to consider research questions which were not previously possible. Reflecting this shift in 2017, ANZMTG members have developed more medical oncology protocols for clinical-relevant questions for patients with metastatic Melanoma and Skin Cancers than ever before.

I am pleased to report that 2017 was a productive year in respect to protocol development, patient accrual and new site and member engagement. Four ANZMTG-studies met their enrolment targets and are now in follow up enrolment (eg. 01.07 WBRTMeI, 02.09 MeID Trial, 03.12 MeIMarT, 01.14 ABC, alongside continuing active enrolment of 7 ANZMTG-studies (eg. 01.07 WBRTMeI Hairspare, 01.09 RTN2, 01.10 CARPETS, 01.12 EAGLE FM, 02.12 RADICAL, 02.14 CombiRT, 01.15 CHARLI) and 10 brand new protocols were authored.

In terms of hospital and member engagement, I am pleased to report that this continues to grow year on year with many institutions now conducting >1 ANZMTG protocol. In an effort to speed up accrual and ensure

equity to access research for both patients and clinicians, ANZMTG has been steadfast in the establishment of new partnerships with willing experts to undertake our research. In addition to the existing collaborations, in 2017 ANZMTG established 7 new partnerships for 6 protocols within ANZ and an additional 6 new partnerships were established for 3 studies across major oncology units in Slovenia, the UK, and in Brazil.

In December 2017, I was delighted to learn that A/Professor Victoria Atkinson at Princess Alexandra Hospital (supported by a national team of medical oncologists and the team at ANZMTG) successfully secured a NHMRC project grant supporting a brand new clinical trial called the ANZMTG 01.17 STOP-GAP trial.

The ANZMTG 01.17 STOP-GAP Trial is an exciting project and is a partnership between the ANZMTG and the Canadian Clinical Trials Group. STOP-GAP protocol is an internationally recruiting, investigator-led, multicentre, randomised phase III trial of anti-PD-1 treatment duration for patients with metastatic Melanoma. This trial hypothesizes that interrupting anti-PD-1 therapy after maximum tumour response is non-inferior in overall survival or progression-free

Australian Sarcoma Group ASM October 2017

2017 Annual Sarcoma Meeting, which the Australian Sarcoma Group and Australasian Sarcoma Study Group jointly convened, was held in Adelaide, Australia 13-14 October at the Flinders University. The theme for this year's meeting was "AYA Sarcomas: Current Scenario and the Way Forward".

Professor Sander Dijkstra - orthopaedic surgical oncologist Leiden University Medical Centre and Associate Professor Chandrajit P. Raut - Associate Professor of Surgery at Harvard Medical School, Associate Surgeon in the Division of Surgical Oncology at Brigham and Women's Hospital, and Surgery Director of the Center for Sarcoma and Bone Oncology at Dana-Farber Cancer Institute, were our brilliant invited VIP speakers.

The meeting was a success by any measure with important multidisciplinary presentations with a focus on AYA sarcomas. We were pleased by a record number of delegates and are encouraged to maintain our broad appeal. The 2018 ASM will be in Perth for the first time.



Dr. Raut speaks to a packed house at the Australian Sarcoma Annual Scientific Meeting in Adelaide Oct 2017. www.australiansarcomagroup.org



Jayesh Desai
Chairman, ASSG

Denise Caruso
Executive Officer

survival compared to continuous treatment for up to 24 months in patients with metastatic Melanoma. We anticipate that interrupted dosing will result in less treatment toxicity, improved quality of life and decreased costs of treatment. ANZMTG are planning to engage at least 20 ANZ centres who will contribute the bulk of patients. If the results of the STOP-GAP trial supports interrupted dosing, we believe this will have wide implications given emerging use of PD-1 based therapy for other cancers.

Presently the ANZMTG team are working closely with A/Prof Atkinson and her fellow investigators on the STOP-GAP trial and I look forward to sharing more updates of this practice-changing trial with COSA members in due course.

Importantly given the growth of ANZMTG and as clinical research in Melanoma and Skin Cancer increases, the environment in which we operate is becoming more complex and competitive. To meet this challenge the Executive and I have felt that ANZMTG needs to be able to act quickly to generate ideas and develop them into sound trial concepts whilst maintaining rigorous academic standards. Towards these aims, and in line with other collaborative research

groups, I am pleased to announce that ANZMTG has also recently launched the formation of an ANZ-member-based Scientific Advisory Committee supported by Discipline-Specific Advisories, including advisory groups for rare cancers (the Australian Ocular Melanoma Alliance (AOMA); and the Australasian Merkel Cell Cancer Interest Group (AMIGOs)). This will support the development of new research ideas and allow us to further grow our inter/national networks.

Whilst we have only recently launched this initiative, I take this opportunity to acknowledge the effort and commitment of the 60+ members participating in these advisories (representing institutions across all states, territories in Australia and throughout New Zealand) who are generously giving their time and energy to strengthen the national commitment to Melanoma and Skin Cancer research. In case any COSA member is interested to learn more or participate, please contact the ANZMTG team.

I am most grateful to the ANZMTG members for their continued support and for the support afforded by our strong partnership with Cancer Australia, to improve health outcomes for patients.

Most importantly as we reflect on the year, I would like to thank the patients and families who have participated in ANZMTG trials and are the cornerstones of our activities. These people choose to participate in and contribute to research activities from which they themselves may not derive benefit, but will help future generations affected by Melanoma and Skin Cancer. They are heroes in our community.

I look forward to sharing more ANZMTG news with COSA members at the next opportunity.



Mark Shackleton
Chair, ANZMTG



AUSTRALIAN & NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP



As the peak professional body representing paediatric oncologists and other healthcare professionals who care for children and adolescents in Australia and New Zealand, the Australian and New Zealand Children's Haematology and Oncology Group's (ANZCHOG) focus is on quality research, facilitation of innovative clinical trials and promotion of best practice in clinical care. ANZCHOG also represents the paediatric oncology interests of COSA.

Research and Clinical Trials

During 2017 we saw several new collaborations with international trial consortium come to fruition with preparation work commencing for new trials across the major tumour streams to open in 2018. Two studies in particular included complex trial diagnostics and therapies, and we would like to acknowledge the support of Australasian paediatric neurosurgeons and pathologists that will enable these studies to proceed.

ANZCHOG also celebrated grant funding success through both competitive and philanthropic application processes, which will enable us to expand our portfolio of ANZCHOG-sponsored international trials, facilitating access to new therapeutic agents for Australasian children and adolescents diagnosed with a range of tumour types. In particular, our collaboration with the Australasian Sarcoma Study Group (ASSG) to secure NHMRC funding for a Phase II HDACi study in targeted tumours for children and AYA patients, was a great achievement with the study on track to open early in 2018. Dr Rishi Kotecha, a member of ANZCHOG's Leukaemia and Lymphoma sub-group successfully secured funding through the Australian Government's Medical Research Future Fund's Rare Cancers, Rare Diseases and Unmet Needs Clinical Trials Program to open an international trial at several Australian sites, facilitating an important treatment option for infants diagnosed with acute lymphoblastic leukaemia.

Another highlight of 2017 was the Access to Innovative Molecular profiling for paediatric BRAIN cancer (AIM BRAIN) project. In August, members of ANZCHOG joined the Minister for Health, Greg Hunt, to officially launch the AIM BRAIN project, which will enable Australian researchers at the

Hudson Institute of Medical Research and Monash Health to implement a platform for clinical diagnostics testing for paediatric brain cancer, using state-of-the-art molecular genetic and epigenetic techniques. This will ensure Australian children have access to an accurate diagnosis of their brain cancer sub-type, which is critical in determining the clinical course of their disease and the most appropriate treatment. We are very grateful for the support from the Robert Conner Dawes Foundation and Cancer Australia who are co-funding this vital research project.

We continue to develop high quality concepts through our tumour specific sub-groups and support our multi-disciplinary membership to seek and secure funding to undertake their research across a broad range of areas.

Through the increased support of The Kids Cancer Project, ANZCHOG are able to access funding assistance to open international trials, ensure quality assurance processes are well embedded in our trial and research conduct and continue to work towards standardised collection of paediatric cancer data. On-going support from the Federal Government through Cancer Australia's Support for Cancer Clinical Trials program enables ANZCHOG to provide trial development support and expertise to our members.



Mentoring and education

ANZCHOG continues to facilitate a range of education and mentoring opportunities for our members focusing in research and clinical trial skills and expertise. Targeted national workshops were held for Clinical Research Associates/Data Managers, and ANZCHOG's consumer group, National Patient and Carer Advisory Group (NPCAG), both of which provided excellent educational program while also enabling important group discussion and networking opportunities.

ANZCHOG's Annual Scientific Meetings

Our 2017 ASM was held in Adelaide, where a highly educational and diverse program included outstanding national and international speakers and specialised workshops. Sessions focussed on new challenges facing clinicians given the enormous strides in our understanding of the biology of paediatric cancers, as well as new opportunities for patient care provided through advances in technology and e-health, and a greater degree of consumer involvement. A range of sub-group meetings was also held including the first meeting of our National Biobank sub-group.

Our 2018 ASM will be held in Sydney from 14 – 16 June. The program is currently being finalised with further

details available on our ASM website ANZCHOG 2018 ASM.

Other projects/activity

ANZCHOG continued to work with RedKite to develop a national framework to guide psycho-social care for children with cancer and their families.

The Senate Inquiry into Funding for Research into Cancers with Low Survival Rates provided ANZCHOG with an opportunity to highlight the unique challenges for funding of research in paediatric oncology, and in clinical trials in particular. We welcomed the announcement of a dedicated funding stream through Cancer Australia's Priority-driven Collaborative Cancer Research Scheme for children's cancers of low survival.

ANZCHOG also celebrated the announcement of the Federal Government's Brain Cancer Mission in October with implementation of the strategy incorporating support for ANZCHOG's trial capacity to further facilitate our international brain cancer research. We look forward to additional details in 2018 as information on the investment strategy is released.

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



Chris Fraser
Chair, ANZCHOG

AUSTRALIAN AND NEW ZEALAND HEAD & NECK CANCER SOCIETY



The ANZHNCS continues solidly in its role as a truly multidisciplinary body aiming to 'minimise the impact of head and neck cancer through leading the multidisciplinary approach to education, research, care and advocacy.' Some 27 new members joined the Society over the last 12 months and there are exciting opportunities to strengthen our numbers in the coming years.

The Society's main educational event for the year, the 19th Annual Scientific Meeting took place in Brisbane from October 12 to 14 with the theme: 'Head and Neck Oncology: translating research into practice'. The invited international faculty included Dr Luc Morris, a surgeon and translational researcher from the Memorial Sloan-Kettering Cancer Center, Professor Quynh-Thu Le, Chair of Radiation Oncology at UCSF; and Dr Jacqueline Languis, a dietitian researcher at the VU University Medical Centre

in Amsterdam. Further keynote addresses were provided by Dr Anil Chaturvedi, also from the USA, and Dr David Rosenthal, a Radiation Oncologist at MD Anderson Cancer. Our Society's leading keynote address, the Chris O'Brien Oration, was delivered by our own Professor Liz Ward, from the School of Health and Rehabilitation Sciences at The University of Queensland, with two decades' research experience in improving swallowing and speech outcomes for Head and Neck Cancer patients. Between them, they brought an enormous experience in bringing research into the clinic in the field of Head and Neck Cancer. Some 280 delegates were present to benefit from this experience, and the meeting was a great success at all levels.

Also at ASM were the recipients of International Grants offered by the Society. The 'Developing Nations Visitor Scheme' grant was awarded to Dr Abhishek Mahajan from India, who attended the meeting and also completed a clinical visit to the Royal Brisbane. The 'Travelling Lectureship Grant' was awarded to Dr Sepiuta Lopati from Tonga, who, after the ASM, spent time at the Royal Brisbane Hospital.

The best overall paper was presented to Dr Courtenay Henrys for her paper 'Modifying the clinical use of a novel PKC activating drug'. Best poster, 'Management of the NO Neck in metastatic cutaneous SCC to the parotid gland', was awarded to Dr Anthony Rotman and the best Allied Health paper was presented to Dr Teresa Brown for her paper 'Adherence and barriers to tube feeding during treatment for head and neck cancer'. The judging was very competitive, as the standard of oral and poster presentations throughout the meeting was high.

Our Society had the opportunity to engage with the community through activities related to World Head and Neck Cancer Day, an initiative of the International Federation of Head and Neck Oncologic Societies celebrated on and around July 27. Now in its 4th year, the event was marked in a number of activities in the form of awareness campaigns, education and screening opportunities were held throughout the country. The first ANZHNCS fundraising event in support of WHNCD took place in Brisbane in July - 'The Winter Ball'. Hosted by the Society Chairman, Prof Martin Batstone and others, the evening allowed patients, carers, nurses, allied health, specialists and their family and friends to come



together for a good cause. The event raised awareness of the day, and raised funds to support ongoing research, this year's event providing \$6000 to our Research Foundation. The Society will encourage and support these events in future years.

The year was very successful for the ANZHNCs Research Foundation. Fundraising efforts in the 2016/2017 year resulted in donations of \$22 000. In the latter half of this year, in addition to the \$6000 from the Winter Ball, a further \$29 500 was raised at the ASM Meeting Dinner. This included generous donations of \$27 600 from members of the Plastic and Reconstructive Surgery, Head and Neck Team at the Royal Brisbane Hospital. This particular donation will help establish a Reconstructive Head and Neck Surgery Research Fund within the Foundation. Two additional Special Funds have been established by the Foundation through the efforts of Society members, firstly an Adenoid Cystic Carcinoma Fund supported by a family from Adelaide, and more recently a Skull Base Cancer Fund, supported by industry.

The need for the foundation was highlighted by the receipt of 12 excellent applications for grants. At the ASM, the Foundation Board awarded three grants. The major

award of \$25000 went to Associate Professor Eng Hooi Ooi, and his team from Flinders University for their project Development and Validation of new breath analysis tools for the non-invasive detection of head and neck cancers. Two further awards of \$5000, went firstly to Ms Merran Findlay from Royal Prince Alfred Hospital in Sydney for the project, Enhanced Recovery After Surgery: Feasibility of Pre-operative Carbohydrate Loading in Patients Undergoing Major Head and Neck Cancer Surgery with Free Flap Reconstruction, and also Mr Giri Krishnan from the University of Adelaide and Royal Adelaide Hospital for their project, Magnetic Nanotechnology For Sentinel Lymph Node Mapping In Oral Cancer. This brings the total to 9 grants for research into Head and Neck Cancer made in the last three years, totaling \$70 000, a magnificent outcome for the Society, and the Foundation Board, again led energetically from the chair throughout the year by Professor David Wiesenfeld.

October saw the end of the term in the Chair for Martin Batstone, who during his time oversaw governance changes, worked hard to keep the Society to task with its current Strategic Plan, but also represented the Society as the Chris O'Brien Travelling Fellow. His efforts on behalf of the membership

are greatly appreciated. He will now move on as Past Chairman to represent the Society on the Board of COSA. Coming into the Chair is Julia McLean, becoming the first Allied Health Professional to lead the Society. She will be supported by new Vice-Chairman, Professor Brian Stein. In the coming year, our 20th Annual Scientific Meeting will be a joint meeting with the International Society for Maxillofacial Rehabilitation (ISMR), in Melbourne in July, and will coincide with World Head and Neck Cancer Day.



Kerwin Shannon
Past President, ANZHNCs



AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP



As we head towards our 10th anniversary, ANZUP continues to work towards making a positive difference for people affected by genitourinary cancers (prostate, kidney, bladder and testis). Bringing together all of the different professional disciplines and groups involved in researching and treating urogenital cancers means ANZUP can focus on the core business of conducting clinical trial research to improve treatment of GU cancers.

We continued to recruit strongly to our active trials in 2017 and were pleased to open two new trials in the last quarter: UNISoN (ANZUP 1602) for non-clear-cell renal cell carcinoma and KEYPAD (ANZUP 1601) for post-first-line treatment of clear cell carcinoma. A third trial, TheraP (lutetium-177 PSMA versus cabazitaxel in metastatic castration-resistant prostate cancer, ANZUP 1603), opened in early January 2018.

The UNISoN trial studies an interesting immunotherapy strategy in non-clear cell renal cell carcinomas, an area where there is considerable clinical need as no treatments are approved in Australia for these diseases. KEYPAD studies a novel immunotherapy combination in post-first-line clear cell renal cell carcinoma. By year end, 8 sites had been activated for UNISoN with recruitment tracking ahead of projections, while KEYPAD was open at 5 sites.

The lutetium-177 PSMA 'TheraP' (ANZUP 1603) advanced prostate cancer trial is highly significant as it is a translation of previous work done in Australia; it will be one of the first randomised trials of this therapy; and it addresses an area of unmet clinical need with the potential for significant patient benefit. It also brings together several groups that without ANZUP probably would not have been able to work together; and it represents the first project supported through the agreement between ANZUP and Prostate Cancer Foundation of Australia. Other support for the trial is provided by ANSTO and Endocyte. Having received ethics approval earlier in 2017, site validation commenced in the last quarter with the first site open in early 2018.

One of ANZUP's strategic goals is to be able to undertake trials without waiting for the uncertainties and limitations of competitive grant funding and TheraP is a great example of how this might work in the future.

ANZUP's other active trials collectively involve thousands of patients, both from Australia and internationally and include working closely with those doing basic or translational research, supportive care research, health economics, and many other areas.

By the end of January 2018 we had recruited over 700 patients to ENZARAD, over 140 to BCG Mitomycin, over 40 to phase 3 accelerated BEP, over 150 to Pain Free TRUS B, 4 to PCR-MIB, and 25 to e-TC. Our co-badged studies (NMIBC patient-reported symptom index and RCC FASTTRACK II) also continue to recruit strongly. Other trials (ENZAMET, BL12) have completed accrual are now in follow up and new trials at various stages of development include TIGER (poor risk germ cell) and RAMPART (adjuvant RCC immunotherapy). Expansion of other studies is also planned pending grant funding (BCG/mitomycin; germ cell translational research).

Provision of support and clearly defined processes for concept development remain cornerstones for the future of our clinical trials portfolio. During the year we held four tumour-specific concept development workshops, enabling us to review and support numerous new concepts. In the trials space, it is an exciting and busy time, particularly as ANZUP moves towards taking responsibility for sponsor functions.

In 2017 the ANZUP membership grew to almost 1,300 members from multidisciplinary backgrounds, including medical, research, science, allied health, nursing and consumer. This growth was reflected in record attendance at ANZUP's 2017 ASM in Melbourne which delved into 'The Art of Science & Best Practice'. The program featured sessions to suit everyone working in GU cancers including a highly successful new Translational Research Symposium, the popular MDT Masterclass, an expanded PCFA ANZUP Nurses Symposium and the Community Engagement Forum. We were fortunate to have more than 50 speakers, panellists, session chairs and e-poster presenters as well as a highly engaged international faculty, providing a global perspective on the key issues facing GU cancer experts.

ANZUP has been present at major international meetings over the past 12 months both promoting and presenting our work. We also continue to devote considerable time and resources to mentoring and fostering the ongoing development of our members. In 2017, this included the



ANZUP GU Preceptorship in Prostate Cancer in Melbourne and the Best of GU Evening Symposium in Sydney.

The Preceptorship initiative was developed by Eva Segelov, initially in GI and lung cancers but is now successfully expanding into genitourinary cancers. This novel and highly effective model of learning exposes delegates to key papers and provides a platform for in-depth discussion with the input of expert preceptors.

The Best of GU is a fabulous way to catch up on the key advances in GU cancer happening both in ANZUP and elsewhere. In 2017, we were honoured to be joined by international mRCC expert Daniel Heng and a number of acclaimed Australian multi-disciplinary professionals.

Throughout the year, the ANZUP team were involved in many other activities outside of clinical trials, not least the 4th annual Below the Belt Pedalthon. The event was held at Sydney's Eastern Creek in September with 48 teams comprising almost 250 cyclists battling it out to ride the most laps. The Pedalthon raised over \$255,000 for the Below the Belt Research Fund, which will be reinvested in supporting

new trial ideas aimed at future ANZUP clinical trials. Call for applications will open in February. We are also very excited to be staging our first Melbourne Pedalthon in March 2018.

This year, more than 2,500 ANZUP consumer magazines were distributed across Australia and New Zealand to waiting rooms and clinics for patients to learn more about urogenital cancer treatment, research and supportive care. We are also very fortunate to have an extremely active and engaged Consumer Advisory Panel (CAP) who contribute to our clinical trial program as well as raise awareness in the wider community.

As we look towards 2018, a major focus will be our Annual Scientific Meeting celebrating ANZUP's 10th anniversary at the Hyatt Regency in Sydney from 8-10 July. The theme 'Putting People First' will bring us back to the management of GU cancers from a holistic, people-centric perspective. The convening committee has secured an outstanding international faculty, featuring both key opinion leaders and up and coming clinicians.

Popular ANZUP sessions will of course return in 2018; however delegates can also expect the unexpected as we

mark the milestone that is a decade of ANZUP. As our 2018 Convenor Henry Woo says: "If you want to be where it's all happening, #ANZUP18 is where you need to be".



Ian Davis
Chair, ANZUP

AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP



In 2017 members of the Australia New Zealand Gynaecological Oncology Group (ANZGOG) have dedicated their time to no fewer than 17 clinical trials and research projects - with the goal of improving outcomes and quality of life for women with gynaecological cancer through research. Our research has impacted clinical practice both locally and globally.

Research impacts

Our PARAGON study pioneered a unique and novel clinical trial design - the "basket trial" - to facilitate the recruitment of patients with rare tumours, within a single trial. The trial design was very successful and allowed us to recruit 350 patients, which represents the world's largest rare tumour cohort. Results from some of the rare tumour cohorts will be published soon.

The MOST trial is the first large comprehensive prospective study to include a follow up relating to Patient-Reported Outcomes. The findings demonstrate the high symptom burden that patients experience towards the end of chemotherapy and after completing chemotherapy; and have established a proven way to detect the symptoms associated with recurrence, earlier.

Our Symptom-Benefit study has led to a number of publications and a greater recognition of the importance of including patient reported outcomes in clinical trials in recurrent ovarian cancer. The results of this study have influenced clinical practice and help physicians and patients make more informed decisions regarding treatment options based on the likelihood of benefit and potential impact on symptom control.

Many of these trials could not have been completed in a timely fashion without ongoing collaboration with other clinical trials groups around the world. It is a strength of ANZGOG that we are highly regarded globally. We will continue to strengthen our partnerships to ensure women in Australia and New Zealand have access to the very latest and best in clinical research, and rapid adoption of improved clinical practices and treatments.

Enabling research through funding

Our Fund for New Research achieved a milestone this year when two of the inaugural recipient studies commencing recruitment, allowing an early career researcher to be involved in a clinical trial and providing funds for a pilot study which we expect will develop into a phase 3 trial in the future.

Our OASIS initiative has attracted tremendous philanthropic support, such that the funds available for signal-seeking studies in ovarian cancer is now \$2.8 million. Initially established with the aim of funding two to three studies that could yield fast-tracked results, the OASIS initiative has funded five projects.

Developing the next generation

Our first Preceptorship - focussing on ovarian cancer - provided junior doctors in medical oncology and gynaecological oncology as well as translational researchers, the opportunity to gain a greater understanding of best current clinical practice. Thirty seven doctors from all over Australia and New Zealand attended. Current clinical practice was debated, gaps in knowledge were identified and potential research ideas were floated. The 2 day event was highly rated by all who attended

and my thanks to Phil Beale who co-ordinated the project and the many people who made it such a success.

Consumer engagement

My thanks to the members of our Consumer and Community Committee (CCC), led by Helene O'Neil who is an inspiring and enthusiastic ambassador for ANZGOG. Our consumer representatives are critical to ANZGOG's research review process. Our CCC members are co-investigators on ANZGOG studies. Their review of all our trials and input into tumour working groups is of tremendous value and importance.

One testament to our strong ties with consumers was the inaugural Survivors Teaching Students program, a consumer-led program in ovarian cancer awareness. It is funded by the Australian Government through a Cancer Australia "Supporting people with cancer" Grant initiative.

Financial sustainability

2017 saw the amalgamation of ANZGOG with the Women's Cancer Foundation in Melbourne, increasing our fundraising capacity and increasing the funds available for our research. Our fundraising team has raised more than \$300,000 in community support through the fundraising campaigns: We Can Walk It Out, Team Teal, Night at the Trots, GO Step for Gynae, and Save the Box. I encourage all our members to get involved in these worthy campaigns either as ambassadors or participants as a team or individual.

Changes within ANZGOG

Inaugural Directors of ANZGOG Danny Rischin and David Bernshaw stepped down from the Board in October. Both have made a significant contribution over a long period of time and I am very grateful for their commitment to the organisation.

Linda Mileschkin reached the end of her 6 year term as RAC chair. The work of the RAC Chair is considerable and I appreciate the expertise and the time she committed to the role. Alison Davis was appointed as the new RAC chair, with Michelle Vaughn as Deputy. Pearly Khaw was appointed as new Quality Assurance Committee chair. Alison Davis and Pearly Khaw were elected Board Directors.

I would also like to thank Karen Livingstone who has stepped down from the Board after 10 years contribution to the ANZGOG Board as our inaugural consumer Director. Karen established ANZGOG's Consumer and Community Committee and this year was a Victorian finalist for the Australian of the Year Award. Karen has been appointed to a new staff role in Development - Philanthropy and Major Gifts. Karen is well placed to lead this area of fundraising as she was instrumental in gaining philanthropic funds for the OASIS Initiative.

Finally, I reach the end of my six year term as Chair in March 2018. I am pleased to announce that the Board of Directors have elected Associate Professor Philip Beale as Chair Elect for ANZGOG.

It has been a pleasure to lead such a fantastic group of medical and research professionals, and consumers. It was steep learning curve for me in the beginning, but I was fortunate to have a great team around me to guide me. I am grateful for all the support I have had over the past 6 years, so that together we were able to bring ANZGOG where we are today. Today we are in a solid financial position, with a wide variety of trials and projects open, in development or in planning stages, and a culture of professional mentoring and leadership.



Alison Brand
Chair, ANZGOG



BREAST CANCER TRIALS



Breast Cancer Trials (BCT) is a group of world-leading breast cancer researchers who conduct clinical trials research for the treatment, prevention and cure of breast cancer.

We are the largest, independent, oncology clinical trials research group in Australia and New Zealand and our research program involves multicentre national and international clinical trials, bringing together almost 800 researchers in 90 institutions.

For 40 years, our research program has explored and tested new and better ways of treating and preventing breast cancer. Our work has improved the treatment of breast cancer, led to changes in the way breast cancer is managed and has saved millions of lives through international collaboration.

2017 was an ambitious and busy year for BCT and highlights included:

Rebranding of the ANZBCTG

In September 2017, we brought our research activities under the Australia and New Zealand Breast Cancer Trials Group and our fundraising activities under the Breast Cancer Institute of Australia, together under one name – Breast Cancer Trials.

Our new name represents who we are today: a unique collaboration between researchers, women who participate in our clinical trials, and our donors and supporters. Together we are grounded and defined by one simple belief: We can and we will find new and better treatments and prevention strategies for every person affected by breast cancer, that saves lives today, tomorrow and forever.

Retirement of Professor John Forbes AM

One of the founders of BCT, Professor John Forbes AM, retired from his position of Director of Research at the start of 2017. In his extraordinary research career which spans more than 40 years, Professor Forbes has made national and international contributions to the development and conduct of breast cancer clinical trials, which have improved survival rates and treatments available to women at risk or diagnosed with breast cancer. He was the National Group Coordinator of BCT from 1984-2008, was a BCT Board Director from 1991-2008 and 2013-2016, and was the BCT's Director of Research from 2008-2017.



Professor John Forbes AM

Board Appointments

Professor Bruce Mann became Chair of our Board of Directors in July 2017, after Professor Stephen Ackland completed his term. We sincerely thank Stephen for his years of dedication on the Board and to the group's research program. The Board also welcomed three new Directors this year – Professor Sunil Lakhani, Professor Rik Thompson and Ms Marg O'Donnell AO. Dr George Morstyn stepped down from the Board in May 2017 and we thank him for his contributions.

New Clinical Trials

The EXPERT clinical trial is the first large-scale randomised trial that will investigate the use of a multigene expression panel (PAM 50-based Prosigna Assay) to enable safe and individualised de-escalation of adjuvant breast radiation in early breast cancer. In a first for BCT, we are the international co-lead group in collaboration with BIG and we aim to recruit 1,170 participants globally. The BCT Study Chair of EXPERT is Professor Boon Chua.

The PATINA clinical trial aims to find out if people with metastatic breast cancer could benefit from the addition of a new drug, Palbociclib, when given in combination with anti-HER2 therapy (trastuzumab and pertuzumab) and endocrine therapy. Previous research indicates that palbociclib in combination with anti-HER2 therapy, may prevent the spread

of cancer cells. PATINA will investigate if the addition of palbociclib will delay the onset of therapeutic resistance and prolong survival, as well as find out more about the side effects, safety and effectiveness of the drug combination. The BCT Study Chair of PATINA is Associate Professor Elgene Lim.

\$5.9 Million in NHMRC Grants

The National Health and Medical Research Council awarded \$5.9 million to two innovative breast cancer clinical trials which will be conducted in Australia by BCT. BRCA-P is the first international clinical trial of breast cancer prevention in BRCA1 mutation carriers and the CAPTURE study is the first trial to assess the role of circulating tumour DNA testing to improve outcomes for women with metastatic breast cancer.

39th Annual Scientific Meeting

The BCT's 39th Annual Scientific Meeting (ASM) was held at The Langham in Melbourne in July 2017 and attracted approximately 250 delegates. The ASM is a fantastic opportunity for our members and breast cancer researchers to discuss current and new clinical trials and developments in breast cancer research in Australia and internationally, and to network with colleagues from Australia and New Zealand. Our international guest speakers were Professor Fatima Cardoso, Associate Professor Richard Finn and Professor Shelley Hwang.

Breast Cancer Trials Awards

Associate Professor Jacquie Chirgwin was presented with The Alan Coates Award for Excellence in Clinical Trials Research. Jacquie is from the Maroondah Hospital in Victoria and has contributed to our breast cancer clinical trials research program for many years. She was also our first female Board Chair.

Associate Professor Richard Finn was presented with The Robert Sutherland Award for Excellence in Translational Research. Richard was one of our international guest speakers at the ASM, and is an Associate Professor of Medicine in the Division of Hematology/ Oncology at the UCLA David Geffen School of Medicine and co-director of the Signal Transduction Program in the Jonsson

Comprehensive Cancer Center at UCLA.

Janemary Hughes from the Royal Melbourne Hospital, received the Study Coordinator Prize, for her outstanding work and commitment to our research program.

Katie Frankiewicz, Helen Barry, Mun Hui, Anuradha Vasista, Alison Zhang, Sayeda Naher, Anna Hobinchet, Julia Hoffman and Maria Hadfield, all received Avon Travel Grants to attend the ASM.

ClinTrial Refer App

BCT launched our ClinTrial Refer App with the rebranding in September 2017. The app is free and users are able to search for trials based on breast cancer type, location, trial status and trial name. The app is available to download on the Apple App Store or on Google Play for Android.

2018 is our 40th Anniversary

Meanwhile 2018 will be BCT's 40th anniversary and we look forward to celebrating this fantastic milestone throughout the year.

For more information about Breast Cancer Trials, visit www.breastcancertrials.org.au.



Bruce Mann
Chair, BCT



CANCER NURSES SOCIETY OF AUSTRALIA



Following on from a period of growth, consolidation and review, the CNSA has had a year of maturation and renewal. On the 6 September 2017, CNSA was converted from an Incorporated Association to a Company Limited by Guarantee (CLG). This outcome was the culmination of dedicated activity involving a constitutional review and company restructure process to ensure the CNSA is functioning in line with contemporary governance principles. The National Executive Committee members transitioned to Elected Directors within a Board structure in accordance with the new Constitution. The previous President and President Elect became the President and Vice President within the new company structure. Much of this activity has been completed under the stewardship of Professor Raymond Chan who concluded his Presidency after three years in the role in November. This work is being continued by Jane Campbell, President and Board Chair. The contribution of the members of the Board of Directors, Constitution Review Committee, and staff in making this major initiative a success is acknowledged.

With the maturity of our organisation comes opportunity, we have seen real growth in our capacity and ability to contribute at a national and international level through representation on a number of committees. One example of this is CNSA's recent collaborative partnership with the Royal Australian and New Zealand College of Clinical Radiology (RANZCR); taking up a position on the Tripartite Committee. This appointment is seen as an important step in the planning of the care of patients affected by cancer requiring radiotherapy through the contribution that cancer nurses make to patient care. Tripartite representation also provides an opportunity for CNSA to work to better address the educational and professional needs of Radiation Oncology nurses in Australia. Furthermore, partnerships with New Zealand, Canadian and American cancer nursing professional organisations are yielding fruitful outcomes benefiting members.

CNSA membership is currently sitting at over 1100 members. This sustained membership is testament to the value that members receive from the Society. Members have access to high quality professional development opportunities offered through the Regional Groups (RGs) and Specialist Practice Networks (SPNs) along with access to Professional Development and Travel Grants, the Australian Journal of Cancer Nursing, discounted Congress registration and a suite of member professional development resources.

Collaborative partnerships

CNSA and COSA held a pre-ASM workshop on Sunday 12 November – a Nutrition and Cancer Masterclass for Nurses. The session on the impact of social media nutrition messages on cancer care “What clinicians need to know in the post Belle Gibson world” was well received as a topic not covered in tradition cancer conferences. CNSA has collaborated with Amgen Australia in the launch of an exciting new educational resource – ONE Online Nurse Education. The series of online education modules—developed with input from the CNSA and with the assistance of an independent

steering committee—explores the use of innovative therapies in many different forms of cancer and how you can prepare cancer patients in the future. The first course of the series is “Innovative Therapies in Cancer Care: Moving Beyond the Traditional Chemotherapy Era” provides an introduction to innovative therapies. CNSA members also receive access to the Sosido suite of resources which has been extended in 2017 to include Elsevier PracticeUpdate content. CNSA and CANO have recently embarked on a project to share our educational resources. As part of the CNSA partnership with the Canadian Association of Nurses in Oncology (CANO/ACIO), a number of high quality webinars developed by CANO are now available via the CNSA Professional Development Bank.

Activities undertaken in the Society to build capacity in cancer nurse researchers in recent years was reflected in the high calibre of research grant applications worthy of funding. Extra-ordinary funding was allocated for two additional research projects. These projects will produce resources for nurses caring for patients with cancer to enhance care. In addition to allocation of funding to these research projects, the Board has approved funding to the CVAD & IT Specialist Practice Network (VAD&IT SPN) to lead a project that will see the update of the CNSA Central Venous Access Device Guidelines, originally published in 2007. On completion, the guidelines will be hosted on Cancer Council Australia's Wiki platform to ensure content is up to date and relevant as practice and evidence evolves. Special project grant funding will also contribute to the redevelopment of the CNSA Position Statement on the minimum safety and education standards for nurse administration of antineoplastic drugs, due for release in 2018.

CNSA 20th Annual Congress

The Annual Congress was held in Adelaide June 15-17, 2017 was a success. The theme was “Evolving Cancer Care: Enhancing Quality – Embracing Innovation” where delegates were challenged to reflect on the use of technology now and into the future and how it may influence our interactions with people

affected by cancer. Professor Sanchia Aranda, CEO Cancer Council Australia, was recognised for her significant contribution to the Society and to the cancer nursing profession at a national and international level, with a Life Member Award. Over the last 12-month reporting period, in support of the professional development of our members, CNSA offered eight professional development grants and many local education events across the states.

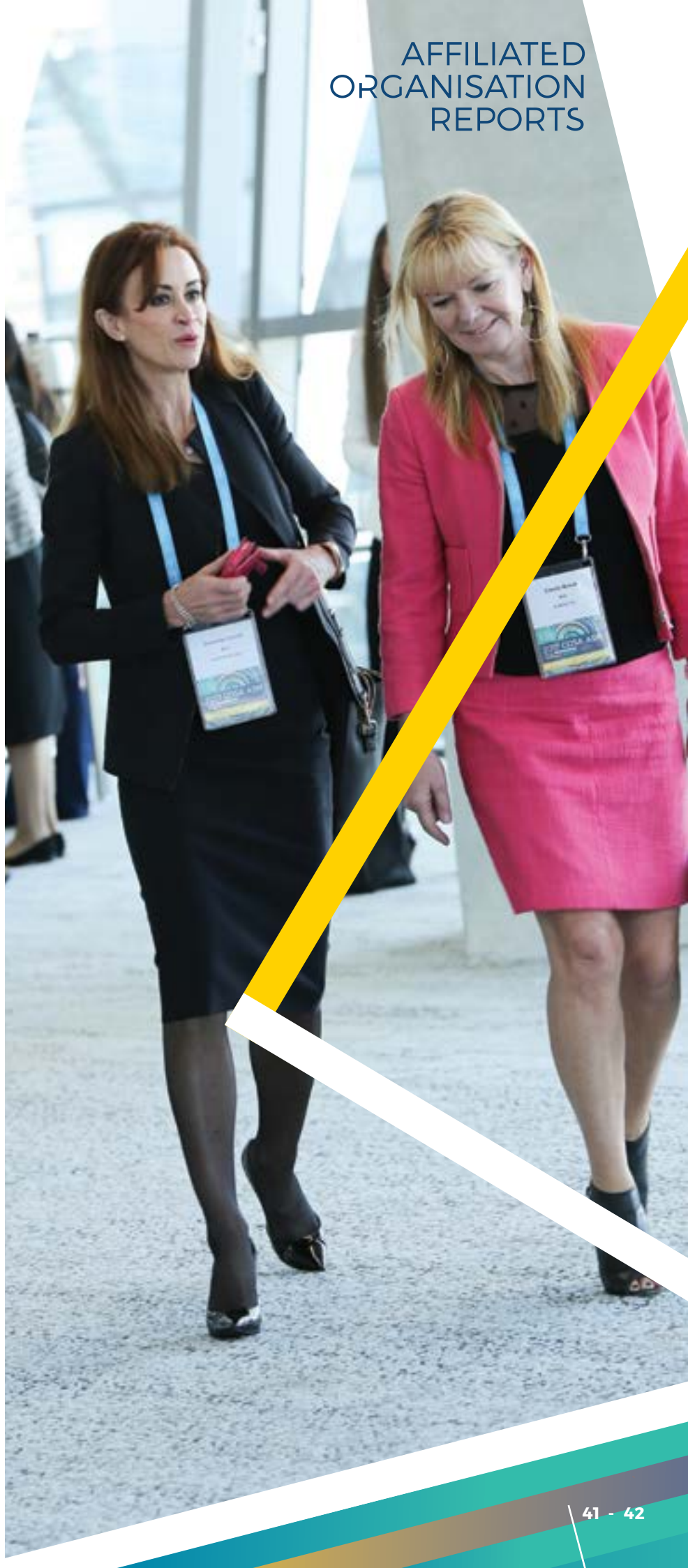
The 21st Annual Congress will be held in Brisbane 21 - 23 June, 2018 with its theme "Science, Symptoms and Service Deliver".

In February we welcome our new CNSA CEO Sonja Cronje. Sonja brings to the role extensive senior management experience in not-for-profit organisations gained across the health, international development and higher education sectors. We are looking forward very much to her joining the society. Many thanks to Samantha Gibson (current CEO) as she leaves us and returns to clinical practice. Sonja will be based in Sydney.

We trust 2018 will bring greater interdisciplinary collaboration and see the strengthening of our national and international partnerships as we work collaboratively in addressing the inequities in Cancer Control.



Jane Campbell
President, CNSA



FACULTY OF RADIATION ONCOLOGY



The Faculty of Radiation Oncology has been very productive this year, with some of our achievements including increased government engagement, raising awareness of radiation therapy through the Targeting Cancer campaign, a review of the Radiation Oncology Practice Standards, playing a leading role in the introduction of particle therapy to Australia.

The Minister for Health's office hosted a roundtable discussion with RANZCR and several other stakeholders in the radiation oncology sector on Tuesday 31 October at Parliament House. It was a productive discussion around sector-wide priorities, which we hope will become a regular event in future, leading to improved understanding of the critical role of radiation therapy in cancer care.



Dr Dion Forstner with the Minister for Health the Hon. Greg Hunt MP

Funding for Radiation Oncology

Advocacy for affordable patient access to modern radiation therapy has been a priority work area for the Faculty.

The Oncology Clinical Committee (OCC) of the Medicare Benefits Schedule (MBS) Review Taskforce completed its work at the beginning of 2017. We are yet to see the final report from the OCC and the proposed changes to the radiation oncology schedule, but we expect significant changes to the Schedule which will better reflect current practice. The MBS public consultation will be an opportunity to emphasise the need for a pilot / modelling of the proposed changes, to ensure there are no unintended adverse consequences for either the sector, patients or the government.

The Faculty and consumer groups also advocated strongly against recent changes to the Radiation Oncology Health Program Grants (ROHPGs) scheme, which affect capital funding for radiation oncology and could threaten patient access to radiation therapy services, further reducing its current underutilisation. We have had some success in the short term, and

will continue to assess the impact of the ROHPG changes on our sector and our patients in the long term.

Raising Awareness of Radiation Therapy

Through the Faculty's Radiation Oncology Targeting Cancer campaign, we actively engaged consumers and key stakeholders in raising awareness of radiation therapy as an effective, safe and sophisticated treatment for cancer.

The current focus of the campaign is prostate cancer management, encouraging men to fully investigate their treatment options by consulting both a radiation oncologist and urologist before making a decision or commencing treatment. This message has the support of consumer organisations and other key stakeholders, including Cancer Australia, the Cancer Institute NSW and Prostate Cancer Foundation of Australia (PCFA).

Particle Therapy in Australia

The Faculty published its Position Paper on Particle Therapy in 2015, and established a Particle Therapy Interest Group in 2016, so we were well

prepared when the Federal and South Australian governments announced in May 2017 that they would support the first proton facility in Australia, to be established in Adelaide. The Faculty's recently established Particle Therapy Working Group is in a good position to lead the significant policy and advocacy work required in coming months and years to help ensure this facility will ultimately benefit patients in the region.

The Faculty also participated in the inaugural National Particle Therapy Symposium, held in Adelaide on 6 November. It is essential that particle therapy in Australia is introduced in a collaborative way, for the ultimate benefit of patients.

Radiation Oncology Practice Standards

The Practice Standards, which were first published in 2011, provide a framework of requirements to assist radiation therapy facilities to achieve best practice across various domains (e.g. machine calibration, documentation, safety and quality improvement).

The Faculty, in collaboration with the Australian Society of Medical Imaging



and Radiation Therapy (ASMIRT) and the Australasian College of Physical Scientists & Engineers in Medicine (ACPSEM), has undertaken a review of the Practice Standards to make sure they reflect current radiation oncology services, as well as maintaining their role as the point of reference for high-quality, safe radiation oncology treatment for patients.

Discussions with the Australian Council on Healthcare Standards (ACHS) are underway to develop a national accreditation program for radiation oncology that will dovetail with other health accreditation requirements. Implementation of the Practice Standards supports continuous quality improvement and provides reassurance to both practitioners and patients of the safety and high quality of services provided.

'Closing the Gap'

Prof Michael Poulsen, Chair of the Faculty's Indigenous Working Group, attended the roundtable on "National Policy Priorities in Indigenous people's health and access to health" hosted by Minister Ken Wyatt in Canberra on 31 March 2017.

Dr Kelly Needham is Australia's first Indigenous trainee in radiation oncology, and we are very fortunate that she is also an active member of our Indigenous Working Group.

Both Prof Poulsen and Dr Needham represented the Faculty at the Australian Indigenous Doctors' Association (AIDA) Conference in the Hunter Valley, NSW in September 2017, where they participated in the 'Growing our Fellows' workshop to promote the exchange of ideas on ways to progress pathways and build opportunities for Aboriginal and Torres Strait Islander doctors into medical colleges.

The Faculty will continue its advocacy efforts to positively influence Indigenous health in Australia.



Dion Forstner
Dean, Faculty of Radiation
Oncology, RANZCR

MEDICAL ONCOLOGY GROUP OF AUSTRALIA



In 2017 MOGA has continued to grow and thrive as the national body for Australian medical oncology, with a strong and valued membership of 519 consultants and 141 trainees. MOGA would like to acknowledge the invaluable contribution that the members of the Association have made to the Executive, sub-committees and College Training Committee, along with the staff of the secretariat. The Association thanks our membership for their continued support and contributions.

Educational Activities and Events

In 2017 MOGA managed many successful educational programs. With the assistance of Dr Rachel Wong and A/Prof Mathew Links, the ASCO Essentials program was added to our trainee offerings, providing access to over 400 online resources. Our Communications Skills Training Program, a mandatory requirement, incorporated three sessions of advance training in effective patient communication. MOGA Travel Awards gave 20 trainees the opportunity to attend the Annual Scientific Meeting (ASM) and over 40 trainees participated in the Sciences of Oncology Program, convened by Professor Mark Shackleton.

The **Young Oncology Group of Australia** provided support and guidance for junior consultants, organising both educational and professional initiatives throughout the year. Professor Martin Stockler

delivered a series of one day protocol development sessions as part of the **Australia and Asia Pacific Clinical Oncology Development Workshop Program** in India, Taiwan and the Philippines.

Both the ASM and Immuno-Oncology Forum in Melbourne provided great opportunities for our members to come together for networking, research, education and professional development. The ASM Real World Oncology-Translating Discovery into Practice proved to be a valuable professional experience and we thank the Planning Committee members and above all, the Convenor, A/Professor Linda Mileshekin. The committee put together a well-rounded scientific and social program with a strong line-up of international and national speakers. The international speakers, Professors Cardosa, Ellis, Muss and Stintzing and Dr Chris Jackson delivered a spectrum of high-calibre presentations.



*Annual Scientific Meeting 2017:
(l-r) International guests Professors
Mathew Ellis, Hyman Muss, Hironobu
Minami and Sebastian Stintzing with
MC, Professor Ken O'Byrne*



In August, Professor Michael Boyer, AM and his planning team, including Professor David Thomas, presented our second biannual Immuno-Oncology Forum: Insight and Advances. The Forum's program provided a comprehensive update on the current clinical data for many cancer streams. The program also explored the practicalities of working with this treatment modality in clinical practice, including a range of immunotherapeutic strategies. The program considered the direction of immunotherapy and included sessions on key advances that will impact both present and future clinical practice. International keynote speaker, A/ Professor Leora Horn was joined by numerous Australian speakers who are global leaders in immuno-oncology.

Oncology Drugs and Treatments

In 2017 MOGA continued to provide representation for the Medical Oncology profession through lobbying and advocacy work, advising regulators, industry, government and our own members in response to ongoing and newly- emerging treatment and oncology issues. This resulted in some major milestones. In August it was announced that nivolumab monotherapy would become available to Australian lung and renal cancer patients, accessed by around 4500 cancer patients a year, in part thanks to MOGA's continuing advocacy work. In July after a two year campaign, the Pharmaceutical Benefits Advisory Committee (PBAC) recommended an extension to the listing of goserelin for the prevention of anticipated premature ovarian failure.

The year also saw MOGA make a record breaking number of submissions addressing key national issues; including Proton Beam therapy, Sentinel Lymph Biopsy for intermediate thickness melanoma and the Senate Inquiry on Funding for Research into Cancers with Low Survival.

The Oncology Drugs Working Group, led by Dr Deme Karikios, met regularly with the PBAC to address oncology issues under consideration by Australian regulatory bodies. They also ensured that current, accurate advice on clinical practice and trial

developments was directed to key decision-makers.

Partnerships

In 2017 MOGA's strategic alliances grew, strengthening the Association's global standing. In particular, the Association actively networked across the Asia Pacific region, attending the Japanese Society Annual Meeting. MOGA was also represented at the Korean and Singapore Society meetings as well as ESMO Asia, which included presentations on Voluntary Assisted Dying and the Australian Medical Oncology Workforce.

MOGA also collaborated with numerous organisations on successful projects and submissions. In particular the Royal Australasian College of Physicians through the Adult Medicine Council, the Training Committee, as well as supervisor support for trainees and the provision of Fellows for College Programs.

Workforce

The Medical Oncology workforce is rapidly evolving, therefore medical oncology workforce planning and development is of paramount importance. The MOGA Workforce Taskforce led by Dr Zarnie Lwin and A/ Prof Rosemary Harrup finalised the Association's second Australian Medical Oncology Workforce Study in 2017, successfully publishing and presenting the results.

Our Members

Professor Grant McArthur received this year's MOGA-Novartis Oncology Cancer Achievement Award for his 'outstanding contribution to medical oncology in Australia'. Professor McArthur is an eminent clinician and scientist whose innovative work in melanoma has changed the way we treat this debilitating and often deadly disease. Professor McArthur has made a substantial contribution to the advancement of oncology in Australia, both as a medical oncologist and leader in clinical trials and research, as well as his continued support and mentoring work.

In Conclusion

The Final Report on the Audit of Public Patient Cancer Care in NSW, published in late November proved very positive, with over 1800 case records reviewed and no 'red flags' identified nor any practice recorded that fell outside of the Audit's specified range. This is a testament to the high quality care provided to the NSW community by members of the medical oncology profession.

In the last quarter of the year MOGA surveyed our membership to establish their views on voluntary assisted dying in order to develop a position paper. The responses have been invaluable in allowing us to better understand the views of our members. We appreciate there is a wide range of views on this controversial topic across our membership and needed to get a detailed understanding of stances in order to speak on behalf of the profession in the ongoing debate about this matter.



Chris Karapetis
Chair, MOGA

ONCOLOGY SOCIAL WORK AUSTRALIA



OSWA is pleased to report another year of strong growth; both in terms of numbers and in ongoing professional development activities. Our reach is broad, with members based in all states and territories and encompassing a broad range of service delivery: clinical work in hospitals and community settings, academics, researchers, service managers and social work students who will take on roles as future oncology social workers.

A major undertaking this year has been the revision of our Constitution, for which we acknowledge the generosity and expertise of our legal collaborators at Slater and Gordon. As well as ensuring the probity of our organisation, the additional challenge in updating the Constitution is to incorporate our New Zealand colleagues with equal membership status and a name change to reflect our international expansion. It is hoped that this formidable task will be completed in the upcoming year and members will be advised accordingly.

The annual OSWA conference has been judged as a calendar highlight by oncology social workers. In 2017 we continued the tradition by hosting the 12th national conference in October in Perth. The theme was 'Working Creatively with Today's Families'. Two international keynote speakers Dr Amy Chow from the University of Hong Kong and Dr Liz Beddoe from the University of Auckland, New Zealand complemented the local talent to produce another highly rated learning and networking opportunity. Each year we see the bar set just a little higher.

2018 will see the conference move to Canberra in November, with Invited International Speaker Professor Matthew Loscalzo from the City of Hope, Duarte California making a long awaited return to Australia. The theme is 'The Things We Don't talk About:

Psychosocial Challenges in Oncology Social Work'. For more information, go to the OSWA website www.oswa.net.au.

One of the advantages of assembling as a national group, is the enthusiasm generated that invigorates the organisation as a whole. A positive outcome of each conference is the willingness demonstrated by members to contribute fresh ideas to stimulate the ongoing development of the organisation by volunteering for committee positions and working party membership. Each conference sees enrichment of the membership with an injection of new members.

Several OSWA members from various jurisdictions provided valuable insights and information about the draft implementation plan for the National Health Genomics Framework. Comments centred around the importance of ensuring adequate access to psychosocial support in the emotionally challenging domain of genetic mutation and cancer risk. This information was incorporated into the joint submission from COSA and Cancer Council Australia.

OSWA members are involved in a research initiative 'Social work interventions in cancer care: a quality assurance project'. Recruitment has concluded in six health sites across three states (NSW, Victoria and Queensland). Dr Rosalie Pockett from the University of Sydney is the project lead and the first cut of the data will be presented at the Canberra conference. This is the first step in an ambitious body of work that will help to define and document the nature and range of social work interventions with cancer patients and their caregivers. Following the conference presentation endorsement from members will be sought to inform and develop other research projects.

The OSWA Executive and management committee continue to be the dynamic (and voluntary) forces behind the day to day administration of the organisation. Monthly teleconferences are lively and well attended. I would like to acknowledge in particular, our current president Ray Araullo, our immediate past president Alison Hocking, our president elect Nick Hobbs and our secretary, Olga

Gountras. Each state, territory and New Zealand have a nominated representative who, along with clinical experts in various oncology sub-groups, take responsibility for convening local professional development events. The organisation is thriving!

As an Affiliated Organisation of COSA and the primary professional organisation for oncology social workers, the priority areas and interests of OSWA are closely aligned with COSA's strategic direction to provide excellence in evidence-based cancer care across the treatment continuum in an equitable manner. These are exciting times as innovative developments in cancer treatments, changes to population demographics, the genomic "explosion" and personalised and targeted therapies raise new challenges both in service provision and resource allocation. These issues are "core business" for all oncology health professionals. We look forward to the continuation of a mutually productive and collaborative association between COSA and OSWA. Kim Hobbs will continue to be the OSWA representative on COSA Council.



Kim Hobbs

Council representative, OSWA

PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE



Annual Research Forum

The Palliative Care Clinical Studies Collaborative (PaCCSC)/Cancer Supportive Care Clinical Studies Collaborative (CSCCSC) Annual Research Forum will be held at the Aerial Function Centre, UTS, Sydney on Tuesday 27 February 2018. The Program has been released and includes guest presentations from Professor Matthew Kiernan, Co-Director of the Brain and Mind Centre and Bushell Chair of Neurology at the University Sydney and Ms Tanya Symons known internationally in the trials world for her work in developing trial strategy and resources and working with government bodies to drive trial efficiency. The program also includes three new study presentations; three presentations on the results of Phase 3 studies which have recently closed and a number of member presentations. Registrations will remain open for some time and anyone with an interest in clinical research in palliative care is invited to attend.

The Forum provides an opportunity for the Collaborative to bring members of its various governance committees together to meet face to face. The Management Advisory Board, Scientific Committee, and Trials Management Committee. Meetings of the recently formed Symptom Node Subcommittees and the Qualitative Research Subcommittee will also be held for the first time face to face. For more information on the PaCCSC/CSCCSC Annual Research Forum visit www.uts.edu.au/paccsc

Inaugural Post-Doctoral Research Fellow Appointment

I am delighted to announce that after an extensive search Dr Slavica

Kochovska, PhD has been appointed as the inaugural PaCCSC/CSCCSC Post-Doctoral Research Fellow. Dr Kochovska holds a Doctorate of Philosophy in Linguistics from Rutgers University, and a Master of Arts in Linguistics (First Class Honours) and a Bachelor of Arts in Russian & Linguistics (Highest Honours) from The University of Auckland. Between 2013 and 2016, Dr Kochovska worked in healthcare project management, in the areas of volunteer services, quality improvement and implementation science. Since joining UTS in 2016, Dr Kochovska has worked on numerous systematic reviews and commissioned reports to build the evidence base for improving the healthcare provision for people living with life-limiting illnesses.

Dr Kochovska's academic background in theoretical linguistics and over ten years' research and teaching experience in linguistics and language education at both the undergraduate and postgraduate level will be invaluable to improving the science of consenting palliative and supportive care populations.



Dr Slavica Kochovska, newly appointed PaCCSC/CSCCSC Post-Doctoral Research Fellow

RAPID Pharmacovigilance Program

RAPID is an international, multi-site, consecutive cohort, post-marketing study of the real-world net clinical effects (benefits and harms) of medications and non-pharmacological interventions used in palliative and supportive care.

Unlike other post marketing surveillance studies that are conducted retrospectively using clinical data of varying quality, the RAPID methodology uses active surveillance that collects, analyses and provides data on widespread and longer-term use of medications or non-pharmacological interventions captured prospectively from the time of prescribing.

RAPID uses minimal resources, is timely, involves prescribers from around the globe, and publishes each series to genuinely add to the knowledge for clinical prescribing and use of non-pharmacological therapies that are common place in palliative care practice. By defining the net benefit (clinical response together with toxicity) on data from the target audience, in this case palliative care practices around the world.

Objectives

To prospectively collect information on:

1. The therapeutic benefit of medications and interventions commonly used in palliative and supportive care;
2. The toxicity of medications and interventions commonly used in palliative and supportive care; and
3. Any significant drug/drug interactions of medications commonly used in palliative and supportive care.

Primary outcome

- The primary outcome is to evaluate the benefit and toxicity of medications and interventions of commonly used medications in these populations.

- Secondary outcomes include: to describe the indications for medications and interventions being used, and to document the frequency of prescribing of common medications and interventions.

Program

The program has ~40 active sites from ~15 countries around the world that are participating, and with 10 publications the series continues to attract new participating sites and interested palliative care clinicians and researchers. The program has expanded to include a medication series across six symptom areas commonly experienced in palliative care including: pain; breathlessness; gut dysfunction; nausea; cognitive, neurological and mood disorders; and appetite and cachexia.

A non-pharmacotherapeutic intervention series and a number of extraordinary series have now been developed using this methodology and are running concurrently with the six medication series.

PaCCSC/CSCCSC Symptom Node Subcommittees

The Collaborative has recently established a series of six Symptom Node Subcommittees in the areas of: nausea; appetite and cachexia; gut dysfunction; breathlessness; cognitive, neurological and mood disorders; and pain. One or more of these symptoms are common in the palliative and supportive care population. The subcommittees will help to guide, inform and progress a program of work that:

- Includes identifying any underpinning or preliminary activities that might be required to inform a work program for the symptom of interest;
- The activity is manageable, broken down into bit size pieces, that link to the entire symptom and more broadly to the strategic directions of the Collaborative;

- May include the conduct of literature reviews, that provide an opportunity to build the next generation of clinical researchers, and from these build projects that are feasible for a registrar or advanced trainee to complete as part of their wider discipline training;

- Includes proposing and developing pilots, authorising papers, and inviting experienced or expert people to join the SNSC from outside the Collaborative

Each subcommittee has a Chair to lead the program of work and COSA members with a particular interest in any of these symptom areas can use this as a point of contact for new study concepts or to engage in the area of interest.

For more information on any of the above, please contact the PaCCSC/CSCCSC National Office.

Wishing all our members a Happy 2018.



David Currow

Chief Investigator, PaCCSC

Peter Allcroft

Council representative, PaCCSC

Linda Brown

National Manager, PaCCSC

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP



PC4 has continued to provide support and infrastructure to assist in the development and successful funding of cancer in primary care clinical trials. 2017 brought PC4 both change and renewal. Kristi Milley (National Manager) and Kara-Lynne Cummings (Project Officer) joined the PC4 Office Team. We restructured our Scientific Working Groups into a single Scientific Committee which is now co-chaired by Patsy Yates (QUT) and Ray Chan (QUT). We also disbanded our Operations Committee and created an Advisory Committee which is now chaired by Nik Zeps (Epworth HealthCare).

Cancer and Multimorbidity Think Tank

PC4 hosted its first Think Tank in August. Focused on the management of cancer patients with multimorbidity, this event brought together nearly 20 experts and consumers from a range of fields. The issues raised have helped us focus a program of work that will better contextualise current evidence gaps and provide the foundation to needed to develop a primary care intervention to help manage cancer patients with other chronic conditions. Please visit our website for the final report.

PC4 Scientific Symposium

The PC4 Scientific Symposium was held in Melbourne. The theme for 2017 was 'Establishing partnerships, creating opportunities'. Our international guest speaker was Prof Eva Grunfeld, Director of the Knowledge Translation Research Network at the University of Toronto, Canada. Eva spoke about the CanIMPACT trial, a Canadian program to improve integration between primary care and cancer care. The day also featured updates from ten of our



studies. Following the success of this event, the 2018 Scientific Symposium will be held the 25 May at the Novotel, Darling Harbour in Sydney.

Early Career Researcher Network

We continue to support building capacity in cancer in primary care research with the development of an Early Career Researcher (ECR) Network. Our goal is to provide tailored learning opportunities that assist members with career development and their research skills.

The network has 12 members, at different career stages from current PhD students to those ready to take the next step to becoming a mid-career researcher. Our first workshop, held in October, gave members a crash course in media skills. Nicki Webber who is a public relations senior consultant, digital editor and journalist from the University Melbourne shared her wealth of experience from her time the University of Melbourne and her experience from a variety of print media roles in both Australia and the UK.

Listening to consumers

Consumer involvement is a central feature of PC4's research support model. Our consumer group plays an important role in the development of new concepts as well providing advice to active trials. In 2017, we

began a new project exploring the organisational and personal barriers and facilitators to consumer involvement in cancer in primary care research development.

PC4 in a snapshot

- 10% growth in membership, nearly 600 members strong
- Members represent over 30 different health and research disciplines
- We reached 300 Twitter followers
- Presented our first plenary session at the Primary Health Care Research Information Service (PHCRIS) Research Conference in Brisbane
- Results from our Improving Rural Cancer Outcomes trial (IRCO) were published. The IRCO trial is led by Jon Emery and is the largest trial to assess the separate and combined effects of community campaigns and GP interventions on cancer symptom awareness and reducing the time to cancer diagnosis
- Danielle Mazza and Geoff Mitchell brought the management of cancer patients with other chronic diseases to the forefront with their editorial on cancer, aging, multimorbidity and primary care the European Journal of Cancer Care
- We hosted Greg Rubin from Newcastle University, who presented the latest data from the English National Cancer Diagnosis Audit

New concepts presented at workshops	13
Active studies	39
Studies open to recruitment	12
Publications	10
Conference presentations	30
Training Awards	8



Jon Emery
Chair, PC4

Lyndal Trevena
Council representative, PC4

PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP



The last year was busy and productive for the Psycho-oncology Co-operative Research Group (PoCoG) as we continued on our mission of improving the psychological wellbeing of cancer patients through our diverse program of research.

In November 2017 PoCoG hosted its inaugural Scientific Meeting at Darling Harbour. The theme for the meeting was Bright Ideas and Big Opportunities and close to 100 psycho-oncology clinicians and researchers came together at this sell out event to present and learn more about the most significant programs of work current underway in Australian psycho-oncology research.

The resounding success of our inaugural meeting prompted our Scientific Advisory Committee (SAC), currently under the leadership of Chair Professor David Kissane and Deputy Chair Dr Haryana Dhillon, to commit to holding this event every two years with the next meeting to be held in late 2019.

Progress on our Flagship Program of Work: Transforming Psychosocial Care of Patients in Australia: Implementation of a Comprehensive Training and Service Delivery Program, continued and expanded in 2017.

This ambitious program of work is evaluating new models of care delivery for patients with the most prevalent psychiatric disorders met in cancer care - Depression, General Anxiety, Adjustment Disorder aims to build the psycho-oncology workforce and provider greater access to psycho-oncology services across Australia.

This significant program of work complements the Cancer Institute NSW Translational Program Grant ADAPT Program (2015-2020), which achieved a huge milestone in implementing the Clinical Pathway for identification and management of anxiety and depression in cancer care a reality at the end of 2017.

After working through the Engagement Phase of the ADAPT cluster RCT, the ADAPT Program is now live at the first cancer services participating in the ADAPT trial, with staff and patients using the system to identify and respond to the psycho-oncology needs of cancer patients.

This enormous step marks the culmination of more than 30 months' work within the ADAPT Program, not to mention years of preparation and research in the lead up, countless working group meetings and the tireless dedication of the entire ADAPT team.

As part of our Concept Development process we identified three new concepts were selected for further development by the PoCoG SAC. After spending a full day workshopping these concepts we look forward to tracking their progress as PoCoG Supported Studies.

In addition, to better meet the needs of our membership we launched a review of our Special Interest Groups last year. PoCoG Special Interest Groups offer members an opportunity to further their research goals by facilitating collaboration, currently we have groups for Early Career Researchers, researchers working in in the AYA area, clinician researchers and psychosocial researchers based in South Australia. Late last year our SAC agreed to support the launch of three new theme-based Interest Groups for researchers working in Fear of Cancer Recurrence, Cognition and Cancer Prevention.

If you are interested in joining a PoCoG Interest Group, or want to learn more about our activities, be sure to visit <http://www.pocog.org.au/> or email our office at pocog.office@sydney.edu.au.



Jeremy Couper
Chair, PoCoG

ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA



The Royal College of Pathologists of Australasian (RCPA) has had a very busy 2017 and has progressed a number of key projects and activities related to raising the standard of pathology and cancer information via the Cancer Services Advisory Committee (CanSAC). CanSAC is a multidisciplinary committee which has oversight for all cancer related activities within the RCPA.

8th edition TNM Staging

The 8th edition of the Tumour-Node-Metastasis (TNM) staging system was published at the end of 2016. TNM staging is used in approximately 80% of all cancers.

The introduction of a new staging system is complex involving familiarisation with the changes by pathologists and clinicians, updates to the Laboratory Information Systems, co-ordination with cancer registries and updates to the reporting standards published by the RCPA (<http://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols>). To guide pathologists in their practice the RCPA published a policy statement recommending laboratories commence use of TNM 8th edition as soon as practicable ensuring that any stage incorporated into a report also includes the version and source ie AJCC 8th edition, to avoid any potential confusion during the transition to the new edition.

Tissue fixation guidelines

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

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

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

The Australian College of Nursing and Royal Australasian College of Surgeons were advised of the new guidelines with the aim of improving tissue handling procedures in the operating theatre.

Cervical small biopsy/pre-neoplasia protocol

In 2016, the RCPA's National Structured Pathology Reporting of Cancer (NSPRC) Project was awarded a contract from the Department of Health to develop a protocol for the structured pathology reporting of small biopsies taken at colposcopy to coincide with the changes to the National Cervical Screening Program (NCSP) implemented in Dec 2017. The new protocol addresses small biopsies, LOOP and LLETZ specimens and provides a structure around reporting of Squamous Intraepithelial Lesions and glandular abnormalities etc. It supports consistency of reporting and adequate data capture for histology specimens and is directly aligned with the terminology and data required for the NCSP. The protocol was published in March 2017 in advance of the NCSP roll out to allow time for familiarisation and implementation of the protocol.

HER2 Testing Guidelines for Breast Cancer

In 2013 the American Society of Clinical Oncology (ASCO) and the College of American Pathologists (CAP) revised their guidelines for the assessment of HER2 status in invasive breast cancers. Many countries have since adopted these guidelines. Feedback from these various countries has prompted another revision of the ASCO/CAP guidelines. Australia's HER2 testing algorithms are unique, and have not lent themselves to an easy transition to the adoption of the 2013 ASCO/CAP guidelines 'as is'. Therefore, in early 2017 CanSAC brought together a multidisciplinary group with specific HER2 expertise, to draft guidelines for implementation of the HER2 guidelines for pathologists in Australia. These guidelines were well advanced but then suspended pending the publication of the latest revisions of the ASCO/CAP guidelines which are expected shortly. Once published the

local draft guidelines will be updated, circulated for comment and published.

MBS Funding of pathology tests

In the last year, the RCPA has submitted a number of applications to Medical Services Advisory Committee (MSAC), in an attempt to address the shortfall in funding of essential testing for cancers. This is an important process to ensure that Medical Benefits Schedule (MBS) funding of pathology testing remains current and appropriate, reflecting rapidly changing testing methodologies particularly for cancer.

Seeking second opinions

The growing complexity of modern medical practice, particularly sub-specialisation, has increased the frequency and widened the circumstances under which second and subsequent opinions may be requested on a variety of pathological specimens, but particularly those which involve evaluation of cell or tissue morphology. The process for seeking a second opinion from another laboratory/pathologist and under what circumstances this evaluation is funded by the MBS was a matter discussed by CanSAC. To facilitate the process the existing policy was revised and an example request form drafted to help clarify requirements and streamline the process.

Cross-discipline testing and training

As cancer reporting becomes increasingly a multi-disciplinary undertaking there is a need to ensure both clarity around who can undertake what testing, as well as the need to provide cross-discipline training and trainee positions. With the rapid increase in the evaluation of molecular markers as an adjunct to other types of testing such as histopathology, microbiology etc, the scope of practice of pathologists has been a matter for significant discussion throughout 2017. The RCPA has identified a number of strategies to address this issue and 2018 will see progress in this area.

National Structured Pathology Reporting Project (NSPRC)

<http://www.rcpa.edu.au/Library/>

Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols

With funding from the federal Department of Health, the Australasian National Structured Pathology Reporting of Cancer (NSPRC) Project has now published 31 cancer protocols over the last 7 years. Standardised structured pathology reporting is now best practice in cancer reporting as evidence shows it improves both the quality and completeness of reporting.

In 2017, the RCPA was awarded further funding to develop 19 new protocols, and update 11 existing protocols over the next 3 years. Each protocol to be developed or updated will incorporate the internationally agreed standards from the International Collaboration on Cancer Reporting (ICCR). In addition, the 8th edition of TNM staging will also be included where applicable. www.ICCR-cancer.org

Pathology Update

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

This conference is a must attend on the pathology calendar. The next conference will be at the new Sydney Convention Centre from 2-4 March 2018.



Chris Hemmings
Council representative, RCPA

TRANS-TASMAN RADIATION ONCOLOGY GROUP



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

We recognise the important contribution made by the community in 2017 who supported us in our research endeavours including our membership, patients, families, donors, supporters and sponsors.

World-first trial pioneers new standard of care for skin cancer

Patients with advanced skin cancer can now be spared from having to undergo chemotherapy, with results from the TROG 05.01 'POST' study showing that surgery combined with radiotherapy is a more effective treatment.

Professor Sandro Porceddu who headed the trial said the results showed that for patients with advanced squamous cell carcinoma of the head and neck, surgery and post-operative radiotherapy resulted in high cure rates, in excess of 85 per cent.

"This confirms that surgery and post-operative radiotherapy should be considered the standard of care for treating this disease. The trial also showed that the addition of chemotherapy did not improve cure rates. This will save patients from the added side effects associated with chemotherapy," said Professor Porceddu.

More than 320 patients from 23 hospitals and cancer centres from Australia and New Zealand took part in the 10-year trial, which began in 2005.

Trial halves prostate cancer treatment time

Results of the TROG 08.01 PROFIT trial were also released in 2017. The trial showed that radiation therapy for prostate cancer can safely be compressed from a standard eight weeks of daily treatment down to four weeks with the same cure rate and no difference in side effects. The trial involved Canadian and French researchers, included over 1200 men.

Australian Trial Chair, A/Prof Jarad Martin, said after several years of monitoring these men, there was no difference between cure rates or side effects between the eight and four week groups.

"The duration of treatment is a major issue for many of our patients. The message from them is that the shorter the treatment period the better. There are also economic benefits to shorter treatment times which reduce hospital workload and costs as well as the time off work and transport for men and their families.

"PROFIT is another step in us exploring novel ways to make a good treatment more convenient," said A/Prof Martin.


Core trial launched

A new trial, which will examine whether the addition of a new type of targeted radiation treatment is more effective for patients with advanced lung, breast or prostate cancer, kicked off in 2017. TROG will lead the trial in Australia collaborating with researchers from the United Kingdom.

The TROG 16.03 'CORE' trial will examine if adding a novel type of treatment called stereotactic body radiotherapy (SBRT) to standard treatment is more effective for patients with early metastatic spread.

A/Professor David Pryor from the Princess Alexandra Hospital in Brisbane is the Australian co-chair of the trial. He said doctors are looking for better ways to help patients with advanced cancer.

"Treating the visible metastatic tumours with stereotactic radiotherapy may reduce the risk of the cancer coming back and may allow our current drug treatments to work better for longer."



Professor Sandro Porceddu with trial volunteer Robert Schampers.

"For people with metastatic disease radiotherapy is generally used in low doses to help when symptoms such as pain arise. The CORE trial uses a much higher dose of targeted radiotherapy (SBRT) with the aim of eradicating early metastatic deposits when they first emerge," said A/Prof Pryor.

"The treatment can be delivered in only a few short outpatient treatment sessions. We hope this new treatment will allow people to continue enjoying improved quality of life and ultimately give them more time free from their cancer."

The CORE trial will involve 50 patients in Australia.

Chisel trial show SABR more effective than conventional treatment

The results of TROG 09.02 'CHISEL' trial were also released in 2017, which showed for the first time that a new radiotherapy technique produced greater survival rates in early stage inoperable lung cancer patients, compared to conventional radiation treatment.

Prof David Ball from the Peter MacCallum Cancer Centre who headed the trial presented the results of this study at the World Conference on Lung Cancer in Japan.

"Our trial found that for patients with early stage lung cancer SABR was more effective in controlling cancer growth, resulting in a longer life expectancy and is just as safe as traditional radiotherapy."

"For many years we've been giving conventional radiotherapy, which is less precise and therefore normal tissue can be damaged in the treatment process. The safest way of giving those doses was in small amounts over six or seven weeks. With SABR we can give the treatment in three to four treatments over a two week period, with a much higher dose," said Professor Ball.

One hundred and one patients from across Australia and New Zealand took part in the randomised trial, which began in 2010.

TROG 2017 ASM highlights

The 29th TROG Cancer Research Annual Scientific Meeting was held Auckland in 2017. More than 200 radiotherapy professionals from all over Australia and New Zealand came together for the meeting which was themed 'Precision Treatment, Quality Research'. This theme also provided a platform for six invited international speakers to share their experience and recent work.

Professor Andre Dekker from the MAASTRO Clinic in the Netherlands gave a fascinating presentation on machine learning and how outcome prediction models are being generated from global cancer data. Professor Michael MacManus discussed the ground-breaking results of his 99.03 TROG study, which will change the management of early stage low-grade lymphoma worldwide.

On the final day, six proffered papers were presented at the very first TROG ASM abstracts session which provided a great insight into some of the hard work that is always going on behind the scenes for TROG trials.

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



Farshad Foroudi
President, TROG

Puma Sundaresan
Council representative, TROG

Joan Torony
CEO, TROG

OTHER REPORTS

COSA TELE-TRIAL PROJECT



The project to pilot the implementation of the Australasian Tele-Trial model officially commenced on 1st August 2017. The project provides funding for a part time project manager, Chantal Gebbie as well as 0.2 FTE support for 5 primary sites, two in NSW and Victoria and one in Queensland. This funding will be used by sites to assist with implementation of the model.

The project is co-chaired by myself and John Zalcberg, Chair of the Australian Clinical Trials Alliance. A Steering Committee with representatives from each of the funding consortium partners has been convened and along with a smaller Executive Committee provide project governance. Executive Committee members are myself and John, Larissa Karpish (Medicines Australia), Clare Scott (WEHI) and

Richard Vines (Rare Cancers Australia).

In addition, three advisory groups are guiding the project; a Medicines Australia Industry advisory group, a Cancer Cooperative Trials advisory group and a Department of Health Advisory Group.

The 5 primary sites for the project have been established and these primary sites are in the process of establishing clusters with satellites sites. St Vincent's Hospital will form a cluster with Wagga Wagga and Tamworth, and Westmead will form a cluster with Orange. Peter Mac will form a cluster with Albury Wodonga and Warrnambool, The Royal Brisbane and Women's Hospital in Queensland is forming a cluster with North Lakes and Prince Charles. The second primary site in Victoria - Alfred Health will confirm satellites sites early next year.

Queensland is taking a state-wide approach to adopting the tele-trial model through the Cancer Clinical Network so in addition to the Royal Brisbane and Women's Hospital which is the nominated primary site for this project there are four more primary sites forming clusters - Townsville, Gold Coast, Sunshine

Coast and Princess Alexandra Hospital. Queensland Health have drafted standard operating procedures and a streamlined SSA form which incorporate the tele-trial model. This work will greatly assist adoption of the model in other states.

The selection of suitable trials is a key part of the project. Following a tele-trials project presentation to the MA Research and Development Taskforce in October, Eli Lilly confirmed they would like to conduct a trial using the model in Queensland. Work towards opening this trial under the model is well underway with patient recruitment expected to start in the first quarter of next year.

In the meantime, outside of the COSA project, Orange-Dubbo has commenced the ASCOLT trial using the model and Flinders University has been awarded a grant by cancer council SA to establish tele-trial satellites with their partners.

With the support of the Department of Health advisory group, we hope that this model is adopted across Australia using common processes so that rural and regional patients can gain access to clinical trials closer to home.



Australasian Tele-trial Model

I would like to take this opportunity to thank our funding consortium partners for this project; Rare Cancers Australia, Cancer Voices NSW, Australian Institute of Tropical Health and Medicine, The Garvan Institute of Medical Research, The Walter and Eliza Hall Institute of Medical Research, Icon Group, St John of God Hospital, Medicines Australia, AbbVie, Jansen, Novartis and Pfizer.

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



Sabe Sabesan (Top)
Co-Chair Pilot Implementation of the Australasian Tele-Trial Model

John Zalcberg OAM (Bottom)
Co-Chair Pilot Implementation of the Australasian Tele-Trial Model

CANCER COUNCIL



The 2016-17 reporting year has reinforced the role of Cancer Council in helping to inform the Australian public about cancer, as well as being a voice for those people directly affected.

Recently I was the co-author of an article highlighting the “financial toxicities” some Australians with cancer face. Published in the Medical Journal of Australia, our editorial explored the excess costs cancer patients are hit with, as well as the lack of transparency regarding alternatives that are cheaper but just as effective. This paper set the scene for our media and policy agenda over the last financial year. While overall cancer survival rates are now 68%, there are stark differences in outcomes between different cancer types, and an individual’s cancer experience can vary greatly depending on cultural background and where they live, as well as their financial situation. Cancer Council is playing a key role in highlighting these issues and proposing solutions.

Since then we have highlighted the need to continue to address inequities in access to cancer drugs following a government review, and in May 2017 we responded to the Government review of medical research, highlighting the opportunities to use the existing health system to improve survival rates for poor-prognosis cancer types.

More recently we have established a new national committee, the Health Services Advisory Committee (HSAC), which brings together a wide range of experts across health services research, clinical practice, and consumer perspectives to develop a new agenda aimed at improving the delivery of cancer services in Australia.

The President of COSA is a standing member of HSAC, as are a number of other COSA members, underscoring our two organisations’ close relationship in policy development. Priorities established by HSAC range from enhancing diagnostic services to making better use of health data to improve system performance. There will also be a key focus on cancer types and populations where cancer outcomes are poorer.

Our focus on highlighting cancer inequities is coupled with our ongoing efforts to educate Australians about cancer prevention. The biennial Behavioural Research in Cancer Control conference, showcasing the important prevention and public health research undertaken by Cancer Council staff across Australia, was held in May 2017. There were more than 100 presentations across the spectrum of behavioural research, exploring everything from reducing risk factors for cancer and increasing screening participation to the delivery of support services, all demonstrating the important independent contribution our researchers make to improving cancer control.

Tobacco continues to be the leading preventable cause of cancer in Australia. Evidence shows tax increases, plain packaging and other interventions are continuing to drive smoking rates down. While we must not lose sight of what’s working, we continue to remind Australians to quit smoking and highlight the need for tailored campaigns for vulnerable Aboriginal and Torres Strait Islander populations.

Likewise, we have continued to remind Australians about skin cancer prevention. Our national Sun Protection Survey data shows that most Australians do not use all five forms of sun protection – and, importantly, that the use of hats has declined. With two out of three Australians developing a skin cancer by the age of 70, we continue to seek investment by the federal government in skin cancer prevention campaigns to help redress declining

sun protection behaviours by many Australians.

We also continue to encourage Australians to participate in screening programs, while we produce guidelines that help health professionals diagnose cancer early and treat cancer effectively. A key example is the National Bowel Cancer Screening Program, which has the potential to prevent 84,000 premature deaths over the next two decades if we can increase participation from around 40% to 60% through targeted communications. These compelling figures were estimated as part of our recent work in publishing comprehensive new guidelines for the prevention, diagnosis and management of colorectal cancer – a highlight in a busy year for our guidelines unit.

Our vision is a cancer-free future. We look forward to another good year of working towards our goals, in partnership with key allies such as COSA.



Sanchia Aranda
CEO, Cancer Council Australia

FINANCIAL STATEMENTS AT 30 JUNE 2017 AND INDEPENDENT AUDIT REPORT

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

About Clinical Oncology Society of Australia Limited	59
Directors' Report	61
Declaration of Independence from the Auditors.....	66
Statement of Profit or Loss and Other Comprehensive Income	67
Statement of Financial Position.....	68
Statement of Changes of Equity	69
Statement of Cash Flow	70
Notes to the Financial Statements.....	71
Directors' Declaration.....	80
Independent Auditor's Report.....	81



ABOUT CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

Our vision

Quality multidisciplinary cancer care for all.

Our mission

To improve cancer care and control through collaboration.

COSA achieves this by:

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

Guiding Principles

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

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

Strategic Directions 2016-2019

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

Our history

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

CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA LIMITED

Corporate Information

ABN 97 631 209 452

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

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

Company Secretary & Executive Officer

Ms Marie Malica

Registered Office and Principal place of business

Level 14
477 Pitt Street
Sydney NSW 2000

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

Company contact details

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

Auditors

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

DIRECTORS' REPORT

30 JUNE 2017

The Directors present their report on Clinical Oncology Society of Australia Limited ("the Company") for the year ended 30 June 2017.

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 2017 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 2017 was \$893,283 (2016: \$797,712). In the same period, expenditure was \$757,047 (2016: \$890,291) leaving a surplus of \$136,236 (2016: \$92,579 deficit). The level of spending for the organisation varies from year to year as the range of activities to support our members, and the costs associated with them, also vary.

Matters Subsequent to the end of Financial Year

As at the date of this directors' report, the directors are not aware of any matter or circumstance that has arisen that has significantly affected, or may significantly affect, the operations of the Company, the results of those operations or the state of affairs of the Company in the financial years subsequent to 30 June 2017.

Indemnity and insurance of officers

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

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

Indemnity and insurance of auditor

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

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

Proceedings on behalf of the Company

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

Environmental Regulation

COSA is not subject to any significant environment regulations.

Dividends

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

Contributions on winding up

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

DIRECTORS' REPORT

30 JUNE 2017 (Cont'd)

Directors

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

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
Professor Meinir Krishnasamy BA, RN, DipN, MSc, Ph.D Professor Krishnasamy is Immediate Past President of the Clinical Oncology Society of Australia. She is Chair in Cancer Nursing at the University of Melbourne and Victorian Comprehensive Cancer Centre Research and Education Lead for Cancer Nursing. She is a past President of the Cancer Nurses Society of Australia.	President and Board Chair (2015-2016), Director	1 July 2013 (reappointed 13 July 2017)	17 November 2016	2 / 2	-
Professor Phyllis Butow AM, BA (Hons) Dip Ed MClinPsych MPH PhD Professor Phyllis Butow is an NHMRC Senior Principal Research Fellow and Co-Director of the Centre for Medical Psychology and Evidence-based Decision-making (CeMPED) at the University of Sydney. She has worked for over 20 years in the areas of Psycho-Oncology and doctor-patient communication and plays an active role in promoting these issues within the cancer community. She is the inaugural Chair of the Psycho-oncology Co-operative Research Group	President and Board Chair (2017-2018), Director	6 March 2015	-	5 / 5	-
Associate Professor Nick Pavlakakis BSc MBBS Mmed (ClinEpi) PhD FRACP Professor Pavlakakis is a medical oncologist at the Northern Cancer Institute in St Leonards Sydney whose clinical interest is in solid tumour oncology, particularly lung cancers, mesothelioma, colorectal cancer, all other gastrointestinal cancers and genitourinary cancers (prostate, kidney, and testis). His clinical research focuses on trials in these tumour types and includes new cancer drug development, especially in the area of anti-angiogenesis drugs. He is current Chair of the COSA Lung Cancer Group, and is Regent for Australasia for the International Association for the Study of Lung Cancer (IASLC).	President Elect (2017-2018), Director	24 November 2016	-	2 / 4	-
Professor Sanchia Aranda RN, PhD, GAICD Honorary Professor Sanchia Aranda was appointed as CEO of Cancer Council Australia in August 2015. She currently holds academic appointments with the School of Health Sciences, University of Melbourne, University of Technology and the Faculty of Nursing, University of Sydney and is a research fellow at the Peter MacCallum Cancer Centre. She has more than 38 years' experience in cancer control and has held prior roles in healthcare, government and tertiary education. For the last 20 years Sanchia has worked in international cancer control, with 16 years on the board of the International Society of Nurses in Cancer Care, including 4 as President (2006-2010). She is the President of the Union for International Cancer Control and has been on the board of UICC for 7 years.	Director	27 August 2015	-	4 / 5	-
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	-	2 / 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	19 June 2017	4 / 5	-

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
Dr Haryana Dhillon BSc MA PhD Dr Dhillon is a Senior 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 Survivorship Group.	Director, Member Audit, Risk & Finance Committee	1 July 2013	-	5 / 5	5 / 5
Mr Peter Dowding BSC (Hons) MBA Mr Dowding is co-founder and Chairman of Propel Investments, a mid-market private equity firm based in Sydney and established in 2007. He has over 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	-	5 / 5	5 / 5
A/Professor Christos Karapetis MBBS FRACP MMedSc Associate Professor Karapetis is Network Director of Cancer Services in the Southern Adelaide Local Health Network, 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 the current chair of the Medical Oncology Group of Australia (MOGA) and a former chair of the COSA Gastrointestinal	Director	1 July 2013	19 June 2017	5 / 5	-
Ms Sandra McKiernan BAppSc (Nsg) MPH Ms McKiernan is the Director of Cancer Information and Support Services at Cancer Council WA and a Past President (2013-14) of the Cancer Nurses Society of Australia with an excellent profile as a cancer nurse leader in Australia.	Director, Member Audit, Risk & Finance Committee	18 May 2015	-	4 / 5	2 / 2
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	-	5 / 5	-
Ms Felicity Shaw LLB (Hons I) BSc MEL Ms Shaw is a senior commercial lawyer with over 15 years experience in the public and private sectors. She is currently Director of the Commercial Law Practice Group at the Crown Solicitor's Office. She was appointed as a Director to the COSA Board for her legal expertise.	Director, Member Audit, Risk & Finance Committee	19 May 2014	-	3 / 5	4 / 5
Dr Nik Zeps BSc (Hons) PhD Dr Nik Zeps is Director of Research and Development at Epworth HealthCare in Victoria. He is the chair of the COSA Cancer Biology Group, a member of the Scientific Advisory Committee of the AGITG, chair of the PC4 Advisory committee and a member of the PC4 Scientific committee. He is a founding director and board member of the Australian Clinical Trials Alliance (ACTA). Nik is the Australian representative on the Ethics and Policy Committee of the International Cancer Genome Consortium (ICGC) and was recently appointed Co-Chair of the Communication Committee of the ICGC-Precision Medicine initiative.	Director	13 July 2017	-	0 / 0	-

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 2017 (Cont'd)

Company Secretary and Executive Officer

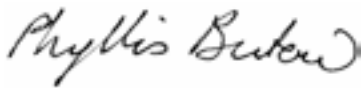
Ms Marie Malica is the Company Secretary and Executive Officer of the Company. Ms Malica joined the Company in March 2011 and has 15 years' experience working in the cancer not-for-profit sector and state government having previously held the position of Manager, Research Strategy Unit at Cancer Council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

Auditor's Independence Declaration

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

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

On behalf of the directors



Prof Phyllis Butow AM
President



A/Prof Nick Pavlakis
President-Elect

Sydney
13 October 2017



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

As lead auditor of Clinical Oncology Society of Australia for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been:

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

Paul Cheeseman
Partner

BDO East Coast Partnership

Sydney, 18 October 2017

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 2017

	Note	2017 \$	2016 \$
<u>Income</u>			
Member body subscriptions	1(a)(ii), 4	130,842	125,276
Annual Scientific Meeting revenue	1(a)(iii), 4	451,822	317,518
NHMRC Enabling Grant revenue	1(a)(iv), 4	1,145	12,175
Other grant & project revenue	1 (a)(i), 4	257,447	285,900
Interest income	1 (a)(v), 4	49,392	55,811
Other revenue	1 (a)(vi), 4	2,635	1,032
		893,283	797,712
<u>Expenditure</u>			
Administration Expenses		(66,681)	(53,226)
Employment costs		(436,002)	(449,690)
Depreciation		(1,183)	(1,365)
NHMRC Enabling grant expenses		(1,145)	(1,454)
Annual Scientific Meeting		(48,488)	(55,490)
Other grant & project expenses		(152,621)	(243,952)
Other expenses from ordinary activities		(50,927)	(85,114)
		(757,047)	(890,291)
Surplus/ (deficit) before income tax expense		136,236	(92,579)
Income tax expense	1(c)	-	-
Net surplus/ (deficit) after income tax expense for the year attributable to the members of COSA		136,236	(92,579)
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income/(expense) for the year attributable to the members of COSA		136,236	(92,579)

The accompanying notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017

		\$	\$
ASSETS			
Current Assets			
Cash & cash equivalents	5	405,192	115,475
Trade & other receivables	6	18,548	32,511
Other current assets	7	1,774,837	1,930,552
Total Current Assets		2,198,577	2,078,538
Non-Current Assets			
Plant & equipment	8	1,349	489
Total Non-Current Assets		1,349	489
Total Assets		2,199,926	2,079,027
LIABILITIES			
Current Liabilities			
Trade & other payables	9	142,796	149,796
Provision for employee benefits	10	28,517	36,230
Total Current Liabilities		171,313	186,026
Non-Current Liabilities			
Provision for employee benefits	10	1,060	539
Total Non-Current Liabilities		1,060	539
Total Liabilities		172,373	186,565
Net Assets		2,027,553	1,892,462
EQUITY			
Grants & Special Projects Reserve		155,887	157,032
General Funds		1,871,666	1,735,430
Total Equity		2,027,553	1,892,462

The accompanying notes form part of these financial statements

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2017

	\$	\$	\$
	General Funds	Grants & Special Projects Reserve	Total Funds
Balance at 1 July 2015	1,804,057	198,797	2,002,854
Transfer to/(from) reserves	23,952	(23,952)	-
Transfer to liabilities	-	(17,813)	(17,813)
(Deficit)/surplus after income tax for the year	(92,579)	-	(92,579)
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive expenditure for the year	(92,579)	-	(92,579)
Balance at 30 June 2016	1,735,430	157,032	1,892,462
Balance at 1 July 2016	1,735,430	157,032	1,892,462
Transfer to/(from) reserves	-	(1,145)	(1,145)
Transfer to liabilities	-	-	-
Surplus/(deficit) after income tax for the year	136,236	-	136,236
Other Comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	136,236	-	136,236
Balance at 30 June 2017	1,871,666	155,887	2,027,553

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.

STATEMENT OF CASH FLOW FOR THE YEAR ENDED 30 JUNE 2017

		2017	2016
	Note	\$	\$
<u>Cash flows from operating activities:</u>			
Receipts from member subscriptions and other income (inclusive of GST)		841,888	695,842
Payments to suppliers, employees and member bodies (inclusive of GST)		(751,956)	(913,750)
Interest received		49,392	55,811
Net cash provided by/(used in) operating activities	14	139,324	(162,097)
<u>Cash flows from investing activities:</u>			
Received from term deposits		152,437	-
Payment for purchase of plant and equipment		(2,044)	-
Net cash (used in)/provided by investing activities		150,393	-
Net increase/(decrease) in cash & cash equivalents		289,717	(162,097)
Cash & cash equivalents at the beginning of the year		115,475	277,572
Cash & cash equivalents at the end of the year	5	405,192	115,475

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

Note 1. Statement of significant accounting policies

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

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

The financial report was authorised for issue by the directors on 13 October 2017.

New, revised or amending Accounting Standards and Interpretations adopted

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

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

BASIS OF PREPARATION

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

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

REPORTING BASIS AND CONVENTIONS

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

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

All amounts are in Australian dollars.

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

ACCOUNTING POLICIES

(a) Revenue Recognition

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

(i) Grants

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

(ii) Member Subscriptions

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

(iii) Annual Scientific Meeting Income

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

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

The net income for the 2016/17 Annual Scientific Meeting was \$403,334 (2015/16: \$262,028).

(iv) NHMRC Enabling Grant

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

To date, \$1,846,000 has been allocated to fund this activity of which \$1,145 (excluding employment costs) has been spent in 2016/17 (2015/16: \$1,454). 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 2017 (Cont'd)

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

Funding is recognised as income as the funds are spent.

(v) **Interest**

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

(vi) **Other Revenue**

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

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

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

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

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

(c) **Taxation**

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

(d) **Trade and other receivables**

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

(e) **Other Current Assets**

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

(f) **Trade and other payables**

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

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

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

(g) **Income in Advance**

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

(h) **Cash and Cash Equivalents**

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

(i) **Goods and Services Tax (GST)**

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

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

(j) **Comparative figures**

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

(k) **Plant & equipment**

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

Depreciation

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017 (Cont'd)

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

(l) Provision for employee benefits

Short term employee benefits

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

Other long-term employee benefits

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

Defined contribution superannuation expense

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

(m) Critical accounting judgements, estimates and assumptions

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

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

Estimation of useful lives of assets

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

Long service leave provision

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

(n) Use of the term "surplus"

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

Note 2. Nature and objects of the Company

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

Its objects are:

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

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

There were 936 financial members of the Company at 30 June 2017 (2016: 957).

Note 3. Economic dependence

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

Note 4. Revenue

	2017	2016
	\$	\$
Membership subscriptions (also refer to note 1(a) (ii))	130,842	125,276
Interest Revenue	49,392	55,811
ASM Income	451,822	317,518
NHMRC Enabling Grant	1,145	12,175
Other Grant income	176,946	188,895
Recoveries of clinical trials insurance cover	80,501	97,005
Other revenue	2,635	1,032
	<u>893,283</u>	<u>797,712</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017 (Cont'd)

Note 5. Cash & cash equivalents

	2017 \$	2016 \$
Cash at bank	405,192	115,475
	<u>405,192</u>	<u>115,475</u>

Note 6. Trade and other receivables

Current

Trade receivables	10,671	20,202
Other receivables	7,877	12,309
	<u>18,548</u>	<u>32,511</u>

Note 7. Other current assets

Prepayments	69,395	80,552
Held to maturity investments - term deposits	1,705,443	1,850,000
	<u>1,774,837</u>	<u>1,930,552</u>

Note 8. Plant & equipment

Computer equipment		
- Computer equipment, at cost	12,385	10,341
- Accumulated depreciation	(11,036)	(9,852)
Total computer equipment	<u>1,349</u>	<u>489</u>

	Computer Equipment \$
Balance at 1 July 2015	1,855
Additions	-
Depreciation expense	(1,366)
	<u>489</u>
Balance at 30 June 2016	489
Additions	2,044
Depreciation expense	(1,183)
	<u>1,349</u>
Balance at 30 June 2017	1,349

Note 9. Trade and other payables

	2017	2016
	\$	\$
<u>Current</u>		
Trade creditors & accruals	38,524	43,614
Income in advance	104,272	106,182
	<u>142,796</u>	<u>149,796</u>

Note 10. Provisions

<u>Current:</u>		
Employee benefits	<u>28,517</u>	<u>36,230</u>
	<u>28,517</u>	<u>36,230</u>
<u>Non-Current:</u>		
Employee benefits	<u>1,060</u>	<u>539</u>
	<u>1,060</u>	<u>539</u>

Note 11. Contingent Liabilities

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

Note 12. Events subsequent to reporting date

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

Note 13. Auditors Remuneration

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

External audit of the financial statement	<u>5,200</u>	<u>5,100</u>
---	--------------	--------------

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017 (Cont'd)

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

	2017	2016
	\$	\$
Net surplus/(deficit) for the year	136,236	(92,579)
Non-cash flows in surplus from ordinary activities:		
Depreciation	1,183	1,366
Transfer to/(from) reserves	(1,145)	(17,813)
Changes in assets and liabilities:		
Decrease/(increase) in trade & other receivables	6,083	(26,404)
Decrease/(increase) in other current assets	11,158	(50,552)
Increase/(decrease) in trade & other payables	(7,000)	21,648
Increase/(decrease) in provisions	(7,191)	2,237
Net cash provided by / (used in) operating activities	139,324	(162,097)

Note 15. Company details

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

Level 14, 477 Pitt Street
Sydney NSW 2000 Australia

The Company operates entirely in Australia as a Charitable Institution.

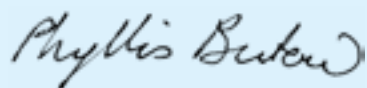
FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2016

Directors' Declaration

In the directors' opinion:

1. The Company is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purpose of complying with the requirements of the 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 2017 and of its performance for the financial year ended on that date; and
4. There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



Prof Phyllis Butow AM
President



A/Prof Nick Pavlakis
President-Elect

Sydney
13 October 2017



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

Opinion

We have audited the financial report of Clinical Oncology Society of Australia Limited (the registered entity), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the Directors' declaration.

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

- (i) Giving a true and fair view of the registered entity's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- (ii) Complying with Australian Accounting Standards to the extent described in Note 1 and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for opinion

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

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

Emphasis of matter - Basis of accounting

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

Responsibilities of Directors for the Financial Report

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

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

Auditor's responsibilities for the audit of the Financial Report

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

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

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

This description forms part of our auditor's report.

BDO East Coast Partnership



Paul Cheeseman
Partner

Sydney, 18 October 2017

COSA ANNUAL REPORT 2017



**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

