



Clinical  
Oncology  
Society of  
Australia

# COSA ANNUAL REPORT 2024

EDUCATION  
COLLABORATION  
ADVOCACY  
RESEARCH



## SECTION INDEX

ABOUT COSA	2
COSA GROUP REPORTS	26
AFFILIATED ORGANISATION REPORTS	48
FINANCIAL STATEMENTS	99

# PRESIDENTS OF COSA

2023–2024	<b>A/Professor D Forstner</b>	MBBS (Hons) FRANZCR	
2021–2022	<b>Professor F Boyle AM</b>	MBBS PhD FRACP	
2019–2020	<b>Professor N Pavlakis</b>	BSc MBBS MMed (ClinEpi) PhD FRACP	
2017–2018	<b>Professor P Butow AM</b>	BA(Hons) MPH MClinPsych PhD	
2015–2016	<b>Professor M Krishnasamy</b>	RGN BA DipN MSc PhD FAAN	
2013–2014	<b>Professor SV Porceddu</b>	BSc MBBS (Hons) MD FRANZCR	
2011–2012	<b>Professor B Koczwara AM</b>	BM BS FRACP MBioethics FAICD	
2009–2010	<b>Professor B Mann</b>	MBBS PhD FRACS	
Jul 2006–2008	<b>Professor D Goldstein</b>	MBBS FRCP FRACP	
Jan 2006–Jul 2006	<b>Professor D Currow</b>	BMed MPH PhD FRACP	
2004–2005	<b>Dr S Ackland</b>	MBBS FRACP GAICD	
2002–2003	<b>Professor L Kenny AO</b>	MBBS FRANZCR	
2000–2001	<b>Professor J Zalberg OAM</b>	MBBS PhD FRACP FRACMA FAHMS FAICD	
1998–1999	<b>Professor H Ekert AM</b>	MBBS MD FRACP FRCPA	
1996–1997	<b>Professor RJS Thomas</b>	MBBS MS FRACS FRCS	
1994–1995	<b>Professor AS Coates AM</b>	MD FRACP	
1992–1993	<b>Professor WH McCarthy AM</b>	MEd FRACS	
1990–1991	<b>Professor RM Fox AM</b>	BSc(Med) MBBS PhD FRACP	
1988–1989	<b>Dr JA Levi</b>	MBBS FRACP	
1985–1987	<b>Dr JVM Coppleson AO</b>	MBBS(Hons) MD FRCOG FRACOG	(Deceased)
1983–1985	<b>Professor GJ Clunie</b>	CHM(Ed) FRCS(Ed) FRCS FRACS	(Deceased)
1981–1983	<b>Professor MHN Tattersall AO</b>	MA MD MSc FRCP FRACP	(Deceased)
1979–1981	<b>Dr RP Melville</b>	MBBS FRCS FRACS FACS	(Deceased)
1976–1979	<b>Professor L Atkinson</b>	FRCS FRACS FACR	(Deceased)
1973–1976	<b>Mr WB Fleming AM</b>	MBBS FRACS FRCS(Eng) FACS	(Deceased)

# COSA VISION AND MISSION

## QUALITY MULTIDISCIPLINARY CANCER CARE FOR ALL

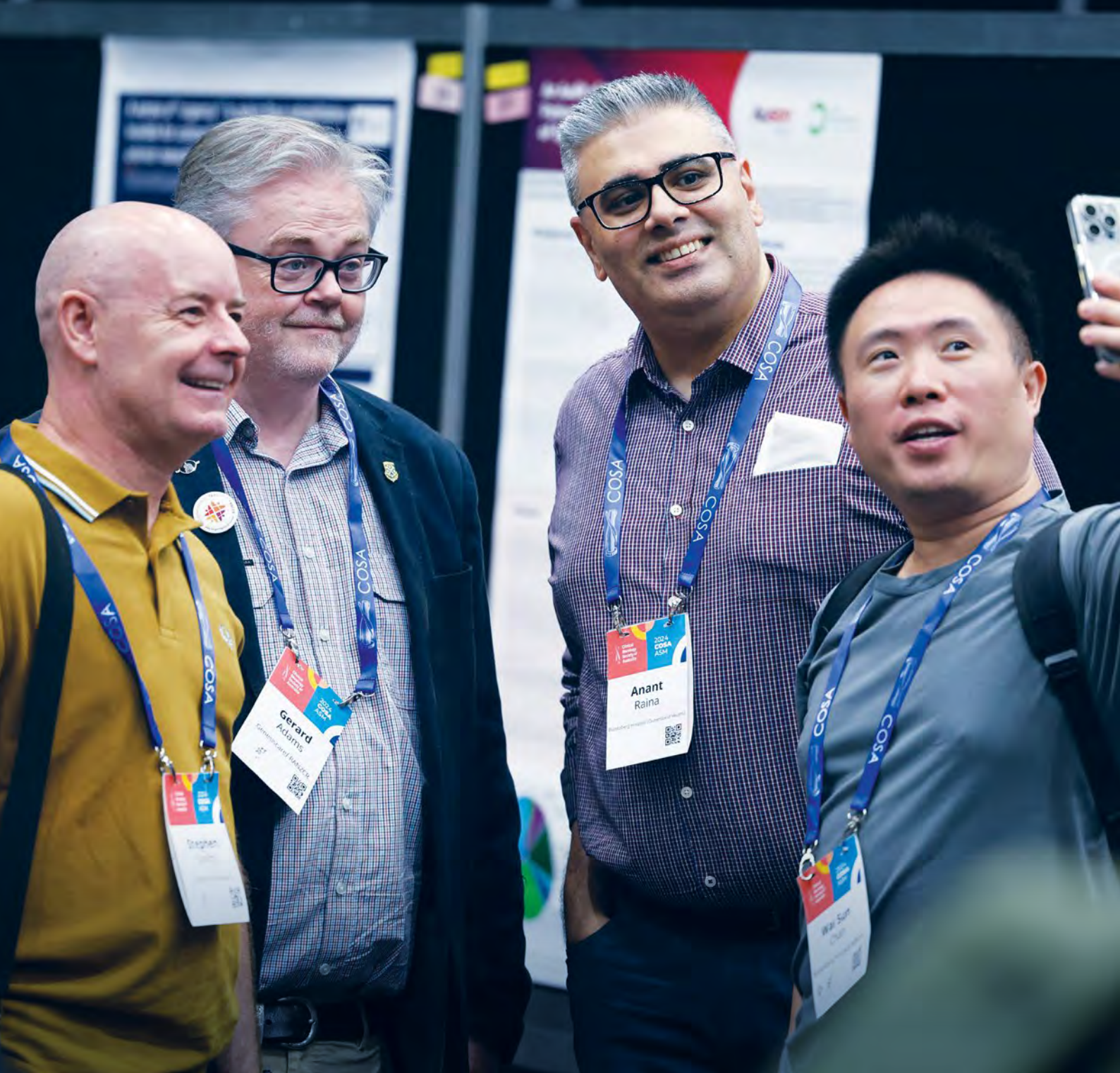
The overarching mission of COSA is to improve cancer care and control through collaboration.

### **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 is the national oncology community bringing together multidisciplinary health professionals across all cancers to advance care and improve outcomes.**



As a COSA member, you will have opportunities to connect with oncology leaders, build networks and collaborations, access professional development and education, drive advocacy, and facilitate research.

# COSA MEMBERSHIP

## Member types

Advanced Trainee Member	46
Allied Health Member	553
Honorary Member	22
Medical Member	216
Nursing Member	160
Retiree Member	4
Student Member	83
Co-opted Directors & Council Representatives	5

As at 31 December 2024, COSA had 1090 registered members. COSA members are from the many healthcare disciplines engaged in cancer treatment including research, patient care and support fields. They are from universities, private practice, government and private laboratories, and other health services.

## There are two categories of COSA membership: Individual membership and Organisational membership.

### Individual Membership

A person with a specific interest in oncology and professional qualifications relating to the vision and mission of COSA is eligible for admission as an individual member. Only COSA individual members residing in Australia are eligible to vote at Annual General Meetings.

### Medical members

Qualified clinical practitioners or scientists that hold a postgraduate degree or fellowship from a recognised College or Society.

### Allied Health members

Health professionals or non-medical professionals, for example exercise physiologists and physiotherapists, pharmacists, etc.

### Advanced Trainee members

Advanced trainees are eligible for this member type for the duration of their traineeship in medical, radiation and surgical oncology.

### Nursing members

Registered nurses such as breast care nurses, clinical nurse consultants, nurse practitioners, etc.

### Student members

Students undertaking full-time undergraduate or postgraduate studies with a stream of cancer care in an Australian Institution are eligible for student membership. Documented evidence is required on application annually and membership is subject to Board approval. Student members are not entitled to vote at Annual General Meetings.

### Retiree members

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

### 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.

### Organisational Membership

Not-for-profit companies, institutions or organisations that have a similar vision to COSA are eligible to be admitted as Affiliated or Associated organisations.

## Member Testimonials

“ Being a member of COSA has been a wonderful experience for me as a student. It gave me an opportunity to present my PhD works through poster and oral presentations at the 51st Annual Scientific Meeting, showcasing my research, receiving valuable feedback from experts, and connecting with leading professionals in the field of oncology. ”



**Tsegaw Amare Baykeda**  
PhD Candidate Public Health, University of Queensland

“ COSA membership has allowed me to expand my professional network and provide me with opportunity to contribute to the development of resources to improve health outcomes for people living with cancer. ”



**Dr Ashfaq Chauhan**  
Postdoctoral Research Fellow, Australian Institute of Health Innovation

“ COSA is invaluable for staying updated on oncology care innovations, which inform and enhance my research. It enables collaborations with practising healthcare professionals and fellow researchers, improving the quality of both basic and applied research. I highly recommend COSA to anyone seeking to advance their professional growth in oncology research. ”



**Dr Ashley Hopkins**  
Senior Research Fellow, Flinders University; Chair, COSA Epidemiology Group

“ My favourite thing about being a COSA member is the people that I've met from all over Australia who are also working in the cancer survivorship space. ”



**Dr Lizzy Johnston**  
Senior Research Fellow (Survivorship) at Cancer Council Queensland

“ Many professional organisations are conservative and inward-looking. COSA is progressive, innovative and engaged. If you want to change the world of cancer, COSA is the place to be. ”



**Professor Bogda Koczwara AM**  
Director, Flinders Centre for Innovation on Care; Past President

“ COSA fosters a multidisciplinary approach to cancer care that provides members timely access to evidence-based information. ”



**Cassandra Mazza**  
Nurse Practitioner, Sunshine Coast University Hospital; COSA Membership Committee

“ I have found that COSA offers us opportunities to learn, grow, and network with like-minded, passionate individuals from diverse backgrounds and expertise, all sharing the common goal of continuous improvement in the care we provide to cancer patients and their carers/families. With cancer treatments evolving rapidly, it is an excellent way to stay informed with national and international experts presenting new research and collaborating on policy reform. There is also a sense of encouragement to contribute to these projects or to present your own. ”



**Lachlan Roth**  
Senior Cancer Pharmacist, Metro South Health; COSA Membership Committee

# COSA BOARD



**A/Professor  
Dion Forstner**  
President



**Professor Sabe  
Sabesan**  
President-Elect



**Ms Sandie Angus**  
Co-opted  
Director



**Professor  
Judy Bauer**  
COSA Council  
Elected Director



**Professor  
Tanya Buchanan**  
Cancer Council  
Australia Nominated  
Director  
(Until March 2024)



**Clinical A/Professor  
Merran Findlay**  
COSA Council  
Elected Director





**Mr Peter Hooker**  
Co-opted Director



**Dr Malinda Itchins**  
COSA Council  
Elected Director



**Professor  
Michael Jefford**  
COSA Council  
Elected Director



**Professor  
Timothy Price**  
COSA Council  
Elected Director



**A/Professor  
Christopher Steer**  
COSA Council  
Elected Director



**Ms Marie Malica**  
Chief Executive Officer,  
ex-Officio

# COSA COUNCIL

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

## COSA GROUP AND APPOINTED 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: Distinguished Professor P Yates AM  
PhD RN FACN FAAN

### **CANCER GENETICS GROUP**

(Jan-Jun) Chair: Mr S Troth  
BSc GDipGenetCouns FHGSA

### **CANCER PHARMACISTS GROUP**

Co-Chair: A/Professor M Ryan  
BPharm, MHLthMgt, GradDipClinPharm, PhD  
FANZCAP

Co-Chair: Dr G Sandhu  
BPharm(Hons) PhD

### **CANCER PREVENTION**

Chair: Professor B Stewart AM  
MSc PhD FRACI DipLaw DipLegalPract

### **CLINICAL TRIALS AND RESEARCH PROFESSIONALS GROUP**

Chair: Mr A Stoneley  
BBus HIM

### **EPIDEMIOLOGY GROUP**

Chair: A/Professor A Hopkins  
BPharm(Hons) PhD

### **EXERCISE AND CANCER GROUP**

Chair: Dr D Mizrahi  
BExPhys MSc PhD

### **GASTROINTESTINAL ONCOLOGY GROUP**

Chair: Dr C Diakos  
BSc(Hons) MBBS PhD FRACP

### **GERIATRIC ONCOLOGY GROUP**

Chair: Professor M Agar  
MBBS MPC PhD FRACP FACHPM

### **GLOBAL ONCOLOGY GROUP**

Chair: Professor D Yip  
MBBS FRACP

### **GYNAECOLOGICAL ONCOLOGY GROUP**

Chair: Professor L Mileskin  
MBBS MD Mbioeth(Mon) FRACP

### **INTEGRATIVE ONCOLOGY GROUP**

(Jan-Jul) Chair: A/Professor J Lacey  
MBBS, FRACGP, FACHPM (FRACP)  
(Aug-Dec) Chair: Ms G McDonald  
BScNurs GradDipWH MPH

### **LUNG CANCER GROUP**

Chair: Dr M Itchins  
BMedSci MBBS(Hons1) PhD FRACP

**PRESIDENT**

A/Professor D Forstner  
MBBS (Hons) FRANZCR

**PRESIDENT-ELECT**

Professor S Sabesan  
BMBS PhD FRACP

**MELANOMA AND SKIN GROUP**

Chair: Dr D Kee  
MBBS DMedSc FRACP

**NEUROENDOCRINE TUMOURS GROUP**

Chair: Dr D Chan  
BSc(Med) MBBS ClinDipPallMed PhD FRACP

**NEURO-ONCOLOGY GROUP**

Chair: A/Professor ES Koh  
MBBS FRANZCR

**NUTRITION GROUP**

Chair: Ms J Loeliger  
AdvAPD

**PALLIATIVE CARE GROUP**

Chair: Professor J Phillips  
BSc PGDip PhD RN FACN FPCNA

**PSYCHO-ONCOLOGY GROUP**

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

**RARE CANCERS GROUP**

Chair: Professor C Scott AM  
MBBS PhD FRACP FAHMS

**REGIONAL AND RURAL ONCOLOGY GROUP**

Chair: Dr WS Lam  
MBBS FRACP MHA

**SURGICAL ONCOLOGY GROUP**

Chair: Dr S Nightingale  
MBChB MS FRACS

**SURVIVORSHIP GROUP**

Chair: A/Professor N Hart  
PhD AES CSCS FESSA NHMRC Investigator  
Fellow

**UROLOGIC ONCOLOGY GROUP**

Chair: A/Professor A Azad  
MBBS PhD FRACP

**FIRST NATIONS REPRESENTATIVE**

Professor G Garvey AM  
BEd MEd PhD

**ADVANCED TRAINEE REPRESENTATIVE**

Dr P Viray  
MBBS

**CONSUMER REPRESENTATIVES**

Ms K Bell  
BA(Hons) GradCertHealthEcons MPH GAICD

Ms L Young  
DUniv

# COSA COUNCIL CONT.

## AFFILIATED ORGANISATION REPRESENTATIVES

### **AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP (AGITG)**

Professor T Price  
MBBS DHlthSc (Medicine) FRACP

### **AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP (ALLG)**

Professor J Trotman  
BHB MBChB FRACP FRCPA PostGrad Cert Clin  
Res (Oncology)

### **AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION (ANZSA)**

Professor A Hong  
MBBS MMed PhD FRANZCR

### **AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP (ANZGOG)**

Professor C Scott AM  
MBBS PhD FRACP FAHMS

### **AUSTRALIAN AND NEW ZEALAND CHILDRENS HAEMATOLOGY ONCOLOGY GROUP (ANZCHOG)**

Professor N Gottardo  
MBChB FRACP MPH

### **AUSTRALIAN AND NEW ZEALAND HEAD & NECK CANCER SOCIETY (ANZHNCS)**

(Jan-Jul) Dr T Fua  
MBBS FRANZCR  
(Aug-Dec) A/Professor M Findlay  
AdvAPD

### **AUSTRALIAN AND NEW ZEALAND UROGENITAL & PROSTATE CANCER TRIALS GROUP (ANZUP)**

Professor I Davis  
MBBS (Hons) PhD FRACP FChPM FAHMS  
GAICD

### **AUSTRALIAN PHYSIOTHERAPY ASSOCIATION (APA)**

Ms G Tan  
BPhysio

### **BREAST CANCER TRIALS (BCT)**

Professor S Lakhani  
BSc MBBS MD FRCPATH FRCPA

### **CANCER NURSES SOCIETY OF AUSTRALIA (CNSA)**

(Jan-Jun) Professor D Kirk  
DNP FNP-BC NP-C AOCN FAANP

(Jul-Dec) A/Professor G McErlean  
BN GradCertCaN MPH PhD RN CF MCNSA

### **CANCER SYMPTOM TRIALS (CST)**

Dr RS Moussa  
BMsci(HonI) PhD

### **COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY**

A/Professor ES Koh  
MBBS FRANZCR

### **FACULTY OF RADIATION ONCOLOGY – ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF RADIOLOGISTS (RANZCR)**

Dr G Adams  
BSc (Hons) MBChB FRCR FRANZCR

**HUMAN GENETICS SOCIETY OF AUSTRALIA (HGSA)**

Mr S Troth  
BSc GDipGenetCouns FHGSA

**MEDICAL ONCOLOGY GROUP OF AUSTRALIA (MOGA)**

A/Professor M Eastgate  
MBBS FRACP

**MELANOMA AND SKIN CANCER TRIALS LIMITED (MASC Trials)**

Professor M Shackleton  
MBBS PhD FRACP

**ONCOLOGY SOCIAL WORK AUSTRALIA & NEW ZEALAND (OSWANZ)**

(Jan-Feb) Ms K Hobbs  
MSW MAASW  
(Mar-Dec) Ms F Wiseman  
MSW

**PSYCHO-ONCOLOGY COOPERATIVE RESEARCH GROUP (PoCoG)**

A/Professor J Shaw  
BAppl Sc BPsych(Hons) PhD

**ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA (RCPA)**

A/Professor K Lee  
MBChB FRCPA GAICD

**THORACIC ONCOLOGY GROUP OF AUSTRALASIA (TOGA)**

(Jan-Feb) Professor M Millward  
MBBS MA FRACP  
(Mar-Dec) Dr M Itchins  
BMedSci MBBS(Hons) FRACP

**TRANS TASMAN RADIATION ONCOLOGY GROUP (TROG)**

A/Professor P Sundaresan  
BSc (Hons) MBBS FRANZCR PhD GAICD



# PRESIDENT'S REPORT

I write this with a little sadness as I've now completed my term as COSA President. I handed the reins to the effervescent Professor Sabe Sabesan after the 2024 COSA ASM on the Gold Coast and feel I finished my Presidency on a high. Those of you who attended the ASM will know what I'm talking about, for the rest of you I will paint a picture. We had around 900 delegates attend our 51st ASM, and many sessions were filled to the back of the theatre. The mood was set during the very warm Welcome to Country where Aunty Erica, accompanied by Dave on the didge, took us on a journey across Country and had everyone up doing a pelican dance. The meeting was then officially opened by doctor, lawyer and disability advocate, Dr Dinesh Palipana OAM, and the stage was set for an exciting and educational event heavily focused on improving access to quality cancer care for everyone.

It was fantastic to see so many people representing the diversity of professional backgrounds that is COSA. We are a very special organisation full of kind people. As the world slowly becomes a less kind place, COSA becomes a kinder place. This kindness permeated the ASM from the presentations to the thoughtful questions from delegates to the incidental conversations between seat neighbours, as well as the friendship flowing in the breaks and informal events. However, there is so much more we need to do, and we were well challenged by the inspirational Professor Gail Garvey's call to action to all of us to work to improve the lives of Aboriginal and Torres Strait Islander peoples with cancer.

Our Co-convenors, Sean Hill and Michael Powell, and their multidisciplinary Program Committee did a fantastic job delivering an excellent program assisted by our outstanding COSA staff, in particular Marie Malica and Fran Doughton.

The ASM is one of the highlights of the COSA calendar, but there were many more achievements in the past year.



## 2024 Highlights

COSA is an organisation of its members and for consecutive years our membership has exceeded 1000. Our membership is truly multidisciplinary with members ranging from medical and radiation oncologists to cancer pharmacists, nurses and dietitians (to name but a few).

Many COSA members make enormous contributions through our COSA Groups, delivering projects to improve outcomes for people with cancer and the people who care for them. Some Groups have reported on their activities in these pages, so you will find more details in their reports. Below is just a snapshot of what the COSA family achieved in 2024.

- Roadmap to Reducing Financial Toxicity Experienced by People Affected by Cancer launched
- Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) and Exercise and Sports Science Australia (ESSA) became Associated Organisations
- Cancer Pharmacists Group Clinical Practice Course conducted
- Cancer-related Malnutrition and Sarcopenia Toolkit launched
- Strategic Plan Overview 2024-2029 approved by Board
- Older People with Cancer Webinar conducted
- Optimal Care Pathways for Older People with Cancer project underway and milestones met
- Successful ASM held on the Gold Coast with more than 900 delegates and a program that offered something for everyone
- Guidelines for Psychosocial Management of AYAs with Cancer updated
- Webinars held in partnership with the Cancer Nurses Society of Australia, Australian Cancer Survivorship Centre, Cancer Council, British Oncology Pharmacy Association, Canadian Association of Pharmacy in Oncology, International Society of Oncology Pharmacy Practitioners

- Submissions made to government and other inquiries on topics including vaping reforms and assessing health technologies

## COSA Board

The COSA Board is responsible for setting the organisation's strategic direction, ensuring financial sustainability, overseeing the secretariat and ensuring compliance with COSA's legal obligations.

The Board held four virtual and one in person meeting in 2024. The in-person meeting in Sydney in March included strategic planning and director education sessions.

In August, the Board ratified COSA's new five-year strategy built around the pillars of the organisation: education, advocacy, research, and collaboration.

In 2024, the relationship between Cancer Council Australia (CCA) and COSA changed with COSA no longer being co-located nor relying on CCA for financial services support. In light of this change, the CCA and COSA Boards noted that reciprocal arrangements for Board representation were no longer warranted and agreed to remove this requirement from their Constitutions. COSA and CCA are committing to continue to work closely together in the policy and advocacy space.

In May 2024, the Board approved amending the COSA Constitution to remove the Cancer Council Australia-nominated director, and to increase the number of co-opted directors from two to three if required.

## Audit, Risk and Finance Committee

The Audit, Risk and Finance Committee, a subcommittee of the Board, met five times in 2024. As the majority of COSA directors are health professionals, we rely on the complementary knowledge and skills of our co-opted directors, Ms Sandie Angus and Mr Peter Hooker. We thank them for their steadfast support with their independent expertise in financial management, corporate governance and legal issues being important to the organisation.

## Membership Committee

The Membership Committee, a new subcommittee of the Board, was established in early 2024. This was an initiative suggested by COSA Board member Professor Michael Jefford and he took on the role of inaugural chair. The Committee is responsible for supporting COSA staff on membership related issues, advising the Board on attracting, retaining and engaging members, and helping identify member needs and opportunities.

The Committee has nine members representative of COSA's multidisciplinary membership. It met virtually three times in 2024 with discussions focused on developing a member engagement plan.

There were a few changes to COSA Council in 2024:

## COSA Council

COSA Council is comprised of the COSA Group Chairs and a representative from each of the Affiliated Organisations. COSA Council is our main clinical and scientific advisory group providing a body of expertise to respond to national cancer control policy and advocacy issues. Council met three times in 2024, twice virtually and once in person prior to the ASM.

<b>COSA Group</b>	<b>Incoming Chair</b>	<b>Outgoing Chair</b>
Integrative Oncology	Geraldine McDonald	Judith Lacey
<b>Affiliated Organisation</b>	<b>Incoming representative</b>	<b>Outgoing representative</b>
ANZHNCs	Merran Findlay	Tsien Fua
CNSA	Gemma McErlean	Deborah Kirk
OSWANZ	Fiona Wiseman	Kim Hobbs
TOGA	Malinda Itchins	Michael Millward







Dion Forstner and ASCO President Robin Zon

Council approved the establishment of a Multimorbidity Working Group to focus on how to best integrate effective cancer care with the care of multiple chronic conditions. The Group has the potential to attract new members to COSA and to help tackle an issue that is not being well addressed. A Special Interest Group has been formed to gauge interest before the creation of a formal Group; the Steering Committee represents a broad range of experience across disciplines.

### Thank you

With my time as President ending, I reflect on COSA's overarching mission 'to improve cancer care and control through collaboration'. COSA is the only professional cancer care organisation that has representation across such broad areas of practice, and so for COSA 'collaboration' is multidisciplinary collaboration and together we can improve the lives of people with cancer. We do face a big challenge to ensure COSA's sustainability. Our financial position has improved over the last two years but there are challenges ahead. The COSA Board, Council and entire membership need to continue to look for opportunities to grow

COSA and diversify our income opportunities. We need the ideas of our members so please feel free to share ideas with COSA.

I extend my thanks to the COSA Board and Council for their guidance and support, and to the terrific COSA staff. And lastly an enormous thanks to our members and stakeholders, whose energy, commitment and intelligence never cease to impress.

Please encourage your colleagues to join our wonderful organisation, and to attend the 2025 COSA ASM in Adelaide.



Dion Forstner  
President  
2023-2024

# CHIEF EXECUTIVE OFFICER'S REPORT

In 2024, for the second year running, we had more than 1000 registered members. Our membership is not only multidisciplinary but across all cancers, and representative of diverse institutions including universities and private labs, government organisations, and public and private health services. Needless to say, our membership has an incredible breadth of experience and knowledge which we are harnessing to help advance cancer care.

The Board and I are pleased to see COSA membership figures tracking so high. Having our dedicated Member Engagement Officer, Maryanne Doherty, as a point of contact is proving to be an excellent investment. Maryanne is working closely with our new Membership Committee which advises the Board on member attraction, retention and engagement, with the aim of growing COSA membership – it seems to be working.

Our members have opportunities to network and collaborate across disciplines to advance their professional development and to drive advocacy and research efforts. We engage with our members through surveys, newsletters, webinars and of course our annual scientific meeting. We maintain a repository of past webinars and newsletters, and recordings from the ASM on the COSA website which members can access at any time.

Members can also join COSA Groups that match their interests. Some Groups are solely involved in staying up to date with developments in their disease area, while others are very actively involved in delivering projects. The pan cancer Groups are our most active Groups. I encourage you to read about all the Groups' activities in these pages.

## **Fellowships**

COSA Fellowships are a formal vehicle for collaboration and mentorship. While COSA Fellowships are not financial, they can provide expert mentoring and career advancement which may help secure future funding support.

This year saw the culmination of a number of COSA Fellowship projects with publications in peer-reviewed journals and presentations at the ASM. See the Survivorship Group and Exercise and Cancer Group reports for details.

## **ASM**

Around 900 people attended the COSA ASM on the Gold Coast in November. Our Co-convenors, Dr Sean Hill and Michael Powell, and their multidisciplinary Program Committee put together an amazing program. Thanks to everyone who was there either presenting, debating, chairing or in the audience as you truly made this a successful event.

Our international speakers covered many miles to attend our ASM and their presentations resonated with our audience. While North America and Australia may be on opposite sides of the globe, presentations from Dr Danielle Rodin, Dr Susan Dent and Dr Robin Zon spoke of common issues around disparities in access to quality cancer care. While Professor Dean Ho gave two compelling presentations on using AI for precision tailoring of patient treatments to improve outcomes and at the same time lower healthcare costs.

## **Groups and Affiliated Organisations**

Reading through the submissions from our Groups and Affiliated Organisations, which make up the bulk of this report, reads of an impressive cumulative effort and I am in awe of the energy and achievements of our members.

Several of our Groups and Affiliated Organisations also published e-newsletters and reports throughout the year, keeping members updated on their activities, sharing articles of interest and promoting opportunities.

### **AI in Healthcare**

In June I attended a leaders' retreat focused on the rapidly changing world of AI. This technology will have immediate and long-term effects on how we conduct ourselves both professionally and personally, and we all know it will impact the care of people with cancer. The plenary on AI in healthcare on the closing day of the ASM provided an overview of the current landscape with presentations from David Hansen from the Australian e-Health Research Centre at CSIRO, Catherine Jones from I MED Radiology Network/ Royal Brisbane and Women's Hospital, and Professor Dean Ho from The Institute for Digital Medicine at the National University of Singapore.

### **Workplace Culture Framework**

In 2024, our President-Elect, Professor Sabe Sabesan, was busy promoting the *Healthy workplace culture in health systems framework*. Sabe has been leading this project aimed at improving workforce wellbeing in health systems with flow on effects for ensuring quality care. We were honoured that COSA was invited to co-host a joint meeting on workforce with ASCO and the European Cancer Organisation (ECO) prior to the ASCO Meeting on 3 June 2024 in Chicago. Sabe was invited to share COSA's efforts to establish best practices. A great opportunity to get this on the international stage! Sabe continues to work with these international colleagues on a joint international statement.

The framework has seven endorsing and nine partnering organisations and has been referenced in the ASCO Educational Book and the MOGA burnout position statement and in a commentary in the *Australian Journal of Rural Health*.

### **Optimal Care Pathway for Older People with Cancer**

In July, with funding from Cancer Australia, we commenced an exciting project to develop an Optimal Care Pathway for Older People with Cancer. Co-chairs Professor Meera Agar and A/Professor Christopher Steer are guiding a multidisciplinary expert working group that includes the members of our Geriatric Oncology Group Executive. With the vast majority of people living with cancer in Australia being older adults, this resource will help reduce age-related disparities that exist in standards of care and patient outcomes.

### **COSA Strategic Plan Overview for 2024-2029**

The Board approved COSA's new Strategic Plan Overview for 2024-2029. This outlines our strategic priorities and high-level actions for the coming five years and we have started developing the operational plan to support the priority areas.

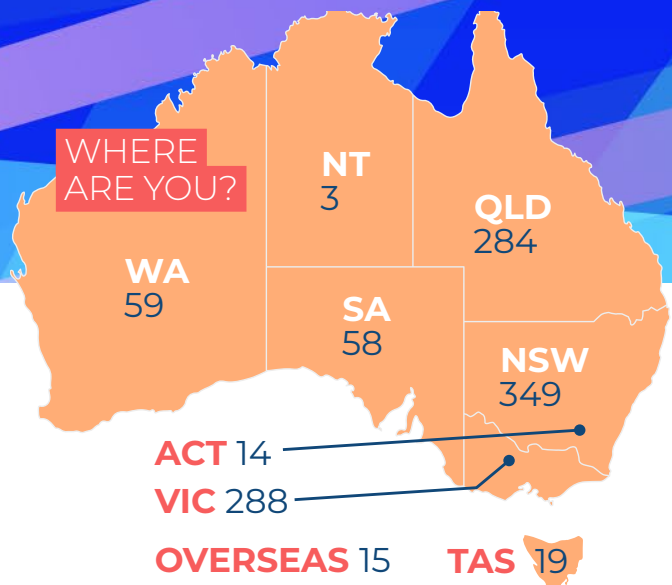
### **Thank you**

It has been another great year for the COSA team. We greatly appreciate the support and collaboration of our COSA members, and I want to thank and recognise the outstanding efforts of our outgoing President, A/Professor Dion Forstner. It has been an absolute pleasure for me to work so closely with him over the last two years. His leadership and commitment to COSA have ensured he leaves the Presidency and the organisation in an excellent position. I look forward to working with our incoming President Professor Sabe Sabesan, and President-Elect Professor Haryana Dhillon, over the coming two years.

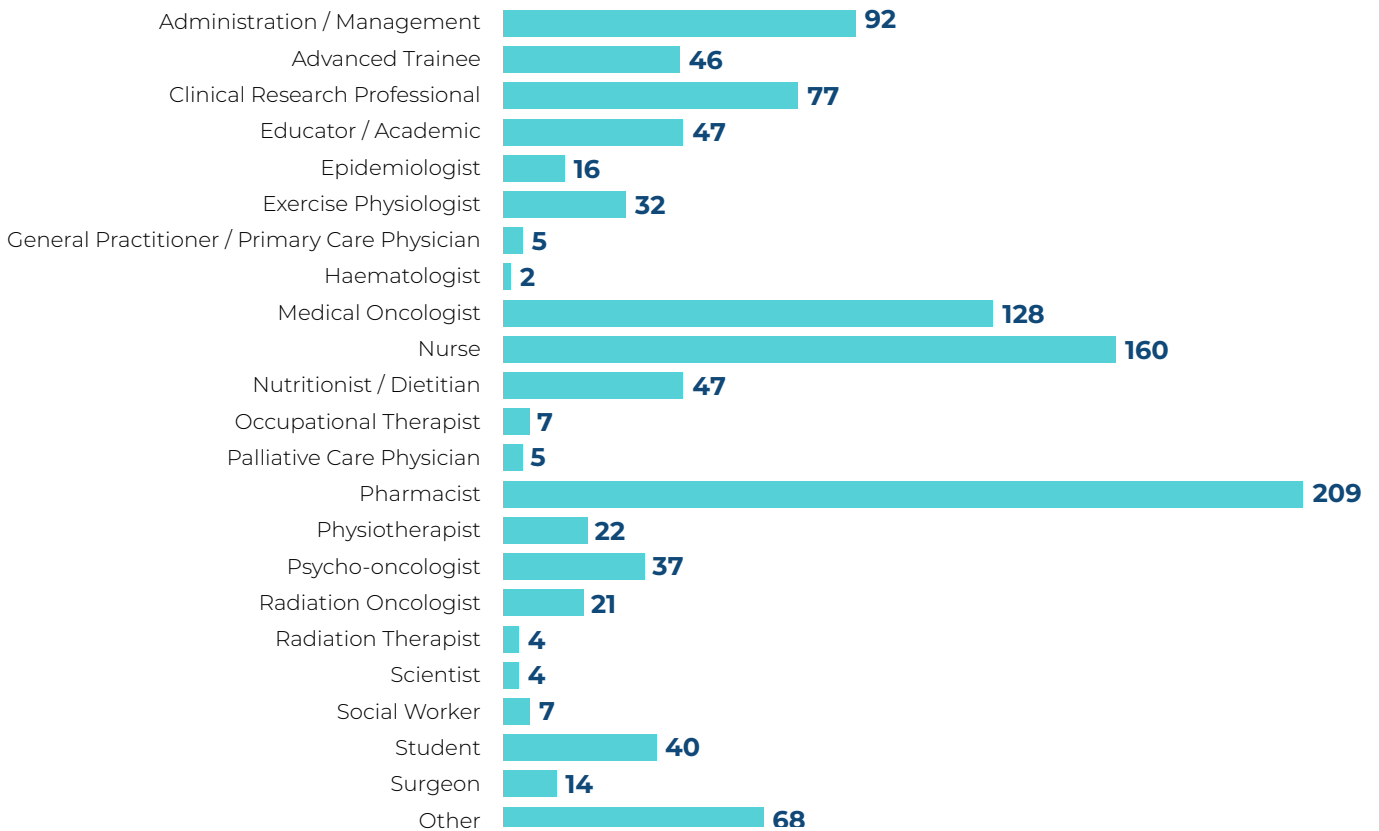


**Marie Malica**  
Chief Executive  
Officer

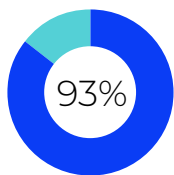
# COSA SNAP SHOT



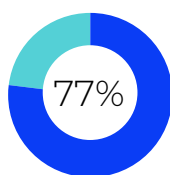
## WHO ARE YOU?



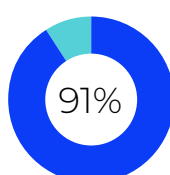
## ASM



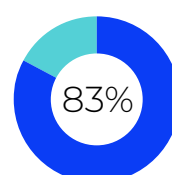
Respondents found it worthwhile attending the ASM



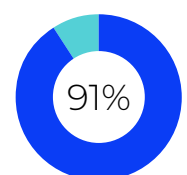
Indicated the opportunity to network was their main motivation for attending



Felt the sessions were well structured



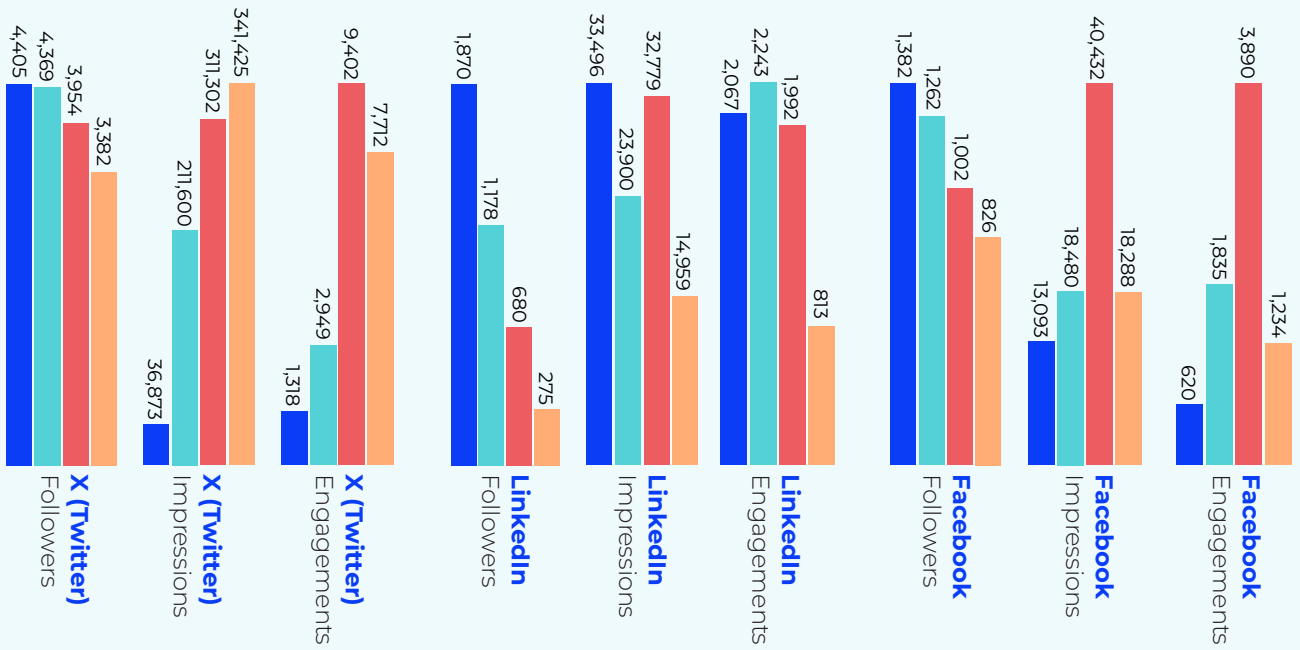
Expressed satisfaction in the multidisciplinary integration



Found the educational content was of high quality

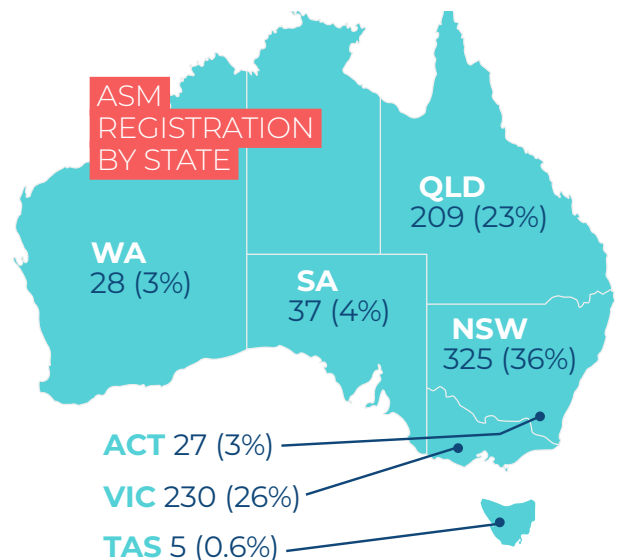
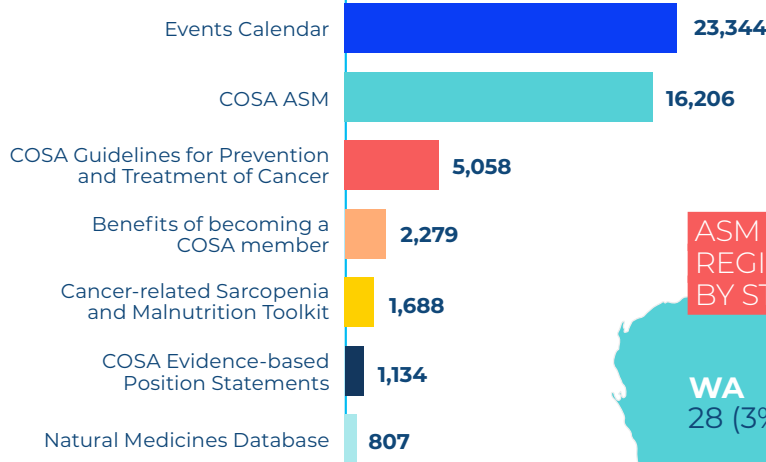
# SOCIAL MEDIA REACH

Key 2024 2023 2022 2021

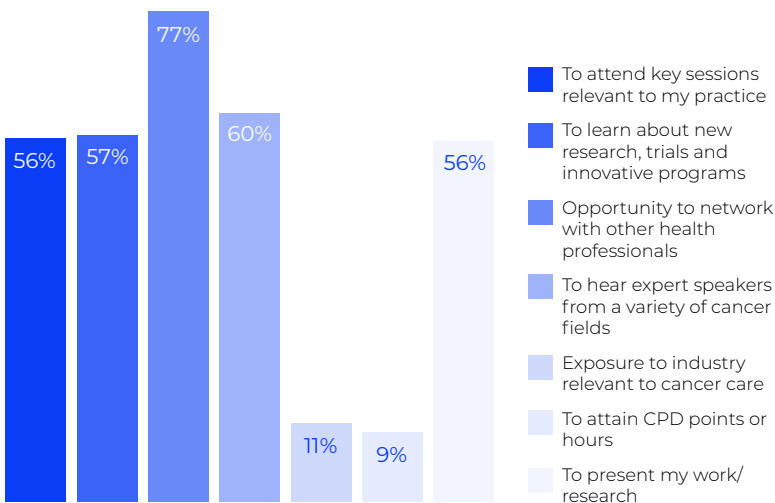


# COSA.ORG.AU PAGE VIEWS

TOTAL VIEWS **153,930**  
ACTIVE USERS **54,119**



# WHAT MOTIVATED YOU TO ATTEND THE ASM?



OVERSEAS 29 (3.3%)

TOTAL REGISTRATIONS **890**

# CONVENORS' REPORT

We were honoured to co-convene the 2024 COSA ASM, on the Gold Coast on 13-15 November 2024, themed *Bridging gaps, building progress, breaking down disparities*. It had been eight years since the ASM was last held on the Gold Coast, so we were excited to bring it back there and to have great local representation alongside experts from across the country and overseas.

Back in 2022, COSA introduced an equity theme to the ASM. The theme resonated with delegates, and we wanted to incorporate it into our 2024 program as it aligned well with the disease theme of cancers with poorer outcomes. The theme of fair access to quality cancer care permeated many of the sessions, not just those focused on equity.

We think the 2024 COSA ASM program truly reflected our multidisciplinary society membership. Together with our diverse Program Committee, we developed an exciting and educational program that offered something for everyone. We had excellent feedback during the ASM with some seasoned ASM attendees saying it was the best program to date. Those who responded to the post-event survey were also very positive; 91 per cent of respondents found the educational content was of high quality and 91 per cent felt the sessions were well structured.

Some sessions covered topics not seen on a COSA program for some years, and others revisited and updated more recently programmed and equally important topics. The sessions which received top ratings from delegates coincided with our favourites, including the plenaries *Equity, access and*

*advocacy and Management of cancers with poor prognosis, and the session The elephant in the room – uncomfortable conversations.*

For many people, including three-quarters of survey respondents, the opportunity to network is their main motivation for attending the COSA ASM. The ASM is a platform for igniting professional collaborations and for fuelling friendships. For us, it was great to catch up with many old friends on the Gold Coast and to make new friends. The carnival games at the informal dinner proved to be an excellent icebreaker and of course it wouldn't be a COSA meeting without dancing.

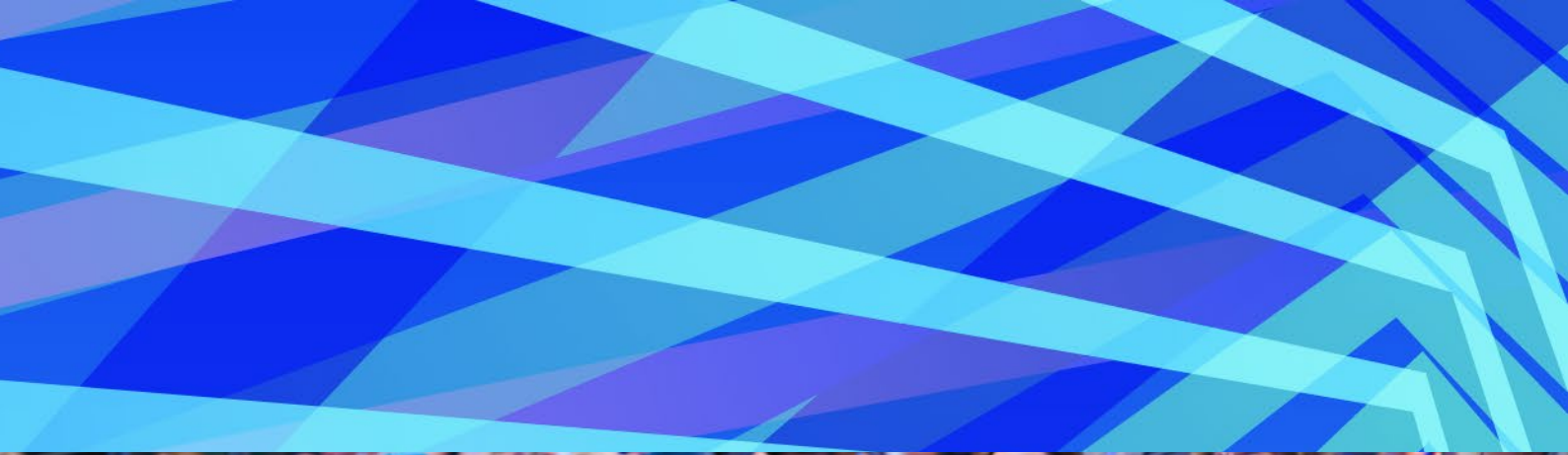
We were confident the ASM would be a success, but that depended on each and every one of us making it happen. Thank you to everybody who joined us for the 51st COSA ASM in a great spirit of learning and friendship. We hope to see you at the 52nd in Adelaide.



**Sean Hill**  
2024 COSA ASM  
Co-convenor



**Michael Powell**  
2024 COSA ASM  
Co-convenor



Dr Dinesh Palipana OAM officially opened the 2024 COSA ASM

# TOM REEVE AWARD

for Outstanding Contributions  
to Cancer Care

COSA established the Tom Reeve Award in 2005 to formally recognise a national leader who has made significant contributions to cancer care. The award is presented annually at COSA's Annual Scientific Meeting where the recipient provides an oration.

COSA was delighted to present the 2024 Tom Reeve Award to Professor Jane Turner AM on the Gold Coast in November. As a psychiatrist who has worked for more than 30 years as a specialist in psycho-oncology, Professor Turner has collaborated with many members of the COSA family not least the late Emeritus Professor Tom Reeve AC CBE.

Professor Turner is an international leader in doctor-patient communication, psycho-oncology and supportive care, and in her oration, she described how things have evolved over the past three decades, since the House of Representatives landmark enquiry into breast cancer in 1992-93, punctuating her presentation with many colourful anecdotes.

Professor Turner said the enquiry revealed disparities in practice and outcomes, and that the *NHMRC Clinical practice guidelines for the management of early breast cancer* were a good starting point for addressing the problem. Coincidentally, Tom Reeve chaired the working group for the development of the guidelines, and Professor Turner was on the group to provide her psychosocial expertise. Marcia O'Keefe an engineer with advanced breast cancer was invited to join as consumer representative.

Professor Turner said, "Tom Reeve had the foresight to have consumer representation and Marcia motivated and guided the group to acknowledge the emotional experience of breast cancer."

In her oration, Professor Turner went on to describe how the psychosocial care of people with cancer has become embedded in practice and acknowledged the various individuals and organisations that have contributed to this change including the National Breast Cancer Centre, Cancer Councils, Breast Cancer Network Australia, McGrath Foundation and the Psycho-Oncology Co-operative Research Group (PoCoG). Professor Turner was a founding member of PoCoG and she continues to serve on the Scientific Advisory Committee.

On retiring in 2022, Professor Turner was appointed Emeritus Professor at the University of Queensland in recognition of her substantial and lengthy contribution to teaching, research and service to the university and profession.

Her research notably aligns with areas of clinical need aimed at improving psychosocial outcomes for patients and families, and improving communication between health professionals, patients, and families to ensure





Dion Forstner presents Tom Reeve Award to Jane Turner AM

important topics are discussed, decision-making is facilitated, and psychosocial issues are addressed. Reflecting the quality and importance of her contribution to cancer care, her research has been widely translated into diverse clinical settings, leading to improved outcomes for patients and those who care for them.

In 2014, Professor Turner was awarded the COSA Australian Psycho-Oncology Award (now known as the Melanie Price Psycho-Oncology Award), and in 2022, she was appointed as a Member of the Order of Australia for her work in the field of psycho-oncology.

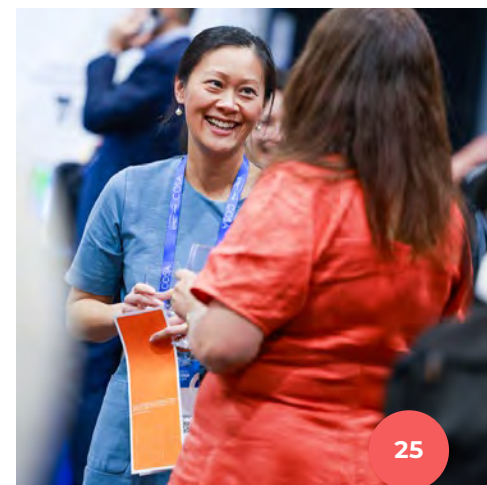
Her service to COSA has also been outstanding, having served as a member of the Executive Committee 2008-2010, Chair of the Psycho-Oncology Group 2007-2010, and executive member of the Psycho-Oncology Group 2005-2012.



Tom Reeve Award recipient Jane Turner AM

# 2024 COSA ASM IN PICTURES





# COSA GROUP REPORTS



## CANCER PHARMACISTS GROUP

With 168 members, it made for another action-packed year for the Cancer Pharmacists Group (CPG). Our membership was actively involved in planning and delivering continuing education events, leading and contributing to research, and collaborating with other COSA Groups as well as international cancer pharmacy groups.

On behalf of the CPG Executive Committee, we sincerely thank our members for their dedication to CPG. We also extend our appreciation to the COSA team, especially Marie Malica and Fran Doughton, for their unwavering support in helping CPG deliver on its key priorities.

### **CPG Executive Committee Membership Update**

In December 2024, Geeta Sandhu (formerly a co-Chair) and Courtney Oar stepped down from the Committee. We acknowledge Geeta and Courtney for their immense contributions to CPG, organising educational events, engaging sponsors, and delivering workshops and presentations. We welcomed Paul Firman and Jenny Casanova to the Executive Committee in December 2024.

The CPG Executive Committee consists of the following members:

- Marissa Ryan (Chair)
- Kimberley-Ann Kerr (Deputy Chair)
- Chi Hao La
- Neil Lam
- Gail Rowan
- Kate Wright
- Marliese Alexander
- Zainab Reslan
- Paul Firman
- Jenny Casanova

### **CPG Clinical Practice Education**

CPG hosted their 16th Foundation Stream Clinical Practice for Cancer Pharmacists Course led by Gail Rowan and their 12th Advanced Stream Clinical Practice Education led by Kate Wright in Brisbane on 15-16 June 2024. It was the first time the two events were run simultaneously, and it proved to be a success with delegates being able to network with the invited speakers and sponsors at the combined break times.



Left to right: Geeta Sandhu, Fran Doughton, Christy Wai and Marissa Ryan at the Clinical Practice for Cancer Pharmacists Course in Brisbane in June

### Foundation Stream Clinical Practice

We had 62 pharmacists attend including one delegate from Papua New Guinea and one from New Zealand. Ahead of the course, delegates were provided with a mix of prerecorded video lectures, face-to-face interactive workshops, and panel discussions. The invited expert cancer pharmacy speakers were Gail Rowan, Chi Hao La, Kimberley-Ann Kerr, Geeta Sandhu, Daniel McKavanagh, Courtney Oar, Christine Carrington, Michael Powell, and myself.

### Advanced Stream Clinical Practice

The 78 delegates enjoyed outstanding sessions including *Emerging Topics in Infections Disease in Cancer Patients* presented by Dr Kanthi Vermuri and William Franks, *The Complement System – Diseases and Therapeutics* presented by Dr Xaria Li and Kate Wright, and *Amyloidosis* presented by Professor Peter Mollee. It was an energetic close to Day 1 with *The Great Debate: Turf wars – Should Pharmacists Be Able to Prescribe in the Cancer Setting?* The affirmative team was comprised of Carla Scuderi, A/Professor Bryan Chan, and Cassandra Mazza with Daniel McKavanagh, Joanne Kanakis, and Dr David Grimes putting their points forward for the negative.

### COSA ASM 2024

Thanks to CPG members Michael Powell, Courtney Oar, and Miranda Chan for being part of the Program Committee for the 51st COSA ASM. CPG members were also involved in presentations, posters, and in chairing sessions and judging abstracts. The CPG-led *Medicine Matters* session chaired by Michael Powell comprised four presentations: *Access Programs and the Evolving Role of the Pharmacist* by Anna Shi, *Triple Negative Breast Cancer – A Therapeutic Update and Case Study Presentation* by Nicole Pringle, *Dapsone Dosing for PJP Prophylaxis: Breaking Down Guidelines and Building Safer Alternatives* by Madeleine Washbourne, and *New Opportunities in Healthcare Economics* by Dean Ho.

An onco-dermatology educational dinner convened by Courtney Oar was held during the COSA ASM. It included case presentations by medical oncologist Dr Margaret McGrath and dermatologist Dr Samantha Davidson, as well as an engaging panel discussion where I provided the pharmacist perspective.

## Collaborations

CPG has many collaborations with COSA Groups and international cancer pharmacy groups including:

- Kimberley-Anne Kerr is on the COSA Geriatric Oncology Group Executive Committee
- Lachlan Roth and Christine Carrington are on the COSA Membership Group Executive Committee
- CPG members Sarah Heward, Kosar Latif, Hayley Vasileff, Narelle Carnazzola and myself are mentoring three Papua New Guinean pharmacists as a COSA Global Oncology Group-related activity. With COSA assistance, we supported one of the pharmacists, Christy Wai, to attend the Foundation Course. Christy was also included as an author on a COSA ASM 2024 poster abstract, which was an excellent opportunity for her to grow her research capability. (I am a member of the COSA Global Oncology Group Executive Committee)
- CPG is part of a joint educational initiative with international groups, British Oncology Pharmacy Association (BOPA), the Canadian Association of Pharmacy in Oncology (CAPHO), Hematology/Oncology Pharmacy Association (HOPA), and the International Society of Oncology Pharmacy Practitioners (ISOPP) providing live webinars which are available on demand to CPG members
- CPG and BOPA sponsor reciprocal member attendance at BOPA/COSA conferences. In 2024, Steven Chea attended the 27th BOPA Annual Conference in Birmingham after an Expression of Interest went out to CPG members.
- I am a member of the ISOPP Global Leaders Group (Geeta Sandhu was also a member in the 2024).



**Marissa Ryan**  
Co-chair, Cancer  
Pharmacists Group



## CANCER PREVENTION

In 2024, the overwhelming priority in respect to Cancer Prevention was the preparation of a research report on e-cigarettes and cancer. However, early in the year, all COSA Groups and Trials Groups were asked to review draft clinician and patient guides on *Medications to lower the risk of breast cancer*.

The Cancer Prevention response affirmed that publication of the proposed guides was wholly justified but suggested exploring the impact of therapy on mortality more comprehensively in the clinician guide as recent research concerning raloxifen, specifically with reference to mortality, merited coverage in the publications.

In late 2022 COSA endorsed the Cancer Council statement *E-cigarette use in young people – urgent action needed to avert a public health crisis*. At the time, more than 10 per cent of teenagers aged 14 to 19 were regular vapers and one-in-three Australians aged between 20 and 29 vaped regularly. The crisis has continued to unfold.

E-cigarettes are not known to cause cancer, but such a risk has been addressed in a broad scope of medico-scientific publications. For the Cancer Prevention Group, the task of evaluating this evidence as informing and underpinning a COSA position statement began in November 2023.

One unique consideration dominates research on e-cigarettes and the molecular and cellular evidence of harm from vaping. Rather than being assessed with reference to non-vaping controls, most studies published prior to 2018 are totally, or to a marked degree, concerned

with a comparison of e-cigarette aerosols with tobacco smoke. In contrast, a COSA research report on the carcinogenic impact of e-cigarettes in their own right was envisaged.

To address the immediate requirement for an assessment of relevant research, a draft document titled *E-cigarettes and Cancer. A qualitative risk assessment* was prepared by Group Chair, Professor Bernard Stewart AM and subject to primary review by A/Professor Freddy Sitas (UNSW) and Dr Hayley Griffin (COSA) in consultation with the COSA CEO Ms Marie Malica.

The scope and quantity of journal publications regarding the potential carcinogenicity of e-cigarettes proved to be wide and numerous respectively. Moreover, conclusions drawn by investigators were seen to be subject to change over time as more cautious observations replaced initial assurances that no problems were evident.

Among other considerations, because specification of a carcinogenic risk consequent upon vaping is likely to be strongly contested by the tobacco industry and other interests, publication of the available evidence in full as a Research Report was endorsed by COSA Council in July 2024. In this context, the draft document was referred to a Working Group drawn from a number of COSA Groups and Clinical Trial Groups including Epidemiology, Pharmacy, Psycho-oncology, Lung Cancer, Nursing Oncology and Head and Neck Cancer Groups as well as other nominees.

With feedback from the Working Group, a finalised text for each section of the report was developed. Changes made included adding subsections or paragraphs, clarifying the context in which certain information was presented, and improving clarity in relation to a multiplicity of matters. The finalised text for each section of the report, together with the Contents listing and Executive Summary, was sent to all members of the Working Group who had contributed to its review, after which the text was referred to COSA Council for endorsement.

Council members were advised of the following in relation to the report:

- This report is focused on cancer as an outcome from vaping. Reference is made to other injury only when such injury, exemplified by inflammation, is recognised as playing a role (amongst other things) in carcinogenesis.
- The report does not engage in advocacy. Thus, for example, in describing different e-cigarette designs or flavouring agents as affecting the composition of inhaled aerosols, no incidental mention is made of the unprincipled conduct of manufacturers in marketing products appearing to be highlighters or asthma medications or flavoured to attract young users. Publications identifying and condemning misleading deceptive conduct by the tobacco industry in relation to e-cigarettes are beyond the scope of this report.
- The summations of specific investigations or reviews invariably involve the exact words used by the respective authors in the absence of any supplementary extrapolation or comment.

At its November 2024 meeting, COSA Council endorsed the research report text. This text will now be formatted and presented as a COSA publication.



**Bernard W Stewart AM**  
Chair, Cancer Prevention







## EXERCISE AND CANCER GROUP

Our Exercise and Cancer Group formed in 2015, and we now have almost 250 members. This figure includes active members and COSA members with an interest in exercise oncology who subscribe to our communications.

Our membership represents diverse disciplines including medical oncologists, radiation oncologists, exercise physiologists, physiotherapists, nurses, pharmacists, and dietitians.

2024 was a big year in the exercise oncology space with plenty of studies up and running, postgraduate students plying their trade, and an increasing number of services looking to promote physical activity as part of standard care.

### **Exercise Fellowship**

Dr Kim Edmunds from The University of Queensland commenced her COSA Exercise Fellowship project under my supervision alongside Professor Sandie McCarthy and Professor Haitham Tuffaha. The project is aimed at calculating the costs and benefits of implementing the COSA exercise guidelines, and the expected losses from suboptimal implementation. As we move towards the implementation phase, this work will make an important contribution to the exercise oncology literature. This new Fellowship program is a joint initiative with the COSA Nutrition Group.



Exercise Fellow Dr Kim Edmunds

### **Exercise Implementation Working Group**

The COSA Exercise in Cancer Care Position Statement is intended to provide guidance to the entire multidisciplinary cancer team to view exercise as an adjunct therapy and to incorporate exercise into routine cancer care. Our Exercise Implementation Working Group, led by chair Lisa Guccione from Peter MacCallum Cancer Centre, has been examining what is working well in practice and identifying the current gaps.

The Working Group is developing an Implementation Action Plan, using organisational priority setting frameworks and implementation science, that will prioritise the top three target areas with the greatest impact. These priority areas may be incorporated into existing research or grant applications.

### **Executive Committee Update**

Our Executive Committee met by phone three times in 2024 and continues to demonstrate enormous drive and enthusiasm for our advocacy efforts in the exercise oncology space.

## Exercise Oncology at the ASM

The overarching aim of our Group is to have exercise incorporated into standard care for people with cancer and the COSA ASM with its multidisciplinary delegation is an important platform.

The exercise oncology content in the 2024 COSA ASM program included:

A breakfast symposium, *Nutrition and exercise innovations: a spotlight on implementation initiatives enhancing cancer care and outcomes*, highlighting the latest research and ways of elevating multidisciplinary care in practice.

A plenary, *Malnutrition and sarcopenia: exposing the reality about access to care*, which included a presentation from Implementation Working Group member, Mary Kennedy from Edith Cowan University on using an implementation science approach to improving delivery of exercise in oncology.

- Some 21 posters on topics relating to exercise and cancer ranging from meta-analyses and qualitative studies to disease-specific targeted interventions.
- Five Best of the Best Oral Presentations on exercise rehabilitation for cancer survivors.

## Global Oncology Project

We have been having ongoing discussions with Dr Desmond Yip, COSA Global Oncology Group Chair, around identifying priority projects, training opportunities and resources adaptations to provide advice on incorporating exercise into cancer care in some of the Pacific Island nations.

## Exercise Oncology Research

In 2024, a number of COSA members working in the exercise oncology field had their work published in high-impact research publications including the *Journal of Science and Medicine in Sport* (JSAMS).

We endorsed the study, *Nurturing ExExercise and Diet Support in cancer practice* through exploring and refining needs-analysis assessment tools (NEEDS) and disseminated the NEEDS survey to the COSA membership. The survey is aimed at understanding the current needs-analysis assessment tools and processes used to triage people to receive exercise and diet services within Australian private and public health services following a cancer diagnosis.

## Exercise and Cancer Webinars and Podcasts

Webinars are proving to be an excellent platform for discussing the role of exercise in cancer care. Dr Di Adams a medical oncologist and a member of the Exercise Group Executive Committee and Dr Eva Zopf an exercise physiologist and Group member joined a Q&A on the role and impact of diet and exercise in breast cancer, hosted by Breast Cancer Trials and moderated by Annabel Crabb. The recording is available on YouTube.



**David Mizrahi**  
Chair, Exercise  
and Cancer Group

## GERIATRIC ONCOLOGY GROUP

### **Optimal Care Pathway for Older People with Cancer**

We were delighted that Cancer Australia accepted COSA's application for the Geriatric Oncology Group to lead the development of an Optimal Care Pathway for older people with cancer. This is attributable to our Group's ongoing advocacy and submissions to the Australian Cancer Plan consultation process. The project team is working in partnership with Cancer Australia to ensure the Optimal Care Pathway (OCP) delivers on the goals and actions of the Australian Cancer Plan and aligns with the OCP framework. We are drawing upon the collective experience and expertise of geriatric oncology leaders in Australia to align the OCP with published evidence and clinical guidelines, so that the OCP may be embedded into Australian clinical practice as the standard of cancer care for all older people with cancer.

Dedication and collaboration from everyone involved with the OCP has been instrumental in driving this project forward. We thank all our members who have provided their time and expertise to support this work, and also thank everyone who has contributed to our other initiatives and helped us to continue to build our geriatric oncology community in Australia.

### **Geriatric Oncology Community of Practice**

We convened two Geriatric Oncology Community of Practice sessions in 2024. Chaired by Dr Paul Viray, this initiative is an important means of connecting health professionals with an interest in geriatric oncology, allowing them to share their knowledge and experiences to help optimise the management of older people with

cancer. The Community of Practice has also provided an important forum to inform the development of the Optimal Care Pathway.

### **Geriatric Oncology Emerging Experts and Researchers (GOEER)**

Led by Dr Michael Krasovitsky, [GOEER](#) continues to grow its research and educational portfolios, bringing together clinicians interested in optimising the care of older people with cancer. GOEER has increased the multidisciplinary research generated by members and continues its work to embed geriatric oncology education in training programs.

We are committed to supporting activities that challenge ageism in cancer care and improve outcomes for older adults with cancer. COSA joined the [EveryAGE Counts](#) coalition in 2024 following a recommendation from GOEER's Ageism in Cancer Care Forum.

### **Geriatric Oncology Guidelines**

We are continuing our work developing Australian Geriatric Oncology Guidelines focused on radiation and surgical treatments to complement our already published papers on comprehensive geriatric assessment and chemotherapy decisions, and on screening tools for identifying older adults with cancer who may benefit from a geriatric assessment. Our guidelines work has provided an important evidence base for developing the Optimal Care Pathway.

### **Age Friendly Cancer Care webinar**

We hosted a collaborative webinar in partnership with Cancer Nurses Society of Australia under the leadership of Dr Polly Dufton. The webinar, *Age Friendly cancer care. What does it mean and how is it achieved?*

# An Optimal Care Pathway for Older People with Cancer

FACE TO FACE WORKSHOP  
TUESDAY 12 NOVEMBER 2024



Optimal Care Pathway for Older People with Cancer workshop

provided valuable insights into tailoring cancer treatment for older people using age-friendly care principles, ensuring comprehensive and compassionate care that addresses the unique needs of an older population. Understanding what matters most to each older person with cancer ensures that treatment decisions are patient-centred and genuinely align with each patient's priorities and goals. This is an important principle underlying the development of the Optimal Care Pathway.

## GO eNews

Our Group newsletter, *GO eNews*, continues to provide members with excellent updates about national and international initiatives in geriatric oncology, and we thank our co-editors Dr Kheng Soo and Dr Polly Dufton for leading this work.

## Geriatric Oncology Group at COSA ASM

The Geriatric Oncology Group was well represented at the 2024 COSA ASM with a session presenting a Geriatric Oncology Head and Neck MDM and a breakfast session with

the focus on *Entering a new age of geriatric oncology – Optimal Care Pathways and Models of Care*. Sincere thanks to Dr Penny Mackenzie and Dr Elise Treleaven for their valuable contributions to the COSA ASM Program Committee.

## National and international collaboration

Many Group members are well connected with other national and international geriatric oncology initiatives, enabling us to collaborate and share learnings on issues of mutual interest. A/Professor Christopher Steer continues to work with the Cancer and Aging Research Group (CARG), and Dr Heather Lane continues in her role as Australia's representative on the International Society of Geriatric Oncology (SIOG) providing valuable connections with our international colleagues with our common goal to improve outcomes for older adults with cancer. Below is an update on SIOG's 2024 activities.

### International Society of Geriatric Oncology (SIOG) update

In 2024, SIOG was active in providing education, networking and research support for members through the following events:

- The 2024 Conference was held in Montreal, Canada on 17-19 October, taking SIOG outside Europe for the first time. The theme was *Promoting Equality and Enhancing Optimal Care Delivery*, and highlights can be found in the December 2024 issue of [The Lancet Healthy Longevity](#).
- The SIOG Advanced Course was held in July in Treviso, Italy, upskilling oncologists and geriatricians from around the world in clinical geriatric oncology.
- The SIOG Research Masterclass was held in July, upskilling early career researchers in Geriatric Oncology research design.

Australian SIOG Members may be interested in joining one of the following SIOG Special Interest Groups: SIOG Nursing and Allied Health Group, Young SIOG (targeting early-career clinicians), or SIOG Geriatricians Group. Contact Dr Heather Lane for details.



**Meera Agar**  
Chair, Geriatric  
Oncology Group





## GLOBAL ONCOLOGY GROUP

### Papua New Guinea

Members of the Global Oncology Group have worked on a number of different ongoing projects in the Asia Pacific Region in 2024.

#### Papua New Guinea Projects

Port Moresby General Hospital Cancer Centre (POMGEN)

- The Cancer Centre Commissioning has been pushed out to the third quarter of 2025 with radiotherapy and chemotherapy facilities.
- In February 2023, medical oncologist, Dr Peter Olali, visited The Canberra Hospital and in June-July 2023 four oncology nurses from PNG had clinical placement at The Canberra Hospital. Following on from these visits, with support from cancer pharmacists in chemotherapy reconstitution, a cytotoxic workflow with use of proper PPE and a laminar flow hood has been established at POMGEN.
- Retired Radiation Oncology Clinical Nurse Consultant Dr Pauline Rose has been facilitating nursing mentoring and training and the Papua New Guinea Oncology Nurses Association has been established to further widen the reach of the education program.
- Dr Pauline Rose and A/Professor Andrew Dimech (PeterMac Director of Nursing) will be developing a curriculum for a new Graduate Certificate in Oncology at the Port Moresby University Hospital of Medical, Nursing and Health Sciences School of Nursing.
- The COSA Cancer Pharmacists Group, led by Marissa Ryan and Geeta Sandhu, continues to mentor POMGEN pharmacists and supported one pharmacist to attend

the COSA CPG Foundation Chemotherapy Course in Brisbane. An SOP has been developed for Oncology Pharmacy Practice in PNG and a WhatsApp group has been set up to connect local pharmacists involved in cytotoxic handling.

- A registrar at ANGAU Memorial Hospital in Lae and a nurse at POMGEN successfully completed the American Society of Clinical Oncology (ASCO) Palliative Care eCourse, facilitated by our Group.
- POMGEN hosted in-country visits from the International Society of Paediatric Oncology (SIOP-Oceania) multidisciplinary team on cytotoxic administration and paediatric palliative care.

#### Papua New Guinea National Cancer Centre

- Several meetings have been held with the Médecins Sans Frontières project coordinator for the PNG National Cancer Centre looking at the feasibility of implementing the cancer care continuum from prevention to palliative care at ANGAU Hospital in Lae, Morobe Province.
- In 2024, a Cobalt-60 source was commissioned to provide radiotherapy.

### New Britain

- The [Mustard Seed Global](#) project for upskilling mobile paramedical healthcare workers (Bush Angels) to facilitate early detection of cervical cancer and lumps access is still in the planning phase.

### Solomon Islands Projects

- Ongoing engagement with the National Referral Hospital (NRH) Oncology Unit with in-country training visits by Professor Matthew Links from Bond University in March 2024 and a multidisciplinary team which I led in October 2024.



- Upskilling staff on palliative care has been a major focus of these visits with lectures and development of a symptom assessment tool and updated pain ladder.
  - o A Palliative Care Champions Group has been established with medical and nursing members from different departments of the NRH.
  - o These staff enrolled in the ASCO Palliative Care eCourse but there was attrition due to IT access problems and time availability. One doctor was two weeks' short of successfully completing the course when they had to provide an overseas medical escort and was unable to access the internet.
  - o Delivery of decommissioned syringe drivers to NRH with training of staff to manage subcutaneous infusions for symptom control and terminal sedation.
  - o Discussions with Solomon Island National University (SINU) regarding incorporating palliative care into the nursing course and offering a post graduate certificate in palliative care that would be developed with the Queensland University of Technology.
- The Solomons Oncology Support project with Radiology Across Borders (RAB) involved in-country ultrasonography training to teach local ultrasonographers to detect liver metastases. The aim is to improve the staging of breast cancer patients, especially those from the provinces, prior to referral to the NRH to determine the intent of therapy. Preliminary staging would be liver ultrasound combined with plain chest X-ray. There is a single CT scanner in the Solomon Islands.
- Lauren Canning (Bond University Medical graduate, WA Health), Bianca Devitt (Medical Oncologist, Eastern Health) and Alice Febery (Breast Surgeon, Invercargill) have been involved in a project to establish a resource stratified guideline for the management of early breast cancer.
  - o Introduction of docetaxel and short course trastuzumab for Her2 positive breast cancer into adjuvant therapy algorithm including economic modelling of benefit.
- Engagement with ASCO Asia Pacific Regional Council regarding participation of staff in 2024 Palliative Care eCourse run from Malaysia.
- Dr Andrew Soma has become the nation's first medical oncologist after successfully completing the Master of Cancer Sciences degree at Melbourne with mentoring and co-supervision from the Australian team. Dr Soma attended his graduation in Melbourne in August 2024 and made a professional visit to the VCCC hosted by Professor Grant McArthur.
- Collaboration with COSA Exercise and Cancer Group to provide education to allied health workers in NRH.
  - o Provision of free virtual places for attendance at PeterMac Foundations for Allied Health in Cancer Care.
  - o PeterMac resources for management of lymphoedema and transition from acute care to home.
  - o Possibility of Exercise Physiology and Physiology students travelling to the Solomon Islands under New Colombo Plan scholarships to develop localised resources for inpatient and outpatient programs.
  - o Bond University allied health students will have overseas placements in the Solomon Islands from February 2025.

## Fiji Projects

- The [imPACT Review Report](#) from the International Atomic Energy Agency (IAEA), the World Health Organization (WHO), and International Agency for Research on Cancer (IARC) has been published providing a comprehensive review of cancer control in Fiji.
- International Gynecologic Cancer Society multidisciplinary mission to Colonial War Memorial Hospital, Suva and Latouka Hospital, December 2024.

## Cambodia Projects

- Support of National Cancer Centre, Cambodia to develop advanced radiotherapy techniques including volumetric modulated arc therapy (VMAT). Virtual teaching and an in-country multidisciplinary teaching visit to Phnom Penh in August 2024 (funded by RANZCR International Development Grant).

## Mongolia Projects

- Support of National Cancer centre Mongolia in developing advanced radiation therapy techniques including stereotactic body radiotherapy by both virtual teaching and hosting Mongolia fellows within an Australian centre.

## Sri Lanka and India Projects

- Dr Ganes Pranavan established PAALAM: The Bridge to Humanity a non-profit organisation supporting the palliative care service needs of Sri Lanka and India. Assistance is being provided to help build a dedicated palliative care ward at the Jaffna Cancer Hospital, Sri Lanka and to support home-based palliative care and training at the Tertiary Cancer Hospital in Sri Lanka.

- PAALAAM is also looking into improving palliative care services in regional South India.
- The organisation is also enhancing palliative care awareness and support among immigrant communities from the subcontinent in Australia.

## Collaborations

Asia Pacific Oncology Alliance (APOA)

APOA is an initiative of Rare Cancers Australia linking health professionals, researchers, consumers and industry representatives across the Asia Pacific Region to develop projects that can improve cancer survivorship and care.

COSA has contributed to two APOA initiatives:

- A report titled Pathways for Transforming the Cancer Ecosystem: A Patient Centred Framework was published last year.
- A Hackathon was conducted in Kuala Lumpur in August 2024 to generate multistakeholder, collaboratively developed ideas. Themes that emerged were: Broader Community Engagement with Civil Society, Evidence and Strategic Information, Collaboration and Shared Leadership, Powerful Patient Voices, Investment and Action from various sectors.

## City Cancer Challenge

City Cancer Challenge (C/Can) was launched by the UICC in 2017 and in 2019 was established as a standalone Swiss Foundation. Sanchia Aranda was the inaugural Chair. C/Can's mission is to support cities around the world as they work to improve access to equitable, quality cancer care. Cities with over one million population and with surgical, medical and radiation oncology staffing and infrastructure already in place can apply for support.

Through its partners, C/Can engages experts to help develop these cancer services on the city level with the intention that they be expanded to the rest of the nation. COSA has signed a memorandum of understanding with C/Can to provide technical resources and expertise to projects in the Asia Pacific region, including strengthening a multidisciplinary approach to cancer care, developing resource-appropriate clinical management guidelines, and enhancing systemic therapy, radiotherapy and oncology pharmacy practices, paediatric oncology and the establishment of patient navigation and support programs.

### **Canberra Health Services**

Repurposing of medical equipment. Decommissioned Braun Infusomat syringe drivers from The Canberra Hospital have been donated to the Port Villa General Hospital in Vanuatu, National Referral Hospital in the Solomon Islands and the Jaffna Cancer Hospital in Sri Lanka. These are for use in paediatric patients and for palliative subcutaneous infusions.

### **American Society of Clinical Oncology (ASCO) Asia Pacific Regional Council**

Milita Zaheed (Prince of Wales Hereditary Cancer Centre and Canberra Health Services) participated in the ASCO Global Leadership Program (Class 2023-2024). Her project was a multinational pilot feasibility study into implementing a patient-reported symptom tool, which she presented at the 2024 ASCO Breakthrough in Yokohama.



**Desmond Yip**  
Chair, Global  
Oncology Group





## NEUROENDOCRINE TUMOURS GROUP

In 2023, the Neuroendocrine Tumour Group provided input to the Senate Standing Committee on Community Affairs' Inquiry into 'Equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer'. Our joint submission with Cancer Council Australia, Cancer Nurses Society of Australia, Private Cancer Physicians of Australia, Medical Oncology Group of Australia, and Lung Foundation Australia addressed barriers to screening, diagnosis and treatment including geographic location and cost.

### Senate Standing Committee Address

In January this year, as Chair of COSA's Neuroendocrine Tumours Group, I addressed the Senate Standing Committee to speak to our joint submission. I highlighted the increasing incidence of neuroendocrine tumours (NETs) in the last 30 years and emphasised the difficulty in diagnosing and treating this highly heterogenous disease. The lack of optimal care pathways and sub-specialty care can lead to patients receiving inadequate or inappropriate treatment and advice, and patients in rural and regional areas in particular experience delays or out-of-pocket costs in accessing care.

I used this opportunity to call for increased funding for sub-speciality centres of excellence for all patients and clinicians regardless of where they are located. I also highlighted Australia's leadership in many aspects of NETs research and treatment, and that greater funding is required for Australia to continue flourishing in this field.

### NETs at the COSA ASM

At this year's COSA ASM, I chaired the breakfast session, *Supporting NETs – Dispelling the Disparity and creating Equity*, which looked at many aspects of NETs including diet, medications, exercise physiology and available support services. The multidisciplinary nature of optimal NET care was highlighted by the excellent speakers (including a nurse, dietitian and exercise physiologist), highlighting the value of COSA in bringing these disciplines together in the quest to optimise care for patients affected by NETs.

In 2025, I look forward to ongoing activity in the NETs group in preparing manuscripts based on our NET guidelines, and a collaboration to optimise carcinoid heart disease screening and care in NETs.



**David Chan**  
Chair, Neuroendocrine  
Tumours Group

## NUTRITION GROUP

It has been a privilege to continue to Chair the Nutrition Group in 2024. Our Group has made fantastic progress this year and I would like to thank all the dedicated members who lead and deliver excellence in cancer nutrition care.

### 2024 Nutrition Group Highlights

- Completion and launch of Stage 1 of the **Implementation Toolkit for the COSA Position Statement on Cancer-Related Malnutrition and Sarcopenia** for health professionals and health services. Supported by an education grant from Abbott Australasia, Stage 1 was completed in May 2024 and launched at the ASM. Stage 2 is planned to commence 2025.
- The **2024 COSA ASM** on the Gold Coast was a brilliant showcase of multidisciplinary cancer research and clinical care initiatives with nutrition firmly on the agenda. The breakfast session, **Nutrition and exercise innovations: a spotlight on implementation initiatives enhancing cancer care and outcomes**, was jointly hosted by the Nutrition and Exercise Groups and was an ASM highlight.

The fully booked session featured presentations from Jane Stewart, Dr Emily Jeffery, and Dr Kim Edmunds showcasing the COSA Implementation Toolkit plus the fantastic progress of the inaugural Nutrition and Exercise Fellowship projects.

The plenary session, **Malnutrition and sarcopenia: exposing the reality about access to care**, featured presentations from Dr Mary Kennedy and Nutrition Group Exec members A/Professor Nicole Kiss and myself,

followed by a meaningful panel discussion. It was so great to see this important issue front and centre and the level of interest and engagement from the attendees. Dietitians were well represented at the conference with many presentations and posters in the program. A shout-out to Emily Treleven the nutrition representative on the ASM Program Committee.

- Dr Emily Jeffery commenced as the inaugural **COSA Nutrition Group Fellow** (a joint initiative with the Exercise Group) assessing the current provision of nutrition and dietetic services to people with cancer within acute health services providing cancer treatment across Australia. This work will identify where targeted service improvements and advocacy are most needed and will continue into 2025. Thank you to her mentors A/Professor Nicole Kiss and A/Professor Merran Findlay.
- A/Professor Merran Findlay and Professor Judy Bauer continue to lead work on the upgrade and transfer of the **head and neck evidence-based guidelines** to the Magic App which will support a transition from the NHMRC to GRADE levels of evidence.
- The **Nutrition Group's publication outputs** have been significant and our regular Nutrition eNews continued to keep COSA members informed of these publications and other achievements, professional development and project initiatives in the cancer nutrition space. Thank you to our Editor Lauren Atkins.

### Nutrition Group Executive

Professor Judy Bauer, A/Professor Nicole Kiss and Belinda Steer have completed their terms on the Nutrition Group Executive. This



COSA ASM nutrition and exercise breakfast workshop

trio's contribution to cancer care has been significant. They have truly paved the way, and we thank and congratulate them.

We warmly welcome our new Exec members, Kate Furness, Jane Stewart and Brenton Baguley, and congratulate Dr Emily Jeffery who has stepped up into the role of Deputy Chair which is a new role to support succession planning.

Thank you for your support of the COSA Nutrition Group in 2024. We hope to contribute to delivering against the state-based cancer plans and the Australian Cancer Plan, so please reach out if you are planning multidisciplinary collaborations where nutrition can play a role. We look forward to connecting with you throughout 2025, in particular at the 2025 COSA ASM in Adelaide.



**Jenelle Loeliger**  
Chair, Nutrition  
Group



## REGIONAL AND RURAL GROUP

The Australasian Tele-Trial Model (ATM), developed by COSA in 2016, continues to grow, improving access to clinical trials for country patients via the Australian Teletrial Program (ATP).

The health inequity and poorer health outcomes faced by country patients is well documented and includes limited access to clinical trial therapy. Currently 88 per cent of clinical trial sites are located in city areas. Patients outside of metropolitan areas are required to travel long distances to participate in clinical trials at both a financial and mental cost.

To address geographical health inequity and bridge existing healthcare gaps, ATP is investing in regional clinical trial infrastructure and increasing access to clinical trials closer to home for country patients through the ATM.

The most significant infrastructure investment has been the creation of Regional Clinical Trial Coordinating Centres (RCCCs). RCCC teams provide local support and expert advice to all teletrial stakeholders including sponsors, sites, Human Research Ethics Committees and Research Governance Officers. RCCCs offer operational support, funding and coordination for the establishment of connected care clusters and for study start-up activities. They also provide education and training, digital tools, pharmacy services, logistics and workforce development. RCCCs have helped established new services to take advantage of the opportunities created by teletrials in regional, rural, and remote (RRR) settings.

As of 30 September 2024, 66 new teletrials have been established through the RCCCs with 29 per cent sponsored commercially and 58 per cent within oncology. These trials have resulted in 64 new primary sites and 99 new satellite sites; 84 per cent of satellite sites are located outside of metropolitan centres. Of the country sites, 57 per cent are classified as regional, 32 per cent as rural, and 11 per cent as remote.

To date, over 1,000 patients across regional, rural, and remote (RRR) Australia have been recruited to clinical trials through the ATP. Participants include population groups that are commonly underrepresented in multi-centre trials, with a majority being female (56 per cent) and with nine per cent identifying as Aboriginal or Torres Strait Islander.

Workforce impacts have also been significant, with 84 new positions created and RCCCs supporting the clinical trial training of over 4,000 staff members to date.

COSA continues to work closely with the Australian Cancer Plan to advocate for equitable access to cancer care and improve outcomes for country patients. COSA has provided Cancer Australia with advice on TeleChemotherapy (developed by Professor Sabe Sabesan) and the Optimal Care Pathway for country patients.



On a personal note, I will be stepping down as Rural and Regional Chair this year and an expression of interest for my role will be circulated in early 2025. The role has given me a great opportunity to learn and provided a platform for me to advocate for regional and remote patients. I strongly encourage anyone who has a passion for health equity and advocacy to consider applying. A big thank you to Marie Malica and the COSA team, Professor Sabe Sabesan, Dr Rob Zielinski, Dr Craig Underhill, Peggy Briggs and all members of the Rural and Regional Committee for their support during my time as chair.



**Wei-Sen Lam**  
Chair, Regional and Rural Group



# AFFILIATED ORGANISATION REPORTS



## AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP



### **In memory of Russell Conley**

In November, we shared the news of Russell Conley's passing. His loss is deeply felt across the GI cancer community, including friends and connections he made during his 22 years as Chief Executive Officer at AGITG.

Russell dedicated his life to improving outcomes for people with GI cancer. He played a crucial role in establishing the Community Advisory Panel (CAP) and supported the launch of the Engage community event program, which aimed to provide better education and support for patients and their families.

Russell also volunteered extensive time to attend community events. To raise vital funds for new research, he took on Gutsy Challenge fundraising treks and even shared his personal cancer journey.

His memory inspires and drives us forward. If you would like to make a donation in Russell's memory and help continue his goal of saving lives from GI cancer, please visit his [In Memory](#) page.

## Research news

### AGITG Clinical Research Centre opens

We were incredibly proud to open the AGITG Clinical Research Centre (CRC) this past year. The CRC works with members and our expert scientific committees to design and deliver trials that will guarantee quality, compliance and financial sustainability. The AGITG CRC aims to improve cancer care and equitable access to trials for all Australians.

The STOPNET clinical trial is the first to be coordinated by the AGITG CRC and is currently open at Royal Brisbane and Women's Hospital, Qld, with more planned to be activated in 2025.

Learn more about the [AGITG Clinical Research Centre](#)

### Our clinical trials

We opened three new studies to recruitment this year.

The [BIOMARCER-2 study](#), led by Dr Shehara Mendis, will test colorectal tumour samples for AREG and EREG expression. Patients who possess high expression levels will receive targeted treatment with anti-EGFR therapy.

The [STOPNET study](#), led by A/Professor Matthew Burge, is investigating whether monthly injections are still needed for patients with neuroendocrine tumours, after they

have received radiation therapy. STOPNET is the first trial to come under the CommNETS collaborative and will also be conducted in Canada, in collaboration with the Canadian Cancer Trials Group (CCTG).

The [BIL-PPP study](#), chaired by Professor Niall Tebbutt, Dr Fiona Chionh and Dr Laura Tam, is exploring the efficacy of adding a PARP inhibitor to immunotherapy in controlling locally advanced or metastatic cholangiocarcinoma as a treatment option after initial chemotherapy and immunotherapy. The study is an exciting world-first for cholangiocarcinoma.

Our research featured strongly at leading international conferences and publications:

- Abstracts for DYNAMIC-Rectal and NABNEC were presented at ASCO GI
- DYNAMIC-Pancreas, MONARCC and Neo-CREATE were presented as posters at the ASCO Annual Meeting
- Findings for AGITG TOPGEAR were published in the *New England Journal of Medicine* and presented by Study Chair Professor Trevor Leong at the ESMO Congress
- The INTEGRATE IIa study was published in the *Journal of Clinical Oncology*
- A research paper based on our FORECAST-1 study was published in *Cell Reports Medicine*.

## Idea Generation Workshop on Anal Cancer

Convened by A/Professor Puma Sundaresan (Radiation Oncologist) and Dr Michelle Thomas (Colorectal Surgeon), the Idea Generation Workshop was held online in May. Nine ideas in areas of unmet need in anal cancer treatment were presented.

Thank you to our convenors and presenters, Dr Rachael Dodd, A/Professor Arend Merrie, Dr Dmitrii Shek, Dr Glen Guerra, Dr Shane Fitzgerald, A/Professor Nick Clemons, Professor Richard Hillman, Dr Reshi Suthakaran and Dr Lucienne Heath. Presented ideas will be further developed with the support of the Concept Development groups, then progressed to the Lower GI Working Party. [Read the IGW recap.](#)

## 26th AGITG Annual Scientific Meeting

The 2024 AGITG ASM took place on 18-21 November in Meanjin Brisbane, with over 450 delegates attending. Convened by A/Professor Sina Vatandoust and Professor Stephen Ackland, sessions spotlighted innovative trial designs and underscored the importance of thinking beyond traditional approaches to GI cancer research.

Thank you to all delegates, presenters, speakers, international guests and our sponsors for a wonderful ASM. If you were unable to attend, we invite you to browse highlights from the Meeting:

- [Read the Meeting recap](#)
- [View all award winners](#)
- [Watch study update videos](#)
- [Download the Abstract Book](#)

We hope to see you at our next ASM in Tarntanya Adelaide, on 24-27 November 2025.

## Coming soon: A Seedpod of Yarns, a First Nations-led resource for patients, clinicians and community

Over the course of a year, former AGITG CAP member Madison Shakespeare travelled Australia, yarning with others on what a self-determined cancer journey could look like for Aboriginal and Torres Strait Islander people.

With an emphasis on GI cancers, the resulting video series is a seedpod of human experience and resilience, containing honest, actionable and culturally specific advice. It aims to develop culturally safe relationships with First Nations patients, carers, kin and community to ensure their awareness of treatment options and to facilitate their realisation of their self-determined cancer journeys. [Watch the trailer](#)

## Latest Annual Report made interactive

Last year, we made our annual report available as an interactive website for the first time. We invite you to view it [here](#).



**Lorraine Chantrill**  
Chair, AGITG



**Better treatments...  
Better lives.**

AUSTRALASIAN LEUKAEMIA AND  
LYMPHOMA GROUP ALLG

### **ALLG's Impact on Blood Cancer Research**

2024 was a year of acceleration for ALLG, building on our five decades of impact for patients with blood cancer. Our robust clinical trial portfolio now consists of more than 75 active trials across leukaemia, lymphoma, myeloma and other rare blood cancers, driving breakthrough research in pursuit of our mission to deliver *Better treatments, Better lives for patients with blood cancer.*

Over 50 years, ALLG clinical trials have progressed innovative new treatments and changed the standard of care locally and globally. This work continues with ALLG trials incorporating cutting-edge therapies such as monoclonal antibodies, CAR T-Cell therapy, bi-specific T-Cell engagers (BiTcs) and immune checkpoint inhibitors, along with genomic and molecular screening, to improve patient outcomes.

In 2024, ALLG's membership continued to grow, with over 1,450 blood cancer experts from 98 institutions across Australia and New Zealand. We are focused on investing in the next generation of blood cancer researchers, through our Early Career Clinician Researcher (ECCR) and Fellowship Programs that provide support, mentoring and leadership opportunities and clinical trial experience.

Excitingly, we announced the inaugural 2025 ALLG HSANZ Clinical Trials Fellow. The ALLG Fellowship program will create pathways to further enable early career researchers to participate in clinical trials to drive research forward.

Our Scientific Meeting program went from strength to strength, with meetings held in May (Adelaide) and November (Melbourne) and brought together leading local and global researchers to share and generate new clinical research across all areas of blood cancer.

The [2024 Annual Review](#) was published in November, highlighting our annual achievements and looking back on the year, as well as our 50th Anniversary Compendium [5 Decades of Impactful Research](#), which contains details of all ALLG's published trial research since 1973.

2024 also saw a record number of trial results being readout at international conferences, including the American Society of Hematology (ASH) Meeting. Twelve ALLG members were invited to present abstracts at this prestigious conference.

### **Accelerating Research**

ALLG's trial portfolio continues to grow, with a strong pipeline across all disease working groups positioning our organisation for a successful 2025.

- This year, ALLG opened **5 new clinical trials** in lymphoma, CLL and CML
- Our **National Blood Cancer Registry** surpassed 4,500 registered participants

- We highlighted ALLG's trial work within the scientific community, with **38 presentations** at key conferences and **20 journal publications**
- We announced the inaugural **ALLG HSANZ Clinical Trials Fellow**, Dr Arina Martynchyk from Austin Health, for her research project "**Hearing patient voices in blood cancer research: Patient Reported Outcome use, implementation and reporting in trials conducted by ALLG.**"
- ALLG's **AML M26 INTERCEPT clinical trial** became the first ALLG trial approved by the FDA to open at the prestigious MD Anderson Cancer Center in Texas.

Visit [allg.org.au](http://allg.org.au) to read more about ALLG's work as 'Global Leaders with Global Impact'.

## Scientific Meetings

ALLG Scientific Meetings progress blood cancer research through shared knowledge and collaboration, leading to impactful trials led by our members across eight disease Scientific Working Parties: Acute Leukaemia and Myelodysplastic Syndromes (MDS), Lymphoma, Myeloma, Chronic Myeloid Leukaemia (CML) and Myeloproliferative Neoplasms (MPN), Stem Cell Transplantation, Chronic Lymphocytic Leukaemia (CLL), Supportive Care, and Laboratory Science.

Our Scientific Meetings also provide professional development for our Associate Members, who are clinical trial professionals from ALLG hospital sites across Australia and New Zealand. Our May Scientific Meeting featured a special trial education session and facilities tour at ALLG member site, the South Australian Health and Medical Research Institute (SAHMRI) in Adelaide.

We had a range of engaging international guest speakers across our 2024 Scientific Meetings, including:

- Dr Chandramouli Nagarajan – Scientific and Treatment Rationale for the MM27 Milestone Study (Myeloma)
- Dr David Scott – Molecular subtypes of DLBCL: Beyond cell-of-origin
- Professor Arnon Kater – HOVON Aether Trial (CLL)
- Dr Christopher Kanakry – Precision dosing to optimise prevention and management of infections in haematology patients (SCT)
- Dr Sherif Ferag – The Role of Dipeptidyl Peptidase IV in the Prevention of Graft-Versus-Host disease (SCT)
- Dr Camilla Zimmermann and Dr Breffni Hannon – Canadian EASE trial update (Supportive Care)
- Dr Anjum Khan – An update on the Management of AML and the importance of Molecular Diagnostic Testing in this group of patients (AML)

ALLG Members also enjoyed presentations from Professor Steve Wesselingh in May on NHMRC priorities and the funding landscape and ALLG Life Member Professor Andrew Roberts AM in November on the Release of the National Blood Cancer Taskforce's Research Roadmap.

## Research News

It was a record year for ALLG trial results being readout at international conferences, including the European Hematology Association (EHA) Meeting and the American Society of Hematology (ASH) Meeting. A highlight was 12 ALLG Members being invited to present



2025 ALLG HSANZ Clinical Trials Fellow Announced  
 [L-R] A/Prof Eliza Hawkes, Dr Arina Martynchyk and Prof Judith Trotman

ALLG trial abstracts at the ASH 2024 Meeting in December. This included four prestigious podium presentations and eight poster presentations:

**Podium Presentations**

Congratulations to ALLG Members Dr Chyn Chua, Dr Sun Loo, A/Professor David Yeung and A/Professor Peter Mollee on being accepted to deliver the trial results of AMLM25 INTERVENE, AMLM26 INTERCEPT, CML13 ASCEND and MM24 ISAYMP as podium presentations.

**Poster Presentations**

Congratulations to ALLG members A/Professor Shaun Fleming, Dr Katharine Lewis, A/Professor Nada Hamad, Dr Nisha Thiagarajah, Professor Steven Lane, A/Professor Anoop Enjeti, Dr Sueh-Li Lim and A/Professor Gareth

Gregory on being accepted to deliver the trial results of ALL09 SUBLIME, NHL35 PACIFIC, BM13 CTC, NBCR, AMLM27 IMPRESS, MDS05 MYDAST, MM22 FRAIL-M, and NHL32 PCNSL as poster presentations.

Thank you to our members for their ongoing contributions and commitment across this year, and to our trial participants, staff and community for their support for our shared mission to create *Better treatments, Better lives* for those with blood cancer.



**Judith Trotman**  
 Chair, ALLG Scientific Advisory Committee



## AUSTRALIA AND NEW ZEALAND SARCOMA ASSOCIATION

The 2024 Annual Scientific Meeting (ASM) took place in Brisbane, bringing together experts from various clinical and research specialties involved in sarcoma care. This event was held alongside the 22nd International Society of Limb Salvage General Meeting, creating an ideal platform for interdisciplinary collaboration.

The first day featured the inaugural Consumer Connection event, offering sarcoma patients, survivors, and carers a chance to connect with experts and each other. Highlights included Marianne Phillips on Ewing Sarcoma trials, survivor Harry Mullen's inspiring story, and insights from Fiona Maclean, Richard Boyle, and Angela Hong. Updates on osteosarcoma, soft tissue sarcoma treatments, and retroperitoneal sarcoma followed.

The day also included cutting-edge updates on osteosarcoma from our international guest speaker, Dr Nathalie Gaspar, a paediatric oncologist from Gustave Roussy Cancer Campus in Villejuif, France.

On the final day, international guest speaker Professor Paul Huang, the leader of the Molecular and Systems Oncology Group at the Institute of Cancer Research, London shared insights on the development of precision medicine in soft tissue sarcomas, the Global Sarcoma Accelerator Network, and trends from UK data sets.

A special mention to all who submitted an abstract/ePoster for the event. Four standout presentations were delivered by Elizabeth Connolly, Karan Gupta, Claire Laurie, and Jacqui McGovern, who won the Choong Dickinson Poster Prize for her osteosarcoma 3D models and humanised bone microenvironments to study tumour remodelling and lung metastasis.

We would like to extend a big thank you to all our guest speakers and members who presented during the meeting. Thank you to all the members and consumers who attended, and we look forward to welcoming you back next year in Hobart for the 2025 Annual Scientific Meeting.

To view more and stay up to date, please follow us on social media: [Instagram](#), [LinkedIn](#), [Facebook](#), [X](#)

### 2024 Research developments

**RESAR Study:** The RESAR program is nearing a significant milestone of 3,000 cases. This initiative is focused on improving outcomes for patients with Retroperitoneal Sarcoma (RPS), benefiting patients in Australia and globally.

#### Myxoid Liposarcoma (MLS) Registry

**Expansion:** The MLS Registry has expanded with a new site at The Canberra Hospital. The study aims to assess optimal local treatment strategies in MLS and more specifically, the role of radiation therapy with respect to local control, patient-reported outcome measures (PROMs) and Health-Related Quality of Life (HRQoL).

#### Metastatic Leiomyosarcoma (LMS)

**Biomarker Study:** A second site was added in June 2024 at the Chris O'Brien Lifehouse. The study is investigating the potential of circulating tumour DNA (ctDNA) as a biomarker for assessing the response of metastatic LMS to chemotherapy, which could enhance treatment monitoring and personalised care.





ANZSA Community Connection 2024

**National Database Development:** We have committed to a major redevelopment of the Australian Comprehensive Cancer Outcomes and Research Database (ACCORD). This initiative aims to improve data security, infrastructure, and functionality, ensuring high quality, accurate records. The new database will be developed on the REDCap platform and is expected to be finalised in 2025, promoting better collaboration among research sites and facilitating national and international research initiatives.

Learn more about our clinical trials and studies on the [ANZSA website](#).

### Successful Sarcoma Awareness Month

In July, we wrapped up our most successful Sarcoma Awareness Month to date. Sarcoma survivor spokespersons were featured on Channel 7 Melbourne, Channel 9 Brisbane, ABC News Canberra, WIN News Canberra and TVN to name but a few. Thanks to our incredible community who have shared their experiences, support networks and advice!

### New appointed ANZSA Board Directors

In October, we welcomed **Dr Joanna Connor** and **Dr Vivek Bhadri** to our Board, following their election at the 2024 Annual General Meeting.

### Thank You to our Founding Members

We bid farewell to our founding board directors Professor **Marianne Phillips** and Professor **Jayesh Desai**, whose 15 years of dedication have been crucial to ANZSA's success. We thank them for their service and look forward to continuing our work together.

### 2024 Sarcoma Research Grant Recipients

- Professor Gelareh Farshid**  
 Professor Farshid has received ANZSA funding to support her project: *A Prospective Cohort Study of Percutaneous Needle Biopsy, Morphologic and Molecular Evaluation of Uterine Tumours with Imaging Features of Concern for Sarcoma*.
- Dr Joseph Yunis**  
 Dr Yunis has received ANZSA funding to support his project: *Evaluating Vaccine Efficacy in a Preclinical Humanised Mouse Model for Paediatric Sarcoma*.
- Dr Rosemary Habib**  
 Dr Habib has received ANZSA funding to support her project: *The Antigenic Profiling of Liposarcoma and Leiomyosarcoma for the Development of CAR-T Cell Therapies*.



**Angela Hong**  
 Director and COSA Council representative, ANZSA



Advancing research  
*saving lives*

## AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP

ANZGOG continues to catalyse important clinical and pre-clinical research with its 1,500 members working closely with researchers and our community of valued supporters while our advocacy and education activities foster strength in our sector.

### Catalysing innovative, practice-changing gynaecological cancer research

During 2024 we opened four studies to recruitment, benefiting women with endometrial and ovarian cancer: DOMENICA, XPORT-EC-042, RAMP-301, and EN.10/TAPER.

On the other end of the trial cycle, two of our studies closed to recruitment:

- HyNOVA – a clinical trial comparing the effect of heated chemotherapy given into the abdominal cavity at a temperature of 42°C (HIPEC) to that given at body temperature of 37°C (NIPEC) at the time of surgery to women with advanced cancer of the ovary, fallopian tube or peritoneum.
- ROSELLA – a Phase 3 study of relacorilant in combination with Nab-Paclitaxel versus Nab-Paclitaxel monotherapy in advanced, platinum-resistant, high-grade epithelial ovarian, primary peritoneal, or fallopian-tube cancer.

We thank all participating women and their families, the many hospitals and collaborating trial teams for their long-term commitment to these studies.

### ANZGOG trial updates

ANZGOG clinical trials currently open to recruitment:

#### Ovarian cancer trials

- **IGNITE** in collaboration with the Centre for Biostatistics and Clinical Trials (BaCT)
- **REZOLV3R** in collaboration with the University of Sydney, NHMRC Clinical Trials Centre and the Genomic Cancer Clinical Trials Initiative
- **RAMP-301** a global study sponsored by Verastem Therapeutics, in collaboration with European Network of Gynaecological Oncological Trial Groups (ENGOT) and GOG Foundation (GOG-F)

#### Endometrial cancer trials

- **DOMENICA** in collaboration with the Gynecologic Cancer InterGroup (GCIg)
- **EN.10/TAPER** in collaboration with the Gynecologic Cancer InterGroup (GCIg)
- **XPORT-EC-042** a global study sponsored by Karyopharm Therapeutics, in collaboration with European Network of Gynaecological Oncological Trial Groups (ENGOT) and GOG Foundation (GOG-F)
- **ENDO-3** in collaboration with Queensland Centre for Gynaecological Cancer
- **ADELE** in collaboration with the University of Sydney, NHRMC Clinical Trials Centre

#### Vulval cancer trial

- **ANVU** in collaboration with Queensland Centre for Gynaecological Cancer

#### Combined ovarian and endometrial cancer trials

- **PARAGON-II** in collaboration with the University of Sydney, NHMRC Clinical Trials Centre



## ANZGOG 2024 ASM

- **EPOCH** in collaboration with Imperial College London, UK and Princess Margaret Cancer Centre, Canada

### Quality of life/end of life study

- **PEACE** in collaboration with the Nordic Society of Gynaecological Oncology – Clinical Trial Unit (NSGO-CTU)

For more information on ANZGOG's trials, please visit the [ANZGOG website](#).

### Collaborating locally and globally, sharing insights and expertise

#### ANZGOG 2024 Annual Scientific Meeting

For the first time, ANZGOG held its Annual Scientific Meeting (ASM) in New Zealand and attracted the largest face-to-face attendance we have had so far; 339 delegates came together in Wellington to discuss Breaking Down Barriers in Gynaecological Cancer Care, shining a light on the cultural, socioeconomic and regional diversity of our patients and highlighting many opportunities for improving equity of access to care.

The ASM featured inspiring keynote addresses delivered by esteemed international speakers:

- Professor Emma Crosbie (UK) – *Preventing obesity driven endometrial cancer*
- Dr Gemma Eminowicz (UK) – *Optimising outcomes for locally advanced cervical cancer in the real world*

- Professor Isabelle Ray-Coquard (France) – *French Rare Gynaecological Cancer Network: a strategy to improve outcomes in rare tumour groups*

The ANZGOG ASM provides an excellent platform to engage in meaningful discussions and collaborative efforts with national and international leaders in gynaecological oncology. The 2025 ASM will mark 25 years of ANZGOG reflecting on the past 25 years and navigating the next 25 years of gynaecological cancer research. More information can be found [here](#).

#### Forging strong international collaborations

ANZGOG members are contributing to international clinical trial design more now than ever before. This is really valuable, not only for ANZGOG members, but also for people with a lived experience of gynaecological cancer in Australia and New Zealand. These collaborations mean there are more trials available for women to participate in, with access to a wider choice of treatments.

#### Engaging the community to help shape our research

People with a lived experience of gynaecological cancers are the centre of everything we do, whether that is designing clinical trials, advocating for research funding, or educating the next generation of health professionals.

ANZGOG's re-envisioning of its [Community Engagement Program](#) has had a wonderful first year delivering opportunities for people with a lived experience of gynaecological cancer to contribute meaningfully, impacting outcomes for women now and in the future.

Within the program, Community Volunteer roles span three areas: education, advocacy and research. Volunteers are matched with the pathway that aligns with their interests and experience, offering flexibility in contributing at various levels.

Within the Education Area, the Survivors Teaching Students (STS) program worked with 22 university partners and delivered 46 education sessions in 2024. Through the power of telling their stories, our 123 volunteers educate the next generation of healthcare professionals with the aim of raising awareness of gynaecological cancer symptoms, increasing early diagnosis of ovarian cancer, and promoting the importance of communication.

All interested individuals are encouraged to learn more and register their interest by visiting this [webpage](#).

## **WomenCan – funding cancer research**

ANZGOG's fundraising arm, WomenCan and the Team Teal partnership has grown its public support again in 2024 with the harness racing community in Australia and New Zealand raising almost \$365,000 through its awareness and support program for women in the racing industry. Since 2010, the industry's support for WomenCan Team Teal has raised over \$3 million.

We wish to thank all our members, the sites running ANZGOG trials, the women taking part in our trials and their families, and our staff for another successful year of advancing gynaecological cancer research in Australia and New Zealand.



**Clare Scott AM**  
Chair, ANZGOG





# ANZCHOG

Australian & New Zealand  
Children's Haematology/  
Oncology Group

## AUSTRALIAN AND NEW ZEALAND CHILDREN'S HAEMATOLOGY ONCOLOGY GROUP

In 2024, the Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) built on the significant achievements of previous years. Thanks to the diverse expertise and dedication of our members, we have continued to advance paediatric haematology/oncology. A major highlight was the launch of our [new strategic plan](#) setting a clear direction to strengthen the foundations of clinical trials and research, build a collaborative community, champion sector advocacy and ensure long-term sustainability.

### Research and Clinical Trial Updates

The ANZCHOG National Trials Centre has experienced another exceptionally active and productive year. In 2024, our clinical trial portfolio continued to grow, with 40 trials under our sponsorship. This included the launch of four innovative new trials, each addressing critical aspects of paediatric oncology and exploring novel treatment approaches across a range of cancers. In addition, we managed the coordination of 13 open trials while continuing to oversee 20 trials in follow-up phases. With 16 new trials at various stages of development, 2025 promises to be another landmark year.

### ANZCHOG's Professional Activities

As the peak professional body, ANZCHOG continued to grow and innovate in 2024. The launch of ANZCHOG Connect, our enhanced membership platform, marked a significant step forward. This platform provides members with a better experience and fosters stronger engagement, collaboration and a more connected community.

Our Disease and Discipline Groups remain integral to our mission, actively engaging in discussions and initiatives that address the challenges in their respective areas. These groups bring together experts to share knowledge, identify emerging priorities and develop innovative approaches to care. Through their efforts, they continue to foster collaboration across disciplines and sites, ensuring the advancement of best practices and improved outcomes for children and adolescents. This year, their work resulted in multiple key position statements and guidelines.

Notably, the ANZCHOG CNS Tumour Group's publication in the *Medical Journal of Australia*, '[If you build it, they will come': the convergence of funding, research and collaboration in paediatric brain cancer clinical trials](#)' which highlights the collaborative strides made in improving clinical trial access for paediatric brain cancer patients in Australia and New Zealand.

Recognising the evolving landscape of paediatric haematology/oncology and the increasing need for collaboration in specialised areas, ANZCHOG introduced two Special Interest Groups in 2024: Supportive Care and Genetic Predisposition. These groups mark an important step towards broadening our focus and fostering collaboration in these critical areas.

## Annual Scientific Meeting 2024

In August, Adelaide hosted our Annual Scientific Meeting with the theme, *Sparking hope through cutting edge technologies and collaborative care; tangka parranthi*. There were more than 350 attendees with several also taking part in one or more of our pre-conference workshops: Holistic Patient and Family Care from Diagnosis to Survivorship, Nursing, Oncology Fellows and Clinical Research Professional. The event featured several distinguished international and national speakers, truly offering 'something for everyone', including:

### International

- Professor Eric Bouffet (The University of Toronto)
- Professor Angelikka Eggert (Charite University Medicine, Berlin)
- Professor Lisa Kahalley (Baylor College of Medicine/Texas Children's Hospital)
- A/Professor Luke Maese (Univeristy of Utah, Huntsman Cancer Institute, Primary Children's Hospital)
- Dr Nicholas Vitanza (Seattle Children's Hospital)

### National

- A/Professor Rishi Kotecha (Perth Children's Hospital)
- Dr Myra Ruka (Hei Ahuru Mowai)
- A/Professor Jimmy Breen (Telethon Kids Institute, Australian National University)
- Dr Justine Clark (Telethon Kids Institute)
- Dr Jessica Buck (Telethon Kids Institute)

Their collective insights provided a comprehensive and interdisciplinary overview of the latest developments and research in paediatric cancer and blood disorders.

Our Annual Scientific Meeting also served as an opportunity to recognise outstanding contributions to the field. During the event, we had the privilege of awarding four Life Member Awards, acknowledging the extraordinary

dedication and impact of these individuals on paediatric oncology and haematology in Australia and New Zealand:

- Professor Henry Ekert AM
- Professor Richard Cohn AM
- Dr Liane Lockwood
- Dr Karin Tiedemann OAM

### Acknowledgements

Our achievements this year would not have been possible without our generous funding partners providing critical grants for infrastructure and clinical trials. Additionally, the hard work and expertise of our staff has been central to the success of our projects and partnerships.

### Looking Ahead

As we look to the future, ANZCHOG is poised for even greater impact. Our ambitious plans include expanding our clinical trial portfolio and enhancing member support. A key highlight will be our 2025 Annual Scientific Meeting in Brisbane themed, Clinical Trials Informing Comprehensive Care. For more information, please visit our [ASM website](#).

Our vision for 2025 and beyond is one of continued growth, innovation and impact. We are excited about the prospects of furthering our contributions to paediatric oncology and are committed to improving outcomes for children and adolescents diagnosed with cancer.



**Nick Gottardo**  
Chair, ANZCHOG



## AUSTRALIAN AND NEW ZEALAND HEAD AND NECK CANCER SOCIETY

### ANZHNCS in 2024 and Beyond

Reflecting on 2024, the Australian and New Zealand Head and Neck Cancer Society (ANZHNCS) celebrates a year of growth, achievement, and unwavering commitment to improving outcomes for individuals affected by head and neck cancer.

We extend our heartfelt thanks to Professor Eng Ooi for his outstanding leadership during his tenure as President. We warmly welcome Dr Julia Crawford to the presidency, whose expertise and vision will undoubtedly guide the Society's continued advancements in the field.

### 2024 Highlights

- **Education and Training:** The largest Annual Scientific Meeting (ASM) to date was held in Melbourne in August, complemented by well-attended webinars throughout the year. These events highlight the Society's commitment to multidisciplinary professional development.
- **Research and Fundraising:** In collaboration with Head and Neck Cancer Australia (HANCA), the inaugural ANZHNCS/HANCA Gala Ball was announced and will be held on Saturday 1 November 2025 at NSW Parliament House. Themed Behind the Mask, the event aims to raise crucial funds for research.
- **Advocacy Efforts:** ANZHNCS collaborated with HANCA to advocate for enhanced funding to address the current substantial gap in dental and prosthesis services for patients with head and neck cancer.

- **Chris O'Brien Fellowship:** Dr Julia Crawford, awarded the Chris O'Brien Travelling Fellowship in 2019, focused on fostering global collaboration and advancing knowledge in robotic surgery. Despite COVID-related delays, she completed the fellowship at two leading centres, The Mayo Clinic (Rochester) and Advent Health (Celebration). Inspired by her experience, Julia is implementing cutting-edge techniques to enhance surgical outcomes and deliver more personalised patient care.

### Looking Ahead to 2025

- **ASM in Adelaide:** Scheduled for 29-31 August at the Adelaide Convention Centre, the meeting will explore the theme, *Shaping the Future of Head and Neck Cancer Treatment*. Esteemed keynote speakers include Professor Alexander Lin (Radiation Oncology, USA), Professor Jo Patterson (Speech Pathology, UK), Professor Vincent Vander Poorten (Surgery, Belgium), and Australia's Professor Danny Rischin (Medical Oncology). Professor Suren Krishnan will deliver the prestigious Chris O'Brien Oration. Please visit the [ANZHNCS ASM website](#) for updates.
- **Workshops and Networking:** Pre-meeting workshops include *Prehab to Rehab: Evidence vs Practicalities*, *Jaw in a Day*, and a comprehensive two-day cadaveric dissection session. Additionally, the ANZHNCS will continue offering professional development webinars, fostering multidisciplinary collaboration and learning.

As we conclude another successful year, we extend our deepest thanks to our members for their tireless dedication and invaluable contributions. Looking forward to 2025, ANZHNCS warmly invites new members from all disciplines to join us in building on this momentum and shaping the future of head and neck cancer care.



**Merran Findlay**  
Executive Committee  
Member, ANZHNCS





## AUSTRALIAN AND NEW ZEALAND UROGENITAL AND PROSTATE CANCER TRIALS GROUP

ANZUP's trial portfolio continued to grow in 2024, with five ANZUP-led trials and one co-badged trial currently in recruitment, 15 in follow-up, and a number of new trials in development. You can read more about our [trials on our website](#).

ANZUP held a number of events during the year, including our Ideas Generation Workshops, Annual Scientific Meeting (ASM) on the Gold Coast in July, the Best of GU in Sydney, the Bladder and Prostate Cancer Masterclass in Sydney and our 111 Your Way campaign, to name a few!

We also saw many achievements in the past year including:

- Our **WOMBAT** (ANZUP 2201) Phase 2 Prostate Cancer study opened for recruitment
- We opened **Geni-AIRSPACE** (ANZUP 2102) our Prostate Cancer genomics study
- Building on our long-standing relationship, we announced an exciting new three-year partnership with **Prostate Cancer Foundation of Australia** (PCFA) that will fuel advancements needed to change the lives of those affected by prostate cancer.

### Welcome our new CEO, Adjunct Professor Samantha Oakes

In March 2024 we welcomed our new CEO, Adjunct Professor Samantha Oakes. Sam brings with her a wealth of experience in university and research institutes in research,

academia, grants, funding and other resource challenges, and in leadership of diverse groups of people.

### Ideas Generation Workshops

In 2024 we continued with our Ideas Generation Workshops held both face-to-face and via zoom. This year we held seven IGWs presenting more than 30 concepts to close to 200 attendees from our multidisciplinary membership. This is where many of the seeds for ANZUP clinical trials are first sown, and the workshops are important for growing and fostering a pipeline of innovative ideas to be considered and prioritised with support from ANZUP moving forward.

### International Meetings

ANZUP featured a number of presentations and posters at international meetings throughout the year. Four ANZUP trials posters were presented at ASCO GU 2024 in San Francisco: ENZARAD & DASL-HiCaP, UNICAB, ENZAMET and P3BEP. ANZUP had two posters at ASCO 2024 in Chicago: TheraP and ENZAMET. In Barcelona at ESMO 2024 our UpFrontPSMA co-badged study featured as an Oral Presentation, and we had two ENZAMET posters.

### #ANZUP24 ASM

Our 2024 ASM was held on the Gold Coast and brought together a multidisciplinary group of 485 healthcare professionals. Over the course of three days, delegates had the opportunity to engage with and learn from eight international experts and numerous national leaders in the research, diagnosis, treatment, and management of genitourinary (GU) cancers. The collegial spirit that defines ANZUP was

evident throughout the program which catered to professionals working in various aspects of GU cancers.

The diverse sessions included the highly successful new addition, The Perfect Pitch, the popular MDT Masterclass, the Translational and Supportive Care breakfast sessions, the always well-attended Nurses Symposium, the thought-provoking plenary sessions, the important ANZUP Trials in Action session, and the anticipated debates and poster presentations.

Of course this would not have been possible without the wonderful Co-convenors Matt Roberts and Aaron Hansen, along with the ASM Convening Committee. Thank you all!

We were fortunate to have more than 80 speakers, panellists, session chairs and poster presenters, including a stellar international faculty comprised of Paul Nguyen, Rob Hamilton, Ravi Kaneshvaran, Elena Castro, Bertrand Tombal and Cristiane Bergerot.

You can watch some videos from the ASM on the [ANZUP YouTube channel](#).

### **Best of GU Oncology Evening Symposium**

We held our Best of GU Evening Symposium in Sydney on 20 November. The Best of GU is a collaboration between ANZUP and the Urological Society of Australia and New Zealand (USANZ). The event featured highlights from 2024 meetings including the latest management and clinical trials research in urogenital and prostate cancers. The Convenors, Professor Ian Davis and Carole Harris, programmed a great line up of speakers including Professor Helen O'Connell, Professor Manish Patel, Professor Dickon Hayne, Professor Lisa Horvath, Professor Michael

Hofman, Dr Carole Harris, Natasha Roberts and Ray Allen covering all aspects of GU cancer research. Many thanks to our sponsors without which these events would not be possible: Astellas, AstraZeneca, Eisai, Johnson & Johnson and MSD.

### **Bladder and Prostate Masterclass**

The Bladder and Prostate Masterclass was held in Sydney on 28-29 November. Tahlia Scheinberg and Cam McLaren convened this multidisciplinary educational program designed to help trainees develop their clinical trial ideas in bladder and prostate cancer. The program focused on:

- An in depth look at trial design
- Clinical trials grant opportunities and grant submissions
- The trial coordination process
- Current trends in Prostate and Bladder Cancer Clinical Trials research
- Review of trials with rich data to workshop future applications of the data

The event featured an array of multidisciplinary experts and was a huge success. Many thanks to our Platinum Sponsor Astellas and Supporters AstraZeneca and Pfizer for making this event possible.

### **111 Your Way**

ANZUP's personalised and individually run fundraising campaign, Below the Belt 111 Your Way, ran throughout October, empowering participants to raise funds in ways that suited them best.

The campaign aimed to raise awareness and support for the 111 people in Australia and New Zealand diagnosed daily with Below the

Belt cancers. Together, fundraisers achieved incredible milestones including:

- **580 hours** of workouts, meditation and dancing with kids
- **21,669 kilometres** of walking, riding and running
- **1,112 laps** of swimming
- **Creative efforts** such as surfing 111 waves, climbing rocks, capturing wildflower photos, and spreading acts of kindness

This initiative not only raised vital funds but also generated positive media coverage for ANZUP, reaching nearly half a million people.

### ANZUP Publications

Our ANZUP 2024 Annual Report was released in June, reflecting on our activities and achievements over the past year. The report is a great showcase of the tireless commitment of our members, supporters and wider ANZUP community to improve treatments and outcomes for genitourinary cancer patients. You can [read the report online](#).

Our membership base continued to grow, reaching over 2,400. We are grateful to our dedicated and committed membership for both their ongoing support and dedication to ANZUP and for taking time out of their busy work and personal lives to help support ANZUP and make a difference to the lives of people affected by GU cancers.



**Ian Davis**  
Chair, ANZUP





## AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

In 2024, the Australian Physiotherapy Association (APA) maintained its progress in the areas of physiotherapy, exercise, cancer, palliative care and lymphoedema, thanks in large part to the diverse expertise and dedication of our members. The APA Cancer, Palliative Care and Lymphoedema National Group continues to represent physiotherapists Australia-wide who are committed to these key specialty areas. Their contributions have been instrumental to our accomplishments this year, including support for professional education, research development and advocacy efforts.

As an organisation, we embarked on some priority projects that were aligned with our [strategic plan](#) and were excited to hold an in-person research conference in Perth in October. Across all work achieved in 2024, there was a clear emphasis on strategic planning, collaboration, and pioneering research and education, showcasing a united effort to advance care and support for those in need.

Below are just a few snippets of the great work APA engaged in during 2024.

### Advocacy

The Cancer, Palliative Care and Lymphoedema Group of APA represented physiotherapists on a range of submissions and consultations, including:

- Australian Cancer Plan
- National Lung Cancer Screening Program
- Funding in chronic oedema management
- National Optimal Cancer Care Pathways
- Victorian Cancer Plan
- Strengthening Medicare Taskforce Review

### National Lung Cancer Screening Program

This year, the APA identified the lack of allied health and physiotherapy services across rural and regional areas, and the lack of clarity around the role of allied health in the implementation and provision of care as having a potential impact on the success of the National Lung Cancer Screening Program. Feedback was provided through a formal submission to the National Lung Cancer Screening Program Implementation Guidelines.

For the first time, this information will provide guidance on potential gaps in the screening, assessment and support pathways where physiotherapy and other allied health inputs could be of benefit.

### Membership

The APA Cancer, Palliative Care and Lymphoedema Group has been steadily growing over the past years, with new state committees in the ACT and SA, and strong, healthy committees in NSW, QLD, Vic/Tas and WA.

We are encouraged by our wonderful members who share a passion and commitment to cancer care and who support and engage each other with networking, learning opportunities and other activities across the states.

Through the growth of our state and national committees, we seek to lead and proactively increase our voice in cancer care.

### Education

Addressing the educational needs of cancer physiotherapists and collaborating with other groups is a key strategic aim for APA.

Across 2024, we were pleased to deliver 10 professional development webinars across a wide range of topics including cardiotoxicity in cancer and exercise prescription, oncology scar management, continence and lymphoedema in male cancers, palliative rehabilitation and neuropalliative care.

We have a strong suite of professional development webinars planned for 2025 highlighting recent research, as well as new workshops and masterclasses focusing on topics such as oncology scar management and exercise rehabilitation in cancer.

### Research

The APA supports members participating in evidence-based research from which the profession can draw insights through the APA's official journal and other publications.

- [The Journal of Physiotherapy](#) (JoP) is the official journal of APA and is the first core physiotherapy/physical therapy journal to make editorials and peer-reviewed original research freely available.

- APA also sponsors Open Access publication of all JoP content.
- The APA produces short publications to provide insight and understanding of physiotherapy management in cancer care and lymphoedema. Recent publications include:
  - [Five Facts about Physiotherapy and Cancer Care](#)
  - [Five Facts about Physiotherapy and Exercise Rehabilitation in Cancer Care](#)
  - [Five Facts about Risk Reduction and Early Intervention in Lymphoedema](#)

A big thank you to COSA for the ongoing support and opportunities to connect, and to our wonderful members who continue to provide great care and break new ground for their patients, and to our professional colleagues who we work with on many fronts to achieve the best outcomes for the people in front of us.

As always, APA is interested in connecting with others in COSA and to learn more about the work being done by the wider professional body. If your organisation is keen to collaborate on education, research or program initiatives with APA, we would love to hear from you.



**Germaine Tan**  
National Chair, APA  
Cancer, Palliative Care and  
Lymphoedema Group



## BREAST CANCER TRIALS

2024 was a year of change at Breast Cancer Trials (BCT), as we said goodbye to friends and colleagues, and welcomed new faces and made plans for the future.

### Governance

After 13 years of dedicated service, Soozy Smith retired from the role of Chief Executive Officer (CEO). Soozy was instrumental in the success of BCT over this time and her achievements include streamlining our business operations, introducing smarter ways of working with greater productivity and flexibility for our staff, bringing our departments together in one location at our head office in Newcastle NSW, and integrating ESG principles into our business activities. Soozy was a wonderful colleague and friend to many, and we wish her all the best in retirement. She received the BCT Gold Medal in 2024, in recognition of her contributions.

We welcomed our new CEO, Karen Price, who has more than 25 years' experience in the health and NGO sectors, in roles across Federal and State Governments. Karen was most recently the Deputy CEO of ACON (formerly known as the AIDS Council of NSW). We welcome Karen to BCT and look forward to working with her.

Professor Christobel Saunders AO retired from the Board of Directors, after eight years in the position, and Melissa Ball from New Zealand



BCT CEO, Karen Price

retired from the Consumer Advisory Panel. We sincerely thank Christobel and Melissa for their contributions to BCT and improved outcomes for people diagnosed with breast cancer.

### 2024-2029 Strategic Plan

This is an exciting time at BCT, as we start implementation of our [2024-2029 Strategic Plan](#), which has a guiding vision of No More Lives Cut Short. Our goals include leading clinical trials in the areas of greatest patient needs and potential impact, increasing clinical trial participation and accessibility, and collaborating widely with the best minds and leaders in breast cancer research. We plan to increase the numbers of trials we conduct and as such, we will be seeking to engage partners, funders and collaborators to support our endeavors.

### Research Results

Results of the international [PATINA clinical trial](#) were announced, which may represent a new standard of care for patients diagnosed with hormone receptor (HR) positive, HER-2 positive metastatic breast cancer. PATINA investigated if the addition of the drug Palbociclib, when given in combination with anti-HER2 treatment (trastuzumab and pertuzumab) and endocrine therapy, could prolong the lives of women with hormone receptor (HR) positive, HER-2 positive metastatic breast cancer.

Researchers have found that adding Palbociclib tablets to standard treatment significantly improved progression free survival by 15.2 months, compared to treatment without Palbociclib. The study also found that patients experienced manageable side effects from this additional treatment. The results were announced at the San Antonio Breast Cancer Symposium in the United States. Professor Elgene Lim is the Australian Study Chair of PATINA.

Three-year follow up results of the [CHARIOT clinical trial](#) were presented at the American Society of Clinical Oncology conference in the United States. The CHARIOT clinical trial investigated if using two immunotherapy drugs (nivolumab and ipilimumab) together with standard chemotherapy (paclitaxel) before surgery, was safe and effective and could stimulate the body's immune system to kill the cancer cells. And, if continuing treatment with one of these drugs (nivolumab) after surgery can keep the immune system active to eradicate any residual cancer cells.

This was a world-first Australian clinical trial developed by BCT researchers. Professor Sherene Loi is the Study Chair of the CHARIOT clinical trial.

Researchers found that participants who achieved complete disappearance of their cancer within the breast and lymph nodes at the time of surgery, were less likely to have a breast cancer recurrence and had better overall survival. Importantly, 100 per cent of participants whose breast cancer showed an increased presence of PD-L1 (known as PD-L1 positive) and, or a high number of tumour-infiltrating lymphocytes (TILs) were alive and free from any breast cancer at three years.

### **New Clinical Trials**

At the end of 2024, BCT had six clinical trials open to recruitment in the early and metastatic breast cancer settings, including two new trials that opened during the year.

The [CAMBRIA-2 clinical trial](#) aims to find out if giving a new endocrine therapy, known as a selective estrogen receptor degrader (SERD), is better at stopping cancer from coming back, compared with the usual endocrine treatments such as letrozole, anastrozole, exemestane or tamoxifen. The study is for women or men who have ER-positive, HER2-negative early breast cancer that has an intermediate or high risk of coming back.

The [OPTIMA trial](#) aims to find out if using a test called Prosigna can help make safe and accurate decisions about whether or not chemotherapy treatment is needed for patients with ER-positive, HER2-negative early breast cancer.

### **45th Annual Scientific Meeting**

We hosted our largest ever Annual Scientific Meeting (ASM) in Cairns in July 2024. In its 45th year, the ASM was held in association with the Japanese Clinical Oncology Group (JCOG) and the Korean Breast Cancer Study Group (KBCSG), with a theme of International Collaboration in Breast Cancer Trials. Our international speakers were Michael Gnant (Austria), Andrew Tutt (UK), Elinor Sawyer (UK), Carlos Barrios (Brazil), Hope Rugo (US), Erica Mayer (US), Tomomi Fujisawa (Japan), Peter Barry (UK), In Hae Park (South Korea) and Akihiko Shimomura (Japan).

We look forward to our [46th Annual Scientific Meeting](#) which will be held in Hobart from 23-26 July 2025.



**Sunil Lakhani**  
Chair, BCT



## CANCER NURSES SOCIETY OF AUSTRALIA

As we reflect on 2024, we are proud to share the progress and milestones achieved by the Cancer Nurses Society of Australia (CNSA). This year has been marked by growth, collaboration, and meaningful impact across all aspects of our work. From national policy contributions to workforce initiatives, member engagement, and professional development, CNSA continues to lead and advocate for the cancer nursing profession in Australia. Below, we present some key highlights from our activities between 1 January and 31 December 2024.

### CNSA Policy and Advocacy

#### Australian Cancer Nursing and Navigation Program (ACNNP)

CNSA has been actively working with the Federal Government, the Department of Health, Cancer Australia and other leading NGOs and patient advocacy organisations on implementing the ACNNP. CNSA representatives are involved in an advisory role in supporting the development of governance frameworks and workforce modelling and models of care. We look forward to continuing to contribute to the success of the ACNNP as it is implemented with the hope that it will help build workforce capacity and stress the importance that all people affected by cancer deserve the same opportunities for treatment and care.



### National Nursing Workforce Strategy

In September, CNSA welcomed the opportunity to participate in the Department of Health and Aged Care consultation on the draft National Nursing Workforce Strategy, acknowledging the importance of this national-level strategy to inform nursing policy and workforce planning to ensure the nursing profession is equipped, enabled, and supported to deliver person-centred, evidence-based, and compassionate care to all Australian communities. We provided comprehensive feedback on how the strategy could be used to shape the future of the workforce, reflecting on the specific needs of cancer nurses. Once the Strategy is approved by the health minister, CNSA is looking forward to contributing to implementation planning and supporting the rollout of the strategy to ensure it meets the needs of the cancer nursing workforce.

### Cancer Nurses Day 2024

The inaugural Cancer Nurses Day took place on 15 August, with the theme, *Strong, Skilled, Specialised*. It was a day dedicated to recognising the remarkable contributions of the more than 7,500 cancer nurses nationwide who play a pivotal role in improving patient outcomes. Over 4,000 cancer nurses participated in more than 230 events, spanning regional, rural and metropolitan hospitals





and healthcare organisations across Australia. The celebration brought together healthcare professionals, consumers, and industry partners to honour the essential work of cancer nurses and raised awareness about the complexities of cancer care. Save the date for the next Cancer Nurses Day, which will take place on 14 August 2025.

## CNSA Member Engagement

### Membership Milestones

In 2024, CNSA achieved an historic milestone reaching over **2,000 members**, making our community stronger than ever. We are particularly excited about the Early Career Cancer Nurse (ECCN) membership category launched this year, which is designed to support nurses in their first five years of cancer care with an affordable 18-month membership. We know that only one in ten nurses under 35 are currently CNSA members, and we are committed to investing in this group to build the next generation of cancer nursing leaders. By fostering engagement and offering clear career pathways, we aim to inspire future leaders and strengthen the workforce for the future of cancer care.

### Mentoring Program

Our 2024 Mentoring Program connected 60 cancer nurse mentees with experienced mentors for an impactful six-month program.

Held every two years, our mentoring program provides tailored guidance on career development, professional resilience, work-life balance, and effective communication strategies. Feedback from participants underscores its impact, with 75 per cent of mentees achieving the goals they set at the beginning of the program, and 100 per cent of mentors reporting that the program provided meaningful opportunities to positively influence their mentees' professional journeys. Our next Mentoring Program will begin in April 2026.

### New CNSA Website

In December 2024, we launched the new CNSA website, designed to enhance the member experience and to better support their professional journeys. The new platform features significantly improved functionality and user-friendly navigation, providing members with comprehensive resources and tools for education, growth and connection with fellow cancer nurses. We encourage members and stakeholders to visit us at [www.cnsa.org.au](http://www.cnsa.org.au) and to make themselves familiar with the resources available.

We look forward to working with COSA and their affiliated organisations to build on our momentum in 2025. Through continued collaboration, innovation, and commitment to supporting cancer nurses, we can all strive to enhance the care and outcomes for all Australians affected by cancer.



**Jemma Still**  
CEO, CNSA



Cancer  
Symptom  
Trials (CST)



Palliative Care  
Clinical Studies  
Collaborative (PaCCSC)

## CANCER SYMPTOM TRIALS AND PALLIATIVE CARE CLINICAL STUDIES COLLABORATIVE

This year has been one of remarkable achievements, growth, and collaboration for the Palliative Care Clinical Studies Collaborative (PaCCSC) and Cancer Symptom Trials (CST) as our team has worked to achieve our aim of improving outcomes for patients and families impacted by cancer and chronic illnesses.

### Funding Success

CST secured funding from Cancer Australia under the Support for Cancer Clinical Trials Program for 2024-2027 to enable us to continue developing investigator-led and industry-independent cancer clinical trials. Our research aligns with the Australian Cancer Plan and aims to contribute to improved cancer outcomes for all Australians, particularly those from underrepresented populations.

### Leadership Update

Dr Rayan Saleh Moussa was formally appointed as the National Manager of PaCCSC/CST and the [IMPACCT Trials Coordination Centre](#) (ITCC). We are excited to welcome her into this role and look forward to her leadership in advancing our research initiatives in cancer symptom clinical trials and fostering inclusivity in cancer research.

### Recognition and Awards

We celebrate the outstanding achievements of our team members, who have received well-deserved recognition for their work:

- Professor Meera Agar, CST Chair and Director of [IMPACCT](#), was highly commended in the Advocacy Award category at the Research Australia Health & Medical Research Awards 2024.
- Dr Vanessa Yenson, CST Research Assistant-Writer, received the University of Technology's Gold Vice-Chancellor's Professional Staff Award.

Congratulations to them both for these exceptional accomplishments.

### CST Strategic Plan

In 2024 we began a revision of our CST Strategic Plan to ensure alignment with the strategic objectives of the Australia Cancer Plan, and with the preliminary results of our Australia-wide [Delphi consensus study](#), which indicated that fatigue is the overriding priority for adults with and after cancer. Our strategic plan has been reviewed with input from our Consumer Advisory Group and governance committees. It was also circulated for consultation with our broader membership in late 2024. The final strategic plan will be launched at the [2025 PaCCSC & CST Research Forum](#).

### Enhancing Clinical Trial Coordination

All PaCCSC and CST studies are coordinated through our in-house trials coordination centre, ITCC. In 2024, the ITCC successfully completed testing for a new Clinical Trials Management System (CTMS), designed to streamline processes and improve oversight. This enhancement will further strengthen the



high level of service ITCC provides, ensuring greater efficiency and support for our research teams.

## Key Events

In March, we hosted two of our most anticipated events of the year, the Early Career Researcher (ECR) Concept Development Workshop and the PaCCSC & CST Annual Research Forum.

- ECR Concept Development Workshop:** Held in person on Gadigal land at the UTS City campus, this workshop featured six study concept presentations by ECRs. We are committed to supporting these ECRs as they take the next steps in developing their concepts. Our thanks to Dr Belinda Butcher for facilitating the workshop and to the experts from CQUEST, CREST, and the IMPACCT Consumer Advisory Group, as well as our academic and professional staff, whose invaluable support ensured the event's success.
- Annual Research Forum:** The 2024 forum, held virtually on 20 March, focused on the theme *Working Together: the role of collaboration in clinical trials*. The keynote presentation from Professor Rebecca Slater (University of Oxford), provided insights into methodological approaches for studying paediatric pain through clinical trials.

Expert panels discussed trial design across different pain types and age groups, and opportunities for international collaborations. Interactive workshops enabled feedback on two new study concepts proposed by our members. Celia Marston was awarded the [CST Emerging Trialist Award 2023](#). Congratulations, Celia, on this well-deserved recognition!

## Seminars and Webinars

We were thrilled to host the fifth seminar in our [Facing Fatigue](#) series, featuring guest presenter Dr Carolina Sandler who shared valuable insights and strategies for managing fatigue. This seminar exemplifies our commitment to improving fatigue management and outcomes through targeted research and knowledge sharing.

Additionally, our Consent Conversations webinar was met with resounding success. The event engaged participants in meaningful discussions about the importance of informed consent in research. We extend our heartfelt thanks to our expert presenter, Dr Sophie Mephram, A/Professor Anthony Herbert, Professor Nikolajs Zeps, and Dr Lisa Eckstein, for their valuable contributions.

We were excited to support the initiative of our consumer representatives to present a webinar designed to inspire researchers to actively engage consumers in their research process. The webinar featured insights from two passionate advocates and members of the [IMPACCT Consumer Advisory Group](#), Imelda Gilmore and Philip Lee, who discussed how consumer perspectives can enhance research relevance and impact, and shared practical strategies for collaboration. IMPACCT Postdoctoral Research Fellow, Dr Domenica Disalvo shared her experience of the benefits of actively involving consumers in research.

## IMPACCT Rapid Program

Our Rapid Program is a collaborative international quality improvement program that studies the use of interventions commonly used in palliative care and cancer symptom management. In its thirteenth consecutive year, the [IMPACCT Rapid Program](#) had 22 series open for data collection across 100 active sites in 10 countries.

## New series

In 2024, the Rapid Program expanded further with the addition of new adult and paediatric series including:

- Open for recruitment:
  - o Pancreatic Enzyme Replacement Therapy (PERT) for Pancreatic Cancer – Series 53
  - o Physiotherapy for Acute Respiratory Deterioration (Paediatric) – Series 54
- Piloting:
  - o Fans for breathlessness - Series 55
  - o Ranitidine or Famotidine for Bowel Obstruction - Series 56



**Rayan Saleh Moussa**  
COSA Council Representative,  
CST





## COOPERATIVE TRIALS GROUP FOR NEURO-ONCOLOGY

2024 was a year like no other for the COGNO Network. It commenced in January 2024 with the sad and unexpected passing, after a short illness, of our long-serving COGNO Executive Officer Ms Jenny Chow, who had dutifully worked in the role since 2010. Jenny leaves a strong and impactful legacy, having been key to the foundational growth and change in COGNO over many years. COGNO will be offering a special tribute Award named in Jenny's honour to be presented at the 2025 COGNO ASM.

In addition, COGNO also underwent a significant transition of staff with interim Executive Officer Dr Kristi Milley making an excellent contribution from March to August. We also farewelled project officers Ms Yi Feng and Ms Dani Massey in June 2024. On a positive and exciting front, COGNO was incredibly pleased to welcome new Melbourne-based Executive Officer Dr Vino Pillay, who has a PhD in Biochemistry and Molecular Biology and more than 15 years of postdoctoral experience as a cancer researcher with a focus on novel therapeutic strategies in brain and colorectal cancers. Her skillset also spans strategic program management and education. Vino brings strong working relationships across the cancer sector, advocacy and support organisations. Vino has already been a substantial asset to COGNO in this important phase of growth.

Regarding our trial portfolio, COGNO is excited at the better than projected recruitment into the LUMOS2 (Low and Anaplastic Grade Glioma Umbrella Study of Molecular Guided TherapieS) study in recurrent lower grade glioma, led by COGNO Principal Investigator Professor Hui Gan, Medical Oncologist, from the ONJCRI. We have expanded from 12 to 14 Australian sites with the added significant milestone of successful recruitment via the Canadian Cancer Trials Group (CCTG) of the trial in Canada in December 2024, with further sites to activate.

The COGNO Scientific Advisory Committee continues to appraise and support the development of a range of concepts spanning primary brain tumours, brain cancer and brain metastases. Competitive grant applications were submitted on the theme of theranostics in neuro-oncology, high grade glioma and lower grade glioma.

COGNO's current trials portfolio includes:

- **Trial Open to Recruitment**

LUMOS2 (**L**ow and **I**ntermediate Grade Glioma **U**mbrella Study of **M**olecular Guided TherapieS) study with three-four arms active and/or in development. Both Australian and Canadian sites are now activated. Study contact: [lumos2.study@sydney.edu.au](mailto:lumos2.study@sydney.edu.au)

- **Trial in follow up**

MAGMA (Multi-Arm GlioblastoMa Australasia Trial) Funded by MRFF, MAGMA is a multi-arm multi-stage, multi-centre, phase III platform trial that aims to assess hypotheses against a common standard-of-care control arm for the management of people with newly diagnosed glioblastoma. This has been the largest COGNO-led trial to date successfully completing recruitment in July 2023 with 338 patients across 28 sites. The trial remains in the follow-up phase. Study contact: [magma.study@sydney.edu.au](mailto:magma.study@sydney.edu.au)

In 2024, successful COGNO events were held including:

- **A primer on the management of high-grade glioma** staged as a webinar in March with updates from experts from across Australia and New Zealand.
- **COGNO Ideas Generation and Adaptive Trials Design Workshop** in June where two concepts were discussed with a focus on adaptive and platform design trials in brain metastases as well as AYA high grade glioma.
- **Post Society of Neuro-oncology (SNO) ASM Update webinar** in December, coordinated by COGNO's Outreach and Education Committee, providing an update on the most significant treatment advances in primary brain cancer presented at the SNO ASM in Houston, USA.
- The 16th COGNO Annual Scientific Meeting on 13-15 October themed, *Precision Targets: Personalised Care in Neuro-Oncology*, was COGNO's most successful ASM to date. Five exceptional international speakers and an excellent contingent of Australian and New Zealand researchers contributed to a fantastic scientific, as well as social program. The ASM was held in conjunction with the Stereotactic Interest Group of Australasia and the fourth Australian Brain Cancer Research Alliance (ABCARA) Research Symposium, and the concurrent BTAA and COGNO co-sponsored Patient Education and Information Forum.

COGNO-led trial related presentations and publications in 2024 included:

- Low & Anaplastic Grade Glioma Umbrella Study of MOlecular Guided TherapieS (LUMOS-2) Study protocol for a phase 2, prospective, multi-centre, open-label, multi-

arm, biomarker-directed, signal-seeking, umbrella, clinical trial for recurrent IDH mutant, grade 2/3 glioma. Accepted by *BMJ Open*. McParland K, Koh ES, Sim HW, Kong B, Gan HK

- BIOM-66. GENOME-WIDE DNA METHYLATION PATTERNS IN PERIPHERAL BLOOD OF PATIENTS WITH GLIOBLASTOMA ENROLLED ON THE PHASE II VERTU TRIAL Eugene Vaios et al *Neuro-Oncology*, Volume 26, Issue Supplement 8 November 2024, Page viii35.
- NIMG-54. AUTOMATED IMAGING RESPONSE EVALUATION SYSTEM (AIRES) FOR NEURO-ONCOLOGY: PROTOTYPE SOFTWARE TOOL FOR DETERMINING STANDARDIZED RADIOGRAPHIC RESPONSE ASSESSMENT FOR GLIOBLASTOMA CLINICAL TRIALS (data based on NUTMEG trial imaging data) Ashley Teraishi et al *Neuro-Oncology*, Volume 26, Issue Supplement 8 November 2024, Pages viii207–viii208

I would sincerely like to thank the entire COGNO leadership team and staff, particularly COGNO Deputy Chair, Professor Rosemary Harrup and Board Chair, Dr Vino Pillay, and to the COGNO Network for their ongoing support and contribution, especially through a very challenging but successful 2024. It remains a pleasure to continue to lead COGNO in 2025.



**Eng-Siew Koh**  
Chair, COGNO



The Royal Australian and New Zealand  
College of Radiologists\*

The Faculty of Radiation Oncology

## FACULTY OF RADIATION ONCOLOGY

Over the past year, the Faculty of Radiation Oncology at RANZCR has made significant progress in advancing the profession. As cancer treatment continues to evolve radiation oncology remains a crucial component and our dedication to excellence continues.

With each passing year our workload continues to grow but through our collective efforts we have made strides in policy development, advocacy, standards, and education. Here are just a few highlights of the impactful work RANZCR undertook in 2024.

### Medical Benefits Schedule Review

- As part of the recent Mid-Year Economic and Fiscal Outlook (MYEFO) 2023-24 significant changes to the radiation oncology section of the Medicare Benefits Schedule (MBS) were announced. These changes are the culmination of many years of effort from many individuals making up the Faculty's MBS Working Group and later the government-led Implementation Liaison Group.
- Changes to the radiation oncology schedule took effect from 1 July 2024. The College has continued to work with the Department through the implementation of the new schedule.

### RANZCR Strategic Plan 2025-2040

- The College has released an updated Strategic Plan. The RANZCR 2025-2040 Strategic Plan emerged from thoughtful consideration of local and global health and technology trends, discussions with international stakeholders, and projections about the future of our sector.
- The Strategic Plan is a departure from the typical three-year business plan. It encompasses three horizons over a 15-year period and lays out a framework for strategic change with regular reviews of every three years to adapt to progress and external developments. The Strategic Plan can be found [here](#).

### New Zealand Facilities Survey Report: Insights and Trends from 2010-2020

- This report was released in May 2024. It analyses and presents the findings from the 2021 Facilities Survey with reference to data from all surveys since 2011. It provides a comprehensive analysis of the current state of radiation oncology, identifying several key trends and challenges in the field. The Report can be found [here](#).

### Policy and Advocacy Report

- Released in mid-2024, the Policy and Advocacy in Action Report provides an overview of the depth and breadth of RANZCR's efforts in advocating on behalf of members, patients, and the profession. The report highlights the multiple activities we undertake to influence and help shape the policy and practice landscape, as well reporting on our progress and the impacts

on patients and on members' daily clinical practice. The report can be found on the [College website](#).

### **Artificial Intelligence**

- RANZCR is committed to guiding the safe deployment of AI into clinical practice, to ensure the best possible outcomes for patients and health care workers.
- In 2024, the College published two key position papers on Autonomous AI and Generative AI. The College also approved the Standards of Practice for AI in Radiation Oncology. You can view these documents on the [RANZCR AI webpage](#).

### **Targeting Cancer Campaign**

- The updated Targeting Cancer website has been launched and was promoted at the October 2024 RANZCR ASM.
- The Targeting Cancer Reference Panel, with representation from RANZCR, ACPSEM, ASMIRT, CNSA and a consumer representative was reinvigorated in 2024. This group will play an integral role in promoting the website to patients, and assisting with GP education and med student evenings etc.

### **Particle Therapy**

- The RANZCR Particle Therapy Working Group has produced an Implementation Plan for Particle Therapy in Australia which is in the final stages of approval prior to publication.
- The Department of Health and Aged Care sought the College's guidance on a comparative planning MSAC item initially developed by the Australian BRAGG Centre for Proton Therapy and Research. The College

met with the Department in late 2024 with representatives from various jurisdictions in attendance to provide advice.

### **Brachytherapy Working Group**

- The College's Brachytherapy Working Group is developing an advocacy paper for advocating for future funding and sustainability.

### **Environmental Social Governance Working Group**

The College has established an ESG Working Group to provide advice on matters relating to ESG including:

- o Defining RANZCR's role in addressing environmental and social matters
- o Providing practical guidance to members on incorporating ESG strategies into their professional practices
- o Increasing member engagement and actively promoting ESG initiatives

### **Radiation Oncology Training Site Accreditation Standards**

The College approved updated Radiation Oncology Site Accreditation Standards taking effect from 2025. This marks a significant advancement in how we assess training sites. These standards are designed to foster an environment where both training sites and trainees can thrive. The Standards can be found on our [website](#).

### **Radiation Oncology Alliance (ROA)**

- The ROA consists of the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT), Australasian College of Physical





Scientists and Engineers in Medicine (ACPSEM), Cancer Nurses Society of Australia (CNSA), the New Zealand Institute of Medical Radiation Technology (NZIMRT) and RANZCR.

- The ROA has formed a Clinical Dosimetry Audit Service Standards Working Group which aims to develop standards which define what is necessary for providing an independent clinical dosimetry service both at a local and institutional level in Australia and New Zealand, noting that a dosimetry service is paramount to patient safety in radiation oncology.

### **Māori, Aboriginal and Torres Strait Islander Empowerment Committee (MATEC)**

- As it does not hold any executive powers, MATEC discussed a change in its name to Māori, Aboriginal and Torres Strait Islander **Empowerment** Committee (MATEC). It has a vital role in providing perspective, guidance and information to all parts of RANZCR, especially with regards to the Action Plan.
- An updated Statement of Intent and Action Plan 2024-2025 was submitted to Faculty Councils and approved. This Action Plan incorporates AMC conditions and recommendations arising from the December 2023 report.

- MATEC endorsed the development of a Policy on Cultural Safety within Professional Practice.
- MATEC presented a session at the RANZCR 2024 ASM on Indigenous Health matters.

### **RANZCR Annual Scientific Meeting (ASM)**

- The 2024 ASM was held in Perth on 17-19 October.
- The conference was hugely successful with more than 1,300 attendees from across Australia and New Zealand. Notable sessions included the Plenary, *Culture in Radiation Oncology, AI and Human and AI convergence*, and the *FRO Faculty Forum* with a debate about whether radiotherapy photon therapy machines will be replaced by proton therapy machines in the future.



**Gerard Adams**  
Dean, Faculty of Radiation  
Oncology, RANZCR 2023-2024



## MEDICAL ONCOLOGY GROUP OF AUSTRALIA

Pursuing excellence in medical oncology research, education and clinical practice, the Medical Oncology Group of Australia (MOGA), the national professional organisation for the medical oncology profession, and Society of the Royal Australasian College of Physicians, is pleased to report on some highlights of our activities in 2024.

### Education and Awards

MOGA held our 45th Annual Scientific Meeting on 14-16 August in Sydney. Co-convenors A/Professor Connie Diakos and Dr Adrian Lee put together a great program with a stellar group of speakers at the cutting edge of medical oncology. The theme, *Caring for Tomorrow: Bridges in Cancer Care Technology and Innovation* provided an enriching educational agenda that delved into the latest breakthroughs in cancer treatment and research, whilst offering attendees a platform for networking and collaboration. The international guest presenters including Professor Dean Fennell (UK), Dr Bob T Li (USA), Dr Si-Yang Liu (China), Dr Alexander Pearson (USA) and Professor Vivian Strong (USA) and many local speakers drew from their innovative work in areas such as AI, solid and liquid precision medicine, radiomics and novel drug development to inspire and educate attendees. You can read about the 2024 MOGA ASM in [Wiley Key Opinions in Medicine](#).

2024 marked the 20th year of our Australia Asia-Pacific Clinical Oncology Research Development (ACORD) initiative and our ninth

biennial one-week Protocol Development Workshop was held on 22-27 September on the NSW Central Coast. Sixty participants were selected based on the clinical trial protocols they submitted for development at the workshop as part of their commitment to oncology clinical research activities. Since 2004 we have had more than 600 participants in our half-day Clinical Research Idea Starters' Workshops and one-day Concept Development Workshops.

For trainees and young oncologists, a Sciences of Oncology Program was held on 4 May in Sydney, convened by A/Professor Connie Diakos, MOGA's education Lead. A/Professor Diakos also worked with Dr Lina Pugliano on a new Breast Cancer Preceptorship Program that was held on 18-19 October in Sydney. MOGA also funded and managed the mandatory RACP Communications Skills Training program online in 2024 to ensure Advanced Trainees completed this College-mandated training requirement and received their Fellowships.

The 2024 Martin H Tattersall Heroes Award was awarded to Professor Dorothy Keefe, CEO of Cancer Australia. Professor Keefe was nominated for her significant contribution to medical oncology in Australia and the profession over 30 years in clinical medicine, research, policy, strategy and system reform. Her achievements as CEO of Cancer Australia, including leading advocacy for a National Lung Cancer Screening Program and launching the first ever Australian Cancer Plan, are further evidence of an exemplary career to date.

MOGA offered Travel Awards to young oncologist members to attend ESMO ASIA 2024 and Trainee Travel Awards to attend the 2024 MOGA ASM. GSK sponsored Abstract Oral Session prizes at the ASM.

## Policy and Advocacy

MOGA's work as the voice of the Australian medical oncology profession in policy and advocacy areas led to contributions to media commentary on several key issues, major government and collegiate submissions, consultations such as the HTA Review, and participation in numerous stakeholder meetings including meetings around RACP issues and the Australian Cancer Plan.



**Melissa Eastgate**  
Chair, MOGA

## Leadership

MOGA's leadership activities are undertaken by members dependent on their areas of interest and expertise including oncology drugs and therapeutics access, specialist cancer stream policy and submissions, the awards program, ethical issues and specialist education initiatives such as the ACORD Workshop.

In her capacity as Chair, A/Professor Melissa Eastgate represented MOGA internationally at the 2024 ESMO Asia on 6-8 December in Singapore, and at the 21st Annual Meeting of JSMO on 22-24 February in Nagoya, Japan.

2024 presented our members with ongoing workforce concerns. To this end the Workforce Working Group led by A/Professor James Lynam, the National Oncology Mentorship Program led by Dr Jia (Jenny) Liu and Dr Udit Nindra, and Clinician's Wellbeing led by Dr Anna Misleng have remained very much on the MOGA agenda.

MOGA also continued to support best clinical practice through collaborative working arrangements with domestic and international medical and health authorities, collegiate agencies, and professional societies.





**Melanoma  
and Skin  
Cancer Trials**  
Limited

## MELANOMA AND SKIN CANCER TRIALS

### Conquering melanoma and skin cancer

Melanoma and Skin Cancer Trials (MASC Trials) works with over 1,000 investigators in Australia and internationally to deliver clinical trials that improve melanoma and skin cancer outcomes. Established in 1999, MASC Trials is the only independent, not-for-profit, multisite, collaborative clinical trials group focused on melanoma and skin cancer in Australia and New Zealand.

The clinical trials portfolio covers the prevention, early detection, and treatment of melanoma and skin cancer, including early to late phase clinical trials. Importantly, MASC Trials also investigates rare forms of skin cancer such as Merkel cell carcinoma and uveal melanoma.

In 2024 the clinical trial portfolio grew to include 13 clinical trials in various stages, from start-up through to longer term follow-up. Recruitment increased with 998 new participants enrolled across 39 Australian and 168 international trial sites, and membership grew to 3,019 across 34 countries.

Further details can be found in our [2023-2024 annual report](#).

### 2024 highlights

This year marked 25 years of progress in melanoma and cancer treatments through MASC Trials in Australasia. We continue to deliver significant scientific outcomes with

Cancer Australia's ongoing support, we regularly attract project funding, and we remain committed to our mission to work collaboratively with world-leading researchers to deliver clinical trials that improve melanoma and skin cancer outcomes.

MASC Trials was chosen by the Australian Livestock and Property Agents Association (ALPA) as its 2024 charity. The ALPA community raised an impressive \$144, 014 this year through charity auctions in Sydney, Brisbane and Victoria.

In May, the Australian Melanoma & Skin Cancer Alliance launched its National Targeted Skin Cancer Screening Program Consensus Statement, with MASC Trials one of the leading supporters of and signatories on this important document.

### Clinical trials

Our biggest recruiting trial, [MelMarT-II](#), expanded to Ireland with six trial sites planned via Cancer Trials Ireland in February and enrolled the two-thousandth participant in April. MelMarT-II is investigating the optimal surgical excision margin for stage II melanoma and will study almost 3,000 patients from 180 actively recruiting sites globally.

Also in April we supported the Monash Victorian Heart Institute to open the [SOCRATES trial](#) at Peter MacCallum Cancer Centre and Ipswich Hospital. The trial aims to determine if a common cholesterol-lowering drug can prevent heart disease in melanoma patients who are being treated with immunotherapy.

Our [SiroSkin trial](#) opened to recruitment and enrolled its first participant in April. The trial is exploring whether topical Sirolimus cream can reduce the incidence of squamous cell carcinomas in organ transplant recipients.

At the American Society of Clinical Oncology (ASCO) Annual Meeting, Chicago, USA, results from the RADICAL trial were presented. This trial is examining how a topical cream, Imiquimod, compares to radiotherapy in successfully treating lentigo maligna when surgical excision is not possible.

EAGLE FM trial investigators published in the Annals of Surgical Oncology in March. The Evaluation of Groin Lymphadenectomy Extent for Melanoma (EAGLE FM) study measured leg lymphoedema, a chronic swelling that can occur after surgical removal of groin lymph nodes for melanoma.

Results from our RTN2 trial, a phase III Australia-wide randomised control trial, involving 50 participants with neurotropic melanoma, were published in the Annals of Surgical Oncology in June.

### Discipline-Specific Advisories

Our [Discipline-Specific Advisories](#) are forums for researchers, clinicians, and consumers to share ideas and drive progress to improve how melanoma and skin cancer is prevented, diagnosed, and treated. We currently have 268 members across eight advisories, including two special interest groups: [Australasian Ocular Melanoma Alliance](#) (AOMA) and [Australasian Merkel Cell Carcinoma Interest Group](#) (AMIGOs).

### Consumer engagement

MASC Trials values independent patient feedback, which is why we work closely with our Consumer Advisory Panel. This year, our Panel members contributed to our scientific meetings, advising investigators and staff on how their work can be relevant and meet the needs and objectives of the people most affected by melanoma and skin cancer.

This year we featured a story on a consumer advisory panel member, a diary of an ocular melanoma patient, and a patient in the SiroSkin trial across our networks.

### Events

#### Annual Scientific Meeting

Our Annual Scientific Meeting on 24 October 2024 in Sydney was our most successful to date. Held as a satellite meeting of the Australasian Melanoma Conference, our first full day meeting featured keynote speakers, Professor Dorothy Keefe and Adjunct Professor Jacinta Elston, and a stellar lineup of 18 Australian experts in their field. Highlights of the day were our consumer sessions and the networking event afterwards which allowed members to catch up with interstate colleagues.



Mark Shackleton, Chair and Gabrielle Byars, Chief Executive Officer, Melanoma and Skin Cancer Trials

## Ocular melanoma virtual summit

The Australasian Ocular Melanoma Alliance (AOMA) Virtual Summit on 15 June focused on the rare cancer of ocular melanoma. This online all-day event was our most successful to date reaching 412 people across 21 countries, with session videos available for viewing after the meeting.

## Concept Development Workshops

Our first workshop was held on 22 March at Monash University where our research centre is located. The research concepts explored included skin cancer prevention strategies and therapeutic options for non-melanoma

skin cancers including radiotherapy, immunotherapy and chemotherapy. A second workshop focused on ocular melanoma was held in May.

## Operations

We welcomed the following staff to our team: Louise Gonzales, Senior Clinical Research Associate (formerly Clinical Research Associate), Dr Elsa Marquez, Clinical Data Manager and Ella Sjodin, Administrative Officer/Clinical Trials Assistant.

We now have 11 Melanoma and Skin Cancer Trials staff members dedicated to supporting our investigators and coordinating clinical trials that impact outcomes for melanoma and skin cancer.

## The year ahead

We look forward to the year ahead supporting investigators and researchers in clinical trial development and management, enabling vital research towards improving outcomes for people affected by melanoma and skin cancer.



**Mark Shackleton**  
Chair, Melanoma and  
Skin Cancer Trials





**Kate Webber**  
Monash Health

2024 COSA  
MELB



ONCOLOGY SOCIAL WORK  
AUSTRALIA & NEW ZEALAND

### **Transition of OSWANZ COSA representative role**

With trepidation and great support from my mentor and predecessor Kim Hobbs I am transitioning into the role of OSWANZ representative with COSA. Suffice to say I have big shoes to fill! For those of you who know Kim, you will be aware she has had an illustrious career as a specialist Oncology Social Worker, and she remains a leading figure in the profession. Kim has sat on the COSA Council since 2014. Kim initially represented the COSA Social Work Group (2014-2015) and when it was disbanded, she became the OSWA and then OSWANZ representative for COSA from 2015-2023. Unfortunately, there is insufficient space here to share all of Kim's achievements and I just wanted to pause to say a big thank you to Kim for sharing all of her knowledge, experience, practice wisdom, research and so much more with the COSA community.

So, a little bit about me, as a means of introduction and then on to the important updates from OSWANZ. My name is Fiona Wiseman, and I am currently employed as a Senior Social Worker at Peter MacCallum Cancer Centre. I am the OSWANZ Convenor for Victoria as well as the new COSA representative. I have also recently joined COSA's Financial Toxicity Working Group. I have over 20 years of specialist oncology Social Work experience and have worked across health, community, palliative care and voluntary sector settings in the UK and Australia. I am

a Macmillan alumni and was one of the first Social Workers employed by this leading UK charitable organisation (the equivalent of the Cancer Council) and I have worked at Peter Mac for over 14 years.

### **OSWANZ and COSA**

As the OSWANZ representative for COSA I had the honour of attending my first ASM and face-to-face Council meeting on the beautiful Gold Coast in November. Multiple presentations focused on the psychosocial needs of cancer patients and their families and carers and were highly relevant to anyone attending from a social work background.

Two highlights from a social work perspective were the session, *The Elephant in the Room – uncomfortable conversations*, which covered some very thought-provoking topics and included a very personal lived experience, as well as the Financial Toxicity breakfast session hosted by the Financial Toxicity Working Group. Megan Varlow chaired the session and provided an update on the group's achievements. There were four presentations followed by break-out sessions focused on Clinical Settings, Research, Workplace and State and Territory policy. As OSWANZ representatives on the Working Group Kim Hobbs and I co-facilitated two breakout groups. Attendance from OSWANZ members at COSA was unfortunately limited, partly due to challenges around Social Workers accessing funding and professional development time as well as the proximity to the OSWANZ conference. With the combined COSA and IPOS Conference in 2025 it is hoped that more OSWANZ members will have the opportunity to attend.

### **OSWANZ conference**

In October OSWANZ held its first in person conference in Australia since 2019. The two-day conference at the University of Melbourne was attended by just over 70 OSWANZ members. The overarching theme of the conference was *Diversity Innovation and Future Directions of Oncology Social Work* with other key themes being Paediatrics, Adolescents and Young



Adults, First Nations and Cultural Diversity, End of Life Care inclusive of Voluntary Assisted Dying, and Future Directions of Oncology Social Work and OSWANZ. The conference featured presentations from a host of celebrated professionals including keynote speakers Emeritus Professor Irwin Epstein, A/Professor Kate Thomson, Megan Varlow, Nick Hobbs and a panel of past and future OSWANZ Presidents. Some 69 per cent of attendees rated the conference as 'Excellent' and greatly valued the high standard of presentations and invaluable opportunity to network and share knowledge and experience. As the OSWANZ Representative for Victoria and a member of the organising committee for the conference it was an honour to share the hosting of the conference.

### Values of being an OSWANZ member

The focus of OSWANZ is *Excellence in psychosocial oncology*. OSWANZ is a non-profit incorporated international organisation dedicated to the enhancement of psychosocial services to people with cancer and their families. This specialist organisation was formed to assist social workers in their practice and currently has over 140 members who strive for excellence in the psychosocial care of people with cancer and those affected by cancer, through networking, education, advocacy, research and resource development. Each state and territory, across Australia and New Zealand, has its own dedicated group/representative.

Members of OSWANZ are often invited to collaborate and provide expert opinions and support to national agenda items in Australia and New Zealand, thereby utilising their vast collective knowledge and experience to influence and support positive changes that can result in real outcomes. The organisation has built numerous collaborative partnerships and proactively leads and engages with research and quality initiatives to ensure innovative ideas are fostered and developed as a means of continuing to strive for excellence.

The organisation also has a strong focus on education and in addition to the annual conference it provides a series of topical webinars. The online back-catalogue of webinars is now vast and is available to all members. The cost of membership remains at a very reasonable rate of just \$50 annually with lower fees for students and associate members. Visit the [OSWANZ website](#) for further information or to join as a new or renewing member.

Thank you for taking the time to read this report highlighting the value OSWANZ and oncology social workers can bring to the care of patients, families and carers as well as being a key member of many multidisciplinary teams and adding to the national agendas across Australia and New Zealand.



**Fiona Wiseman**  
COSA Council  
Representative,  
OSWANZ





Psycho-oncology Co-operative Research Group

## PSYCHO-ONCOLOGY CO-OPERATIVE RESEARCH GROUP

The last 12 months have been an active period for PoCoG. With the launch of the Australian Cancer Plan and a new Cancer Australia funding cycle, the Management Team and Scientific Advisory Committee have aligned PoCoG's activities to ensure the Group's activities are focused on addressing disparities in access to and outcomes of psycho-oncology interventions. We also made significant progress on our research projects, hosted successful events, launched new resources and enhanced our digital presence.

### Resources

The launch of our [new website](#) was a highlight of the year, making our resources more accessible and engaging. This included updated [Standard Operating Procedures](#) (SOPs) aimed at ensuring best practice psycho-oncology research from developing a study protocol to closeout procedures, incorporating both qualitative and quantitative research. New guidelines were added to our study management portfolio of SOPs related to maintaining training records and study archiving.

We increased our digital presence with the creation of our LinkedIn page, which has allowed us to highlight the research and achievements of our members. We have also been posting PoCoG webinars, and member oral and poster presentations on our [PoCoG YouTube channel](#), which has received

over 42,000 views in the past year, further amplifying our reach and impact and allowing us to share information widely.

### Research

Our MRFF-funded [BRAINS program](#) continues to generate answers to crucial research questions related to supporting people with brain tumour and their carers. The LaTCH program RCT that evaluated the efficacy of LaTCH, a telehealth program helping people with brain tumours learn practical strategies to improve memory and thinking skills in everyday life, has successfully completed its recruitment phase, and we eagerly await the forthcoming publications. PoCoG has also engaged with brain cancer care coordinators to identify what best practice care coordination involves and determine their training needs.

Additionally, the BRAINS program has made significant progress with the BRAINS ADAPT portal, which aims to identify anxiety, depression, and unmet needs of people diagnosed with brain cancer and their caregivers. We are particularly excited to see the ADAPT portal being adapted for cancer carers. Our carer research program also saw a milestone in 2024, with the completion of the co-design process for the carer portal and the online anxiety and depression intervention for carers (CarersCanADAPT). This research is pivotal in addressing the support gap for carers of individuals with cancer, and we look forward to successful recruitment to our randomised controlled trial.

PoCoG continued to build our fear of cancer recurrence (FCR) research portfolio in 2024, bringing together a national consortium of FCR researchers and clinicians to develop a program of research to determine the efficacy of FCR interventions, comparing multiple

treatments to determine the best overall approach to stepped care for FCR using an adaptive platform trial design. We have made submissions for two large grants to support the next developments in our FCR research, and we are hopeful one of these will be successful and enable us to launch a national platform trial. We are continuing to work with members to undertake pilot work to continue to build the case for funding and support the initiation of these trials.

PoCoG has also built a collaboration with researchers at Memorial Sloan Kettering Cancer Center to adapt and evaluate an intervention for older cancer patients experiencing depression. Intervention content has been adapted to the Australian context and funding is now being sought for a large RCT to evaluate the intervention.

### **Concept development workshops**

Our concept development workshops brought together psycho-oncology researchers, clinicians, health economists and our community advisory group to provide researchers with intensive input on study design and methods, in a supportive environment.

In May our End-of-Life Care Special Interest Group hosted an End of Life and Palliative Care themed concept development workshop, which received several high-quality concept submissions which are being developed as PoCoG supported studies.

Our second workshop in December received a record number of concepts. This is a testament to all the great work that is being done by our members. The workshop was an open call and included a broad range of concepts from AI in genomics, Cognitive Bias Modification for Interpretation (CBM-I) in fear of cancer recurrence, to exercise delivered during chemotherapy.

### **2025 and beyond**

Looking forward we have established strategic priorities to ensure ongoing growth and support for our mission. These priorities focus on providing continuous support and development opportunities for members and promoting innovative research and capacity-building in psycho-oncology.

Having secured Cancer Australia funding, we will continue to develop psycho-oncology research and capacity-building initiatives over the next three years. We hope to continue to make a meaningful impact to improve the psychological care of people affected by cancer. These accomplishments would not be possible without our members and collaborators, so thank you, and we look forward to your continued support and engagement.



**Joanne Shaw**  
Executive Director, PoCoG



## ROYAL COLLEGE OF PATHOLOGISTS OF AUSTRALASIA RCPA

The Royal College of Pathologists of Australasia (RCPA) principal objectives are to train and support pathologists and senior scientists to improve the use of pathology testing, using the highest quality evidence and expert collaboration. We are pleased to highlight the following notable achievements accomplished in 2024.

### **New CEO appointment**

The RCPA Board announced the appointment of a successor to its long-standing Chief Executive Officer (CEO), Dr Debra Graves OAM. After a comprehensive executive search process, Dr David Andrews (PhD) was appointed CEO in March 2024.

### **Cancer Services Advisory Committee**

The Cancer Services Advisory Committee (CanSAC) is a multidisciplinary committee that has oversight into all cancer-related activities within the RCPA. The goal of CanSAC is to raise the standard of pathology and cancer information. CanSAC lends its expertise and provides an important link to other external cancer-related organisations such as the Cancer Monitoring Advisory Group (CMAG), the Intercollegiate Committee on Cancer (ICC) and Cancer Australia as well as COSA.

CanSAC continues to develop submissions and applications to MSAC including those for:

- POLE mutational analysis in women with endometrial cancer

- Increased reimbursement for reporting of multiple complexity-level cancers which require the use of RCPA protocols
- Increased reimbursement for anatomical pathologist preparation and input for multi-disciplinary team meetings.

In 2024, CanSAC formulated a response to the MSAC PD-L1 testing Position Statement and met with MSAC representatives. CanSAC provided consultation to the Victorian Comprehensive Cancer Centre (VCCC) and Monash Partners Comprehensive Cancer Consortium (MPCCC) regarding their roadmap for comprehensive personalised cancer gene testing in Australia.

### **Structured Pathology Reporting of Cancer Project**

[Structured Pathology Reporting of Cancer \(SPRC\) protocols](#) are the result of expert multidisciplinary input and independent peer review and are authored by a volunteer group of expert pathologists, clinicians and scientists. Each protocol incorporates the latest scientific evidence and internationally agreed standards from the International Collaboration on Cancer Reporting (ICCR).

In 2024, new RCPA cancer protocols were published for breast ductal carcinoma in situ, breast tumour lymph nodes, invasive breast cancer in the setting of neoadjuvant therapy, cervical cancer, vulva cancer and gastroenteropancreatic neuroendocrine neoplasms.

The SPRC digital implementation trial received funding for two years (2024–2026) from the Commonwealth Department of Health and Aged Care through the Quality Use of Diagnostics, Therapeutics and Pathology [QUDTP] Program to support continuation of

the SPRC project. The funding will be used to progress the development of SPRC protocols in addition to progressing a software trial to showcase the digital implementation of protocol templates for pathologists.

SPRC protocols incorporate international recommendations from the International Collaboration on Cancer Reporting (ICCR), as well as the latest World Health Organization (WHO) tumour classifications and peer-reviewed scientific evidence. The goal of the national SPRC project is to continue to support evidence-based standardised cancer reporting in Australasia for world-class patient care and to maintain highest-level patient outcomes.

### **International Collaboration on Cancer Reporting**

The ICCR produces standardised reporting templates for cancers, available to all countries worldwide. From its inception in 2011 with four founding members, including the RCPA, the ICCR has grown to become a not-for-profit corporation with 18 sponsoring member countries, covering six continents, and representing a pathology community that services several billion people.

New [ICCR Datasets](#) published in 2024 included those for genitourinary, the central nervous system, gynaecological, and head and neck.

The ICCR has 62 datasets available and 59 peer-reviewed journal articles in total.

### **International Pathology Day 2024**

International Pathology Day is an annual awareness day dedicated to highlighting the pivotal role pathology plays in healthcare in addressing global health challenges and improving community health outcomes worldwide.

In 2024, RCPA's International Pathology Day event focused on pharmacogenomic testing and its impact on healthcare and patients. It discussed:

- The rapid adoption of pharmacogenomics testing in Australia and New Zealand and beyond.
- [New clinical indications for 35 medications for pharmacogenomic testing.](#)
- The need for global standards in pharmacogenomic testing and how Australia is leading the charge.

### **Pathology Update, RCPA's annual scientific meeting**

The RCPA's annual scientific meeting, Pathology Update 2024, took place on 1-3 March in Adelaide, South Australia, and welcomed 1,384 delegates and 175 speakers from around the globe. As well as AI in pathology and the increasingly important topic of precision medicine, the event provided a varied scientific program to explore the latest research and developments in pathology across the disciplines.

The event also saw the launch of the 8th edition of the [RCPA Manual and companion app](#) to allow use both in practice and on the move. The extensively updated manual incorporates revised and new testing methodologies and protocols to ensure its continued relevance in contemporary medical practice.



**Kenneth Lee**  
COSA Council  
Representative, RCPA



Thoracic Oncology Group Australasia

THORACIC ONCOLOGY GROUP  
OF AUSTRALASIA

### Inspiring Lung Cancer Research: TOGA's Incredible Year

The Thoracic Oncology Group of Australasia (TOGA) celebrates its fourth year of operation. The group advances to new heights as TOGA continues to design and conduct trials to advance research in lung cancer mesothelioma.

### TOGA's Monumental Annual Scientific Meeting

TOGA's Annual Scientific Meeting was held in Sydney with the theme *Charting New Horizons: A Multidisciplinary Approach to Lung Cancer Screening and Care*. The multidisciplinary meeting was convened by Dr Tracy Leong and Dr Maggie Moore who were ably supported by an engaged local organising committee. With a 44 per cent increase of in-person attendees, the ASM highlights the increasing profile of TOGA and its place as the premier information source for those involved in thoracic malignancies.

The 2024 program included three outstanding international speakers, Dr Jessica Donington (Professor of Surgery and Chief of the Section of Thoracic Surgery, University of Chicago), Professor Myung-Ju Ahn (Department of Medicine, Sungkyunkwan University School of Medicine, Seoul) and Professor Philip Crosbie (Senior Lecturer and Honorary Consultant in Respiratory Medicine, University of

Manchester). Professor Crosbie presented on the Manchester experience of implementing lung cancer screening which was of great relevance to the Australian audience and the theme of the ASM.

The ASM 2024 TOGA New Investigator Award went to Dr Peter Shi, Post-Doc Fellow, Asbestos and Dust Diseases Research Institute and the ASM24 TOGA Best Poster Award went to Dr Amelia Parker, Senior Research Officer, Garvan Institute of Medical Research.

### The Rise of Precision Medicine in Lung Cancer

The European Thoracic Oncology Platform (ETOP) **ADOPT-Lung** clinical trial, led by Dr Malinda Itchins, opened for recruitment. This clinical trial is set to determine if early-stage NSCLC patients who receive chemotherapy and immunotherapy prior to surgery have longer disease-free survival than if they are also treated with immunotherapy after surgery. In a world first, small panel **Next Generation Sequencing** is now Medicare-reimbursed for all NSCLC patients in Australia. This test identifies the common oncogenes where there is an accompanying targeted treatment available. TOGA's medicine and clinical trial program continues to expand therapeutic options and identify ways to combat the inevitable resistance to targeted treatments.

Both **ALKTERNATE** and **OSCILLATE**, which explored alternating cycles of therapy between a newly emerging targeted therapy and former standard of care in ALK+ or EGFR+ NSCLC respectively were published in 2024. Both trials showed the regimen was safe and well-tolerated but did not necessarily delay the emergence of resistance. However, complementary translational research studies gave insights into the mechanisms of resistance, showing that they are diverse and likely to involve pathways other than escape variants of the oncogene.

The **DYNAMALK** trial, conducted by Dr Malinda Itchins, extends these observations to offer serial real-time genetic profiling in ALK+ NSCLC and determine if provision of this information changes treatment decisions, or if a particular treatment changes the genomic environment leading to resistance.

The **SHERLOCK** clinical trial offers a specific KRASG12C targeted therapy in first line treatment and examines the additional benefit of an anti-angiogenic on a backbone chemotherapy regimen.

The **OCEANIC** clinical trial brings the benefit of targeted therapy into early-stage NSCLC, and examines if, in patients with favourable biomarkers, accompanying chemotherapy can be omitted. This is an important clinical trial for providing evidence to guide treatment decisions as targeted therapies for early-stage NSCLC demonstrate delayed progression and enhanced quality of life and increasingly become available through PBS reimbursement.

The **ASPIRATION** cohort study, which provided 1,000 metastatic NSCLC patients with comprehensive genomic profiling to inform options for personalised medicine, continues to be analysed, with ongoing studies utilising data and tissue samples aiming to identify the genomic environment accompanying each oncogene, and how this might influence the emergence of resistance.

The focus for personalised medicine in NSCLC is shifting to second line treatment and TOGA is keen to secure funding to offer comprehensive genomic profiling at additional timepoints during treatment to tailor subsequent lines of treatment and further examine the changing genomic environment through serial sampling and analysis.

## Fundraising for the Inspirational Research Grant

It was a successful year for fundraising with \$212,146 received. This included eight peer-to-peer campaigns conducted by our generous community, and the EOFY campaign which raised \$40,688.

These strong fundraising efforts enabled TOGA to award the Inspirational Research Grants, small grants for research projects in thoracic cancer. Two recipients were awarded \$50,000 with funding to be used over a two-year period.

This year TOGA partnered with ALK Positive Australia Inc to create an additional grant dedicated to advancing ALK+ NSCLC research in Australia.

## A Growing Podcast for the Multidisciplined

TOGA's [podcast series](#) continues to grow and involves a diverse range of speakers from across the thoracic malignancy community. In 2024, the podcast with the highest number of listeners was *Lung Cancer Nurses: Essential, Beneficial and a Key Link in Lung Cancer Screening*. This reflects the interest in lung cancer screening but also highlights the importance of multidisciplinary care and lung cancer nurses.

As we reflect on the achievements of 2024, TOGA remains committed to advancing thoracic cancer research, fostering collaboration, and driving innovation.



**Nick Pavlakis**  
Chair, TOGA



## TROG CANCER RESEARCH

### TROG 2024 ASM a resounding success

Our 2024 Annual Scientific Meeting was a vital platform for advancing cutting-edge research in radiation therapy and enhancing collaboration among researchers from Australia, New Zealand and beyond.

More than 250 delegates joined together for our 36th ASM, held in TROG's hometown of Newcastle, NSW from 12-15 March.

Co-convened by Dr Jane Ludbrook and Professor Joerg Lehmann, the meeting offered a wide range of insightful presentations and workshops. International speakers shared their expertise on the latest advances in radiation therapy: Professor Stephane Supiot (France) presented on vascular remodelling during radiotherapy at low- and ultra-high dose rates (FLASH) while Professor Stephen Kry (USA) presented at plenary sessions on both head and neck cancer and radiobiology.

Thank you to the more than 50 speakers who shared their knowledge, including Dr Gerry Adams, Professor Haryana Dhillon, A/Professor Harriet Gee, Dr Fiona Hegi-Johnson, Dr Deme Karikios, Dr Michael Jameson, Dr Susanne Rogers, and A/Professor Craig Underhill.

The Clinical Research Education Workshop (CREW) and Technical Research Workshop (TRW) each hosted groups of 61 while the RANZCR SMART workshop attracted 37 participants, enabling valuable exchanging of ideas and practical learning experiences.

### New TROG President Associate Professor Purnima Sundaresan

We welcomed Associate Professor Purnima (Puma) Sundaresan as new TROG President at the Annual Scientific Meeting in March.

A/Professor Sundaresan is a consultant Radiation Oncologist at Westmead Hospital in Sydney, Associate Professor at the University of Sydney and a graduate of the Australian Institute of Company Directors.

During her time as a TROG Director, she has demonstrated exemplary leadership qualities, having served on numerous committees within TROG and externally. She took the baton from former President Professor Trevor Leong, who continues to contribute as a member of the TROG Board of Directors for a transition period.

Read our [Q & A with A/Professor Sundaresan](#), where she discusses her passion for patient-centred care, her vision for TROG, and future directions for radiation medicine research.

We also welcomed A/Professor Hien Le, a Radiation Oncology Staff Specialist (Head of Research) at the Royal Adelaide Hospital, as new Chair of the TROG Scientific Committee (TSC) in June. He is supported by TSC Deputy Chair A/Professor Sweet Ping Ng, a Consultant Radiation Oncologist at the ONJ Cancer Centre at Austin Health in Melbourne.

### Planning for the future

Our plans to advance and diversify radiation medicine research over the next three years are outlined in the [TROG Cancer Research Strategic Plan 2024-2026](#).

In line with TROG Cancer Research's vision, mission and values, the Strategic Plan centres on four overarching strategic goals:





TROG ASM 2024

1. Diversifying our research and enhancing access: We will increase both the quantity and diversity of our radiation medicine research initiatives.
2. Developing collaborative networks: We will establish strong, mutually beneficial partnerships with national and international academic institutions, professional organisations, healthcare facilities and industry partner.
3. Fostering member engagement and stakeholder communication: We recognise the importance of building strong relationships with all stakeholders and our goals focus on developing comprehensive communications plans, engaging with different stakeholder groups, organising events and working with our members.
4. Enhancing funding, infrastructure, and sustainability: The longevity and impact of our research depends on secure funding and the ability modernise infrastructure.

### Our research on the world stage

We were thrilled to see globally significant results from the **AGITC AG0407GR/TROG 08.08 TOPGEAR** study shared on the world stage in September, with findings providing practice-changing evidence about preoperative chemoradiotherapy for gastric cancer.

The findings were announced simultaneously at the European Society for Medical Oncology Congress in Barcelona, Spain, by Study Chair Professor Trevor Leong, and published in the *New England Journal of Medicine*.

TROG collaborated on the international trial led by the Australasian Gastro-Intestinal Trials Group (AGITG). The study answered a long-standing question about the optimal adjuvant regimen for potentially curable gastric cancer; findings confirmed that the addition of preoperative chemoradiotherapy does not improve overall survival compared to perioperative chemotherapy alone in patients with resectable gastric and gastro-oesophageal junction adenocarcinoma.

We congratulate Professor Shankar Siva on presenting significant findings from the **TROG 15.02/ANZUP 16001-FASTRACK II** trial at the Presidential Symposium lecture at the American Society for Radiation Oncology (ASTRO24) meeting in Washington DC, USA in September.

Professor Siva was the first Australian to present the Presidential Symposium lecture at an ASTRO conference. He outlined advances in the use of stereotactic ablative radiation therapy (SABR) for patients with inoperable kidney cancer, as confirmed by the TROG 15.02

FASTRACK II trial, which is run in collaboration with the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP).

### **Trek4TROG Blue Mountains challenge**

Our second annual Trek4TROG fundraiser saw a group of nine adventurous trekkers, take on a spectacular hike in the Blue Mountains west of Sydney in October.

The trek team, including TROG staff and members, navigated a challenging 16km route from along the Grand Clifftop Walk.

The trek raised more than \$9,000 towards vital cancer research, and we want to say a huge thank you to the trekkers and all those who supported them.



**Puma Sundaresan**  
President, TROG

ASM



Clinical  
Oncology  
Society of  
Australia

COSA

20  
24

# FINANCIAL STATEMENTS AT 30 JUNE 2024 AND INDEPENDENT AUDIT REPORT

About Clinical Oncology Society of Australia Limited.....	99
Director’s Report.....	101
Declaration of Independence from the Auditors.....	107
Statement of Profit or Loss and Other Comprehensive Income .....	108
Statement of Financial Position .....	109
Statement of Changes of Equity.....	110
Statement of Cash Flows .....	111
Notes to the Financial Statements .....	112
Director’s Declaration.....	121
Independent Audit Report.....	122

# 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 2019-2024**

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
5. Engage, attract and retain members

## **Strategic Directions 2024-2029**

1. Advocate for policy and evidence informed practices that improve cancer care and cancer outcomes
2. Support the educational needs of the multidisciplinary cancer workforce
3. Promote and facilitate cancer research
4. Ensure the sustainability of COSA

The Directors have approved a new set of specific actions to achieve these Strategic Directions, which will update and replace those on page 4.

# 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:

Ms Sandie Angus  
Professor Judy Bauer  
Professor Tanya Buchanan  
Clinical A/Professor Merran Findlay  
A/Professor Dion Forstner  
Mr Peter Hooker  
Dr Malinda Itchins  
Professor Michael Jefford  
Professor Timothy Price  
Professor Sabe Sabesan  
A/Professor Christopher Steer

## Company Secretary & Chief Executive Officer

Ms Marie Malica

## Registered Office and Principal place of business

320 Pitt Street  
Sydney NSW 2000

P: +61 (0)2 8256 4100  
F: +61 (0)2 8256 4101

## Company contact details

GPO Box 4708  
Sydney NSW 2001  
E: [cosa@cancer.org.au](mailto:cosa@cancer.org.au)  
W: [www.cosa.org.au](http://www.cosa.org.au)

## Auditors

BDO Audit Pty Ltd  
Level 11  
1 Margaret Street  
Sydney NSW 2000

# DIRECTORS' REPORT

## 30 JUNE 2024

The Directors present their report on Clinical Oncology Society of Australia Limited ("the Company") for the year ended 30 June 2024.

### Objectives

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

- Continue working to the agreed strategic plan for the period July 2019 to June 2024
- Developing a refreshed strategic overview for 2024 to 2029 as relevant for the Company moving forward
- 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
- Engage, attract and retain members

### Strategy for achieving the objectives

- Ensure COSA's advocacy work is in accordance with best practice
- Hold strong and mutually beneficial relationships with organisations relevant to cancer care and control
- 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 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

# DIRECTORS' REPORT

## 30 JUNE 2024 (Cont'd)

### **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 2024 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 2024 was \$1,085,723 (2023: \$858,584). In the same period, expenditure was \$1,020,504 (2023: \$926,209) leaving a surplus of \$65,219 (2023: \$67,625 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 2024.

### **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 \$978 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

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

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p><b>Associate Professor Dion Forstner</b> MBBS (Hons) FRANZCR</p> <p>Professor Dion Forstner is a radiation oncologist with Genesiscare with his practice based at St Vincent's Sydney, Macquarie University Hospital, Mater and Concord Centre. He is a past Dean of Faculty of Radiation Oncology at Royal Australian and New Zealand College of Radiologists. He is chair of the MBS working group at RANZCR. His clinical areas of specialisation are in the management of head and neck and skin cancers. He is also a board member of Head and Neck Cancer Australia.</p>	President and Board Chair (2023-2024) Director, Member Audit, Risk & Finance Committee	25-Jul-19	-	5 / 5	3 / 5
<p><b>Professor Sabe Sabesan</b> MBMS(Flinders) PhD FRACP</p> <p>Professor Sabesan is a senior Medical Oncologist, department of medical oncology at the Townsville Cancer Centre, and Clinical Dean, at James Cook University and Townsville Hospital and Health Services. His interests include design, implementation and publication on various teleoncology models to enhance regional and rural access to cancer services closer to home. In collaboration with Clinical Oncology Society of Australia (COSA), he led the development of the teleoncology guidelines and the Australasian Teletrial model. Telesupervision guidelines and modules have been his contribution to the Royal Australian College of Physicians. Currently, he is a co-chair of the Australian Teletrial Program (led by Queensland Health).</p>	Director, President Elect (2023-2024), Member Audit, Risk & Finance Committee	31-Jul-19	-	4 / 5	3 / 5
<p><b>Ms Sandie Angus</b> LLB, GAICD</p> <p>Ms Angus is an experienced strategic leader and non-executive director with significant legal, governance, and risk management expertise. She is admitted as a solicitor and has over thirty years' experience working in law firms and in the government finance and electricity sectors. She sits on the boards of various not-for-profit companies in the health, sports and disability sectors. She was appointed as a Director to the COSA Board for her legal expertise.</p>	Director, Chair Audit, Risk & Finance Committee	20-Mar-18	-	5 / 5	5 / 5
<p><b>Professor Judy Bauer</b> BSc, GradDipNutr&amp;Diet, MHLthSc, PhD, FDA</p> <p>Professor Judy Bauer is Discipline Lead, Nutrition &amp; Dietetics, Monash University. She is recognized internationally for translational research and innovative nutrition models of care particularly in malnutrition and oncology. Judy's current research focuses on body composition assessment methods and outcomes in patients with cancer with a specific interest related to malnutrition and sarcopenia. She is a past Chair of the COSA Nutrition Group, life member and past director of Dietitians Australia.</p>	Director, Member Audit, Risk & Finance Committee	30-Jul-19	-	4 / 5	2 / 5
<p><b>Professor Tanya Buchanan</b> BA(Hons) BSc(Nsg) MBA PhD GAICD</p> <p>Professor Tanya Buchanan was Cancer Council Australia's Chief Executive Officer from November 2020 to May 2024. She is now Chief Executive Officer of Dementia Australia. Tanya is an experienced professional and is active in public health research and practice. Tanya has a proven track record in leading organisations to improve health outcomes, having also held roles as Chief Executive Officer of Action on Smoking and Health (ASH) in Wales and Chief Executive Officer of the Thoracic Society of Australia and New Zealand. Tanya commenced her career as a nurse, working in oncology and neurosurgery. She has also worked for Red Cross Blood Service Australia, in academia, local government and the voluntary sector. Tanya is an Honorary Professor of Practice, School of Health &amp; Society (Public Health), University of Wollongong and holds a PhD and a range of qualifications including governance qualifications from the Australian Institute of Company Directors (GAICD). Tanya is passionate about prevention of ill health and addressing inequalities in health care.</p>	Director	12-Jul-21	01-Mar-24	4 / 4	-

# DIRECTORS' REPORT 30 JUNE 2024 (Cont'd)

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p><b>Clinical Associate Professor Merran Findlay</b> PhD MSc (Nutr &amp; Diet) BSc (Nutr) AdvAPD</p> <p>Clinical Associate Professor Merran Findlay is an Advanced Accredited Practising Dietitian and clinician-researcher who has specialised in nutrition care of people with for more than 25 years. Her research focuses on the impact of cancer-related malnutrition and sarcopenia on clinical, cost and patient-centred outcomes, innovative models of care and use of health informatics and data science to support translation of evidence into practice. She also holds appointments at Royal Prince Alfred Hospital in Sydney Local Health District, Chris O'Brien Lifehouse, University of Sydney, the Maridulu Budyari Gumat SPHERE Cancer Clinical Academic Group, UNSW and is past Chair of the COSA Nutrition Group. She is a founding member of the Implementation Science Networks at the University of Sydney and UNSW.</p>	Director	08-Mar-23	-	5 / 5	-
<p><b>Mr Peter Hooker</b> BSc BE (Hons) FFIN GAICD</p> <p>Mr Hooker has been a finance and investment professional for over 35 years, and has significant experience in governance, strategy, regulation and risk management, particularly in the health sector where he served as Treasurer of Médecins sans Frontières Australia and on the Psychology Board of Australia, and currently serves on the Psychology Council of NSW. He is a member of a pre-qualified panel eligible to serve on Audit and Risk committees of NSW government enterprises and also has a particular interest in values-based leadership and organisational culture. Peter has been appointed to the COSA board for his finance and risk expertise.</p>	Director, Member Audit, Risk & Finance Committee	18-Mar-22	-	5 / 5	5 / 5
<p><b>Dr Malinda Itchins</b> BMedSci MBBS FRACP PhD</p> <p>Dr Itchins is a Medical Oncologist at Royal North Shore Hospital, and Chris O'Brien Lifehouse, Sydney. She was awarded her Fellowship in 2016. She is a Senior Clinical Lecturer with the University of Sydney and received her Doctorate in 2020 under an inaugural NSW Health Scholarship investigating drug resistance in lung cancer pre-clinically and via a clinical trial for which she received the Peter Bancroft Prize for research work. Malinda is the advanced lung cancer group co-chair on the Thoracic Oncology Group of Australasia (TOGA) Scientific Committee, and Primary Investigator and Investigator on several investigator-initiated and industry lead lung cancer clinical trials. Malinda's research focus is in engaging in clinical trial development, as well as real world data collaboration and is on the Scientific Committee for the AUstralasian thoRacic cancers lOngitudinal cohoRt study and biobank (AURORA). She passionately contributes to patient advocacy and survivorship in lung cancer and joined the Clinical Oncology Society of Australia (COSA) Council in 2020 as the Lung Cancer Chair.</p>	Director	02-Jul-21	-	4 / 5	-
<p><b>Professor Michael Jefford</b> MBBS, MPH, MHthSerMt Monash, PhD, GCertUniTeach Melb, GAICD, FRACP, FASCO</p> <p>Professor Michael Jefford is a Consultant Medical Oncologist, Director of the Australian Cancer Survivorship Centre, and a research lead with the Centre for Health Service Research – all at Peter MacCallum Cancer Centre in Melbourne. He is a Professorial Fellow at the University of Melbourne. His major clinical focus is on the management of people with gastrointestinal cancers; most of his research has a cancer survivorship focus. He leads the survivorship study group with the Multinational Association of Supportive Care in Cancer, and has held similar roles with COSA, the American Society of Clinical Oncology and the International Psycho-Oncology Society. He was previously Deputy Director of Medical Oncology at Peter Mac and has held senior leadership roles with cancer-related organisations including Cancer Council Victoria and BreastScreen Victoria, and professional organisations such as the Royal Australasian College of Physicians and the Medical Oncology Group of Australia.</p>	Director	02-Jul-21	-	5 / 5	-

Name, Qualifications and Experience	Role	Date Joined	Date Ceased	Board	Audit, Risk & Finance Committee
				Attended / Eligible to attend	Attended / Eligible to attend
<p><b>Professor Timothy Price</b> MBBS FRACP DHlthSc (Med)</p> <p>Professor Price is the Clinical Director of the BRAGG Comprehensive Cancer Centre and Medical Oncologist at The Queen Elizabeth and Lyell McEwin Hospitals in Adelaide. His clinical research is focussed on Gastrointestinal and Neuroendocrine cancers. He heads the Solid Cancer Team at the Bazil Hetzel Institute where the group undertake translational and new drug research together with a focus on colorectal cancer of younger patients. He has been a member of the Board and COSA NET and Rare Cancer Groups. He is the immediate past Chair of the AGITG Board and Scientific Advisory Committee and remains a Board Director. He Chairs the NHMRC Cancer Council Colorectal Cancer Guidelines.</p>	Director	29-Jul-19	-	4 / 5	-
<p><b>Associate Professor Christopher Steer</b> MBBS, FRACP</p> <p>Associate Professor Steer is a medical oncologist at Border Medical Oncology at the Albury Wodonga Regional Cancer Centre in Albury. He is Associate Professor at the UNSW School of Clinical Medicine, Rural Clinical Campus, Albury and an Adjunct Professor at La Trobe University, Wodonga Campus. After completing a clinical research fellowship at King's College London, Guy's and St Thomas' Hospital in 2003, Christopher returned to clinical practice in Albury. Christopher is the president of the Private Cancer Physicians of Australia (PCPA) and has served on the board of the Medical Oncology Group of Australia (MOGA), the Australia and New Zealand Gynaecological Oncology Group (ANZGOG) and the International Society of Geriatric Oncology (SIOG). He has also been the chair of the geriatric oncology study group of the Multinational Association for Supportive Care in Cancer (MASCC) and the equivalent Group at COSA. Christopher is a principal investigator at the Border Medical Oncology Research Unit that has enabled clinical trials to be conducted in the region for over 20 years. He is the clinical lead in the Regional Trials Network VIC REVITALISE project Geriatric Oncology Initiative.</p>	Director	02-Jul-21	-	4 / 5	-

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

# DIRECTORS' REPORT

## 30 JUNE 2024 (Cont'd)

### Company Secretary and Chief Executive Officer

Ms Marie Malica is the Company Secretary and Chief Executive Officer of the Company. Ms Malica joined the Company in March 2011 and has 20 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 is set out on the following page.

This report is made in accordance with a resolution of directors.

On behalf of the directors



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A/Prof Dion Forstner  
President



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Prof Sabe Sabesan  
President-Elect

Sydney  
11 October 2024



**DECLARATION OF INDEPENDENCE BY LEAH RUSSELL TO THE DIRECTORS OF CLINICAL ONCOLOGY SOCIETY OF AUSTRALIA**

As lead auditor of Clinical Oncology Society of Australia for the year ended 30 June 2024, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.

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

**Leah Russell**

**Director**

**BDO Audit Pty Ltd**

Sydney

11 October 2024

# STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024	2023
		\$	\$
<b><u>Income</u></b>			
Member body subscriptions	4 (iii)	176,854	145,102
Annual Scientific Meeting revenue	4 (iv)	545,011	471,370
Other grant & project revenue	4 (ii)	283,658	186,211
Interest income	4 (v)	80,200	55,901
		<b>1,085,723</b>	<b>858,584</b>
<b><u>Expenditure</u></b>			
Administration expenses		(86,929)	(70,011)
Employment costs		(719,794)	(659,992)
Depreciation		(2,864)	(948)
Annual Scientific Meeting		(38,808)	(27,568)
Other grant & project expenses		(135,272)	(121,603)
Other expenses from ordinary activities		(36,837)	(46,087)
		<b>(1,020,504)</b>	<b>(926,209)</b>
Surplus before income tax expense		<b>65,219</b>	<b>(67,625)</b>
Income tax expense	1(a)	-	-
<b>Net surplus after income tax expense for the year attributable to the members of COSA</b>		<b>65,219</b>	<b>(67,625)</b>
Other comprehensive income for the year, net of tax		-	-
<b>Total comprehensive income/(loss) for the year attributable to the members of COSA</b>		<b>65,219</b>	<b>(67,625)</b>

# STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2024

	Note	2024 \$	2023 \$
<b>ASSETS</b>			
Current Assets			
Cash & cash equivalents	5	342,655	102,731
Trade & other receivables	6	70,588	55,694
Other current assets	7	1,777,787	1,780,031
Total Current Assets		<u>2,191,030</u>	<u>1,938,456</u>
Non-Current Assets			
Plant & equipment	8	4,783	7,646
Total Non-Current Assets		<u>4,783</u>	<u>7,646</u>
<b>Total Assets</b>		<u><b>2,195,813</b></u>	<u><b>1,946,102</b></u>
<b>LIABILITIES</b>			
Current Liabilities			
Trade & other payables	9	425,608	259,284
Provision for employee benefits	10	151,421	123,420
Total Current Liabilities		<u>577,029</u>	<u>382,704</u>
Non-Current Liabilities			
Provision for employee benefits	10	58	9,891
Total Non-Current Liabilities		<u>58</u>	<u>9,891</u>
<b>Total Liabilities</b>		<u><b>577,087</b></u>	<u><b>392,595</b></u>
<b>Net Assets</b>		<u><b>1,618,726</b></u>	<u><b>1,553,507</b></u>
<b>EQUITY</b>			
Grants & Special Projects Reserve		15,000	15,000
General Funds		1,603,726	1,538,507
<b>Total Equity</b>		<u><b>1,618,726</b></u>	<u><b>1,553,507</b></u>

The accompanying notes form part of these financial statements

# STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2024

	\$	\$	\$
	General Funds	Grants & Special Projects Reserve	Total Funds
<b>Balance at 1 July 2022</b>	<b>1,606,132</b>	<b>15,000</b>	<b>1,621,132</b>
Surplus after income tax for the year	(67,625)	-	(67,625)
Other Comprehensive income for the year, net of tax	-	-	-
<b>Total comprehensive income for the year</b>	<b>(67,625)</b>	<b>-</b>	<b>(67,625)</b>
<b>Balance at 30 June 2023</b>	<b>1,538,507</b>	<b>15,000</b>	<b>1,553,507</b>
<b>Balance at 1 July 2023</b>	<b>1,538,507</b>	<b>15,000</b>	<b>1,553,507</b>
Surplus after income tax for the year	65,219	-	65,219
Other Comprehensive income for the year, net of tax	-	-	-
<b>Total comprehensive income for the year</b>	<b>65,219</b>	<b>-</b>	<b>65,219</b>
<b>Balance at 30 June 2024</b>	<b>1,603,726</b>	<b>15,000</b>	<b>1,618,726</b>

## Nature and Purpose of Reserves

### Grants & Special Projects Reserve

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

The accompanying notes form part of these financial statements



## STATEMENT OF CASH FLOW FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024 \$	2023 \$
<u>Cash flows from operating activities:</u>			
Receipts from member subscriptions and other income (inclusive of GST)		1,132,361	795,004
Payments to suppliers, employees and member bodies (inclusive of GST)		(978,922)	(957,836)
Interest received		80,200	55,901
		<hr/>	<hr/>
Net cash (used) in/provided by operating activities	14	233,638	(106,931)
		<hr/>	<hr/>
<u>Cash flows from investing activities:</u>			
Payment for term deposits		6,287	111,933
Received from term deposits		-	-
Payment for purchase of plant and equipment		-	(8,594)
		<hr/>	<hr/>
Net cash used in by investing activities		6,287	103,339
		<hr/>	<hr/>
Net (decrease)/ increase in cash & cash equivalents		239,926	(3,592)
Cash & cash equivalents at the beginning of the year		102,731	106,323
		<hr/>	<hr/>
<b>Cash &amp; cash equivalents at the end of the year</b>	5	<b>342,655</b>	<b>102,731</b>
		<hr/> <hr/>	<hr/> <hr/>

The accompanying notes form part of these financial statements

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

## **Note 1. Statement of significant accounting policies**

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 11 October 2024.

### 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 general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012, The company is a not-for-profit per financial reporting purposes under Australian Accounting Standards.

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.

### **ACCOUNTING POLICIES**

#### **(a) 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.

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

### (b) 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.

### (c) Comparative figures

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

### (d) 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 in the relevant notes.

### (e) 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 897 financial (and 3 free memberships) members of the Company at 30 June 2024 (2023: 753, plus 74 free students).

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024 (CONT.)

## 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 and Other Income

	<u>2024</u>	<u>2023</u>
	\$	\$
Revenue from contracts with customers		
Grants	217,408	97,461
ASM income	545,011	471,370
Membership subscriptions	<u>176,854</u>	<u>145,102</u>
	<u>939,273</u>	<u>713,933</u>
Other Income		
Interest revenue	80,200	55,901
Recoveries of clinical trials insurance cover	66,250	88,750
	<u>146,450</u>	<u>144,651</u>
	<u>1,085,723</u>	<u>858,584</u>
Timing of revenue and other income recognition		
Revenue and other income recognised at a point in time	721,865	616,472
Revenue and other income recognised over time	<u>363,858</u>	<u>242,112</u>
	<u>1,085,723</u>	<u>858,584</u>

### Revenue Recognition

The company is required to assess contracts to determine whether they are revenue or income contracts. Contracts are revenue contracts when there is an enforceable contract with sufficiently specific performance obligations in which case it is accounted for as contract revenue (AASB 15). If there is not an enforceable contract with sufficiently specific performance obligations, revenue is accounted for under AASB 1058.

Contract revenue is recognised when control of a promised good or service is passed to the customer at an amount which reflects the expected consideration. The customer for these contracts is the fund provider.

For each contract with a customer, the Company: identifies the performance obligations in the contracts; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

#### **Note 4. Revenue and Other Income (continued)**

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the company have any significant financing terms as there is generally less than 12 months between the receipt of funds and the satisfaction of performance obligations.

Revenue that is not contract revenue is recognised when received, or gains control of the revenue.

(ii) Grants

Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the company is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

(iii) Contract Revenue - Member Subscriptions

Member subscriptions are recognised over the period of the membership subscription.

(iv) Contract Revenue - 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.

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 2023/24 Annual Scientific Meeting was \$506,203 (2022/23: \$443,802).

(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.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024 (CONT.)

## Note 4. Revenue and Other Income continued

### Judgement and estimates

The interaction between AASB 15 and AASB 1058 require the management to assess whether the government grants and other funding received need to be accounted for under AASB 15 or AASB 1058. Key to this assessment is whether the government grants and other funding agreements contain:

- a contract with a customer that creates 'enforceable' rights and obligations, and
- the contract includes 'sufficiently specific' performance obligations.

Critical judgement was applied by management in assessing whether a promise is 'sufficiently specific', taking into account all facts and circumstances and any conditions specified in the arrangement (whether explicit or implicit) regarding the promised goods or services, including conditions regarding:

- the nature or type of the goods or services
- the cost or value of the goods or services
- the quantity of the goods or services
- the period over which the goods or services must be transferred.

## Note 5. Cash & cash equivalents

	2024 \$	2023 \$
Cash at bank	<u>342,655</u>	<u>102,731</u>

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.

## Note 6. Trade and other receivables

<u>Current</u>		
Trade receivables	26,799	14,953
Other receivables	<u>43,789</u>	<u>40,741</u>
	<u>70,588</u>	<u>55,694</u>

Trade and other receivables are recognised at amortised cost, less any expected credit loss.

## Note 7. Other current assets

Prepayments	119,729	115,686
Held to maturity investments - term deposits	<u>1,658,058</u>	<u>1,664,345</u>
	<u>1,777,787</u>	<u>1,780,031</u>

Prepayments 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

## Note 8. Plant & equipment

	2024 \$	2023 \$
- Computer equipment, at cost	8,594	8,594
- Accumulated depreciation	<u>(3,811)</u>	<u>(948)</u>
Total computer equipment	<u>4,783</u>	<u>7,646</u>

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.

## Note 9. Trade, other payables and contract liabilities

### Current

Trade creditors & accruals	57,764	29,821
Contract liabilities	<u>367,844</u>	<u>229,463</u>
	<u>425,608</u>	<u>259,284</u>

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

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024 (CONT.)

## Note 10. Provisions

	2024 \$	2023 \$
<u>Current:</u>		
Employee benefits	<u>151,421</u>	<u>123,420</u>
<u>Non-Current:</u>	<u>58</u>	<u>9,891</u>

### *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.

### *Judgement and estimates*

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.

## 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 Audit to the Company:

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
External audit of the financial statement	15,515	10,750

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

Net surplus for the year	65,219	(67,625)
Non-cash flows in surplus from ordinary activities:		
Depreciation	2,864	948
Transfer from reserves		
Changes in assets and liabilities:		
(Increase) in trade & other receivables	(14,894)	(20,784)
(Increase)/ Decrease in other current assets	(4,043)	(46,617)
Increase/(Decrease) in trade & other payables	166,324	16,135
Increase in provisions	18,169	11,011
Net cash (used)/provided by operating activities	233,638	(106,931)

### Note 15. Company details

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

320 Pitt Street  
Sydney NSW 2000 Australia

The Company operates entirely in Australia as a Charitable Institution.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024 (CONT.)

## **Note 16. Related party transactions**

### *Key management personnel*

Directors do not receive any remuneration. There is only one key management personnel paid through the company, which is not required to be disclosed in accordance with the ACNC.

### *Transactions with related parties*

There were no transactions with related parties during the current and previous financial year.

### *Receivable from and payable to related parties*

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

### *Loans to/from related parties*

There were no loans to or from related parties at the current and previous reporting date.

# FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2024

## Directors' Declaration

In the directors' opinion:

- the attached financial statements and notes comply with the Corporations Act 2001, the Australian Accounting Standards – Simplified Disclosures, the Australian Charities and Not-for-profits Commission Act 2012 and associated regulations, the Corporations Regulations 2001 and other mandatory professional reporting requirements.
- the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2024 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors.

On behalf of the directors by:



---

A/Prof Dion Forstner  
President

---

Prof Sabe Sabesan  
President-Elect

Sydney  
11 October 2024



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Level 11, 1 Margaret St  
Sydney NSW 2000  
Australia

## INDEPENDENT AUDITOR'S REPORT

To the members of Clinical Oncology Society of Australia

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of Clinical Oncology Society of Australia (the Entity), which comprises the statement of financial position as at 30 June 2024, the statement of profit or loss and other comprehensive income, the statement of changes in equity, 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 declaration by those charged with governance.

In our opinion the accompanying financial report presents fairly, in all material respects, financial position of the Entity as at 30 June 2024 and of its financial performance for the year ended on that date in accordance with Australian Accounting Standards - Simplified Disclosures.

#### 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 Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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.

#### Responsibilities of management and those charged with governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Simplified Disclosures and for such internal control as management determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

BDO Audit Pty Ltd ABN 33 134 022 870 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 Audit Pty Ltd 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.



### **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](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf)

This description forms part of our auditor's report.

**BDO Audit Pty Ltd**

*BDO*

A handwritten signature in black ink that reads 'Leah Russell'.

Leah Russell  
Director

Sydney, 15 October 2024



**Clinical  
Oncology  
Society of  
Australia**

# **COSA ANNUAL REPORT 2024**

GPO Box 4708  
Sydney  
NSW 2001  
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